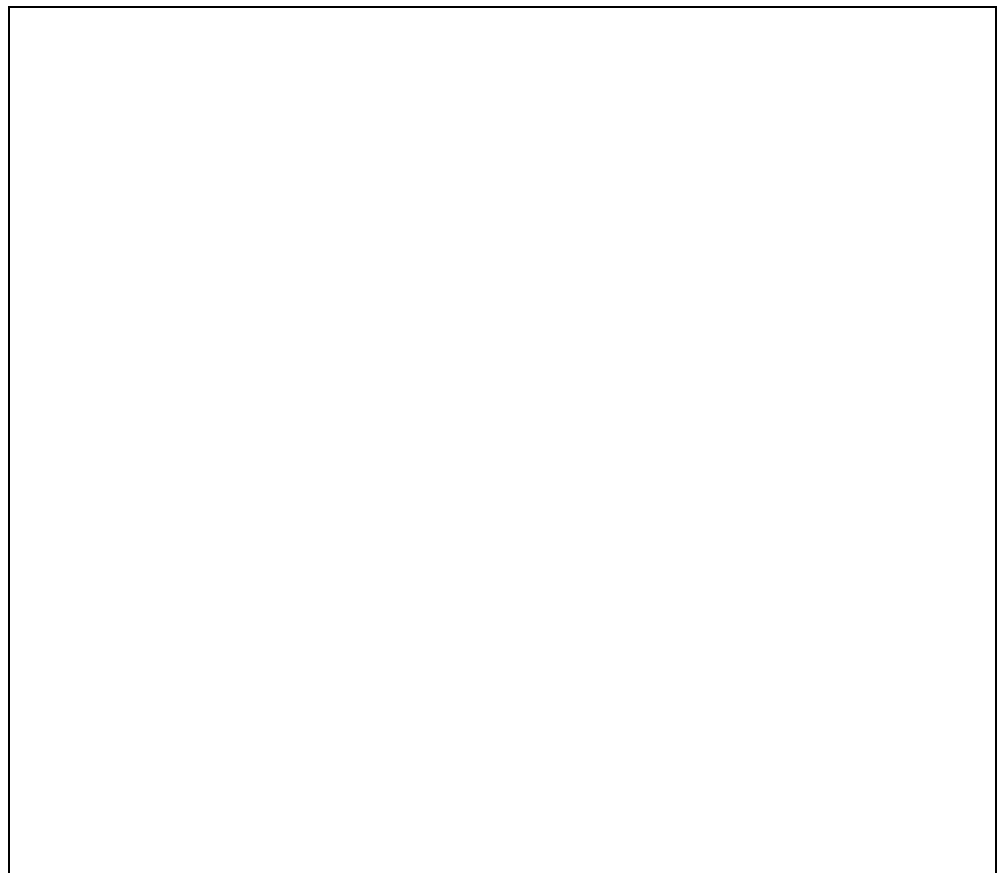




Eurofound

Impact of the recession on age management policies

Case Study: Vienna General Hospital (AKH Wien), Austria



Organisational background

The Vienna General Hospital (Allgemeines Krankenhaus Wien, AKH Wien) belongs to the NACE (N) sector 8511, hospital activities. It is part of the Wiener Krankenanstaltenverbund (KAV), an association in the healthcare sector consisting of 12 hospitals, 11 centres for geriatric medicine, and one long-term care centre. The KAV is owned by the city of Vienna. Established about three centuries ago as a 'home for invalids and the poor', it was not until 1964 that the construction of the building for the Vienna General Hospital began. The second construction phase followed in 1968 with the building of the university departments for paediatrics, psychiatry, child and adolescent neuropsychiatry, psychology, and psychotherapy. In January 1991 the first medical care unit, the university department for physical medicine and rehabilitation, opened for treatment. The Vienna General Hospital was officially opened on 7 June 1994. The last department transferred to the new general hospital was the department of obstetrics and gynaecology in March 1996.¹

Today, the business unit of the Vienna General Hospital is led by the director with a top management team assigned to him. The management team is composed of the medical director, the administrative director, the head of nursing and the technical director. The vice director of the Medical University of Vienna and the head of department for controlling at the business unit directorate participate in management meetings (Article 11, Vienna Hospital Act). They play an advisory role in these meetings.

As Table 1 shows, based on a full-time equivalent calculation, Vienna General Hospital had 8,955 employees in 2009 (AKH Wien, 2009: 15).

Table 1: Adjusted staff figures 2009, full-time equivalents (calculated on the basis of a 40-hour working week) (AKH Wien 2009)

Staff category	Full-time equivalents
Physicians	1,453
Pharmacists, chemists, physicists	189
Midwives	29
Qualified nursing staff	2,941
Medical-technical staff	1,032
Paramedical staff	295
Administrative and clerical staff	1,269
Technical/maintenance staff	1,295
Other staff personnel	453
Total	8,955

While the physicians' salaries are covered by the Medical University of Vienna, it is the responsibility of the municipality to finance all other personnel cost. An estimated one sixth of the non-physician staff are blue collar workers. All others, including the nursing staff, are white collar workers (interviewee).

In 2009, the statistics showed almost 655,000 inpatient days and a total of 1.25 million outpatient visits at the Vienna General Hospital (AKH Wien, 2009). As shown in more detail in Table 2, the Vienna General Hospital has over 2,100 inpatient and day clinic beds.

¹ See <http://www.akhwien.at/default.aspx?pid=850&mid=1240&rid=106>, website of the Wiener Krankenanstaltenverbund, accessed on June 13, 2011

Table 2: Number of hospital beds per category at the Vienna General Hospital, 2009 (AKH Wien, 2009)

Bed category	Number
General acute care beds	1,785
Intensive care beds	165
Intermediate care beds	95
Day clinic beds	96
Total	2,141

Employee representation in AKH Wien is split between the scientific staff and general personnel. Both works councils sit in the Medical University of Vienna. The general staff has a works council consisting of 16 elected members. Their actions have direct implications on working practices in AKH Wien as management there needs to take their position into consideration. They ensure compliance with collective agreements and company agreements, make proposals to improve working conditions and safety, have the right to a say in the designing of workplaces and staff and financial issues.²

Policies and practice in relation to age management

Vienna General Hospital sees the importance of the tackling the issue of ageing in terms of organisational strategy, organisational culture, personal development, organisation of work, and individual health of employees.

The human resource department at Vienna General Hospital is responsible for the management of a distinctive skill mix, as shown in **Error! Reference source not found.** According to the interviewee, amongst the personnel employed by the hospital, age management of qualified nursing staff is of particular concern.³

The nursing profession is particularly challenged by a series of job-related factors affecting them physically and/or mentally. Common stressors for nurses are environmental conditions, emotional problems of patients and families, demands of patients and supervisors, interpersonal conflicts in the workplace, their position as carer at home, and very frequently also time pressure when working with patients (Lawrence and Lawrence (1987); Büssinger et al. (2003); DAK-BGW (2005)). In conjunction with a range of psychosocial factors, physical working conditions are further potential stressors with implicated negative effects on nurses' health. Physical conditions such as back pain and neck and shoulder complaints are the most common musculoskeletal disorders encountered by nurses working in hospitals. These conditions are caused by heavy physical tasks such as the lifting of patients. Further professional health risks result from the danger of infection and the exposure to hazardous substances such as narcotics, prescription drugs, and disinfectants (Krenn and Vogt, 2004). Across Europe, this has led to decreasing job satisfaction and early drop-out from the profession, and the migration of the nurses' labour force into other occupational fields (Simoens and Hurst, 2004).

The Vienna General Hospital and also its umbrella association, the KAV, are well aware of this problem (interviewee). Starting about a decade ago, several age management instruments were developed with the aim of increasing job satisfaction and motivation to discourage exit before retirement age. The initiative started from the premise that while all the above mentioned stressors are already relevant for younger aged employees, they become

² See <http://www.meduniwien.ac.at/homepage/content/organisation/bodies/works-council-for-the-general-university-staff/en/> (accessed, September 2011).

³ It needs to be emphasised, though, that the physicians working at the Vienna General Hospital are not part of the human resources management's responsibility. This group is directly employed by the Medical University of Vienna, which is not included in this case study.

particularly challenging with increasing age. For that reason, it is very unlikely that a nurse who has worked under these conditions for decades would be able to continue such work until regular pensionable age.

The resulting loss of professional knowledge due to nurses leaving for the hospital or the profession implies a waste of resources. With the exit of the person, the knowledge gained over decades of professional experience becomes unavailable to patients. The challenge, therefore, was to find ways to employ the older-aged workforce productively while at the same time managing the known psychosocial and work environment risks to their health and well-being. Concepts were developed to change current job specifications. Workers' representatives and management at the Vienna General Hospital are also about to develop models for a stepwise reduction of work load for the older-aged workforce, for example through early retirement.

From 1999 until 2000, the KAV together with the institute of occupational health (Institut für Betriebliche Gesundheitsförderung) initiated a project titled 'Horizontal Career'⁴ to develop an age-adequate career model targeted at the nursing workforce. The new career model developed modules dividing nursing careers into five stages: beginning, advanced, competent, experienced and expert stage. At the same time, the team came up with a new performance review process focusing more on skills development than length of employment in the hospital, and a skills-training concept on the way to the expert stage of nursing. Today, within a programme of organised professional knowledge exchange (through dedicated training sessions and pairing of nurses), experienced nurses make their know-how available to the benefit of younger colleagues. According to information available to the interviewee, this has led to increasing job satisfaction and motivation for the older workforce, improved professional knowledge across the hospital, and for younger nurses led to a more informed perspective on their careers.

This concept of a 'mentoring system' is also successfully practiced at the Vienna General Hospital. Here the initiative is also known as 'productive ageing' programme and funded by the Vienna General Hospital. It consists of several measures targeted at improving occupational health. Amongst general measures of stress prevention, occupational health aims in particular to avoid burn-out and substance abuse. The productive ageing programme goes hand in hand with developing better career and professional support for nurses, and nurses taking responsibility for their own schedules and work. In 2009, the directorate for nursing services was restructured with the addition of a new section for organisational development comprising clinical training and education, clinical nursing science and clinical expert networks. The main purpose of this measure is to promote future developments in nursing, to capture best practice in the hospital, and to inform staff of best practice and new developments (AKH Wien 2009). In terms of work management, nurses' work schedules are flexible to reflect different preferences varying with age, gender and family status, while at the same time guaranteeing uninterrupted work flows. The experience at Vienna General Hospital is that this works best in a self-administered system with some oversight by line management.

In 2011, neither early retirement (Frühverrentung) nor partial retirement (Altersteilzeit) are common practice at the Vienna General Hospital (for explanations of why this might be, see accompanying national report on Austria). However, the management regards partial retirement as an option to prevent nurses from leaving the career early or migrating into other professional careers (interviewee). Workers' representatives and management at Vienna General Hospital are therefore working together to develop suitable models for partial retirement. Details are not available at the time of writing.

⁴ The German title of the project is 'Horizontale Karriere – alternsgerechte Karrieremodelle'; see the website 'Arbeit und Alter' for details: http://www.arbeitundalter.at/index.php?option=com_content&view=article&id=179:horizontale-karriere-im-wiener-krankenanstaltenverbund&catid=42:allgemein&Itemid=37 (accessed June, 2011).

Changes in age management policies and practice post-2008

According to labour market experts, employment in health and social care in Austria was affected much less by the 2008/09 economic crisis compared to all other sectors (e.g. BMASK 2010a). However, at present, almost two years after the peak of the crisis, it seems its effects are at last being felt in the healthcare sector.⁵ Between 2009 and 2010, the health and social care sector witnessed a slight decrease in employment, while the economy as a whole recovered and overall employment increased (ELISweb 2011). Austria's minister for labour, social affairs and consumer protection, Rudolf Hundstorfer, explains that this development is a direct consequence of the preceding boom. His view is that in 2008/09, the flourishing healthcare sector attracted workers who either changed career aspirations or career paths due to economic circumstances, and the Austrian labour market may now be witnessing a correction as these individuals migrate back to their previous careers or career preferences (BMASK 2010a).

Over 2009, the Vienna General Hospital made losses of over €18 million, compared with profits in preceding year of about the same amount (AKH Wien 2009). Demand for medical services, on the other hand, grew constantly (interviewee). Aside from the well-known drivers such as demographic change and medical-technological progress, the economic crisis itself can be regarded as a major causal factor as more people needed medical care due to stress associated with the crisis. Rather than provoking lay-offs in the healthcare sector, therefore, the crisis demanded higher staffing levels. At the same time, from a macroeconomic perspective, less money was devoted to the healthcare sector as the Austrian health insurance system came under particular strain during the economic crisis. As such, hospitals were forced into efficiency drives while still being asked to meet the increased demands. At the Vienna General Hospital these circumstances placed more emphasis on the continuous efforts to maintain trained personnel in the work place, which focused on the health of individual workers, personal development, changing organisational culture and practice over time, and adjusting the work place to fit the needs of the employee (see the productive ageing programme described above). At the same time, in order to adjust work processes to rising demand for services, the Vienna General Hospital is constantly optimising work flows. Allowing staff a say in how work is organised is a cornerstone of this policy. In the first instance, this involves the works council. However, Vienna General Hospital has taken wider steps to ensure that the employee is placed at the centre of organisational developments. It deploys interdisciplinary teams (the employee orientation platform) under the mentorship of a senior manager. Their mandate is to evaluate organisational needs and supervise the development and implementation of activities. The organisation runs a staff satisfaction survey and also has a staff advisory board. This voluntary group consists of employees across the organisation to assist the interdisciplinary teams.

Our interviewee stated that at present it appears that efficiency drives or the optimisation of workflows are not affecting older employees disproportionately (in terms of resignations or staff morale). There is a belief within the organisation that several of the supportive steps taken have equipped staff of all ages to deal with issues such as increased demand for services, as far as is possible given the stressful and physical nature of work in the health sector

A further contextual success factor is the concentration on services requiring a high level of skill and high-tech equipment. Again, these high specifications require trained personnel,

⁵ See: Dr. Irmgard Bayer: Die Krise kommt in den Spitälern an, published online in January 2011 at MedMedia – Medical Opinion Network, http://www.medmedia.at/medien/klinik/artikel/2011/03/10758_01-11_Cover.php (accessed on 14 June 2011).

which provide further incentives to the hospital to develop and maintain strategies for age management, because often more experienced staff have these skills (interviewee).

Summary

According to the interviewee, age management in general is a highly complex topic given the different agendas of the parties involved. Management may want efficiency savings, while personnel may want more autonomy. The Vienna hospital case study shows that both agendas can be accommodated within a set of age management measures to support a group of employees, in this case nurses. The economic conditions did not change this situation and, if anything, strengthened the case for the productive ageing programme. This is important, given wider demographic changes in Austria which require the involvement of the ageing population into the labour market. However, the instruments to maintain older workers at the workplace are limited, particularly if work conditions are physically demanding or highly stressful. What is more, instruments for age management usually raise costs in the short term, even though the investment may pay off in the long run. The Vienna Hospital case study shows that management, employees, and employee representation need to work closely together to show ways in which older employees can be fully involved in the work process. The productive potential of the older-aged work force needs to be recognised. Success factors are placing the individual employee at the core of the interventions that an organisation designs. The barriers to effective age management that remain include national incentives, such as early retirement provisions, that can make it more attractive for the employee to leave an organisation regardless of favourable their working conditions are.

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