

Concept Paper

What Do We Know about Age Management Practices in Public and Private Institutions in Scandinavia?—A Public Health Perspective

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Abstract: In view of global population ageing and of policies that support longer working lives, especially in developed countries, it is important to achieve diversity in organisations through age management. Age management is the “management of human resources, [often] with an explicit focus on the requirements of an ageing workforce.” Through age management practices, organisations will be better able to change their human resource management policies and practices towards accommodating their ageing workforce. Little is known about age management practices in Scandinavian organisations, considering the region’s high prevalence of workers beyond the age of 50 across both private and public organisations. There are indications that Scandinavian business organisations are already practicing age management for all ages, including older workers. Their age management practices include the dimensions of job recruitment, training, lifelong learning, development, and promotion. However, there is a dearth of knowledge on how the health and well-being of workers is ensured in the context of age management practices in these organisations. Given the current and future importance of age management for all organisations globally, public health and other health science professionals need to collaborate with other disciplines, such as management and sustainability science, to better understand how they can contribute to an aged and healthier workforce as well as workplace health promotion. This paper aims to contribute to the discussion concerning age management in public and private institutions in Scandinavia through the public health lens.

Keywords: age management; human resources management; Scandinavia; public health; workplace health promotion



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1. Introduction

Although the debate about the definition of age management (AM) continues, there is agreement that the term refers to the “management of human resources, [often] an explicit focus on the requirements of an ageing workforce” [1]. In addition, it is suggested that AM is holistic, intergenerational and life course-oriented [2]. Some argue that AM is a strategy aimed at improving the health and productivity of workers aged 45 years and older [3]. To others, “AM” refers specifically to various dimensions of managing human resources in organisations with an explicit focus on ageing or, more generally, to the overall management of the ageing workforce via public policy or collective bargaining [4,5].

In recent years, AM has become an important concern in the European Union (EU) because of the ageing population, the goal being to improve living standards for this sector of the population across the EU [4,5]. However, the increased living standards and higher life expectancy are happening against a backdrop of declining fertility rates [6–8]. Therefore, the growth of the older population represents an important challenge to public policy in relation to pension schemes, welfare entitlements, and the labour market [9–12]. For instance, the EU has estimated that, by 2030, there will be a shortage of 20.8 million working-age people (6% of the total workforce) [13,14]. An ageing European workforce poses enormous challenges to economies at large as well as organisations needing to fulfil their human resources (HR) function. Central to the HR function is the promotion of age diversity, which requires businesses and organisations to develop policies aimed at preventing potential discrimination and ensuring that there is a solid non-discriminatory practice throughout the professional life cycle, as well as through the recruitment and career management phases [15–17].

Furthermore, it is argued that to ensure that older workers are employable, organisations (and businesses) will need to make a policy commitment for all ages which can nurture employees' expertise, enable development of skills for all ages; and ensure a fruitful generational cooperation that ultimately improves working conditions and the work environment [18]. Also, there is a consensus that, in public and private organisations across Europe, there is a need to develop age-positive policies that will create intergenerational learning systems to tackle health protection and safety and human research planning with a holistic approach [17].

In Scandinavian countries (Sweden, Denmark, Norway, Finland, and Iceland), which is the setting of this viewpoint paper, employment rates among those aged 55 years and older have been much higher in comparison with other Organisation for Economic Cooperation and Development (OECD) countries and have risen steadily over time, especially among women [19]. Across these countries, most people aged ≥ 55 years have a better education and health compared with their counterparts in OECD countries, and the majority enjoy a good life [19]. Comparing the different countries, the employment rate among older people is higher in Iceland than in Sweden and Norway and lower in Finland and Denmark [19]. One reason why employment rates among people aged ≥ 55 have increased in Scandinavian countries compared with other Western countries may be that the Scandinavian countries have a stable and inclusive economy [19]. This has catapulted economic growth and a more stable and inclusive economy, resulting in a low general unemployment rate [19]. This has occurred even despite the most recent economic crises that have impacted all economies but have had less of an impact in Scandinavia than in other Western OECD countries [19]. Moreover, according to various studies, Scandinavian countries have in the past had, and currently have, policies that favour employment of older people because of (i) tripartite collaboration on wages, employment, and social welfare; (ii) relatively high education levels in the population; (iii) stable, predictable institutional framework conditions; (iv) a stabilising fiscal and monetary policy; (v) an active labour market policy; and (vi) social security for all through universal and relatively good social insurance schemes [19–21]. From a public health perspective, work is a determinant of health and well-being in a way that where a person works can be influenced by individual characteristics (e.g., income, gender, education) that in turn interact with structural factors (e.g., class and access to opportunities) [22]. Overall, work needs to be considered as a driver, a marker, and an outcome of inequality, and employment is a critical determinant of life chances. Thus, equitable age management practices and policies are likely to reduce employment inequalities in later work life [22]. Given that AM will play a vital role in the future, and organisations will need to change their HR management (HRM) policies and practices towards accommodating an ageing workforce, as well as the fact that work is an important social determinant of health with a great impact on population health and health and well-being of older workers, this paper aims to contribute to the discussion concerning AM in public and private institutions in Scandinavia through the public health lens. The paper

first describes the main dimensions of AM; next, it summarises findings of a literature search with evidence of AM by reviewing available scientific evidence regarding AM in the Scandinavian context; finally, it discusses implications for the health and well-being of the older workforce in the context of workplace health promotion.

2. Literature Review

The review of the dimensions of age management is conducted using the Naegele and Bauknecht perspective [23], as it is the most suitable for how these can relate to workplace health promotion.

Dimensions of Age Management

According to Naegele and Bauknecht, there are eight dimensions related to AM: recruitment; lifelong learning; career development; transition to retirement; knowledge management (KM); organisation of working time; leadership; and health promotion, ergonomics, and work design [23]. The first of these, recruitment, relates to good practices to ensure that older workers have equal access to the available jobs and that potential applicants are not discriminated against directly or indirectly [4]. It is argued that good practices can include an absence of age limits when jobs are advertised to encourage age diversity of potential applicants; using qualified interviewers to select applicants without a focus on age but instead on experience, skill, competences and needs; or in cases of needing to promote age-specific campaigns that target purposefully older applicants in situations of unemployment, precarious employment, those being threatened by dismissal, or those who retired early involuntarily [4,23]. Lifelong learning has to do with ensuring that older workers are not neglected regarding training and career development so that opportunities for learning are offered throughout the working life, that training methods are also appropriate for older workers, and that positive actions are taken where necessary to compensate for discrimination in the past [4]. According to some, lifelong learning ensures that aging workers are not deprived of career development and that they are given the opportunity to improve their skills throughout their working life, as well as that the methods are appropriate for each stage of their age without discrimination. Also, it is suggested that organisations can analyse what skills are needed and then match with the available skills and educational level of aging employees to better adapt to the methodology and contents of their training programs [4,23].

Career development pertains to ensuring that, rather than being neglected, older employees are provided with opportunities to progress (not necessarily hierarchically) and to maintain and broaden their skills and knowledge. This also means that, where necessary, organisations should take positive actions to compensate for age discrimination [24]. Career development is an important instrument that enhances promotion prospects for, and job security of, older employees. It entails structuring demands, incentives, and stresses in the working life of ageing employees in a way that their motivation and performances are promoted and applied in the most effective manner. This also includes early counteraction of health risks due to working conditions [25]. One example of good practice in career development is the precise matching of job specifications with the work-related performance changes typical of older age over the course of a career. Ideally, employees should be able to perform tasks in the later phases of their working life that are in harmony with their occupational experience and knowledge as older workers. It has been reported that good practice in career development that applies specifically to older employees is rarely found in organisations [26].

Transition to retirement refers to practices related to redundancy decisions based on objective job-related criteria as well as to ensuring that retirement schemes offer a choice of options that are fair [27]. This is a problem that remains unresolved in practice as individuals and society in general cope adequately with the necessity of early retirement. It is suggested that even in the best organisations, where AM strategies are in place, redundancies and/or compulsory early retirements are frequently unavoidable – for example,

following organisational restructuring [27–29]. Potential constructive approaches to voluntary early retirement and retirement policies may include organisations' preparatory measures for retirement; counselling facilities available to past employees providing assistance in the search for a new position as well as providing retirees the opportunity to maintain contact with colleagues; and flexibility in transition terms (e.g., retirees can continue to be employed on a temporary basis; a phased reduction in working hours; sabbaticals that provide time to prepare for retirement).

Knowledge management (KM) is a broad term and can include information access, processing of information or expertise, and allowing information to enhance capability [30]. In the current era, knowledge is considered a valuable resource for any organisation [31–34]. Knowledge is complex [35] and can be individual or collective, internal, or external, hard or soft, and practical or theoretical [30,31]. The most common classification of knowledge refers to tacit and explicit knowledge [31]. Tacit knowledge is more individual, while explicit knowledge tends to be shared [31]. Managing knowledge is an important factor, and it contributes to the performance of an organisation [30–32]. In the present era, to be competitive and innovative, organisations need to transform themselves into pro-knowledge organisations [33].

Over the years, researchers and experts have defined KM in various ways [31]. The term refers to the function that firstly identifies the knowledge requirement within the organisation and among the knowledge actors; that secondly creates the culture or environment for effective knowledge creation, acquisition, integration, dissemination or transfer, and application; and that thirdly builds knowledge flow processes within the organisation to allow the right knowledge to reach the right person at the right time [31,32,34,35]. Knowledge management strategies can differ depending on how knowledge is perceived within the organisation. For instance, if knowledge is only perceived as information, then KM will focus on acquiring, creating, and building information [30,31]. If, on the other hand, knowledge is viewed as processing information, then the flow and distribution of information will be the prime focus of KM [30,33]. The interplay between perception of knowledge within the organisation and the KM strategies governs the impact of KM on the organisational performance [33]. Effective KM facilitates proper knowledge sharing that leads to capacity building of the employees and stakeholders, as well as to establishing a continuous learning environment [31,33,35,36]. Furthermore, it is argued that, when knowledge is transferred from older workers to younger ones, it enables retention of valuable knowledge from older workers that nurtures the new generation, thus increasing intergenerational trust. In addition, knowledge management can allow older workers to adapt their approach to work in an innovative way [31,33,35,36].

Organisation of working time influences the motivation level of employees, which affects their performance and health [37]. The differences in work orientation among employees influences the working time preferences of employees [38]. Over the years, sociologists have paid more attention to the links between employees' work orientations, work preferences, and work organisation to identify the satisfaction level of employees related to working time [38]. According to Golden [39], the length of working hours as well as type of working arrangements, such as static, flexible, and innovative, influences the performance level of the employees in an organisation. A better work–life balance often leads to higher productivity and creates positive work empathy among employees [39]. Employees are the key contributors to the performance of an organisation, and therefore management of employee work time and workspace should be a prime concern for organisations [40]. Flexibility provides employees with the opportunity to balance their work and private lives, which contributes to positive motivation and, in turn, results in organisational improvement [39–42].

The leadership dimension of AM is related to the fact that leaders and managers share similarities but also differ in how they view leadership [43–46]. Most leadership definitions view leadership as a process to influence individuals and groups through a shared vision to accomplish objectives [43,44]. Different leadership styles often influence

the organisational culture and organisational objectives [46]. One of these, the transactional leadership style, emphasises the idea that relations between leaders and employees are based on exchanges between them [47]. Transformational leadership style, by contrast, often focuses on empowerment, which is more effective for organisations in societies that do not have power distances among people [48]. A shared, or distributed, leadership style is often seen in educational institutions in Scandinavia, where leaders have frequent interactions with peers to ensure performance [36]. Transactional and transformational leadership styles often prioritise the behavioural perspective of the leader and the employees, whereas a shared leadership style emphasises the relationship perspective of the leader and the employees [49]. Inclusive leadership styles are also becoming popular, where inclusiveness of employees is a priority to planification and the assigning of employee tasks and responsibilities by the leader [50]. A combination of shared leadership and transformational leadership styles is more effective in convincing employees to accept change and innovation in their work process [46]. Shared and inclusive leadership styles are also effective in promoting effective knowledge transferring and a flexible work environment. Based on previous research, it can be summarised that leaders need to have effective soft skills, decision-making capabilities, foresight, a sense of responsibility, trustworthiness, a passion for empowerment and inclusivity, and a critical thinking capacity, analytical ability, problem-solving capacity, creativity, the capacity to identify risk factors, and the capacity to manage risks as well as to have the urge to lead by example, especially when managing an age-diverse workforce [43,44,49–51].

Health promotion, ergonomics and work design relates to how often organisations encounter issues concerning their employees' advancing age and how age-related issues influence the well-being and work performance of these employees [52]. It is evident that ageing influences individuals physiologically and psychologically [52]. Health promotion actions in organisations can safeguard the organisations' employees from the negative influences of ageing [52]. Health promotion refers to the comprehensive process that enables individuals or groups to increase their capacity to control the determinants of health, resulting in improved health [53]. Creating supportive work environments for employees is the prime aim of organisational health promotion initiatives [52,54]. Ergonomics establishes the capabilities and limitations of employees and designs supportive working environments for the employees [52,54–56]. Health promotion initiatives that incorporate ergonomics can be highly effective, as they identify the work-related health risk factors of the employees based on the specific industry setting [52,55,56]. With commitment from leaders and the involvement of employees, occupational ergonomics and proper health promotion initiatives can be used in designing jobs applicable for employees based on their age [52,55–57]. Adopting ergonomic job design as an organisational feature is desirable, as it promotes AM and the employees' well-being [55,57].

3. Material and Methods

Age Management in Public and Private Organisations in Scandinavia: The Evidence

In this paper, a search of the literature on AM in Scandinavian organisations resulted in three articles [58–60]. Searches were made in Scopus, Web of Science, Discovery, and PubMed regarding AM in any public and private organisation in any Nordic/Scandinavian country using the following search terms: "Age management" OR "Age-management" OR "Extended working life" OR "Extended working lives" OR "Postponed retirement" OR "SwAge model" OR "SwAge"; "Sustainable working life" OR "Sustainable working lives" OR "Sustainable employability" OR "Longer working life" OR "Prolonged working life"; AND "Age management" AND "Scandinavian" OR "Nordic countries" OR "Nordic" OR "Sweden" OR "Swedish" OR "Norway" OR "Norwegian" OR "Finland" OR "Finnish" OR "Denmark" OR "Danish" OR "Iceland" OR "Icelandic". Searches were also made using the combinations "Age Management" and the "Dimensions of Age Management" (as a whole and individually) in Scandinavia (Nordic) as well as in the different countries.

The search was conducted using the inclusion criteria of the material being all English-language peer-reviewed articles (quantitative and qualitative) that addressed AM in any public and private organisations in Scandinavian (Nordic) countries with no year limit. Articles were excluded if they were written in other languages and/or did not explicitly mention AM in the abstract or introduction.

A total of four hundred and seventeen articles were identified, and, after a preliminary review of titles, abstracts, and duplicates, eight articles were included for detailed full-text assessment. Of these, only three met the inclusion criteria (having the words age management explicitly written in the title, as well as addressing issues of age management for older workers). The other articles were excluded because they did not include the words age management in the title and introduction, the articles addressed the health and well-being of older employees from an occupational health perspective with no mention of age management practices associated with older workers, or if they were reports, thesis, reviews of the literature, or opinion papers.

The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines [61] were used for the literature search (see Figure 1).

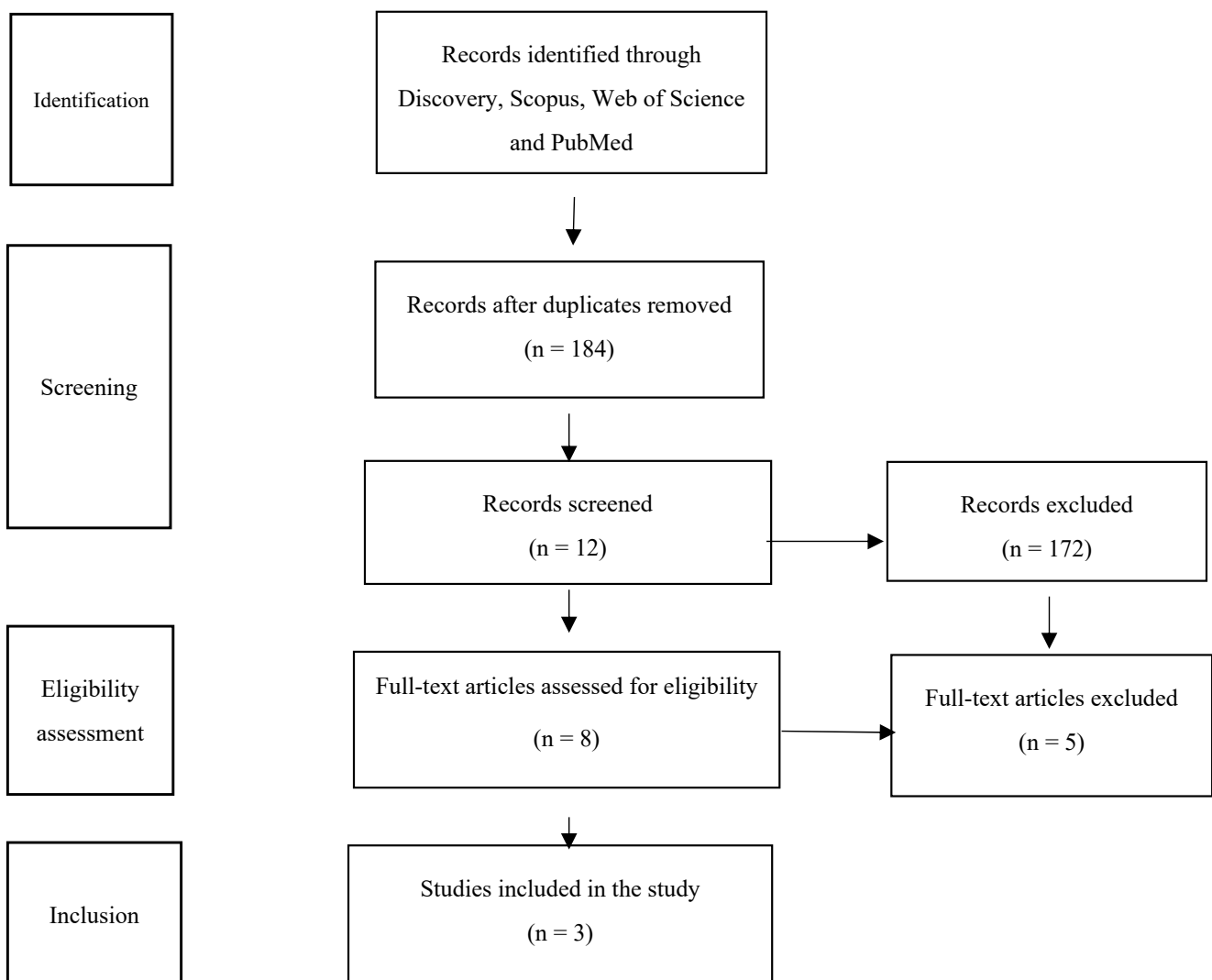


Figure 1. Identification, screening, and inclusion of studies for the review, according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines.

4. Results

4.1. Study Characteristics and Main Findings

A total of three studies fulfilled the inclusion criteria and were conducted in Norway and Denmark. There was no peer-reviewed evidence forthcoming from Sweden, Iceland, or Finland. The studies used a quantitative methodology and the studied samples varied from 20 to 672 respondents (human resource managers) (See Table 1).

Table 1. Description of the studies reviewed in the concept paper ($N = 3$).

Author(s) and Year	Study	Country	Objective(s)	Sample/Methods	Summary of Findings (Including Age Management Dimensions Addressed in the Study)
Furunes, T.; Mykletun, R.J., 2005 [58]	Age Management in Norwegian Hospitality Businesses, Scandinavian Journal of Hospitality and Tourism	Norway	To investigate how managers direct issues of an ageing workforce and whether this has implications for the hospitality industry	($n = 20$) Qualitative interviews	<p>It was more positive to have a balanced workforce consisting of younger and older workers. In the same study, no explicit age barriers regarding recruitment were found, although no manager was planning to recruit older workers.</p> <p>There was a positive complementarity in younger and older workers working together in the industry.</p> <p>Also, the study found that managers who were positive about the complementarity of younger and older workers in the industry were also positive towards older workers. In addition, the study included the age management dimensions of job recruitment, training, development, and work ability promotion.</p> <p>Job recruitment: The recruitment procedures were found to be different for full-time and part-time jobs. For part-time jobs and season employment contracts, e.g., chambermaids and banquet waiters, employees were often recruited through friends or through announcements at local education. Nevertheless, there were no age limits when new employees were recruited.</p> <p>Training, lifelong learning, development, and promotion: None of the organisations included in the study offered training that was fit for older employee needs. However, informants felt that there was no need for diverse training, as all employees performed the same job, also stating that age was not decisive to which training should be offered. Flexible work, promotion and work design were also found to be important by informants.</p>
Furunes, T.; Mykletun R. J.; Solem, P.E., 2011 [59]	Age management in the public sector in Norway: exploring managers' decision latitude.	Norway	To assess the extent to which managers accept responsibility for age management issues, how do they perceive their decision latitude (options and constraints) with regard to age management and how does this perceived decision latitude vary in relation to a range of organisational and managerial variables?	($n = 672$) Survey	<p>The results found that the management attitudes were the main predictors as they explained 22% of the variance in decision latitude. In addition, the same study indicated that changing managers' attitudes and providing access to human and financial resources seemed to be the most important criteria that influenced managers' perceived decision latitude, contributing to the retention of older employees. No specific age dimensions were investigated in the study.</p>
Jensen, P.; Moberg, R., 2012 [60]	Age management in Danish companies: what, how and how much?	Denmark	To investigate Danish employers' behaviour in the area of active aging, which is made topical by demographic aging. In addition, the study aimed to describe age management practices and explains why some companies were more prone to employ age management than others.	($n = 609$) Survey	<p>The results further indicated that employers in larger companies were positive to older employees regarding their loyalty, reliability, and social skills. In 47% of companies, the introduction of flexible working hours was the most common AM policy, and 28% had asked an older worker to postpone their retirement for at least 1 year in the past 2 years. No specific age dimensions were investigated in the study.</p>

A qualitative study conducted in Norway by Furunes and Mykletun [58] investigated how managers ($n = 20$) addressed issues of an ageing workforce in the hospitality industry

through the dimensions of job recruitment, training, development and promotion, flexible working practice, and job design through the lens of younger versus older workers. The findings indicated that it was more positive to have a balanced workforce consisting of younger and older workers. In the same study, no explicit age barriers regarding recruitment were found, although no manager was planning to recruit older workers [58]. Also, the study found positive complementarity in younger and older workers working together in the industry. The same study showed that managers who were positive about the complementarity of younger and older workers in the industry were also positive towards older workers.

A quantitative study from Norway investigated how managers ($n = 672$) accepted responsibility for AM issues, as well as how they perceived their decision latitude (employees' support, option to reorganise work, and having sufficient human resources and sufficient budget resources and opportunities to combine AM with efficiency demands) in relation to a range of organisational and managerial variables. The results found that the management attitudes were the main predictors, as they explained 22% of the variance in decision latitude [59]. In addition, the same study indicated that changing managers' attitudes and providing access to human and financial resources seemed to be the most important criteria that influenced managers' perceived decision latitude, contributing to the retention of older employees [59].

In Denmark, a quantitative study by Jensen and Moberg [60] interviewed companies ($n = 609$) to find out about their AM practices. The study found that larger companies (≥ 250 employees), in contrast to smaller companies (≤ 49 employees), encouraged older workers to delay their exit from the labour market [60]. In addition, results indicated more willingness in larger companies, compared with smaller companies, to develop AM practices. The results further indicated that employers in larger companies were positive to older employees regarding their loyalty, reliability, and social skills [60]. In 47% of companies, the introduction of flexible working hours was the most common AM policy, and 28% had asked an older worker to postpone their retirement for at least 1 year in the past 2 years [60].

4.2. AM Dimensions Addressed in the Reviewed Studies

Of the reviewed studies, only one [58] reported findings related to the age management dimensions such as recruitment, lifelong learning, flexible working practices, career development, and promotion. In the study, recruitment procedures were different for full-time and part-time jobs. For full time jobs, positions were advertised, and part-time jobs and season employment contracts (e.g., chambermaids and banquet waiters) were often recruited through friends or through announcements at local education facilities [58]. Nevertheless, there were no age limits in recruitment of new employees. Regarding training, lifelong learning, career development and training, none of the organisations included in the study offered training that suited older employee needs. However, informants felt that there was no need for diverse training as all employees performed the same job, also stating that age was not decisive to which training should be offered [58].

5. Discussion and Conclusions: Age Management Implications for the Health and Well-Being of Older Workers from a Public Health Perspective

The reviewed evidence indicates that the studied Scandinavian organisations, private and public and from different sectors, did practise AM. However, the empirical evidence was from two countries, Norway, and Denmark. No peer-reviewed evidence was forthcoming from Sweden, Iceland, or Finland. Concerning the AM dimensions addressed in the studies, they were recruitment, lifelong learning, career development and promotion, flexible working practices and work design [58,59]. Also, results indicated that large companies were more likely to implement AM policies than their smaller counterparts [60]. This is likely because larger companies have more age-diverse employees compared with their smaller counterparts [62–68]. Regarding the mentioned dimensions of AM, specifi-

cally recruitment and lifelong learning, it is argued that organisations need to eliminate barriers in recruitment to ensure that older workers are also given opportunities (which can be seen as negative discrimination [4,5]). Nevertheless, companies should also avoid positive discrimination (i.e., only recruiting older workers) [5]. According to Bockman and Sirotnik [69], older workers are usually well educated and have experience that can be seen as knowledge in a specific area that few workers have.

Lifelong learning and promotion were also mentioned in the reviewed studies. Some authors argue that training programs for the workforce can serve as a corrective measure in organisations that are facing the ageing of their workforce [70,71]. In addition, on-the-job training can reinvigorate employees as well as provide them with modernised skills, which can improve productivity [72]. As empirical evidence has shown, older workers who receive on-the-job training are more likely to remain in the job market [72]. Naegle and Walker argue that career development can be a vital tool to ensure the promotion of older workers; career development includes the structure of demands, incentives, and strain in the working life of an ageing workforce in a manner that promotes the workers' motivation and performance [73].

Regarding flexible work, Loretto et al. [74] argue that work schedules can influence the levels of activity of older workers in the following different ways: first, they allow older workers to downshift at the end of their working life, thus allowing them to postpone full retirement; second, through bridge jobs that turn full-time when conditions in the work environment are relaxed, older workers at retirement age will be attracted to work a while longer (or else will decide to remain in retirement) [75]; and third, flexible work can bring those who are out of the job market, because of health conditions or unemployment, back to work [73].

Job design was another dimension that was promoted in the companies that practised AM. According to George and Jones, job design and ergonomics focus on the physical, psychological, and social work environment that have an impact on workers' motivation, satisfaction, and feelings of reward [76]. Specifically, job design helps older workers through its preventive aspect when their physical ability is on the decline [5]. Daniels and colleagues argue that ergonomic job design is dynamic and that workers (including older ones) need to be included in their own work design [77]. Although there was no mention of the AM dimension of WHP in the reviewed studies, health promotion is crucial for all workers but especially for older workers, given that they are more likely to experience sickness absence for health reasons, as past research has shown [78].

Workplace health promotion is defined as the "combined efforts of employers, employees and society to improve health and well-being of people at work" [79] and concerns interventions promoting good practices for primary prevention (such as healthy eating habits and increment of physical activity). The available evidence points to the effectiveness of interventions for older employees [80] and to other work-related outcomes, such as reduction in presenteeism and absenteeism, as well as improved work performance, productivity, workability, economic performance, and return on investment (ROI) [80,81]. For instance, in an integrative literature review of AM practices for workers aged ≥ 45 years, Pedro and colleagues found that the work environment is a setting for the development of measures that improve the quality of life and health and safety for older workers. Examples of such measures included work promotion and health monitoring through clinical exams, as well as raising awareness of the key role played by health services, physical activity, nutrition, and disease prevention [3].

According to an OECD report [82], workplace health and well-being programmes (WHWPs) that are employer-driven initiatives aimed to improve the health and well-being of workers need to be prioritised to maintain a multigenerational healthy workforce. These programmes can range from encouragement to engage in healthy eating, exercise, smoking cessation, and stress management to interventions aimed at ailments such as diabetes, cardiovascular diseases, musculoskeletal disorders, and depression. Companies are also providing broader programmes that combine a range of physical, social/emotional, and

financial programmes [82]. A study by De Breij et al. aimed at identifying what work characteristics are associated with physical and mental health outcomes in older workers in the Netherlands, specifically educational differences, has suggested that, to maintain good health in older workers and reduce health inequalities, there is a need to implement workplace interventions that will improve working conditions. This applies particularly to lower-educated workers [83]. In their review of workplace interventions that supported older employees' health and work ability, Söderbacka and colleagues argue that, on an individual level, health checks and counselling for employees are likely to support older employees' work ability [84] and that, at the organisational level, improvements in the work environment can support older employees' work. However, they point out that there are few studies that have carried out interventions for older workers. They see this as an indication that knowledge gaps still exist and that further research is warranted [84].

In his seminal work about human resources management and employee well-being, Guest [85] suggests provisional HR practices designed to promote employee well-being such as the following: (a) investing in employees recruitment and selection (recruitment and selection training and developing, mentoring and career support); (b) providing engaging work (jobs designed to provide autonomy and challenges, information provision and feedback, skill utilisation); (c) positive social and physical environment (health and safety a priority, equal opportunities/diversity management, zero tolerance for bullying and harassment, required and optional social interaction, fair collective rewards/high basic pay, employment security/employability); (d) voice (extensive two-way communication, employee surveys, collective representation); and (e) organisational support (participative/supportive management, involvement climate and practices, flexible and family friendly work arrangements, developmental performance management) [85] (p. 39). We agree with Guest's [85] argument stated above, because, from a public health perspective, human resource management practices need to be an element that ensures organisational performance, and this can only be achieved if the well-being of all employees, and specifically those of older ages, is seriously ensured. However, as already mentioned above, public health researchers have shied away from the discussions of the central role played by HR managers on the well-being of employees and organisations in general and how this can affect the wider society, the so-called external stakeholders [86]. To this end, we envision that future interventions aimed to the improve well-being of older workers (with the workplace as a setting for health promotion) need to be conducted in discussion with human resource professionals to assert that potential policies, practices, and interventions will improve employees' quality of life and help with better social, physical, and mental well-being.

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