

# HEALTH PROMOTION FOR THE AGING WORKFORCE IN POLAND

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## Abstract

**Objectives:** The aging of the workforce is an issue that calls for concrete measures to promote the health of older workers. This study reports on the results of the European “ProHealth65+” research project interventions conducted in Poland in relation to workplace health promotion for older workers (WHPOW) and the institutions involved in these programs. **Material and Methods:** A three-stage search of peer-reviewed and grey literature on the WHPOW in Poland. **Results:** A total of 59 WHPOW programs were retrieved in Poland in the observation period (2000–2015). Most of these aimed at improving the Qualification and Training or at the Work Climate and attitudes toward older workers. The promotion, organization, and funding of these activities were carried out mainly by supra-national and governmental bodies, enterprises and employers, and educational and trainee institutions. **Conclusions:** Although there is great commitment to the medical surveillance of workers on the part of the Polish occupational health service, our search detected a relatively low number of the WHPOW initiatives. Greater efforts should be made to introduce strategies for addressing aging of the workforce. *Int J Occup Med Environ Health* 2018;31(6):753–761

## Key words:

Health promotion, Workplace, Occupational health, Aging, Age management, Health services organization

## INTRODUCTION

The 3rd millennium is witnessing a profound demographic shift in the world population due to increasing longevity. In Europe, a decline in mortality and the low fertility rate are the main causes of population aging [1,2]. By 2018, the population aged 65 and over is expected to outnumber children under 5 years of age, and by 2040, the former age group will account for 14% of the global population [3]. As the population ages, so does the available workforce.

Consequently, many developed countries have introduced measures for retaining employees. These include economic incentives, improved workforce organization, and better working conditions that incorporate educational and career opportunities and social support. Since the mid- to late 1990s, the working life expectancy (WLE) of 50 years of age has been rising in most European countries, with increases being more evident among women than men [4].

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In many developed countries, by 2020, at least a quarter of the workforce is expected to be aged 55 and over [5]. Poland has a population that is on average younger than the mean European Union (EU) population (38 vs. 42 years old, respectively in 2012). Consequently, the average age of the Polish workforce is lower. However, the aging process of the population and workforce in Poland is similar to that of the other EU countries. The “65+” age group will more than double between 2013 and 2060, from 14% of the total population in 2013 to 33% by 2060. This will cause an increase in the old-age dependency ratio (OADR) which will rise from 20% in 2013 to 61% by 2060, more than 10 percentage points higher than the OADR in the overall EU population. The current economic crisis has also deeply influenced the Polish labor market. In 2012, the employment rate of aged workers (55–64-year-olds) was 39% compared to 49% in the EU. To counter this situation, the government decided to gradually increase the retirement age to 67 for both men and women. An amendment to Polish legislation, which will come into force on 1 October 2017, has recently corrected that decision by fixing the official age for retirement at a minimum of 60 years for women and 65 for men. It should nevertheless be added that due to the complexity of Polish pension regulations, specific circumstances allow for the possibility of earlier retirement.

Aging will result in a rise in the number of older people suffering from a variety of health problems that are typical of an older age group, e.g., cancer, fractured hip, stroke, and dementia. Many of these people will be affected by multiple morbidities [6]. On account of the unprecedented number of elderly adults who extend their working life beyond the traditional retirement age, a growing number of workers are affected by chronic diseases that impact on the quality of life and their ability to perform on the job [7]. This may lead to a particular type of productivity loss called presentism. Maintaining a healthy and productive workforce may be more difficult than before. As com-

panies and employers become more aware of this problem and its significant economic implications, they are showing greater interest in workplace health promotion and wellness programs [8].

In Europe, a new approach to the economic security and overall quality-of-life of older adults should take into account the overlapping aspects of aging, work, and health. The workplace has always been seen as the ideal environment for health promotion, as it is the place where active people spend most of their time working according to specific schedules. It is therefore the ideal place to conduct health promotion activities on a large number of workers. Aging of the workforce, a phenomenon that affects all European countries, increases the need for the worksite health promotion for older workers (WHPOW).

The European research project “ProHealth65+: Health promotion and prevention of risk – action for seniors” aims, amongst other things, at reviewing the research projects performed in European countries in the field of health promotion for older workers. This paper is concerned with the workplace health promotion intervention studies for older workers (WHPOW) conducted in Poland.

## MATERIAL AND METHODS

The aim of this research was to catalogue and analyze projects performed in the workplace and aimed at promoting the health of older workers in Poland and the institutions involved in implementing these programs. Our investigation excluded activities of prevention that focused on the environment, industrial hazards, ergonomics, and disability, as these programs concern all workers (not merely older workers). We systematically collected peer-reviewed and gray literature, and had direct contact with companies to learn about the WHPOW activities that had been undertaken.

A gray and scientific literature review was carried out in 3 stages to obtain an overview of existing information on institutions involved in the WHPOW. The first stage

was an exploratory review designed to identify and classify the institutions and the policies/programs targeted at older workers carried out in the workplace sector. The systematic review was conducted by searching electronic databases (MEDLINE, ISI Web of science, SCOPUS, The Cochrane Library, CINAHL and PsycINFO) and identifying articles in English, published between January 2000 and May 2015 [9]. Studies were considered eligible if a) they reported interventions, programs or any other type of measure adopted in the workplace for promoting health or well-being or reducing the risk of ill health, and b) they could also be targeted at age-related psychological and psychosocial change, at maintaining work ability, or at organizational or environmental changes. Studies designed to summarize current knowledge and provide an in-depth picture of this topic (i.e., literature reviews) were also included since they constituted a valuable source of information. Publications had to be specifically targeted at older workers or designed to promote healthy aging and/or prevent early retirement in the working population. The third stage was a snowball search involving direct use of the Internet to identify workplace health promotion activities performed in support of older workers.

The institutions were classified into the following 10 categories:

1. Internal or supra-governmental organizations,
2. Governmental institutions,
3. Employers' representatives or organizations/Chamber of Labor/Employment agencies,
4. Employees' representative or organizations/Trade Union,
5. Enterprises,
6. Occupational physician/occupational health services,
7. Health insurance companies,
8. Non-profit organizations (NPO)/non-governmental organizations (NGO),
9. Research organizations,
10. Other private organizations.

The role that each institution played in the projects, was classified according to the SPOFER model [10]:

- (S) Setting – a given institution where specific health promotion activities/services are carried out, e.g., by different professionals (the institution itself is not necessarily engaged in health promotion);
- (P) Promoter – an institution that implements the program as street-level promoters, educators, informers or advocates;
- (O) Organizer – an institution that is responsible for organizing a given intervention by planning, initiating and developing activities, providing administrative support, coordinating actions, managing, enabling proper functioning etc.;
- (F) Financing – an institution that provides funding (entirely or partly) for the given intervention;
- (E) Expertise source – an institution that gives an evidence-based or good practice-based opinion, offers expertise and guarantees proper evidence-based quality of health promotion intervention;
- (R) Regulation, monitoring and control – an institution that provides legal regulations at different levels and undertakes monitoring and control by supervising, registration or by issuing obligatory approval.

The projects were classified in the following macro-areas:

- Work climate and attitude towards older workers – to develop internal policy, training, combat the discrimination and exclusion of aged workers, reduce the gender gap among older workers, improve interpersonal communication or contact or prejudice;
- Qualification and training – to increase job retention and reduce older employee turnover, promote inter-generational knowledge transfer, promote lifelong learning, tackle the digital divide;
- Work organization – to ensure better work life and flexible work for older workers, promote work ability, facilitate return to work, mobility services and work-life balance;

- Health outcomes – to provide intervention for health promotion and primary prevention; to promote life style change, prevent work-related and occupational disease, promote age-related psychological and psychosocial change, and the rehabilitation of the long-term sick or workers with chronic diseases.

## RESULTS

Our overview detected 84 documents concerning the workplace health promotion for older workers. Thirteen of these documents were review studies of the literature, and 12 were laws, guidelines, or government acts. Fifty-two intervention studies were specifically targeted at older workers and were performed and/or promoted in the workplace. The remaining promotion activities (N = 7) were partially relevant for older workers, because they included workers of all ages. All these studies were conducted in the workplace in Poland between 2005 and 2015.

Most of the WHPOW programs targeting a single area of interest aimed at maintaining “lifelong learning” for older workers, and at promoting their qualification and training (18 studies). Many of these projects focused on enhancing an intergenerational transfer of knowledge, experience, ideas and skills from older to younger workers. Other programs were devoted to promoting the employment of older workers and to increasing job retention



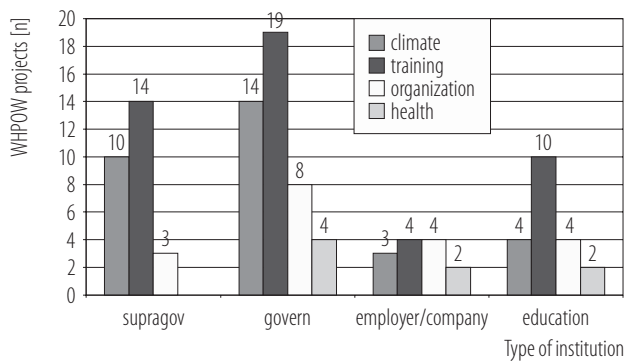
**Fig. 1.** Thematic area of the workplace health promotion for older workers (WHPOW) programs

among pre-retirement workers. The second most frequent type of activity (10 studies) dealt exclusively with improving the work climate and attitudes toward older workers. The main topics of these projects were: development of a policy for older workers aimed at preventing early retirement, fighting discrimination and exclusion and reducing the gender gap. Two projects concerned the promotion of better health outcomes for older workers by means of medical assistance for general health checks. These projects were designed mainly to promote lifestyle change and prevent cardiovascular or other chronic diseases, but also to improve the physical work environment and promote the rehabilitation of disabled workers. Three programs concerned work organization or management and/or aimed at developing a better and flexible working life for older workers. Twenty-six programs (44%) belonged to multiple areas. The most frequent combination was the association of changes in work organization with the promotion of better health outcomes. The Figure 1 illustrates distribution of the projects according to the 4 areas of interest.

The different roles played by the institutions involved in WHPOW projects are reported in the Table 1. The international and supra-governmental organizations, i.e., the European Social Fund and the European Commission, were the economic sponsors of 22 projects (37.3%) and the promoter and organizer of 2 further projects. The Ministry of Labor and Social Policy also acted as economic sponsor for 19 WHPOW activities (32.2%). Enterprises and their occupational health services were directly engaged in 6 programs (10.1%). These companies acted as providers and organizers for many of the projects, often through their OHS. In some programs, employers and employees or their organizations acted as promoters and organizers. Non-profit organizations/non-governmental organizations were involved as providers in 8 and organizers in 10 programs. Universities and other research organizations performed an analysis of the needs of older

**Table 1.** Role of institutions in workplace health promotion for older workers (WHPOW) projects in Poland

Institution/Type of involvement [n]	Projects [n]
International or supra-governmental organizations	24
financing body (22)	
promoter (2)	
organizer (2)	
Governmental institutions	25
financing body (19)	
promoter (20)	
organizer (22)	
Employers' representatives or organizations	3
promoter (3)	
organizer (3)	
Employees' representatives or organizations	3
promoter (3)	
organizer (3)	
Health insurance company	1
promoter (1)	
organizer (1)	
Enterprises	6
setting (2)	
promoter (6)	
organizer (6)	
financing body (2)	
Occupational physician/occupational health services	1
promoter (1)	
organizer (1)	
Non-profit organization (NPO)/non-governmental organization (NGO)	10
promoter (8)	
organizer (10)	
financing body (1)	
Research and educational organizations	15
expertise source (9)	
organizer (14)	
promoter (15)	



**Fig. 2.** Type of workplace health promotion for older workers (WHPOW) activities performed by different types of institutions

workers in 15 projects (25.4%), thus playing the role of source of expertise.

An analysis of the different types of action proposed (Figure 2) demonstrates that training activities were performed mainly by educational institutions, as well as public and supra-governmental institutions, while projects involving changes in working organization were largely undertaken by companies and national or supra-national bodies. Interventions targeted at changing attitudes toward older people and contrasting ageism were mainly supported by governmental and international organizations.

## DISCUSSION

The results of our study indicate that several institutions are active in the field of the WHPOW in Poland. However, our search detected a relatively low number of initiatives. This may have been partially due to a language barrier as we collected only studies written in English or that had an English abstract. Certainly in Poland, as in the other European countries that we have studied, there are other WHPOW programs that have not been analyzed because the results are published in the local language. However, our result was confirmed by a recent study on a national sample of enterprises showing that less than 10% of the latter implemented programs aimed at employing people aged over 50 [11]. This limited WHPOW activity might be

the result of the aforementioned weaknesses in the Polish labor market. The main strength of the current Polish employment scenario is the legislative framework that clearly defines employers' responsibilities. Although there is no single strategy on workforce aging or sustainable work, employers' obligations in these fields are quite detailed and relatively well executed. However, the high rate of unemployment among the young diverts attention from the situation of older workers, so that the health and safety of the latter is not perceived as a top priority on the political agenda [12].

In Poland, the occupational medicine service takes care of almost 12.5 million employees, carrying out over 4.5 million obligatory routine medical examinations a year. These compulsory examinations are not oriented towards a comprehensive assessment of workers' health or to health promotion, but are concerned with monitoring systems and organs considered vital for work-related risks [13]. This is the so-called "laboristic approach" to occupational health. It is worth noting that the activities of the Occupational Medicine Service may also include health promotion, but the latter are not obligatory (neither for employers nor for the service providers) and their implementation depends on agreement between the service provider and the customer-employer as well as the willingness on the part of employers to pay for the additional service.

In Poland, responsibility for occupational health and safety is divided between 2 services supervised by 2 different ministries. The Ministry of Family, Labor and Social Policy deals with issues of safety and hygiene, whereas the Ministry of Health covers the question of occupational medicine. In an ideal situation these 2 services should not only cooperate and exchange information, but also share activities and decide on a common policy for the provision of health and safety within companies. In actual fact, action is not always coordinated efficiently, thereby limiting effective intervention for workplace health promotion and health programs.



According to the 5th European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010 [14], older Polish workers report slightly worse working conditions compared to the rest of the EU as regards carrying heavy loads, being exposed to uncomfortable positions or shift and night work. A high percentage of Polish workers think that work has a negative effect on their health. Only 61% of Polish workers over 55 years old think they will be able to do the same job at 60 compared to 71% of EU workers of the same age [14].

Epidemiological data indicates a large number of chronic diseases that may influence professional activity; furthermore, a high percentage of workers are not aware of their illness. Bugajska and Sagan [15] reported that chronic musculoskeletal disorders in Polish workers may act as risk factors for reduced work ability in aging workers. Moreover, an analysis of the data from Poland's Social Insurance Institution (Zakład Ubezpieczeń Społecznych – ZUS) [16] revealed an increase in the number of certificates confirming total inability to work in people over 40 years old, mainly due to the circulatory system, musculoskeletal system and connective tissue as well as mental and behavioral disorders. Clearly the promotion of work ability among workers suffering from advanced age-related diseases should be closely related to the promotion of health. There is a need to improve occupational education and skills at an early stage in illness [17]. An occupational physician has a unique opportunity to detect health disorders at an early stage and promote health. However, the diagnosis of diseases in the workplace can limit the professional activity of workers and also cause additional costs to the health care system [13]. For this reason, in 1997 Poland passed legislation that founded a health care system in which health insurance companies established contracts with providers to deliver health services to the insured population. It has been observed that insurance coverage might be insufficient for older adults [18].

Moreover, the lack of private medical enterprises, and the failure to eradicate private health in its earlier, black market form, might reduce the access of older people to health care [18]. There is probably the need to change the current legal form of establishing, shifting the occupational health services activities toward disability management.

Intervention related to the management of aging is still quite limited in Poland [19]. This situation is unfortunately not uncommon in Europe. A recent study comparing the age-based human resource strategies that have been adopted in 6 European countries (Denmark, Germany, Italy, the Netherlands, Poland, and Sweden) showed that most European employers are not yet formulating strategies for promoting active aging, but are still often opting for the easy way out, via exit strategies [20]. Employers prefer to hire younger and relatively better-educated workers. Overall, the working conditions of older Polish workers seem “more difficult than elsewhere” (in Europe), and this is widely regarded as one of the reasons for their early exit from the labor market [21].

Another factor that adversely affects elderly workers is ageism. A recent study performed in Poland showed that almost one-fifth of older employees (> 50 years of age) feel discriminated against in their company [19]. These findings highlight the need for programs aimed at changing the attitude of employers and management toward aged people. In general, however, health promotion in the workplace must be directed towards workers of all ages. A study on the attitude of Polish workers towards their own health showed that there are no sound grounds for developing health promotion programs addressed only to older employees. An effective solution to this problem could be to introduce workplace health promotion programs that focus both on encouraging workers to be more aware of their health and also on developing skills to shape conditions favorable to health conducive behaviors [22].

Age management is still a relatively new concept in Poland, but employers and managers who took part in the

WHPOW projects or initiatives reported recognized the efficacy of this type of action [12]. This positive feedback would seem to encourage more widespread promotion of the age management concept and a more holistic approach. Stakeholders should be more aware of the benefits of health promotion. Experts agree that the main barriers to successful WHPOW interventions are usually poor awareness of:

- the factors which influence work ability (e.g., working conditions, lifestyle, etc.) and their relation to age;
- the effective (and available) means of responding to the problem of aging at work;
- the evidence that WHPOW interventions can benefit both employers and employees [12].

## CONCLUSIONS

What is urgently needed is better integration between occupational health and hygiene in the workplace and a general framework of health promotion to ensure that WHPOW initiatives are not isolated activities but part of much broader intervention for improving health. Achieving this aim requires the introduction of better and appropriate coordination.

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