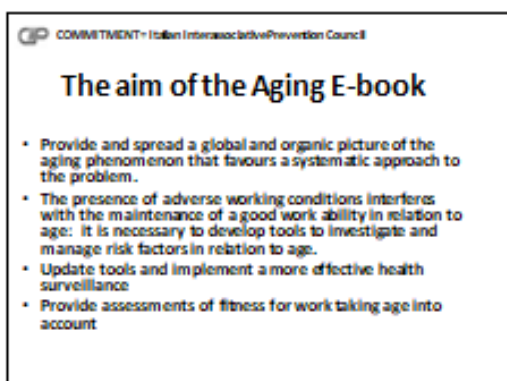
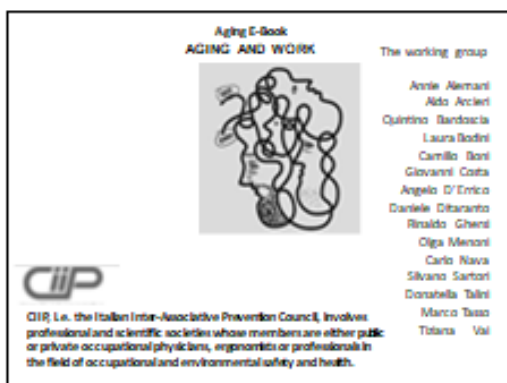


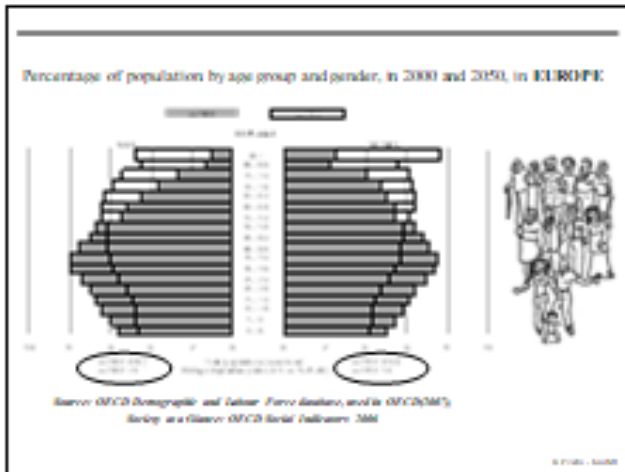
CIIP set up a working group on the issue of “Aging and work” with the aim of analyzing the topic and proposing management methods for aging in workplace.

CIIP, i.e. the Italian Inter-Associative Prevention Council, involves professional and scientific societies whose members are **either public or private occupational physicians, ergonomists or professionals in the field of occupational and environmental safety and health.** These societies, according to their different functions and peculiarities, deal with ergonomic issues and approaches such as work organization, biomechanics, toxicology, also focusing on the relation between human beings, machines and the environment.



The main aim of the E-book is to provide a synthesis of numerous studies and experiences, along with some proposals on the multiple approach towards active aging, addressed to different

particular attention has been devoted in the E-book to healthcare professionals.



The global 'age pyramid' was earlier characterized by a broad base of younger people, with elder people at the peak. This pyramid is in transition; a general trend towards decreased birth rates and increasing life (and healthy life) expectancy, is far more evident in the industrialized and post-industrialized countries. This pattern is also becoming clear in the developing countries

Structure of the E-book

1. AGING AND WORK: GENERAL CONSIDERATIONS

- epidemiological and social aspects of the aging workforce
- physiology of aging
- the core strategy: the multiple approach towards activating aging
 - social aspects
 - ergonomic approach
 - age-sensitive risk assessment
 - aging and shiftwork
 - health surveillance
 - workplace health promotion
- Role: Human Resource Department, Occupational Physician and/ or ..

2. MANAGING THE AGING HEALTHCARE WORKFORCE

- the aging of the healthcare workforce
- proposal for an integrated approach
- age-sensitive risk management
- focus on the evaluation of biomechanical and psycho-social risk
- health surveillance aspects

The sixth report by the European Foundation (2016) cites that the percentage of workers over the age of 50 in the EU27 increased by 10% in ten years (from 24% to 35%).

AGING AND WORK: HOW TO DEFINE AGING WORKERS?

45-54: younger aging worker
 55-65: middle aging worker
 >65: older aging worker

OMS conventionally defines **ageing (UK)/aging (USA) workers** those over the age of 45 and **aged workers** those over the age of 55.

Chronological age does not necessarily coincide with biological and social age.

The aging phenomenon

Problems

- > Physical activities
 - < muscular strength
 - < cardiac output
 - > WMSDs
- > Mental activities
 - < cognitive skills (attention, memory)
- > Vulnerability to stress, sleep, depression

Positive aspects

- > knowledge
- > skills
- > specific abilities
- > coping strategies
- > problem solving
- anticipation
- planning
- economic choices

In order to preserve employment we need...

- ➔ healthy workplaces for all ages
- ➔ adequate jobs and conditions for aged workers
- ➔ solutions for aged workers who are partially fit or unfit for their jobs

The multiple approach aims at managing a complex problem



The ergonomic approach (micro and macro ergonomic approach) seems to hint at a discipline that shares several goals with Occupational Medicine:

- Prevention of work-related distress, disorders or diseases
- Adaptation of work conditions for “all ages”, in line with the slogan of the European campaign, hence a better redeployment of aged workers, both “healthy” and “with issues”.
- Maintenance of productivity in terms of both quality and quantity despite aging workers.

Theory and practice of **the multiple approach towards aging management in the workplace**, defined by Illmarinen et al., are the most exhaustive resources available to assess such a complex and multifactorial issue.

Aspects associated with active aging sustainability in the healthcare sector

1996 – 2018 EVOLUTION/INVOLUTION ??? OF THE TYPE OF CARE

“LACK” OF WORKFORCE → more weekly hours

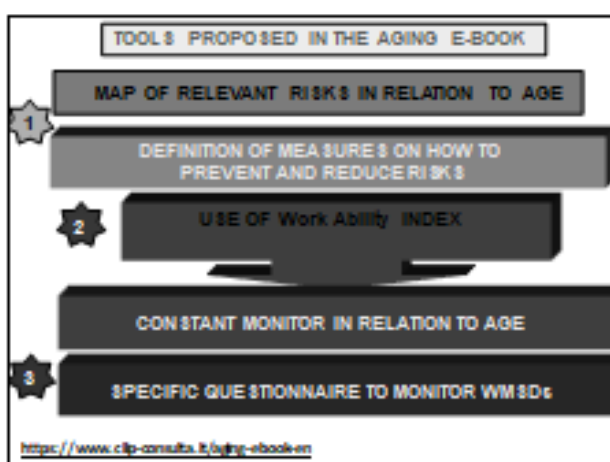
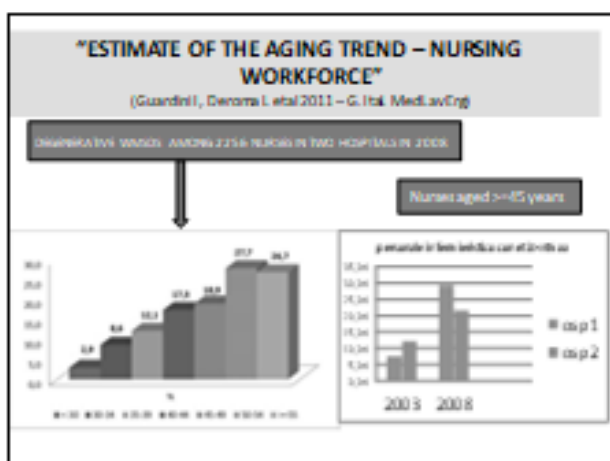
HIGH AVERAGE AGE OF WORKERS

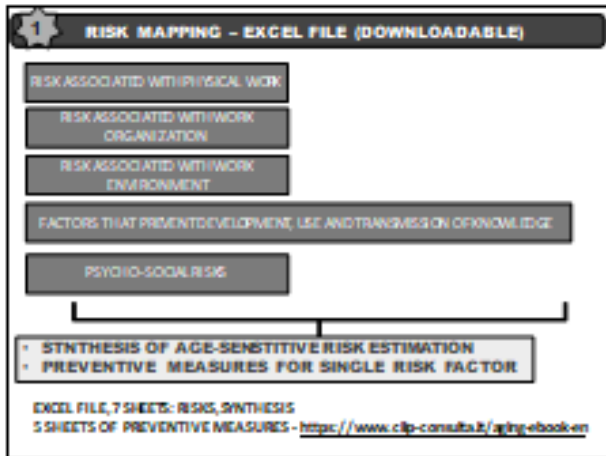
Need for management of WMSDs

POSSIBILITY OF USING WORKERS' EXPERIENCE ??

AVERAGE AGE OF HEALTHCARE WORKERS IN ITALY				
Year	Regions	Examined (N)	Average age	References
98-99	North-central	3341	36	Menoni 99
2003	North-central	2803	36.5	Ballevi 2003
2006-8	Hospitals, Liguria	1594	42	Viani 2008
2006-9	Nursing homes, Veneto	422	41	Ballevi et al 2012
2017	Hospitals, Apulia	2748	48	Menoni-Ballevi
2000	USA	//	45.2	Geriatr HJ, 2002
2006	Hospitals, Italy	2800	39-40	Piccoli M, 2006
2006-11	Hospitals, Italy	2150	39-41	Guardini I, 2011

The aging of the workforce and of patients seems to be an unstoppable phenomenon that present significant challenges to the national health service, AND requiring the implementation of innovative strategies. Overall, the aging of the healthcare workforce will have a considerable impact on the healthcare system; for this reason, personnel policies need to be reoriented.





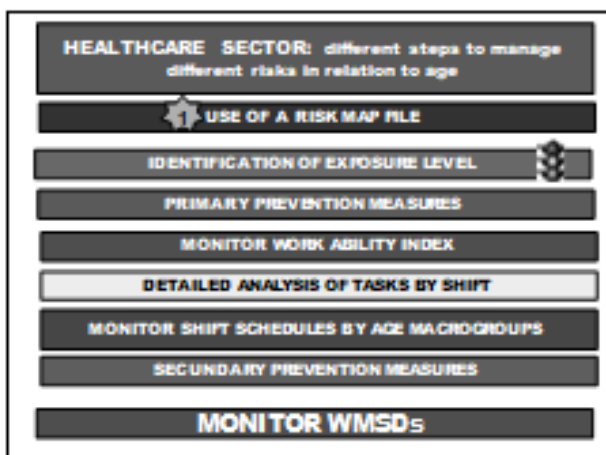
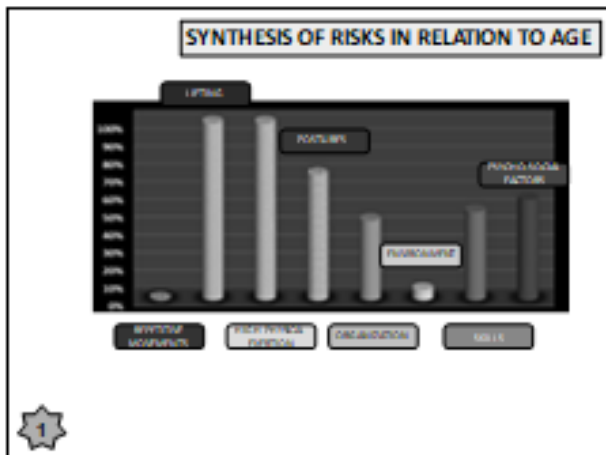
The map of relevant risk in relation to age is an excel file consisting of 7 sheets.

It is a very useful tool to analyze single tasks and correspondent age-relevant risks. The tool is inspired by suggestions found in INRS checklist.

The first sheet, "GENERAL OVERVIEW", is **the only one that must be filled in** and is divided into:

Information on the company

job and workers (by gender and age macro-groups) who are assigned to the same tasks



Sustainability of active aging in the healthcare sector: PROPOSALS...



EFFECTIVE IF CONSTANT TRAINING ON HOW TO USE IT IS PROVIDED



Manual patient handling risk in relation to age: PROPOSALS

- Subjects over 50 years of age can only handle patients using aids and with a partner
- Subjects over 50 years of age shouldn't be assigned to wards presenting high risk.
- Subjects over 50 years of age will be exposed to a greater MAPO index than the rest of the working population in the ward.
- Subjects over 50 years of age should never be assigned to shifts as single operators.

Recommendations for aged shiftworkers

- Reduce night shifts past the age of 50
- Night work exclusively on a voluntary basis
- Flexible work schedules
- Reduce workload
- Reduce working hours
- Increase breaks
- Improve health surveillance
- Provide counselling and training on the best coping strategies concerning sleep, diet, stress management and regular exercise.

QUESTIONNAIRE ON MUSCULOSKELETAL DISORDERS LUMBAR SPINE UPPER AND LOWER LIMBS

Questionnaire Number: _____ Date: _____

Occupation/Working hours: _____

Gender: Male Female

Activity in the current workplace: _____ Professional Activity: _____

Age: _____ Sex: _____

Type of job: Office CM CM CM CM CM

Report of body pain in general: Never Slightly Often Always

Frequency: Never Slightly Often Always

Most common for: Neck Shoulder Wrist Hand Forearm Elbow Lower back Upper back Hip Knee Ankle Foot

Has the pain ever been reported to a doctor? Yes No

Has the pain ever been reported to the employer? Yes No

LUMBAR SPINE

Has the low back been painful? No Yes

Describe the pain: _____

Frequency: Never Slightly Often Always

Location: Lower back Upper back

Character: Stiffness Pain Both

Frequency of pain: Never Slightly Often Always

Intensity of pain: Never Slightly Often Always

Has the pain ever been reported to a doctor? Yes No

Has the pain ever been reported to the employer? Yes No



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QUESTIONNAIRE ON MUSCULOSKELETAL DISORDERS LUMBAR SPINE UPPER AND LOWER LIMBS

QUESTIONNAIRE NUMBER: _____ DATE: _____

OCCUPATION/WORKING HOURS: _____

GENDER: MALE FEMALE

ACTIVITY IN THE CURRENT WORKPLACE: _____ PROFESSIONAL ACTIVITY: _____

AGE: _____ SEX: _____

TYPE OF JOB: OFFICE CM CM CM CM CM

REPORT OF BODY PAIN IN GENERAL: NEVER SLIGHTLY OFTEN ALWAYS

FREQUENCY: NEVER SLIGHTLY OFTEN ALWAYS

MOST COMMON FOR: NECK SHOULDER WRIST HAND FOREARM ELBOW LOWER BACK UPPER BACK HIP KNEE ANKLE FOOT

HAS THE PAIN EVER BEEN REPORTED TO A DOCTOR? YES NO

HAS THE PAIN EVER BEEN REPORTED TO THE EMPLOYER? YES NO

LUMBAR SPINE

HAS THE LOW BACK BEEN PAINFUL? NO YES

DESCRIBE THE PAIN: _____

FREQUENCY: NEVER SLIGHTLY OFTEN ALWAYS

LOCATION: LOWER BACK UPPER BACK

CHARACTER: STIFFNESS PAIN BOTH

FREQUENCY OF PAIN: NEVER SLIGHTLY OFTEN ALWAYS

INTENSITY OF PAIN: NEVER SLIGHTLY OFTEN ALWAYS

HAS THE PAIN EVER BEEN REPORTED TO A DOCTOR? YES NO

HAS THE PAIN EVER BEEN REPORTED TO THE EMPLOYER? YES NO



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