



The Aging Workforce Handbook

Individual, Organizational and
Societal Challenges

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INVESTOR IN PEOPLE

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Mental Health of the Aging Workforce

Alexander-Stamatios Antoniou and
Ioanna-Io Theodoritsi

Introduction: From an Aging Population to an Aging Workforce

The population aging of the 21st century is a challenge with demographic, social, and financial consequences for countries worldwide. The populations of many countries are aging rapidly because of the dramatically declining fertility rates that have been reported over the past decades especially among the developed countries and the increased longevity due to the healthier living conditions (Beach, 2008). It is estimated that by 2018, people over the age of 65 years will outnumber children younger than five years old, and by 2040 they will represent 14% of the world population (Kinsella & Wan, 2009). Many studies indicate the age increase in the world's population average over the last 25 years and confirm that the overall percentage of older people will continue to increase significantly, especially in developed countries (United Nations Secretariat Department of Economic and Social Affairs, Population Division, 2001; United States General Accounting Office, 2003).

In Canada, the elderly dependency ratio is expected to rise, leading to a larger number of retirees that have to be supported by a smaller number of workers (Guillemette, 2003). By 2031, it is expected that 25% of Canada's population will be 65 years old or more (Denton, Feaver, & Spencer, 2005). Although the population of Canada is younger than in Europe or Japan, it is older than the population of the United States. It is aging more

slowly than in Europe and Japan but more rapidly than in the United States (Beach, 2008).

The aforementioned demographic change has an important impact on the composition of the available workforce age (Leibold & Voelpel, 2006). It is estimated that by 2010 almost half of the workforce of the United States will consist of people aged 45 years or more (Kanfer & Ackerman, 2004). Furthermore, it is believed that the percentage of older workers in Europe will increase by 25.1% in the next 25 years, while the number of young workers will decrease by 20.1% (European Commission, 2005). Early retirement plans seem to be being withdrawn worldwide meaning that most workers will continue working until the age of 65 years (De Lange et al., 2006). Consequently, companies and organizations will rely more and more on older workers as the years go by. This fact changes the way organizations work in many ways and requires their engagement with an aging workforce management.

As older workers leave the workforce a significant lack of labor will occur especially in important sectors such as health care, law enforcement, and many others (Judy, D'Amico, & Geipel, 1997). In particular, hospitals and other health care services will risk an important loss of institutional and workplace knowledge and productivity if they do not find ways to retain and accommodate their older workers (Harrington & Heidkamp, 2013). Globally, there seems to be a shortage of nurses in health care (Oulton, 2006) and the existing aging nurse workforce that wish to retire early renders the situation even more difficult (Cooper, 2003; Letvack, 2003). Particularly in times of increased need for world class care services due to the increase in the aging population worldwide (Burke, 2005) and chronic illnesses (Cooper, 2003), it is crucial to find ways for the retention of nursing staff.

Employers try to encourage older employees to delay their retirement, which consequently has led to an increasing interest in how we can help and support aging employees in order for them to remain safe and effective in their work (Beehr & Glazer, 2000). It is crucial for societies to remain productive despite their aging populations as well as for individuals to add healthy and meaningful years to their lives (Staudinger & Kocka, 2010). New strategies are needed in order to accommodate the changing abilities of older employees if we wish them to remain in the workforce.

Age Stereotypes and Discrimination toward Older Workers

Employers often have negative attitude toward older workers (Bowen, Noack, & Staudinger, 2010). The source of age discrimination takes us back to the shift from an agricultural to a manufacturing-based economy, where younger workers were preferred in order to set the machines more effectively (Hardy, 2006). Moving to the 20th century, older workers still faced difficulties in finding and maintaining a job (Wacker & Roberto, 2011). Nowadays, discrimination toward older workers is still present, despite the fact that older workers are not necessarily less healthy, less skilled, educated, or productive, in comparison to their younger colleagues (Burtless, 2013).

Studies indicate that negative stereotypes concerning older workers seem to exist among managerial staff in companies (Schruijer, 2006). These stereotypes mainly concern flexibility, use of technology, motivation for training, and the well-being of older workers (Warr, 2000). Furthermore, older workers themselves feel that they are treated negatively in the work environment (Shore, Cleveland, & Goldberg, 2003). More specifically, older nurses report feeling that they are negatively perceived by both younger colleagues and management (Kupperschmidt, 2006). Moreover, older nurses report that they have the impression that managerial staff often act as though they would like to get “rid” of older staff (Letvack, 2003) instead of seeing their age and experience in a positive way (Weston, 2001).

Many steps have to be taken within the work environment in order for these negative stereotypes to be eliminated. The truth is that older workers can represent very important employees due to their experience, working skills, loyalty, low absenteeism, and many more skills and characteristics that make them useful for the workforce (Staudinger & Bowen, 2011). Older workers have many assets that can be helpful within the workplace such as wisdom, maturity, many skills, recognition of the importance of values, etc. (Naumanen, 2006). However, employers may be resistant toward older workers due to their perceptions that they are more expensive, especially if companies have to contribute to their health insurance programs (Munnell & Sass, 2008).

It is of great importance to report that many countries globally have implemented laws against the discrimination of older

workers and have started campaigns against the stereotypes and the negative attitudes that underestimate their work (Wacker & Roberto, 2011), although cross-national differences do occur (Lahey, 2010). Such programs are the Age Discrimination in Employment Act (ADEA) which prohibits discrimination in the workplace toward people aged 40 years or more in the United States and the 2000 legal framework for the European Union which prohibits discrimination at all ages in the workplace but still allows countries to specify a mandatory retirement age (Staudinger, Finkelstein, Calvo, & Sivaramakrishnan, 2016). Age discrimination is strongly related to cultural views of generations, stereotypes, and social constructions (Hardy, 2006).

Mental Health of the Aging Workforce

Although the state of being employed has generally been related to better mental health in comparison to being unemployed or disabled, it is noted that occupational stress has been linked to poor health outcomes including psychological distress, and alcohol misuse and abuse (Wang, Lesage, Schmitz, & Drapeau, 2008). Furthermore, high levels of occupational stress are related to poor mental health, learned helplessness, and impaired sense of control, especially in younger adults (Wang, Schmitz, Dewa, & Stansfeld, 2009). Occupational stress has turned into a global health threat for employed people, especially when it is combined with aggravated competition, exhausting work hours and conditions, and job insecurity (Schnall, Dobson, Rosskam, Baker, & Landsbergis, 2009).

As people grow old, certain age-related situations or disabilities may reduce their capacity and affect their ability to remain in the workforce (Heidkamp, Mabe, & DeGraaf, 2012). The combination of aging, possible disability, and work results is an important issue that concerns not only employers but also older workers. As aging occurs, people may need to cope with changes in their intellectual abilities or with mental health issues such as memory loss or depression. Often these people do not consider themselves as having a "disability" and thus they do not turn to the resources that exist to help them gain or remain in a job (Heidkamp et al., 2012).

Working in later life may influence health status in various ways in comparison to younger adults. The fact that a person is working past the typical retirement age can be connected to financial difficulties, meaning that the individual cannot actually

afford retirement which can be related to poor mental health (Eaton, Muntaner, Bovasso, & Smith, 2001). Furthermore, some people may continue to work in order not to lose their health insurance (Mermin, Johnson, & Murphy, 2007). One study noted that despite exposure to occupational stressors, the social environment of the workplace can actually help older adults maintain their health to a better level in comparison to younger workers (Carlson, Seeman, & Fried, 2000).

According to the Institute of Medicine (IOM), 5.6–8 million Americans aged 65 years or more face mental health or substance use disorders with the number expected to reach 10.1–14.4 million by 2030 (Institute of Medicine, 2012). Persistent depression and chronic stress have been linked to many problems such as impaired immune function (Reiche, Nunes, & Morimoto, 2004), coronary heart disease (Rozanski, Blumenthal, & Kaplan, 1999), and high risk of mortality (Bruce, Leaf, Rozal, Florio, & Hoff, 1994). It is considered that depression in the workplace costs employers billions of dollars due to loss of productivity (Greenberg et al., 2003).

Approximately 20% of older adults (aged 60 years or more) deal with depression and/or alcohol misuse which makes these two disorders the most common mental health problems among older adults (Kessler, Berglund, & Delmer, 2005). It is noted that women are twice as likely to develop depression and half as likely to have problems with alcohol in comparison to men even after sociodemographic characteristics are taken into account (Klose & Jacobi, 2004).

Many epidemiological studies have been conducted in order to explain whether occupational stress is related to depression, mostly in middle-aged workers (Bonde, 2008; Ndjaboué, Brisson, & Vézina, 2012; Nieuwenhuijsen, Bruinvels, & Frings-Dresen, 2010; Stansfeld & Candy, 2006). Although results were not fully consistent, the significantly increased odds ratios of incident depression existed in the majority of the cohort studies that were analyzed in these reviews (Siegrist, Lunau, Wahrendorfand, & Dragano, 2012). Furthermore, from the significance of the exposure time of depression incidence, it can be assumed that a relation of occupational stress and depression is particularly strong, especially in older workers (Siegrist et al., 2012).

The aforementioned hypothesis was tested in older workers (50–64 years old) from a variety of countries from three continents (Europe, the United States, and Asia), and the results demonstrated that occupational stress is related to an elevated

probability of experiencing depressive symptoms (Siegrist et al., 2012). Findings derived from studies which compared results from various European countries showed the same results concerning occupational stress and depressive symptoms in older workers (Dragano, Siegrist, & Wahrendorf, 2011; Pikhart et al., 2004).

In a study by Mezuk, Bohnert, Ratliff, and Zivin (2011), it was noted that high job strain combined with high job stress and low job satisfaction is significantly associated with elevated depressive symptoms among older workers regardless of their sex and age group. Furthermore, the same study showed that high job stress with high job satisfaction and low job stress with low job satisfaction were also associated with depressive symptoms, although these relationships were not as significant. In the aforementioned study associations between job strain and alcohol misuse in older workers were not found, in contrast to studies concerning younger workers (Yang, Yang, & Kawachi, 2001). The fact that there is no link between job strain and alcohol misuse in older workers probably has to do with the decrease in drinking behavior that usually comes with age (Moos, Schutte, Brennan, & Moos, 2004) or with the fact that older workers may have side effects due to the combination of alcohol and medications they take (Moore, Whiteman, & Ward, 2007).

Depression has been linked to unemployment, absence at work, and poorer performance regardless of the age of the individual (Pit & Byles, 2012). According to research, people who have depression may have greater difficulties in finding or maintaining a job, which can lead to a higher work turnover (Larsen & Pedersen, 2013). Other studies have found that when an individual does not have a paid job or is forced to leave the workforce earlier, the possibility of having a health problem (physically or psychologically) is higher (Doshi, Cen, & Polsky, 2008).

On the other hand, the emphasis that is given to the negative aspects of work such as occupational stress and physical exhaustion in older workers puts aside the potential positive effects of work on aging. Subsequently, this has led to fewer working hours and mandatory retirement age. But the most recent results from studies conducted in high-income countries show that there might actually be, positive effects of work in later life although similar studies have not been conducted in low- and middle-income countries where working conditions are more exhausting and dangerous (Staudinger et al., 2016). Some factors related to work or volunteering, can actually moderate the physical and

psychological changes that come with aging; therefore, in order to benefit both employers and employees it is important to change certain work characteristics instead of reducing exposure to work in later life (Staudinger et al., 2016).

A study conducted in Japan, showed that the reduction of work hours with increasing age was applied very often and that work (at less than 35 hours a week) can positively affect both the physical and the mental health of older adults (Kajitani, 2011). Furthermore, the same study revealed that volunteering played an important role in helping older adults maintain their health over ages. Other studies in the United States show that volunteering or work (of about 10 hours a week per month) can even help individuals aged 80 years or more to maintain a good physical and mental health (Luoh & Herzog, 2002). However, volunteering for too many hours can lead to role strain and can actually have limited or no benefits in the mental health of the individual (Van Willigen, 2000). A study conducted in the United States involving people aged 60 years or more showed that the level of improvement and satisfaction in life was greater when people spent more time committed to productive activities (Baker, Cahalin, Gerst, & Burr, 2005). Moreover, a study has shown that being engaged in at least one productive activity can lead to better health and functioning in older adults (Svanborg, 2001).

Studies have shown that according to their age, workers may have different job concerns due to the different stage of life they belong to (Warr, 2000). Furthermore, it has been found that a low-quality work environment is more strongly associated to depressive symptoms in middle-aged workers (45–44 years) than in young workers (25–35 years) (Nolen-Hoeksema & Ahrens, 2002). Furthermore, in the same study it was identified that expectations about being satisfactorily employed may vary across the life span and thus violations may affect more the mental health of one age group in comparison to another. For example, older workers who work in a stressful environment find it more difficult to transfer to another job in comparison to younger workers, since they are either considered to be more expensive or they are not young enough to learn and get used to the new tasks needed. Subsequently, older workers do not feel that they have the control to change their work environment, which can affect their mental health in a negative way (Nolen-Hoeksema & Ahrens, 2002).

Many studies suggest that aging itself doesn't moderate the association between work and mental health, but it is actually

the age-related variables that do so (health status, occupational interests, situation at home) (Kamal, Warr, & Oswald, 1995; Warr, 1992). One study found that the increase of social support of colleagues and supervisors can be very important for the prevention of emotional exhaustion for older workers (De Lange et al., 2006).

It appears that challenging but not too demanding work conditions can maintain or even improve the mental health of all people regardless of their age (De Lange et al., 2006). Working past the typical retirement age may affect the health of older workers in a positive way if the job is interesting and satisfying for them, and in this case it can actually improve their executive functions (Carlson et al., 2008).

It is noted that aging workers who are employed in high-stress jobs may have a greater risk of morbidity and mortality rates, which is related to stress and unhealthy stress-related behaviors such as smoking, drinking, lack of exercise, and bad nutrition habits (Pearlin & Skaff, 1996). Emotional exhaustion in older workers is related to low social support from colleagues and employers (De Lange et al., 2006). While a study involving police officers demonstrated that the risk reduction strategies for stress and the improvement of coping skills in people aged 50 years old or more are important (Gershon, Lin, & Li, 2002).

A further study found that older police officers who deal with higher levels of work stress face a significant risk of having a serious physical or mental health issue (Gershon et al., 2002). In the same study it was noted that three out of four older police officers who reported stress also reported depression symptoms and almost one out of every two stressed older police officers reported having symptoms of PTSD. Furthermore, it was found that older officers who reported higher stress were more likely to have risky health behaviors.

Studies indicate that older nurses have a higher incidence of injury (Buerhaus, Staiger, & Auerbach, 2000), greater levels of stress and job strain (Santos et al., 2003), and physical fatigue (Spetz, 2005), which can create problems in rotation schedules and make them feel exhausted (Cooper, 2003). According to Schofield, Shrestha, Passey, Earnest, and Fletcher (2008), it is noted that people with chronic diseases leave the workforce earlier, while it seems that as the number of chronic conditions increases so does the possibility of being out of the workforce. It is found that health-related distress leads older employees out of

the workforce instead of maintaining their participation on a more productive basis (Yen, McRae, Jeon, Essue, & Herath, 2011).

According to a research conducted in mental health care case managers, it was found that older case managers who reported low satisfaction with financial rewards and the type of work they were involved in, and used more avoidance, resignation, and help-seeking coping strategies were more likely to develop depressive symptoms (Gellis & Kim, 2004). Health has a crucial role in a person's life and is strongly related to the ability of an individual to work in a productive way over time (Loh & Kendig, 2013). Aging increases the likelihood of developing a chronic disorder (such as depression) which can make the maintenance of a paid job quite difficult (Schofield et al., 2013). Many studies in older adults have indicated that a chronic disease can be a significant factor for participation in the workforce (Majeed, Forder, Mishra, Kendig, & Byles, 2016).

Presenteeism, is a term that means that employees remain at their work, even when they are sick or overstate their attendance because of job insecurity or because of downsizing forces (Yang et al., 2016). Presenteeism, is considered as an indicator of lost work productivity, while professionals are worried about the negative effects it can have for work environments (Koopman et al., 2002). According to research, employees who are experiencing demanding situations at their workplace, job strain, low chances of decision making, and low social support tend to be more absent and make use of severe presenteeism (Elstad & Vabø, 2008).

A study about presenteeism on older US workers found that, co-worker support had a direct negative effect on job stress and presenteeism, while supervisor support had a direct negative effect only on job stress (Yang et al., 2016). Furthermore, it was noted that presenteeism was lower among elder participants and finally, it was indicated, that presenteeism can be reduced when there is increased attention in reference to the stress of employees in the workplace, greater support from colleagues and employers and when there are good interpersonal relationships among colleagues and between employers and employees (Yang et al., 2016).

The aging of the population influences all health care professionals and calls for more and more employees specialized in gerontology. As a consequence mental health professionals have to develop greater awareness, understanding, and appreciation

of gerontology in order to promote the mental health of older people (Laidlaw & Pachana, 2009). Furthermore, the issues encountered in psychological practice will be different which means that psychotherapists will have to be prepared in order to meet the needs and expectations of these age groups (Laidlaw & Pachana, 2009).

Aging Workforce, Retirement, and Mental Health

Nowadays there seems to be an attempt in increasing the participation of older workers in the workplace by promoting continued work and increasing the retirement age. The transition from work to retirement is found to be linked – among others aspects – to mental health and changes in the psychological well-being (Mein, Martikainen, Hemingway, Stansfeld, & Marmot, 2003) but in general, theory and research seem to be inconsistent when it comes to this issue. Some studies have found that retirement can lessen the stress that a worker is feeling (Drentea, 2002) and others believe that retirement because of the absence of positive benefits can have the opposite results (Moen, 1996).

There are many factors that moderate between retirement and mental health such as gender (Kim & Moen, 2002), psychological well-being prior to retirement (Kim & Moen, 2002), socio-economic status (Mein et al., 2003), etc. A further study noted that depressive symptoms can increase in women after retirement especially if the retirement is considered as sudden or unwanted (Szinovacz & Davey, 2004). It seems that, the transition from work to retirement because of the reduction of social reactions can have negative effects on mental health but on the other hand retirement can also have benefits on mental health since work is considered to be stressful. So before considering whether to promote early retirement or rely on an aging workforce we have to consider that retirement and mental health are two conditions that are related but between them moderate many different factors. Employees that are dealing with long-term stress can be more vulnerable to retirement stress, especially if they were not ready for this situation at that period of their life (Talaga & Beehr, 1989).

Some professionals struggle with more difficulties because of aging in relation to the nature of their work. For example, in one study it was found that older doctors suffered cognitive impairment (54%), substance abuse (29%), and depression (22%), while 17% of them had two comorbid psychiatric conditions (Peisah & Wilhelm, 2007). Primary prevention programs must be planned in order to support older doctors. Furthermore older doctors should be encouraged to adapt to the changes that come with their age and helped in order to validate the appropriate time for them to retire (Peisah & Wilhelm, 2007).

It seems that as the population continues to age, the workplace will be strongly affected by the care demands of the aging employees and the need for assistance in managing chronic illness will become necessary. In order to have a workforce consisting of productive and skilled employees, the workplace will have to support workers in managing their health and maintaining their employment (Yen et al., 2011).

The sense of community in the workplace can be achieved when employees share goals, work together as a team, rely on each other, and have good interpersonal relationships (Anthony et al., 2005); all the above lead to employees who wish to remain in the workplace and not to retire earlier (Tourangeau & Cranley, 2006). Another issue that seems important for older nurses in order for them to remain in the workplace is the perception that the organization values the contribution of them as employees and cares about their well-being (Patrick & Spence-Laschinger, 2006).

It is important to promote policies that raise the retirement age but at the same time improve working conditions in order to be consistent with the needs of older workers. After all, according to research a good work is considered good for the employee when it's healthy and safe (Waddell & Burton, 2006), consequently having a good health throughout working life helps the individual in many ways, both before and after retirement (Crawford, Graveling, Cowie, & Dixon, 2010).

Health Promotion Programs for the Aging Workforce

All people age chronologically with the same speed, but the way people get older depends on many factors such as genetics, health

habits, environment, and work. As far as work is concerned the ability of older employers decreased after a certain point because of heavy physical work, high stress, and unhealthy habits (Naumanen, 2006).

Health promotion for older workers focuses both on the employee and the workplace and concerning the employee it aims to promote individual well-being, work ability, energy, vitality, good health, and physical habits (Wilcock et al., 1998). Aging can be experienced in various ways by individuals, some think of it as a positive development of one's self, and others as physical work ability and lower respect. The positive experience of aging is mostly linked to the individual's good health, level of education, optimism, and interpersonal relationships (Steuerink, Westerhof, Bode, & Dittmann-Kohli, 2001).

A health promotion program for older workers should include evaluation and measurement of the working hazards, information counseling and problem solving concerning difficulties in the workplace and elimination of all dangerous situations (both physically and psychologically) at work (Naumanen, 2006). The tools used in health promotion for older workers are counseling, group activities, treatment of illnesses, education, psychological discussion, problem solving, and information for job satisfaction (Naumanen, 2006).

A study concerning a health promotion program in older workers in Finland showed that there were many benefits such as: better health, well-being and quality of life, healthier living habits, safer work environment, higher productivity, work ability, motivation and job satisfaction, more acceptance and positive attitudes from colleagues, and finally improvement of the image of the workplace (Naumanen, 2001).

A further study demonstrated that health promotion improves work relationships, decision making skills and ability at work for older workers (Karazman, Kloimuller, Geissler, & Karazman-Morawetz, 1999). Regarding health promotion programs, it is important to ensure equal access for all older employees within the organization (Crawford et al., 2010). According to various studies, health promotion programs have many benefits for older workers and are related to positive changes. However, further research is needed to ascertain whether their benefits have long lasting effects and how this change can be maintained for long periods of time (Karazman, Kloimuller, Geissler, & Karazman-Morawetz, 2000).

Strategies and Recommendations for a Safe and Healthy Working Environment for Older Adults

Some strategies that health care employers are starting to develop in order to support their older workers in retaining their job include workforce and workplace assessments, workplace flexibility, phased retirement, and “disability management” which is an effort to reduce refusal in work performance as a result of age-related physical, mental, or sensory disabilities (Tishman, Van Looy, & Bruyère, 2012).

A report issued in 2006 provides many recommendations with reference to the retention of older nurses beyond the usual retirement age such as encouraging health systems to make immediate design and ergonomic changes and improvements, planning career paths with expanded roles for older nurses, promoting policies that allow a work – life balance and presenting retirement programs that make continuing to work an attractive choice for older nurses (Hatcher, 2006).

A further study conducted with nurses reports that the factors that can influence an older nurse’s decision not to leave or retire are the respect and recognition of the achievements of the older staff, some managerial characteristics that promote staff retention, the importance given to empowerment, autonomy, expertise and work challenges, the sense of belonging to a community within the work environment, education and development, flexible working hours, and adequate financial earnings (Moseley, Jeffers, & Paterson, 2008).

Respect, recognition, and acknowledgment of work has been found to be very important for older nurses (Armstrong-Stassen, 2005) and can actually improve their work satisfaction (Cooper, 2003; Sherman, 2006). Furthermore, it has been shown that when older nurses are respected, have a position of authority and are directly involved in decisions taken for the patients they are more likely to be satisfied with their job (Letvack, 2003). Promoting an environment of supporting community and belonging at work is actually very important for older employees and can lead to cohesion and commitment to the organization, job satisfaction, and staff retention (Manion & Bartholomew, 2004).

The report of the IOM recommends that there is a lot to be done in order to retain older workers such as: the development of less physically demanding jobs, the use of technology in order to facilitate their work, the use of more convenient work schedules, the use of older workers as job mentors, and their placement into leadership positions (Institute of Medicine, 2008). Employers need to make use of appropriate programs in order to help their employees receive treatment for depression or alcohol misuse (Zarkin, Bray, & Qi, 2000). Furthermore, it is crucial that employers establish policies that promote awareness and acceptance of mental health problems, adopt wellness programs, create ways to reduce work strain, and promote dialogue between them and their older employees (Wang, Schmitz, Smailes, Sareen, & Patten, 2010).

The role of the managers is crucial in creating a positive ambiance in the workplace. Studies conducted among older nurses indicate that managers should act like role models by supporting and encouraging older workers and promoting mutual respect and recognition of their achievements (Bethune, Sherrod, & Youngblood, 2005). It has been shown that older nurses who felt valued were not likely to retire early and felt the need to become more involved in the organization they were working for (Hsiao-Chen Tang, 2003). Furthermore, as far as managers are concerned it was found that older nurses prefer employee evaluation and feedback that is based on truth and respect and not on an age bias (Hu, Herrick, & Hodgkin, 2004). In order for the older worker to maintain his/her work ability, it is important for him/her to have an improved work environment, better work tasks, and an employer that promotes a positive attitude in the workplace (Tuomi, Huuhtanen, Nykyri, & Ilmarinen, 2001).

A good employer talks about the problems of the workplace with his/her employees, appreciates and listens to what they have to say, takes their needs into consideration, and gives feedback and motivation to them (Naumanen, 2006), which can lead to better work conditions and productivity. On the contrary, work overload, many changes, high demands, difficulties in human relationships and negative attitude can affect older workers leading them to lose their ability to work (Naumanen, 2006).

According to research, interventions for older employees have to be multi-dimensional in order to help them feel better and work productively (Harma & Ilmarinen, 1999). First, older workers need to have a balance between their work and their private or family life. The aforementioned research suggests that

flexibility in the workplace is crucial for older workers and has to be at the center of interventions of every organization. Furthermore, older employees need some time off between shifts in order to rest, while increased numbers of breaks during their shift are considered to be necessary and night shifts must be reduced (Harma & Ilmarinen, 1999).

Training programs are thought to be very helpful for older employees and can actually increase their skills and tasks while they are considered as an investment for the workplace (Czaja & Sharit, 2000). Frequently, the training programs need to be modified to become appropriate for older workers. In order for training programs to be successful personal involvement, group support and active participation is needed (Caudron, 2000). Mallet et al. (2005) present a program that involves older workers in training or coaching younger employees. According to this program older workers share their experience and expertise with young colleagues which leads both of them to growth and skill development and promotes a working environment without age discrimination.

According to research, in order to increase the well-being and the productivity of older workers more attention must be given to the health care strategies, while the involvement of home, communities, and workplace is necessary (Loeppke et al., 2013). This is of great significance to older workers, and it can improve their quality of life overall, even though increasingly they might face chronic diseases. Furthermore, the same study has shown that healthy aging programs have to be personalized and meet the specific needs of the workforce, including workers of all ages. Moreover, according to the aforementioned study in order for a workplace to be considered as successful it has to be "age friendly" and help the employees adapt, learn, and grow together. It is recommended that these kind of programs begin early in the careers of the employees, with the aim that they will stay healthy and productive over time (Loeppke et al., 2013).

Many programs are available to support employers in creating a workplace with the aforementioned characteristics such as *the SafeWell Practice Guidelines: An Integrated Approach to Worker Health from the Center for Work, Health, and Well-Being* of the Harvard School of Public Health (McLellan, Harden, Markkanen, & Sorensen, 2012), the National Institute for Occupational Safety and Health (NIOSH) program entitled as "*Essential elements of effective workplace programs and policies for improving worker health and wellbeing*" (National Institute for Occupational Safety and Health [NIOSH], 2012),

the Centers for Disease Control and Prevention (CDC) *Worksite Health ScoreCard* (CDC, 2012) and the online tool developed by the American College Of Occupational and Environmental Medicine (ACOEM), the *HPM Toolkit* (ACOEM, 2006).

According to the recommendations of Loepcke and colleagues, employers, health professionals, and health promotion professionals need to work together in order to promote the overall health and productivity of the aging workforce. Creating a “culture of health” in the workplace can lead to higher social, intellectual and emotional dimensions of both psychological and physical health. Furthermore, more dialogue with regard to workforce aging as well as stronger collaborations based on respect and honesty between employers and workers must take place in the workplace. Moreover, a greater awareness and understanding of workforce aging is necessary in order for programs to be successful.

Conclusion

The aging population is a global challenge that has a great impact on the workplace affecting organizations, employers, and employees. Older workers must be embraced and supported in order to become the best version of themselves not only as individuals but also as employees. A safer and healthier work environment which respects and values its employees can lead to higher well-being and productivity.

Employers, health professionals, health promotion professionals, and occupational organizations must work together as one in order to promote a healthy and safe workplace for the aging workforce. Older adults represent an experienced, skilled, and loyal part of the workforce that deserves to work in environments that are free of age discriminations and stereotypes.

More research has to be done in the fields of age, work, retirement, and mental health in order for the professionals to reach a safe conclusion of what is best for older employees. The age-related variables that moderate between work and mental health have to be clarified so that professionals design their interventions and apply the appropriate health promotion programs for older workers.

Instead of reducing time spent in work and aiming for early retirement, we can try to improve and adapt work conditions to the changing abilities of older employees without risking the

loss of this experienced and skilled personnel. Governments, organizations, and employers should cooperate in order to promote policies and practices for healthy work environments that support and develop productivity and well-being for workers of all age groups.

As far as the professionals are concerned, with the increase of the aging population they must gain more knowledge and expertise in the field of gerontology. Furthermore, they must develop greater awareness and understanding of the particularities of older people in order to promote their mental health and meet their needs and expectations. Following the good practices and recommendations provided by professionals and having always in mind the definition of the World Health Organization (WHO, 2014) for mental health which mentions that “*Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*” we can create a safer and healthier working environment for all workers.

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