

Workplace policies and approaches to promote and protect the health of older employees: review protocol for Research Question 3

V2 14 July 2014

Review team

The review is being conducted by the Institute for Employment Studies (IES) in partnership with The Work Foundation (TWF), the York Health Economics Consortium, and the University of Loughborough. The review team is led by Dr Annette Cox, Associate Director at IES, and includes Dr Tyna Taskila from The Work Foundation, Dr Matthew Taylor from York Health Economics Research Consortium and Professor Cheryl Haslam from the University of Loughborough.

The full team and their roles on the project is set out in Table 1.

Table 1 Overview of project team

| Team member | Organisation | Role |
|--------------------|--------------|---|
| Annette Cox (ACO) | IES | Project Manager, main contact point with client, assist in drafting protocol, oversee data extraction and synthesis, report writing, presentation of findings, attend PHAC meetings |
| Jim Hillage (JH) | IES | Project Director, quality assurance, review of inter-rater reliability |
| Sally Wilson (SWi) | IES | Full paper screening, data extraction and synthesis, report writing |
| Luke Fletcher (LF) | IES | Literature database manager, responsible for maintaining database of papers, reviews, contributing to paper sifting and data extraction for RQ3 |
| Rosa Marvell (RM) | IES | Contributing to paper sifting and data extraction for RQ3 |
| Tyna Taskila | TWF | Project Manager Main contact point at TWF, assist full paper screening, data extraction and |

| Team member | Organisation | Role |
|-------------------------------|----------------------------|--|
| (TT) | | synthesis, report writing, attend PHAC meetings |
| Zofia Bajorek (ZB) | TWF | Contributing to paper sifting and data extraction for RQ3 |
| Kate Summers (KS) | TWF | Contributing to paper sifting and data extraction for RQ3 |
| Professor Stephen Bevan (SBn) | TWF | Data synthesis and report writing |
| Professor Cheryl Haslam (CH) | University of Loughborough | Advice on interpretation and synthesis of findings for RQ3 |
| Jenny Brine (JB) | University of Lancaster | Initial search and sifting, citation searching |

Summary of the Scope

The aim of this review is to identify, appraise and summarise research evidence to support the development of guidance for employers and employees on effective management practices to improve the health of older workers (aged 50 or over). The guidance will be aimed at human resources professionals, trade unions, professional bodies, health professionals (particularly those working in occupational health), and commissioners and managers with public health as part of their remit. It will also be of interest to people who are self-employed and other members of the public. The guidance will cover organisational policies and initiatives for older employees, changes to the way work is organised and the work environment, activities to challenge or counteract ageism, retirement planning and training for mentors and older workers and any initiatives by organisations representing employers or the wider business community to promote the above.

Groups that will be covered

Employees in micro, small, medium and large organisations, including volunteers, and people who are self-employed but who have a line manager within one of the organisations they work for.

Groups that will not be covered

People who are self-employed, and self-employed people working in an organisation without an allocated line manager.

Activities

The review will examine organisational interventions aimed at promoting the health and wellbeing of older workers. Depending on the evidence available, these may include:

- a. Organisational policies and initiatives for older employees, for example: policies on promoting health and wellbeing, staff retention, development and progression, and the transition between work and retirement.
- b. Changes to the way work is organised and changes to the work environment to improve health and wellbeing and to support older employees. This includes: flexible working policies; incentives to stay in work; job design (including the nature of the work); adaptations to the equipment used or workspace to mitigate any functional decline related to ageing. (Note: workplace support for people with a chronic disease is intended to be covered in future NICE guidance.)
- c. Activities to counteract or challenge ageism in the workplace.
- d. Retirement planning and training (either as a recipient or trainer/mentor).
- e. Other initiatives in the workplace and wider business communities, and by organisations representing employees, to promote all of the above.
- f. Activities delivered at individual, community (for example, in the workplace or by a trade union) or population-level, as appropriate.

Activities that will not be covered

- a. Changes to employment and health and safety legislation.
- b. Changes to organisational structure.
- c. Policies in relation to the health of the whole workforce, unless these have differential effects for a majority (at least 51%) of employees who are over 50.
- d. Activities for line managers, for example: policies on the recruitment, selection, training and development of line managers (these will be covered by other NICE guidelines in development).
- e. Interventions for the whole workforce to promote physical activity, mental wellbeing and smoking cessation and to manage long-term sickness absence and the return to work.

Review questions

The review considers one primary research question.

1. What factors facilitate or constrain workplaces to enhance the wellbeing of older workers, to support them in continuing to work up to and beyond state pensionable age and affect the quality and outcomes of pre-retirement planning?

Outcomes for Review Question 3

Outcomes would focus on the nature and any changes in barriers and facilitators related but not solely limited to:

- employers', managers' and colleagues' values and attitudes
- changes in the barriers and facilitators to activities such as but not limited to internal organisational policies, procedures, management style/philosophy and business context

which in turn affect attainment of the following outcomes:

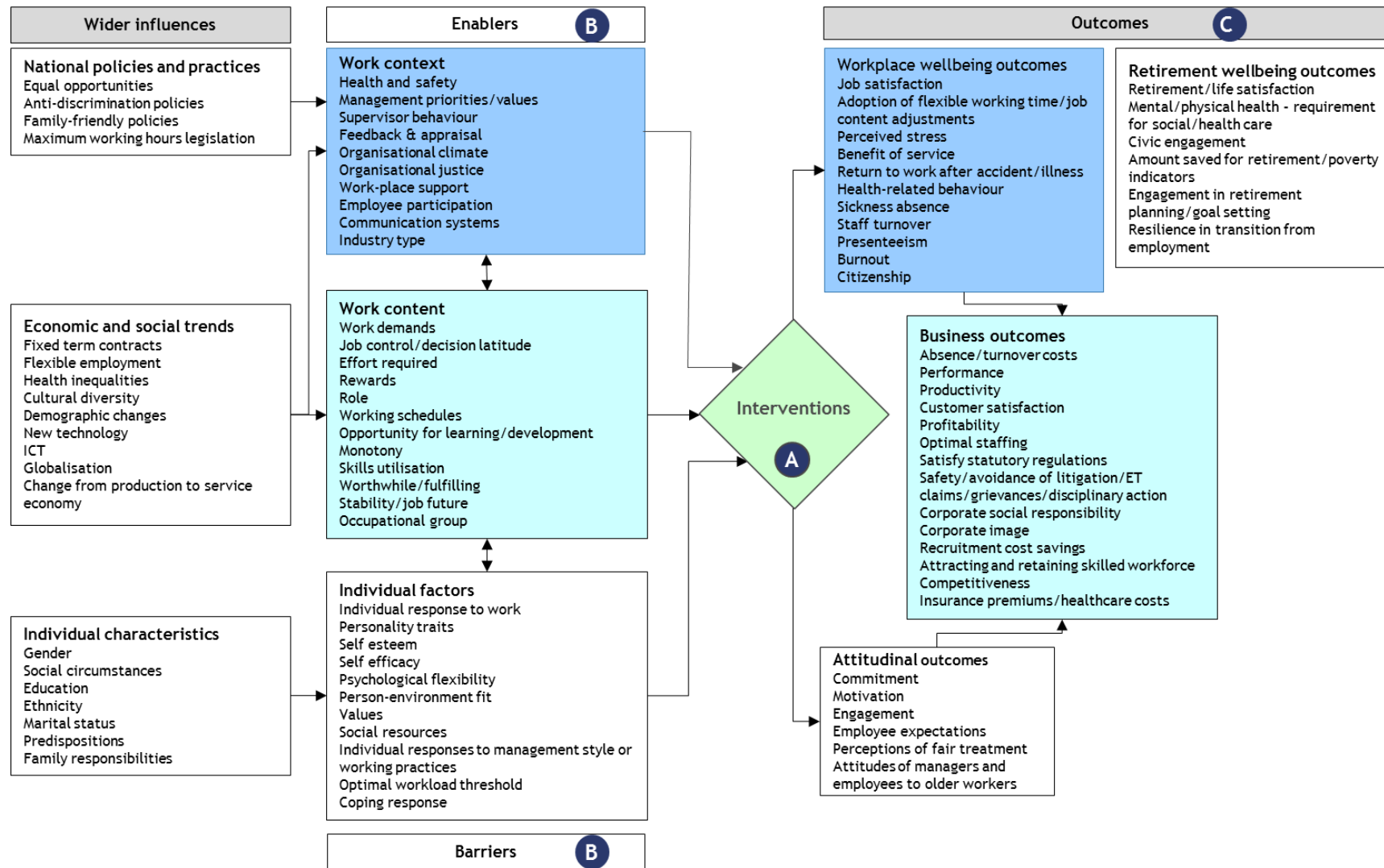
- **Organisation – hard outcomes:** employee health and wellbeing and engagement; levels of employee recruitment and retention for the relevant age group; days lost to sickness absence (and reasons for absence); presenteeism; changes to work content, working time volume/patterns, flexible working practices; organisational measures of productivity; uptake of support services; return to work rates, job retention, measures of work ability, length of service, equality and diversity monitoring data (eg composition of workforce with health conditions/disabilities); organisational HR data with relevance to staff wellbeing (eg survey results pertaining to HSE's Management Standards, staff surveys more generally); RIDDOR data indicating health and safety outcomes; incidence of age-related discrimination grievances/disciplinary/employment tribunal claims; all available economic data; business outcomes such as labour turnover, productivity; customer service; profitability; health related behaviours/diseases.
- **Employee:** individual levels of health and wellbeing, motivation, individual performance, stress and job satisfaction; engagement with employer; perceptions of fair treatment; awareness, availability and uptake of training and support services; changes in work patterns and tasks (including changes in work/life balance); knowledge and awareness among managers and rest of workforce; impact on knowledge, skills and behaviour, including outcomes post-retirement such as financial status, social inclusion/isolation, civic participation, loneliness/mental health, physical health, self-reported quality of life

The underpinning framework which will help us classify and analyse information along the chain of impact on older workers' wellbeing and organisational outcomes is set out in Figure 1 adapted from NICE (2009).

Some factors affecting individual wellbeing outcomes for older workers are contextual and lie beyond the scope of the current study which is focussed on developing guidance for workplace interventions. Nevertheless factors such as health conditions,

domestic circumstances and social support may act as important moderating influences on wellbeing, while those affecting outcomes pre- and post-retirement may include national system of private and public pension provision, welfare system, health and social care system and cultural ethos/status affecting how older people are treated in society. Where these factors are identified in studies as moderating the impact of interventions, we will note this in the data extraction process and evidence statements.

Figure.1: Workplace influences on older workers' wellbeing



Source: IES/TWF/YHEC, 2014

Methods

Inclusion criteria

Populations to be included:

- all adults aged at least 50 in full or part-time employment, both paid and unpaid, self-employed people working in micro, small, medium and large organisations with an appointed line manager, and volunteers.
- all employers in the public, private and 'not for profit' sectors who employ at least one employee.

Interventions and policies to be included:

- interventions intended to address the research question primarily involving or aimed at employees aged over 50
- interventions addressing entire workforces where at least 51% of employees are aged over 50
- interventions targeted at 'older' workers aged below 50 where the intervention has an impact on them at age 50 or above
- interventions delivered by third party organisations commissioned by organisations to deliver these within the workplace.

Locations to be included:

- developed/OECD countries – please see list in Annex B
- workplace settings or community level interventions aimed at workers rather than general population.

Time period:

- studies published since 2000.

Study types:

- Qualitative studies only – experimental and quantitative and economic studies will have been covered by the searches for RQs 1 and 2. Including those based on:
 - Document analyses
 - Focus groups
 - Interview studies

- Observation and participant observations
- Cross-sectional surveys

Exclusion criteria

Excluded population groups

- self-employed individuals working in organisations without appointed line managers
- sole traders
- unemployed individuals
- interventions aimed at the general public rather than people working in specific organisations
- studies covering interventions aimed at all employees where the majority (at least 51%) are aged under 50, unless a specific differential impact (either positive or negative) is found for workers aged at least 50

Interventions and policies that are excluded

- Intervention or support that employees access on their own initiative, without prompting from the employer, organisation or line manager or other third party (e.g. trade union).
- Statutory provision to employees.
- The effectiveness of specific interventions to promote physical activity, mental wellbeing and smoking cessation in the workplace, and to manage sickness absence and the return to work of those who have been on long-term sick leave
- interventions delivered without targeting specific worker populations

Locations to be excluded:

- Developing and non-OECD countries

Study types to be excluded:

- Non English language studies

Search for evidence

A single search to cover RQs 1, 2 and, 3 and the economic evaluation will be conducted of key databases in health and medicine, social studies and business management. A separate search for theses and dissertations will be undertaken.

As the timescale for the project is tight it is important to focus on the databases most likely to produce results and not duplicate each other.

Databases to search

General

Academic Search Complete (via Ebsco)

Scopus (Elsevier)

Web of Science (includes SSCI) (Thomson Reuters)

Business and social science

ABI/Inform (via Proquest)

AgeInfo and NDAR (Centre for Policy on Ageing)

Assia (via Proquest)

Business Source Premier (via Ebsco)

Campbell Collaboration (Native interface)

International Bibliography of the Social Sciences (via Proquest)

EconLit (via Ebsco)

EPPICentre databases – DoPHER and TRoPHI (Native interface)

SCIE (Native interface)

Social Policy and Practice (via NHS Evidence)

Sociological Abstracts (via Proquest)

XPertHR (Native interface)

Health and Medicine

AMED (Ebsco)

Cochrane (Wiley)

EMBASE (OVID)

HMIC (HDAS)

Health Business Elite (HDAS)

Medline (OVID)

PsycINFO (Ebsco)

In addition to searching traditional academic databases the search will include 'grey literature', i.e. material that is not published in academic media or is in the process of publication. We will also consider potential material to include from the NICE call for evidence for this project and subject the material to the same quality thresholds and review process to determine its inclusion or exclusion. We will adopt the following approach to accessing such material:

- Conduct a thorough but well-focussed search using the deep web search engine MEDNAR
- Citation search in Google Scholar
- Conduct a thorough search of Google Scholar to collect grey literature, unpublished although peer reviewed conference papers, policy reports and theses. We will set up email alerts through a project Gmail account which will automatically notify the team of any new publications or grey items within our search parameters
- Search BASE (<http://www.base-search.net/>) specifically for material in institutional repositories
- Look for resources and directories available through GreyNet International (www.greynet.org) to locate any other compendia and direct links to grey literature not covered by other sources
- Searching the following websites of relevant policy and other agencies:
 - Acas: <http://www.acas.org.uk/>
 - Age UK: <http://www.ageuk.org.uk/>
 - British Chambers of Commerce (BCC): <http://www.britishchambers.org.uk/>
 - British Psychological Society: <http://www.bps.org.uk/>
 - Centre for Employment Studies Research: <http://www1.uwe.ac.uk/bl/bbs/research/cesr.aspx>
 - Centre for Mental Health: <http://www.centreformentalhealth.org.uk/>
 - Chartered Institute of Environmental Health: <http://www.cieh.org/>
 - Chartered Management Institute: <http://www.managers.org.uk/>

- CIPD: <http://www.cipd.co.uk/>
- Department of Health: <https://www.gov.uk/government/organisations/department-of-health>
- Department for Work and Pensions: <https://www.gov.uk/government/organisations/department-for-work-pensions>
- EEF: <http://www.eef.org.uk/>
- Employers' Forum on Age (part of the Employer Network for Equality and Inclusion): <http://www.efa.org.uk/>
- HSE: <http://www.hse.gov.uk/>
- IOSH: <http://www.iosh.co.uk/>
- London Health Commission: <http://www.londonhealthcommission.org.uk/>
- National Audit Office: <http://www.nao.org.uk/>
- NICE (including former Health Development Agency document search) and NICE Evidence: <http://www.nice.org.uk/>
- Oxford Health Alliance: <http://www.oxha.org/>
- Public Health Observatories: <http://www.apho.org.uk/>
- Scottish Government: <http://www.scotland.gov.uk/>
- UK Commission for Employment and Skills: <https://www.gov.uk/government/organisations/uk-commission-for-employment-and-skills>
- Investors in People: <http://www.investorsinpeople.co.uk/about-us/our-organisation-achieving-success-through-people>
- Welsh Government: <http://wales.gov.uk/>
- 'Working Late' research programme on the New Dynamics of Ageing www.workinglate.org/
- Xpert HR: <http://www.xperthr.co.uk/>
- DWP *Fuller Working Lives: A Framework for Action* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319872/fuller-working-lives.pdf.
- NHS Working Longer Review <http://www.nhsemployers.org/PayAndContracts/NHSPensionSchemeReview/ImpactofWorkingLongerReview/Pages/NHSWorkingLongerReview.aspx>.

- Sloan Centre for Ageing at Work
http://capricorn.bc.edu/agingandwork/database/browse/facts/fact_record/5670/all
- Association of Chartered Physiotherapists in Occupational medicine
<http://www.csp.org.uk/tagged/association-chartered-physiotherapists-occupational-health-ergonomics-acpohe>
- College of occupational therapy –work section <http://www.cot.co.uk/cotss-work/cot-ss-work>

International:

- Cedefop: <http://www.cedefop.europa.eu/>
- Eurofound: <http://www.eurofound.europa.eu/>
- European Commission: http://ec.europa.eu/index_en.htm
- EU-OSHA: <https://osha.europa.eu/>
- EuroHealthNet: <http://eurohealthnet.eu/>
- Finnish Institute of Occupational Health: <http://www.ttl.fi/en/Pages/default.aspx>
- Institute for Work and Health: <http://www.iwh.on.ca/>
- International Commission of Occupational Health: <http://www.icohweb.org/>
- International Labour Organization: <http://www.ilo.org/global/lang--en/index.htm>
- Liberty Mutual Research Institute for Safety:
<http://www.libertymutualgroup.com/omapps/ContentServer?pagename=LMGroup/Views/LMG&ft=2&fid=1138356633468&ln=en>
- Organisation for Economic Co-operation and Development:
<http://www.oecd.org/unitedkingdom/>
- The National Institute for Occupational Safety and Health:
<http://www.cdc.gov/niosh/>
- World Health Organisation: <http://www.who.int/en/>
 - Contacting key academics, researchers and commentators in the field, many of whom are well-known to the research team. Included in this group will be PHE pilot scheme in Manchester aimed at supporting people to remain in active work – contacts Kirstie Clegg and Sam Haskell.
 - Discussion with the PHAC

Once papers for initial inclusion have been identified, the reference lists of these articles will be checked for any additional references. These articles will also be checked in Web of Science and GoogleScholar to identify citing articles.

Papers identified through these sources will be sifted and screened in the same way as those identified through the database search.

An example of the search strategy is contained in the separate search strategies document. The search strategy will be tested to ensure it is picking up likely material. The research team will identify ten papers that would be expected to be identified by the search and the result will be checked to make sure these are covered and revised if required.

Documenting the search

Results of the literature searches will be imported into EndNote. A copy of the de-duplicated database will be provided to NICE, along with a Microsoft Word document detailing results that could not be added to the file

As outlined in Appendix C of the methods manual, the following information will be provided to document the search and study selection processes:

For each database/source searched:

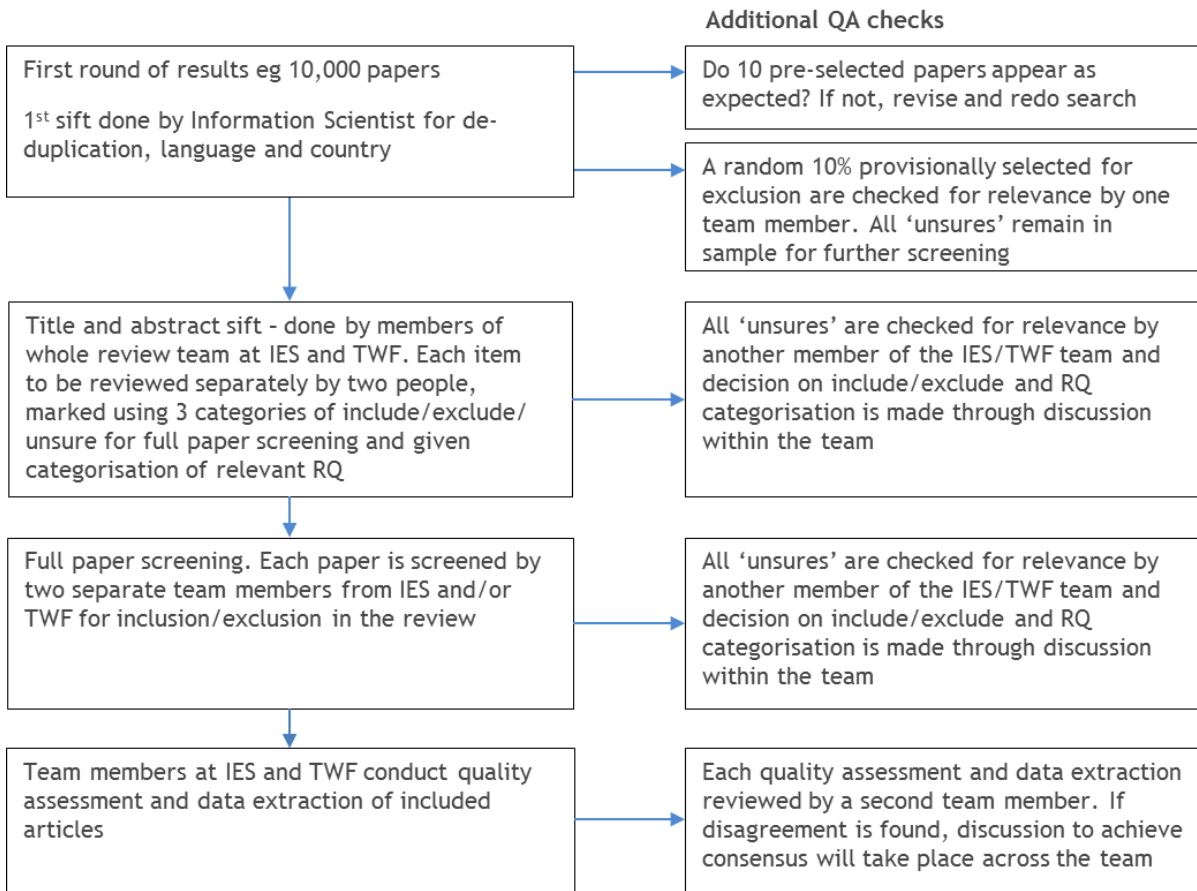
- Database name
- Database host
- Database coverage dates
- Searcher
- Search date
- Number of records retrieved
- Number of records loaded
- Number of records after de-duplication

Screening and data extraction

The process for sifting and screening material identified through the search and extracting the relevant evidence is summarised in Figure 2. The titles and abstracts of the papers identified through the initial search will be downloaded into EndNote and screened for relevance using the inclusion and exclusion criteria, using a three-stage process involving:

- An initial sift using review title;
- A second screening stage based on title and abstract;
- A full paper screening.

Figure 2: Outline of sift and screening process



Initial sift

The titles of all material identified through the search will be de-duplicated, checked that they conform to the inclusion criteria on language, date and country by the original search team.

A random ten per cent of titles provisionally selected for exclusion will be double checked by a member of the review team to ensure no relevant material has been excluded. All papers where there is some doubt as to their relevance will be included at this stage.

Title and abstract screening

The title and abstract of all papers which come through the initial sift will be separately reviewed against a checklist, based on the full inclusion and exclusion criteria and agreed with NICE, by two members of the review team and identified for full paper screening. They will also tag the included papers according to whether the paper is relevant for RQ 1, 2 or 3 and/or the economics review. Where there is disagreement a third member of the team will also review the paper and reach a consensus with the other two reviewers.

Full paper screening

Each full paper will be separately screened against a checklist, based on the full inclusion and exclusion criteria and agreed with NICE, by two members of the review team and identified for inclusion (or exclusion) for one of the reviews. Where there is disagreement a third member of the team will also review the paper and reach a consensus with the other two reviewers.

Data extraction

The data extraction and quality appraisal will be conducted by one member of the review team and checked by another. The quality of each paper identified for review will be appraised, using a checklist based on the quality assessment procedure outlined in the NICE Public Health Guidance Methods Manual (NICE, 2012). We will develop data extraction sheets to summarise the evidence from the papers included in each of the reviews and the economics review.

To facilitate analysis, the evidence to be evaluated will be organised under headings corresponding to research questions. A data extraction form will be used which will document:

- the key research aims and questions
- the research design and methodology
- the intervention (if applicable) and focus of the study
- the findings that contribute to each of our research questions
- limitations and gaps
- the study quality rating
- summary information about authors, publication etc.

Data extracted from included papers will be summarised in an evidence table following the format set out in Public Health Guidance Methods Manual (NICE, 2012).

Synthesis

We propose to adopt a narrative approach to the data synthesis, which is a reflexive and critical methodology and involves a combination of inductive and deductive analysis. This will enable us to work from the evidence gathered to build up a summary of crucial findings under each of the research questions organised into common themes, as appropriate.. Evidence statements will be developed which pull together the evidence on similar themes. Each statement will summarise the study/studies on which it is based and indicate the quality rating, setting and applicability to the UK. Evidence statements will be agreed across the research team.

Reporting

One report will be produced for each of the four evidence reviews and will follow NICE guidelines.

The reports will include:

- An executive summary including the evidence statements
- An introduction, setting out the background to the research its aims and objectives and the structure of the report
- Details of the methodology, including numbers of papers included and excluded at each stage by reason
- The findings, organised by themes of primary and secondary research questions with evidence statements summarising appropriate groupings of evidence. The evidence

statements will use the terminology and approach laid out in the NICE development of public health guidance manual (Section 5.5).

- Full explanations of the assumptions from which estimates of costs and benefits are derived for the economic evaluation
- A discussion of the key findings, and the strengths and limitations of the reviews
- A range of appendices covering all the research materials and bibliographies of papers included and excluded from the review.

Additional outputs provides will be include:

- Records of the search protocols and strategies used for carrying out the reviews
- Records of the search process and a database of research results provided in a suitable format
- Completed screening checklists, data extraction and quality assessment forms for all included reports/studies
- Microsoft Powerpoint slides providing a concise overview of the evidence reviews for presentation to each PHAC meeting

Annex A: Timetable and deliverables

| Task | Date to be Completed |
|--|-----------------------------|
| Contract start | 26 June 2014 |
| Start-up meeting (NICE to organise) | 26 June 2014 |
| Contractor to submit draft protocols for the evidence reviews and literature searches to NICE for comment | 4 July 2014 |
| NICE returns comments on the draft protocols to the Contractor | 8 July 2014 |
| Contractor to submit search strategies | Morning of 8 July 2014 |
| NICE return comments on search strategies | 10 July 2014 |
| Contractor submits final protocols for sign-off by NICE This should include written responses to all comments from NICE to show how these comments have been incorporated | 10 July 2014 |
| NICE to sign-off final review protocols | 14 July 2014 |
| NICE to sign-off search protocol | 18 July 2014 |
| NICE to sign-off final search strategy | 21 July 2014 |
| Searches completed | 13 August 2014 |
| Submission of draft evidence review 1 to NICE team | 11 October 2014 |
| NICE provide comments on draft review 1 | 24 October 2014 |
| Teleconference with NICE team | 5 November 2014 |
| Submission of revised draft review 1 to NICE | 11 November 2014 |
| Review 1 mailed to PHAC members | 13 November 2014 |
| Submission of final slides for presentation of review 1 to PHAC | 19 November 2014 |

| | |
|---|-------------------------|
| Presentation of draft review 1 at PHAC meeting | 26 November 2014 |
| Final amendments to be made to review 1 post PHAC meeting | 4 December 2014 |
| Submission of draft evidence review 2 to NICE team | 27 November 2014 |
| NICE provide comments on draft review 2 | 4 December 2014 |
| Teleconference with NICE team | 5 December 2014 |
| Submission of revised draft review 2 to NICE | 18 December 2014 |
| Review 2 mailed to PHAC members | 23 December 2014 |
| Submission of final slides for presentation of review 2 to PHAC | 5 January 2015 |
| Presentation of draft review 2 at PHAC meeting | 7 January 2015 |
| Final amendments to be made to review 2 post PHAC meeting | 22 January 2015 |
| Submission of draft evidence review 3 to NICE team | 15 January 2015 |
| NICE provide comments on draft review 3 | 22 January 2015 |
| Teleconference with NICE team | 23 January 2015 |
| Submission of outline of draft economic model | 28 January 2015 |
| Submission of revised draft review 3 to NICE | 3 February 2015 |
| Review 3 mailed to PHAC members | 6 February 2015 |
| Submission of final slides for presentation of review 3 to PHAC | 11 February 2015 |
| Presentation of draft review 3 at PHAC meeting | 18 February 2015 |

| | |
|--|---|
| Final amendments to be made to review 3 post PHAC meeting | 5 March 2015 |
| Final amendments to be made to cost effectiveness review post PHAC meeting | 20 April 2015 |
| NICE provide comments on draft economic modelling report | 16 April 2015 |
| Teleconference with NICE team | 17 April 2015 |
| Submission of revised draft economic modelling report to NICE | 27 April 2015 |
| Economic modelling report mailed to PHAC members | 1 May 2015 |
| Submission of final slides for presentation of economic modelling report to PHAC | 6 May 2015 |
| Presentation of evidence economic modelling report at PHAC meeting | 13 or 14 May 2015 |
| Final amendments to be made to economic modelling report post PHAC meeting | 1 June 2015 |
| Contractor to update the reviews in response to any further comments made by PHAC members or NICE team | 15 May – 30 June 2015 |
| Contractor to submit updated reviews for consultation to NICE This should include written responses to all comments received and a list of changes that have been made since NICE's last review | 1 July 2015 |
| Public consultation on the draft guidance, evidence reviews and economic model and report | 17 July – 28 August 2015 |
| Contractor to assist NICE in providing responses to comments received at public consultation and updating the reviews as necessary | September 2015 – December 2015 (<i>ad hoc</i> as required) |
| Contractor to submit amended reviews incorporating any changes required by the consultation | 1 December 2015 |
| Publication of final guidance | January 2016 |

Annex B List of countries to be included in review material (evidence to be written in English)

ARGENTINA

AUSTRALIA (OECD)

AUSTRIA (OECD, Europe)

BELGIUM (OECD, Europe)

BRAZIL

BULGARIA (EUROPE)

CANADA (OECD)

CHILE (OECD)

CZECH REPUBLIC (OECD, Europe)

DENMARK (OECD, Europe)

ESTONIA (EUROPE)

FINLAND (OECD, Europe)

FRANCE (OECD, Europe)

GERMANY (OECD, Europe)

GREECE (OECD, Europe)

HUNGARY (OECD, Europe)

ICELAND (OECD, Europe)

IRELAND (OECD, Europe)

ISRAEL (OECD, Europe)

ITALY (OECD, Europe)

JAPAN (OECD)

KOREA (OECD)

LATVIA (EUROPE)

LITHUANIA (EUROPE)

LUXEMBOURG (OECD, Europe)

MEXICO (OECD)

NETHERLANDS (OECD, Europe)

NEW ZEALAND (OECD)

NORWAY (OECD, Europe)

POLAND (OECD, Europe)

PORTUGAL (OECD, Europe)

ROMANIA (EUROPE)

SLOVAK REPUBLIC (OECD, Europe)

SLOVENIA (OECD, Europe)

SPAIN (OECD, Europe)

SWEDEN (OECD, Europe)

SWITZERLAND (OECD, Europe)

TURKEY (OECD)

UNITED KINGDOM (OECD, Europe)

UNITED STATES (OECD)