INTRODUCTION

Maintaining older workers in the labor force raises many questions: which are the work abilities of the older workers? Did these abilities evolve favorably these last years? What is the older workers health condition? Tuomi and its colleagues developed the Work Ability Index (WAI), a very simple questionnaire to measure the work ability of older workers. The WAI validity and utility were shown in great international epidemiologic research (Radkiewicz and Virvonen-Bald, 2002; de Neuf and Freston-Des, 2000). Nevertheless, to understand and to make prevention, the tool is a little fragmented. It does not make it possible to analyze the contents of work requirements, nor the detail of worker mental resources; it does not tackle the question of psychosocial aspects module.

In Belgium, Work Humanization Management of the Federal Public Service Employment, Labour and Social Dialogue started a series of studies to look further into the concept and to create a more complete questionnaire in French and in Dutch: the VOW/QFT (Vragenlijst Over Werkvoldening en Kwaliteit van het Travailler). The VOW/QFT analyzes how the worker perceives and lives balance between its own characteristics (perceived health condition, personal resources, effectiveness, intention to remain, knowledge and capacities) and the requirements he is imposed (for requirements, psychosocial workload, physical workload, safety). (Hellemans, Piette and Himpens, 2010).

METHOD

Participants

The VOW/QFT was completed by Belgian 45-plus workers (n = 1,267) during the medical examinations by the occupational medicine. Its composition is as follow: 62.3% are men and 37.7% are women; 68.0% are Dutch speakers & 32.0% are French speakers. Average age is 48 years (men = 45, max = 69, m = 48.37, ± 3.60); the length of service varies from 0 to 41 (m = 18.35, ± 10.20) years more than a complete secondary level of education, 42.3% have a complete secondary level and 36.6% have higher levels of education. The majority (75.6%) work in the tertiary sector (services, public utilities, education, health care) and 24.3% work in industry or building.

The VOW/QFT

The VOW/QFT is composed of six modules: psychosocial aspects, physical aspects of work conditions, social support, the rhythm and the quantity of work and the use of knowledge at work. With regard to the work abilities, the respondents estimate to have competences and experiences allowing them to face their work, but they also estimate that their work capacities remained unchanged overall these five last years.

RESULTS

We wanted to understand which are the best predictors of the work abilities, health or psychosocial aspects? Four regression analyses were carried out: work abilities are measured by two dependent variables (perceived competence & experience and capacities increase) and we choose to realize our regression by two subgroups (45-49 respondents and 50+ respondents) because we think that these are various process in the explanation of work abilities among age workers.

The control variables (block 1, first step) were gender, level of study, and have or not a leadership function. The potential predictors (blocks 2, 3, …, 6) were perceived health and the seven dimensions of psychosocial aspects at work.

The results show that perceived health appears like the best predictor only for perceived competences and experiences, only among the age 45-49 respondents, but remains a good for capacities increase, among the both subgroups. Please be the best predictor for the capacities increase for both subgroups, and remains a good predictor for the perceived competences and experiences for both subgroups.

DISCUSSION

This contribution was the opportunity to present the VOW/QFT and the psychometric qualities of two of its modules. We think that the construct of work ability in the VOW/QFT is quite different from the WAI: the project was to consider work ability from the point of view of competences at work and less from the point of view of dual-stry.

The results showed that perceived health is the best predictor only for perceived competences & experiences among 45-49 workers; pleasure at work appears like the best predictor for the prediction of capacities increase. Difficulty relating to the changes in the tasks is a predictor for all the four regressions: for us, rather than put up problems of adaptation, this predictor revises the importance of ergonomics and training interventions for the 45 and more workers.

This research has also some limits; finer analyses (for example by sector, by profession) must still be carried out to specify the antecedents of the work ability.