

Engaging the missing actor: lessons learned from an age-management intervention targeting line managers and their HR partners

Engaging the missing actor

177

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Abstract

Purpose – This study aims to describe and evaluate the impact of a participatory age-management intervention on the knowledge, awareness and engagement of line managers and their HR partners from six health-care organizations in Sweden.

Design/methodology/approach – The learning workshops consisted of lectures, discussions, feedback and exchange of experiences with colleagues and invited experts. A total of 19 participants were interviewed six months after the final workshop, and qualitative thematic analysis was used to analyze the transcribed interviews.

Findings – The intervention design produced promising results in improving line managers' and HR partners' knowledge and increasing awareness and engagement. On some occasions, the participants also initiated changes in organizational policies and practices. However, the intervention primarily became a personal learning experience as participants lacked resources and mandates to initiate change in their daily work. To stimulate engagement and change at the organizational level, the authors believe that an intervention must receive support from higher managers, be anchored at the workplace and be aligned with the organization's goals; moreover, participants must be provided with sufficient resources and mandates to coordinate the implementation of age-management strategies.

Practical implications – Prolonged working life policies and skill shortages are affecting organizations and societies, and for many employers, there are strong reasons for developing strategies to attract, recruit and retain older workers.

Originality/value – This study offers lessons and guidance for future workplace interventions to attract, recruit and retain older workers.

Keywords Organizational intervention, Workplace learning, Age management, Line managers, HRM, Aging workforce, Retirement

Paper type Research paper



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Introduction

Prolonged working life policies and skill shortages are affecting organizations and societies, and for many employers, there are strong reasons for developing strategies to attract, recruit and retain older workers. In 2003, the employing organization was referred to as “the missing actor” in scholarly attempts to better understand the prerequisites for prolonged working lives (Vickerstaff *et al.*, 2003). Since then, policies aimed at extending working lives have been realized in many countries. However, evidence suggests that employing organizations apply relatively passive or reactive approaches to implementing measures to retain or recruit older employees (Vickerstaff *et al.*, 2003; Conen *et al.*, 2012; Fuertes *et al.*, 2013; Principi *et al.*, 2020; Jonsson *et al.*, 2020; Merkel *et al.*, 2019). In addition, research focusing on the organizational level remains relatively scarce.

Employer engagement is often subsumed under the umbrella term “age management”, stressing organizations’ active role in adapting work to older workers’ abilities and preferences by developing, modifying, sustaining and providing flexible work arrangements. Such practices are, for example, intended to counteract the negative consequences of aging by strengthening vitality, work ability and productivity and encouraging older workers to remain at work longer. Age-management interventions are often implemented as specific campaigns, for example, to decrease sickness absenteeism and disability pension, prevent work injury, foster healthy worker lifestyles and keep older workers’ experience and competence in the organization (Varekamp *et al.*, 2008; Furunes *et al.*, 2011; Mykletun and Furunes, 2011; Groeneveld *et al.*, 2010; Holtermann *et al.*, 2010; Nilsson, 2020; Nilsson and Nilsson, 2021b; Egdell *et al.*, 2018; Taylor and Walker, 1998). However, individuals’ opportunities and motives to extend their working lives are complex, and many factors affect their ability and willingness to continue working (Hasselhorn and Apt, 2015; Nilsson, 2020). For instance, it is well-established that factors such as job satisfaction, personal health and job control are important for people’s retirement behavior (Jonsson *et al.*, 2019; Nilsson *et al.*, 2011; Browne *et al.*, 2019; Van Solinge and Henkens, 2014), but norms and negative attitudes (i.e. ageism) may also influence older workers’ employment participation (Cebola *et al.*, 2021; Harris *et al.*, 2017).

Past research suggests that organizational interventions can be a promising way to stimulate learning and change in workplaces. Most organizational interventions have a participatory design, i.e. employees and managers discuss and negotiate the intervention’s content and process so that it is tailored to the organization’s context and challenges (Nielsen and Noblet, 2018). It is widely recognized that the involvement of employees and managers in planning and implementing interventions increases the likelihood of success (Abildgaard *et al.*, 2020; Nielsen and Noblet, 2018; Norbäck, 2006; Hasu *et al.*, 2014). At the same time, earlier research suggests that intervention outcomes are often inconsistent, as interventions face multiple challenges related to, for example, lack of resources, readiness for change, commitment and coordination at the organizational level (Nielsen and Noblet, 2018). Although research focusing on the organizational level is steadily increasing, the organizational opportunity structure has still received little scholarly attention (Truxillo *et al.*, 2015; Hasselhorn and Apt, 2015). Current research suggests many ideas about what employers can do to strengthen older workers’ willingness and abilities to continue working; however, it offers little empirical evidence or guidance on how such age-management strategies should be implemented and materialized in complex organizational settings. Most of what we know about, for example, older workers’ motivation, working conditions and retirement behavior, has been deduced from cross-sectional population-based studies, while contemporary knowledge of effective workplace interventions to promote older workers’ employability, work ability and health remains relatively sparse (Cloostermans *et al.*, 2015;

Truxillo *et al.*, 2015; Hilsen and Midtsundstad, 2015; Söderbacka *et al.*, 2020; Von Bonsdorff *et al.*, 2018; Picco *et al.*, 2022; Kurashvili *et al.*, 2022). To illustrate, an intervention program aiming to retain older employees at several dental care units in northern Sweden helped primarily by improving staff awareness, revealing problems and strengthening the internal dialogue in the workplace (Domschke *et al.*, 2014). Likewise, an intervention among preschools in northern Sweden with a similar participatory approach improved staff awareness and knowledge, improved social cohesion and reduced stress (Antonsson and Vigren, 2020). However, in both these studies, there was no indication of the intervention's role in stimulating the recruitment or retention of older workers. These conclusions are somewhat in line with findings from outside Sweden. For instance, a Norwegian review of workplace interventions to support older workers demonstrated weak or no associations of well-being, health, work ability and attitudes with retirement behavior (Hilsen and Midtsundstad, 2015). Similarly, Cloostermans *et al.* (2015) review also found a lack of support for the favorable effects of workplace interventions to promote sustainable employability among older workers.

The question of how to successfully retain older workers is particularly urgent in labor market sectors experiencing labor shortages, here exemplified by the Swedish health-care sector. To help meet recruitment needs, the Swedish Association of Local Authorities and Regions (SALAR, 2020) has a national goal of retaining and recruiting older welfare workers. In the health-care sector, first-line managers, who are considered change initiators, are usually responsible for daily operations (e.g. budget, staff and work environment) and for maintaining and managing health-care staff (Nielsen and Randall, 2009). Supported by HR staff, line managers have a crucial role in following and implementing organizational policies such as age-management practices. Earlier research shows that organizational learning can be improved by providing leadership training for line managers (Hasson *et al.*, 2016). However, since line managers' beliefs and attitudes toward older workers are known to be important for how age management is materialized in practice, they may need training to develop sufficient knowledge of older workers and their retirement behavior (Bal *et al.*, 2015; Ilmarinen and Rantanen, 1999).

Against the backdrop of prolonged working life policies, the need to retain older welfare workers and the alleged lack of employer engagement in addressing these matters, this study evaluates whether a participatory organizational intervention targeting middle managers can successfully spread age-management ideas in the labor market and among employing organizations. Accordingly, we ask the following questions:

- Q1. How did the participants perceive the intervention?
- Q2. What type of knowledge was requested by participants?
- Q3. What did they learn and change in their occupational role?

The intervention

Design of the intervention

The rationale and methodological design of the “Arbetskraft” intervention are based on a participatory action research (PAR) method called krAft (an abbreviation of the Swedish words for competence, reflection, business development and growth, playing on the word for “force” in Swedish). The krAft method is a bottom-up, action-oriented approach based on established principles of action research and organizational learning (Argyris *et al.*, 1985; Reason and Bradbury, 2008; Argyris, 1995), emphasizing the needs and opportunities

perceived by the participating organizations to develop new knowledge, skills and competencies for workplace development (Norbäck, 2006). Like most methods based on a PAR approach (McIntyre, 2007), krAft combines practitioner know-how from the field with the scientific knowledge of academic representatives or experts. By connecting and engaging practitioners and academics in collaborative, action-based initiatives, the notion is that a fruitful and reproductive hybrid will be formed, idealized as “Homo Pracademicus” (Norbäck, 2006). Supported by researchers, a group of participants defines common themes of interest and an expert is invited to lecture on front-line research on defined themes to support reflection and concrete actions among the participating organizations. The expert’s or researcher’s role is to articulate problems, answer questions, give advice on specific areas and seek solutions to the problems identified in the participating organizations.

By participating in the intervention and the workshops, i.e. listening to lectures, receiving feedback and advice from experts/researchers/colleagues, conducting reflective home tasks, participating in group discussions and exchanging experiences, the intention was that participants should become more aware and knowledgeable and be encouraged to act at their workplaces and spread information gained at the workshops. For example, participants may spread age-management ideas learned at the workshops or initiate change in their daily workplaces or daily work. Another critical aspect of the intervention is that participants should reflect on and identify barriers and opportunities at their workplace that may hinder older employees from continuing working or enable them to do so. This screening process reveals problems in their home organization, guiding content prioritization in the intervention workshops. We used our existing network inside and outside academia to find relevant experts or researchers for each theme.

The theoretical design of the intervention was based on the sustainable working life for all ages – swAge – model (Nilsson, 2020; Nilsson and Nilsson, 2021b). The swAge model is not only a theoretical model but also a practical tool. The model conceptualization connects the four primary considerations people make before deciding to stay in or withdraw from working life based on their biological, mental, social and chronological ages. In addition, the swAge model connects these individual considerations with four overall age-management/employability spheres (A–D) important at the organizational and societal levels, which comprise nine specific areas relevant to achieving a healthy and sustainable working life at all ages: A. (1) promotion of good work health by measures in the design of (2) the physical work environment and (3) the mental work environment, (4) supported by sufficient recovery and appropriate working hours and pace; B. (5) economic security measures promoting the individual’s employability; C. (6) the influence of the private social situation and environment, and (7) leadership and measures to promote social inclusion and participation, provide social support, change attitudes toward older workers and increase diversity among managers, the organization and society; and D. (8) measures to promote creativity, motivation (by means of self-crediting activities), (9) lifelong learning and development (For full details about the swAge model, see Nilsson, 2020).

During the intervention, the swAge model was used as a reference point as it offers an understanding of sustainable working life conditions at the individual, organizational and societal levels. In the first workshop of the intervention, participants were given a scientific overview of factors that determine individuals’ retirement decisions based on the swAge model (Nilsson, 2020). The first workshop’s intention was to enhance participants’ theoretical knowledge and provide an opportunity to reflect on challenges in achieving a sustainable working life in their home organizations. Although there are numerous similar theoretical models and conceptualizations describing older workers’ ability to be active, productive and age successfully at work (see, for example, Wang and Shultz, 2010;

Fisher *et al.*, 2016; Ybema *et al.*, 2014; Hasselhorn and Apt, 2015; Ilmarinen, 2006), most of them are primarily intended to communicate with an academic or policy audience. The swAge model, on the other hand, is accompanied by colorful, clear and accessible visualization that can be introduced stepwise. Another advantage of the swAge model is that it visualizes the total complexity of working life in a single figure, i.e. the nine areas of influence for a sustainable working life, the four spheres of employability (which are also individuals' four considerations regarding whether to stay or leave the workplace), as well as four ways of defining age and how aging is associated with this. These features make the swAge model attractive as a learning tool for people both inside and outside academia. While the swAge model has many strengths, it also has some weaknesses. For example, because it visualizes the total complexity of working life, those who do not take the time to familiarize themselves with the model could regard it as providing too much information.

Participants

We used different approaches in southern and western Sweden to recruit participants. In southern Sweden (Site A), an ad was published about the intervention on the SALAR website. The ad was only accessible to members of the executive network consisting of approximately 15 higher managers connected to the regional research and development unit. After discussing the intervention in their recurrent executive networking meetings, they informed us which line managers and HR partners would participate from their municipalities. We provided additional information about the intervention, its objectives and planned implementation to the proposed line managers and HR partners. They then had the option to decide whether to participate in the study. This selection of organizations/participants should thus be considered a snowball sample, i.e. a form of a convenience sample. During the recruitment process in Western Sweden (Site B), we used the following inclusion criteria: only health-care organizations in small to medium-sized hospitals, home-care services and homes for the elderly were eligible. After some challenges in recruiting organizations/participants by approaching HR departments in municipalities and regions, we used our existing networks and informed them of the intervention in their workplaces. Line managers and HR partners interested in the intervention were asked to register as participants via e-mail or telephone with the researcher in charge. The selection of organizations in Western Sweden is thus also considered a convenience sample.

All participants were informed about the study and its objectives and given time to decide whether or not to participate in the intervention. In total, eight line managers and 11 HR partners from six health-care organizations in southern and Western Sweden declared their interest in participating in the intervention (see Table 1 for an overview). In terms of demographics, all participants but one were women. The line managers' mean age was

Location	Site	Organization type	Line managers (<i>n</i>)	HR personnel (<i>n</i>)
Southern Sweden	A	Home care	3	1
Southern Sweden	A	Home care	1	2
Southern Sweden	A	Home care	0	2
Southern Sweden	A	Home care	0	2
Western Sweden	B	Hospital ward	1	3
Western Sweden	B	Home care	3	1
Total			8	11

Source: Authors' own work

Table 1.
Intervention location,
organizations and
participants

54.7 years (youngest 42, oldest 65) and the HR partners' mean age was 48.3 years (youngest 33, oldest 58 years). All line managers were senior employees and had over 10 years of experience in their occupational roles. Likewise, most HR partners were senior employees, but three occupied more junior positions. Although we do not have information on the participants' education, approximately 60% of Swedish health and social care line managers have had over three years of university education (Ledarna, 2020). However, it is likely that some of the line managers lacked a university degree and instead advanced over time in the organization. Also, in Sweden, HR partners usually have a degree in HRM. Regarding previous knowledge of age management, only two HR managers from an organization in southern Sweden were familiar with age management before participating in the intervention.

Description of the intervention in practice

The intervention in southern Sweden started with full-day workshops lasting from 9 a.m. to 3.30 p.m., with a lunch break at 12 p.m. All workshops were held in conference rooms at Lund University and the University of Gothenburg. At Site A, the intervention was carried out between October 6, 2016, and April 28, 2017; at Site B, it lasted between February 15, 2017, and September 25, 2017. Since many participants described the challenges of spending a full day in the workshops, we reorganized them into half-day events starting from the fourth to the last workshop in southern Sweden. Similarly, the intervention in Western Sweden was later reorganized into half-day workshops. Despite these changes in the intervention, the participation rates fluctuated. To keep nonattendees informed, we started all workshops with a brief recap of what we had discussed during the last workshop and slideshows from each workshop were e-mailed to all participants after each event. In total, the intervention consisted of 12 workshops attended by 19 participants, six internal researchers and nine external guest speakers. The total workshop time for the whole intervention was 27.5 h in southern Sweden and 21 hours in Western Sweden. Since important intervention details have often been missing or inadequately presented in past research (Nielsen and Noblet, 2018), we provide a detailed description of each workshop to help refine and guide future interventions (see external supplementary Table S1, "Results").

Method

Qualitative follow-up interviews

Six months after the final workshop in the intervention, between November 2017 and February 2018, the eight line managers and their 11 HR partners were asked to participate in a follow-up interview. All but one agreed to participate. The interviews were conducted face-to-face using an interview guide containing questions about, for example, current age-management policies, practices, incentives and motivations to retain and recruit older workers. Also, the participants were asked to describe their experiences, attitudes and whether the intervention contributed to personal and organizational change. Field notes from the intervention facilitated the formulation of the interview guide and the description of each workshop's content (See Supplemental Table S1). For consistency, the same interviewer conducted all the interviews at times and locations chosen by the participants. All follow-up interviews were audio-recorded and transcribed verbatim.

Guided by the recommendations of Braun and Clarke (2006) and Nowell *et al.* (2017), the qualitative analysis categorized and identified overarching themes in the data. The qualitative analysis software NVivo 11 (QSR International Pty Ltd) was used in the process of coding the transcribed data. During the follow-up interviews, the interviewer wrote notes, which helped us structure ideas and differentiate and define potential themes, facilitating our

understanding of the challenges participants encountered in implementing age management in their organizations. The transcribed interviews were read and reread to gain better insights into the data. We then summarized the contents of all themes and checked for their coherence, consistency and uniqueness.

Ethics

The Regional Ethical Review Board in Lund approved the original research (ref: 2013/722), and all participants agreed to sign a formal consent at the first workshop.

Results

The first subsection provides an overview of the content of each workshop. After that, we present the thematic analysis of the qualitative data.

The workshop content

The first workshop started with a presentation about healthy and sustainable workplaces based on the swAge model (Nilsson, 2020). The themes of all workshops, except the first, were chosen continuously based on topics raised and discussed by the participants during preceding workshops. Although the intervention started similarly at both locations, the participants raised different topics, which influenced the contents of the subsequent workshops. In southern Sweden, three out of six workshops focused on practical aspects, hands-on knowledge of law and regulations and collaboration between employers and government agencies. For example, a project manager presented their experiences from a health-promoting project, and representatives of two Swedish Governmental agencies gave lectures on rules and regulations. In Western Sweden, the participants chose a more theoretical or empirical approach. For example, the workshops contained lectures and discussions about working time arrangements, workload and well-being. Based on the content selected during the workshops, it appears that the type of knowledge line managers and HR staff request concerns both practical and helpful aspects of their immediate daily work and more front-line research relating to specific themes. See Supplemental Table S1, for complete information (external link to Repository).

Thematic analysis of the follow-up interviews

The thematic analysis identified three overarching themes describing participants' perceptions of the intervention, accompanied by illustrative quotations. The first theme highlights the importance of exchanging experiences, the second concerns how the intervention increased awareness and knowledge and the third relates to challenges in changing policies or practices at the participants' workplaces and the lack of interest from coworkers and senior managers.

An arena for knowledge exchange

Most participants expressed positive views of participating in the intervention and stated that it was interesting, relevant, instructive and practically applicable in their daily work. It allowed them to engage in discussions and have scientific arguments once returning to their workplaces. Also, some appreciated taking a break from their ordinary workplaces to visit an academic environment, gain research-based knowledge and have interesting conversations. One HR partner and one line manager described the importance of changing one's environment to be open to new ideas:

I'm very happy that these kinds of initiatives [e.g., the intervention] are being conducted and that I was able to participate and learn new things. Because you can get very stuck in your own rut

and in the way things are, like at my workplace [...] It happens quickly, that you become very narrow-minded. I haven't been here [i.e., at the workplace] for that many years, and yet I'm stuck in the way we think here, so I might need to open up a little. So, I think it's great to meet other organizations – everyone has the same problems but maybe in different ways. [HR partner, Hospital ward, Site B]

I think it [i.e., the intervention] has been good, the interval between each workshop, and it is nice to get away from the workplace. A little bit luxurious to have lunch, and when you arrived [i.e., at the workshops] it felt good. [Line manager, Hospital ward, Site B]

The participants perceived the opportunity to meet and to exchange ideas and experiences with participants from other organizations as valuable. For instance, a line manager described leaving the workshops feeling engaged:

I thought they were good lectures [...] on interesting topics. And the discussions and exchange of experiences were good, and I met some new people I hadn't met in other places. I thought the whole project was fun and gave me something. Like, I felt that every time I left, I was enthusiastic – how fun it was, what you could do. And I have always been interested in issues relating to development and changing how we work. [Line Manager, Home care, Site A]

The opportunity to discuss matters with colleagues from other organizations also gave participants insights, perspective and the confirmation that the grass is not necessarily greener in other organizations. In other words, the opportunity to reflect jointly with colleagues from similar contexts led to a more nuanced understanding of their challenges and improved their judgment in decision-making. For example, an HR partner and a line manager described the situation as follows:

I think it's useful that you get together and discuss things. It raises [the discussion] to a higher level than if we just sat in our own offices, contemplating [...] because we all have different takes [on problems]. So, you become stronger in a specific topic and more aware. [HR partner, Home care, Site A]

I think it's great to exchange experiences. You always listen to good examples from someone else from whom you can get some tips and ideas. It is always good to make new contacts and to have a network that facilitates future collaboration. [Line manager, Home care, Site A]

Most participants demonstrated a positive attitude toward the structure of the intervention. However, some raised concerns and criticized the engagement of some participants. In practice, the absence of participants in some workshops affected motivation and skewed the representation of specific organizations. One HR partner commented as follows:

Such a network is very, very good [...] that we could meet others and find new solutions. Everyone probably has the same problems, at least somewhat similar, and then being able to exchange experiences of how we have solved different things and to learn from each other – I think it could work very well. Now, in the group [i.e., workshop] that I was part of, there were many absences. It's a shame, I think, because the idea of the meeting was very good. [HR partner, Home care, Site A]

Another HR partner echoed this comment:

I think what is missing is there should have been better turnout at the workshops. It was problematic – some came for the first and last time, and then they missed a lot [i.e., of the content]. I think the whole picture was lost, and it is sad. [HR partner, Hospital ward, Site B]

Participants described a general desire to include additional organizations experiencing recruitment challenges (e.g. childcare organizations) and to forge closer collaboration

between the participants in the intervention so that they become more familiar with one another, not least because of the time gap between each workshop.

Consciousness raising and new perspectives

A central theme among the informants was the increased awareness of the organization's role in promoting sustainable working conditions for older employees. Previous theories or myths at the personal or workplace level were confirmed or dismissed as participants acquired a more scientific knowledge base concerning older workers. Also, some described the intervention as having personal implications, as it raised questions and thoughts about their own work situations, occupational roles and personal retirement decision-making. The intervention, therefore, spurred participants' interest in the questions and influenced both their professional roles and private lives. For example, an HR partner described how the new knowledge is integrated into her mindset in daily work:

The main concrete way is that you have it in the back of your mind. I mean, you have an age awareness in the back of your mind. [HR partner, Home care, Site A]

Another HR partner described being more knowledgeable:

But it has given greater insight – more flesh on the bones, so to speak. It has given me more knowledge than just opinions and ideas. It is obvious that it has contributed to a higher level [of understanding]. [HR partner, Home care, Site A]

Some described the collaboration and knowledge exchange between participants and the invited experts as fruitful, yielding knowledge surpassing that gained from reading books. In practice, it prompted one municipality to change the termination age of the employment contract from 67 to 69 years. One participant expressed how the intervention made her focus on recruiting older employees or competent retirees during the vacation period:

When we started recruiting last summer, I thought that now I was going to recruit an older workforce. It doesn't have to be the youngest, newly graduated, but rather the other way around. Which resulted in my having a great many older [workers]. I even had one group, they called themselves the "the group of retirees" when they worked together. I have also adapted work and offered mentoring opportunities. And I don't know if it would have been so obvious to do this before [i.e., before participating in the workshops]. I can't say yes, and I can't say no. [Line manager, Home care, Site B]

The same line manager also described initiating discussions about retirement with older employees, leading to the retention of several employees in the workplace:

They'd expressed their willingness to retire but hadn't signed any papers. So, we started talking about it, and then I said, "You don't have to think about it right now, but you know that you have the opportunity to stay". So, I had no [employee leaving for] retirement in 2016 or 2017. [Line manager, Home care, Site B]

The intervention primarily became a personal learning experience as it raised awareness and changed how line managers and their HR partners thought about older workers. In addition, the participants described difficulties in changing policies and practices at the organizational level due to a lack of support and resources.

Spreading the word, raising questions and talking to deaf ears

Most participants shared their experiences and knowledge from the intervention with friends and family. Informants described the intervention as a talking point at coffee breaks, workplace meetings and meetings concerning, for example, the work environment, management and

HRM. In contrast to the conversations and interests of friends and families, the line managers/HR partners experienced a general lack of interest among coworkers and senior managers at the workplace. Two line managers expressed disappointment at the reception:

I thought it was great fun to be involved. I am most disappointed that no one was interested when I returned to my workplace. My boss didn't ask once, "What were you talking about there [i.e., at the workshops]?" [Line manager, Home care, Site A]

I have told people that I was part of the project. They think it's exciting, and we have discussed it a bit at our workplace. But no, it doesn't seem like there's that much interest [in general]. [Line manager, Home care, Site A]

Besides these contextual factors, several participants described a lack of interest from higher managers and strategic functions in their organizations. For example, one line manager described the challenges of raising interest in the intervention:

So, this project [i.e., the intervention] included having ideas and bringing them back to our workplace. But there was no interest. It was a non-issue. The municipal office has not looked at it at all, and the senior management in elder and social care has not looked at it. Then I raised it in my own management group, and there was no interest. I don't really know the reasons behind it. Perhaps you put the cart before the horse. [Line manager, Home care, Site A]

Although several participants described being encouraged to participate in the intervention by higher managers, they still faced a lack of interest and engagement during and after the intervention study. Explanations for this lack of interest were the high workload in general and other priorities in the organization. For example, one line manager described being met with silence:

Unfortunately, no one was interested. My supervisor asked me to participate in the workshops and discuss these issues, but [the supervisor] has not asked once: "What are you doing at the workshops?" She has not been interested in knowing. Too bad, I think there is so much going on in my workplace at the moment [...] they don't prioritize it, which I think is completely wrong. Because you have to work with parallel processes at the same time. [Line manager, Home care, Site B]

The intervention targeted line managers and their HR partners as they are responsible for realizing organizational policies and have a key role in changing organizational practices and policies. However, the participants described the bottom-up approach as somewhat problematic. Instead, the informants stressed the necessity of involving higher managers and strategic functions in the organizations as they possess the authority to prioritize and allocate resources. One line manager and one HR partner described both a lack of engagement and a need to involve staff from higher organizational levels:

I would like representatives from higher levels in the municipality to participate in the intervention. Then the ideas could be spread through the central HR department and lower managers, instead of me, as a single line manager, going on a venture like this [to make changes] and basically speaking to deaf ears. [Line manager, Home care, Site A]

I think that if you want to bring in line managers, you must also bring in higher managers and ask, "Should you work in this or that way?" I think so, but unfortunately, there are many managers who don't care today. [HR partner, Home care, Site A]

The overall perception of the intervention was positive, especially regarding the opportunity to discuss matters with colleagues and be provided with both practical content and front-line research. For example, a line manager described the need for higher managers to sanction and prioritize the retention of older workers and/or the implementation of age-management practices:

Higher managers also need to gain knowledge of how important this [i.e., the intervention] is. If my managers would say to me, “This is a prioritized issue”, then I would try to prioritize the issue in my daily work because I thought it was very interesting. [...] It is about the future of healthcare. And she is just as terrified as I am about what will happen in five years [i.e., due to staffing shortages]. [Line manager, Home care, Site B]

Another line manager described several barriers to initiating change at their workplace:

No, but there are no preconditions, even if you want to do things. The organization wants to keep the [older workers’] competence, but there are no preconditions for that. That’s how it is. [Line manager, Home care, Site B]

Based on the above themes, line managers and their HR partners appreciated the opportunity to participate and thought that it gave them new insights, knowledge and awareness. However, line managers experienced a lack of interest at their organizational level and challenges in changing work practices and policies.

Discussion

This study described and evaluated the impact of a participatory age-management intervention on the knowledge, awareness and engagement of line managers and their HR partners from six health-care organizations in Sweden. The study was motivated by the fact that organizations in many countries are currently confronted with skill shortages and the transformation of workplace demographics due to population aging. By using the findings of qualitative thematic analysis and field notes, we discuss this study’s research questions in three subsections. In the first subsection, we discuss how the participants perceived the intervention based on the first theme presented in the “Results” section, namely, “An arena for knowledge exchange”. In the second subsection, we summarize what the participants requested based on the content of each workshop in southern and Western Sweden. Finally, in the last subsection, we reflect on what participants learned by participating and whether they made any changes in their occupational roles using information based on the themes “Consciousness raising and new perspectives” and “Spreading the word, raising questions, and talking to deaf ears”. After that, we discuss some limitations of the evaluation and share some lessons that can be learned from the overall intervention.

How did participants perceive the intervention?

The findings show that the participants perceived the intervention as “the way to go” and that the design of the intervention was suitable for raising awareness and for exchanging knowledge and experiences, to support their daily work with older employees. Also, several participants stated that the intervention allowed line managers to meet their HR partners and vice versa, for the first time. Although the HR partners have a supportive role in relation to the line managers, they often work at different workplaces/buildings and have limited contact in daily work. While the participants perceived the structure of the intervention as positive, on returning to the workplace, the lack of support and interest on the part of higher managers and coworkers were frustrating. Several contextual barriers were present that hindered line managers and their HR partners’ ability to initiate change at their workplaces. High workload, insufficient time and resources, lack of support from senior managers and universal HR policies not conducive to older workers’ individual needs were organizational conditions that restricted the participant’s opportunities to prompt change (see also, [Jonsson et al., 2020](#)).

What knowledge did the participants request?

Based on the selection of content in the intervention, it appears that the type of knowledge that line managers and HR staff request knowledge that is both practical and helpful in their immediate daily work situation, as well as more front-line research on specific themes of interest. Reflecting on the areas of the swAge model, the workshops covered all nine areas, i.e. health, physical and mental work environment, recovery from work, economic security, social relations, leadership and attitudes, work motivation and lifelong learning (Nilsson, 2020). In addition, the workshop's various individual, organizational and institutional themes may indicate that line managers and HR staff perceive retaining older workers as challenging and as calling for fundamental knowledge and tools to manage older workers.

What did participants learn and change in their occupational role?

Findings from this study showed that the line managers and HR partners increased their knowledge, awareness and engagement concerning age-management strategies and the recruitment and retention of older workers. In practice, one line manager described targeting retired employees during vacation season, and another line manager described changing the fixed termination date in employment contracts at the municipality. Although the intervention contributed to some changes in practice, it was primarily a personal learning experience. However, researchers have repeatedly argued that awareness-raising campaigns and changing attitudes are vital to achieving inclusive workplaces and reducing ageism in the labor market (Fuertes *et al.*, 2013; Bal *et al.*, 2015). Still, evidence suggests that raising awareness and changing attitudes do not necessarily lead to the retention or recruitment of older workers in practice. For instance, the present study and previous interventions in Sweden focusing on health-promotion activities, age-management education, mentorship and coaching or surveying organizations' need to retain older workers, tend to lack long-term follow-up or have little or no impact on organizations' abilities to retain and recruit older workers (Domschke *et al.*, 2014; Antonsson and Vigren, 2020; Mykletun and Furunes, 2011).

It is worth pointing out that this intervention was organized, designed and initiated by researchers. Aside from the participating organizations' influence on the themes and content of each workshop, they did not participate in the preparation or formulation of the overarching research problem(s) addressed in the intervention. Such preparation is an essential precondition and may explain the lack of engagement or support the participants experienced on returning to their workplaces. Past studies have demonstrated that the involvement of employees and managers in planning and implementing interventions increases the probability of success (Abildgaard *et al.*, 2020; Nielsen and Noblet, 2018; Norbäck, 2006; Hasu *et al.*, 2014). Furthermore, although the Swedish Association of Local Authorities and Regions (SALAR, 2020) has an overarching goal of retaining older workers at the national level, this does not necessarily mean that the priority trickles down to policy or practice at the local municipality level. Also, since most municipalities face current and future recruitment needs, it is reasonable to assume that the passive responses participants experienced from their supervisors or workplaces, in general, are not due to a lack of urgency or because the intervention objective is unnecessary. From an organizational perspective, however, the inability to apply the knowledge gained from the intervention leads to the wasting of time and money and, potentially, to missed opportunities to recruit and retain older workers when facing recruitment difficulties.

Most participants emphasized the necessity of engaging senior managers and strategic functions to achieve change at the organizational level. As evident in prior research, a lack of support from senior managers makes it difficult for line managers to implement organizational

interventions (Nielsen *et al.*, 2017; Kossek *et al.*, 2006). Recent studies conclude that it is essential that senior management and HR be committed in the preparation phase of an intervention and that all actors share an understanding of the goal of the intervention (Helland *et al.*, 2021). Consequently, the strategic HR function in health-care organizations must articulate the necessity of the intervention to higher decision-makers so that line managers are provided with sufficient and appropriate resources, tools, instructions and authority to take the necessary actions. Instead, the current absence of age-management policies transfers the responsibility for managing and retaining older workers to lower managers on the line. Such a trend in the labor market, i.e. increasing responsibility transferred to line management, has been documented in the past two decades (Corin and Björk, 2016; Holt Larsen and Brewster, 2003). Having responsibility transferred to lower management makes the implementation of age-management practices arbitrary and dependent upon line managers', and their HR partners', attitudes and availability. In addition, increasing line managers' workload reduces their time to conduct strategic work tasks such as planning and development. For instance, it is well established that interventions are more likely to fail when line managers prioritize daily work activities over intervention activities (Ipsen *et al.*, 2015; Nielsen and Noblet, 2018).

Limitations of the evaluation

This study has some limitations. One is the absence of theory-based methods traditionally applied when evaluating organizational interventions, such as realistic evaluation (Pawson and Tilley, 1997) or other related process evaluation models (Nielsen and Randall, 2013). These evaluation methods require, for example, a structured approach for gathering information using study protocols. In this study, we chose a less structured approach to evaluate our intervention as we had only limited information (e.g. concerning attitudes or procedures before and after the intervention) about change processes. A theory-based evaluation method and more rigorous data collection would probably have strengthened our understanding of this study's research question, but the available data were inadequate for this purpose.

The studied health-care organizations were recruited using a nonrandom convenience sampling approach in two distinct geographical locations in Western and southern Sweden. A randomized selection of participants/organizations and a broader empirical approach covering a larger geographical area to account for differences in organizational and local contexts would probably have strengthened this study's representativeness. Also, some would argue that the follow-up interviews were conducted too early, given that organizational changes are often slow and take time. During the recruitment process, several of the invited organizations declined to participate in the intervention for various reasons, including lack of time, staff shortages and lack of interest. It could be the case that the organizations declining participation were worse off in terms of, for example, staffing, workload or resources than those agreeing to participate. If this were the case, the challenges line managers and their HR partners experienced, as described in this intervention study, might have been even more pronounced, or other themes and content might have emerged in the workshops.

Lessons learned and recommendations for future interventions

It is worth reflecting on the benefits and costs of the overall intervention. The intervention strengthened participants' awareness, knowledge and motivation but had a relatively limited impact on their daily work and on the participating health-care organizations in general. As it appears that improved awareness and knowledge among line managers and their HR partners are not enough to prompt change in policies and practices, and as the intervention required mobilizing significant resources (e.g. guest researchers, lunches and working time), we argue that, in line with previous research, future interventions must target the

organizational level and ensure commitment from top management (Kossek *et al.*, 2006; Hilsen and Midtsundstad, 2015). This would involve a strategic-level perspective and the inclusion of relevant stakeholders with such a perspective to institute organizational change.

This study aimed to describe and evaluate the impact of a participatory age-management intervention based on the krAft methodology (Norbäck, 2006) and the swAge model (Nilsson, 2020) on the knowledge, awareness and engagement of line managers and their HR partners. If the goal of the intervention is to stimulate participants to initiate organizational change, we believe that adjustments to the intervention design and/or some additional requirements might be necessary for organizations to participate in the intervention. The design and content of the intervention are not necessarily wrong *per se*. Instead, the participants, i.e. line managers and their HR partners, may not be best suited to drive strategic change in workplace policies and practices. Since most literature concerning age management is rooted in a traditional view of HRM as consisting of standardized measures implemented by organizations through policies (Naegele and Walker, 2006), higher-level decision-makers and strategic HRM actors would probably have been more suitable participants in the intervention as they oversee and influence such policies. Although scholars have highlighted the line manager's role as critical to success in implementing age-management policies in practice (Bal *et al.*, 2015; Ilmarinen and Rantanen, 1999; Leisink and Knies, 2011), to the present authors' knowledge, they are rarely described as key actors in developing the formal design of such policies or as having the mandate to allocate resources for their implementation. Therefore, it is reasonable to question some parts of the bottom-up approach of the intervention, particularly given the line managers' high workload, lack of resources and/or restricted decision latitude as described in this and prior research (Jonsson *et al.*, 2020; Nilsson and Nilsson, 2021a; Furunes *et al.*, 2011).

Since the participants faced several challenges in initiating organizational change based on knowledge provided by the intervention, we believe that one possible modification to the design of the intervention would be to encourage line managers and their HR partners to focus on their professional and immediate relationships with older employees. Therefore, instead of taking a "traditional" or "collective" approach to implementing age-management policies, we suggest that the line managers and their HR partners, inspired by the age-management imperative, should be encouraged to individually negotiate employment conditions with the senior employees at the workplace. Such individualized work arrangements are sometimes referred to as "idiosyncratic deals" (I-deals) (Rousseau, 2001; Hornung *et al.*, 2010) and are typically negotiated between managers and employees concerning working conditions relating to, for example, working hours, location, workload, financial remuneration and task and work responsibilities (Liao *et al.*, 2016). To meet the heterogeneous needs of older workers and ensure good, sustainable and better-adapted working conditions, scholars have emphasized the importance of such individualized work arrangements to enhance person-job fit (Kooij *et al.*, 2020; Bal and Jansen, 2015). Evidence suggests that specific types of I-deals are related to a wide range of organizational and employee outcomes, such as performance, productivity and organizational commitment (Conway and Coyle-Shapiro, 2015; Liao *et al.*, 2016) and appear to be of particular importance for older workers' willingness to continue working and delay retirement (Jonsson *et al.*, 2021; Bal *et al.*, 2012). However, for such a solution, organizations must accept and sanction such a management approach so that the participants can freely negotiate individualized work arrangements. Previous research indicates that individualized work arrangements can challenge universal policies and procedures and face resistance due to collectively held values, ideals and norms of fairness in the workplace (Midtsundstad and Bogen, 2014;

Jonsson *et al.*, 2020; Bal *et al.*, 2015). Therefore, such aspects must be considered before making any changes to the intervention design.

During the intervention, the participation rates fluctuated and not all home tasks were satisfactorily carried out. According to the participants, the line managers' high workload and lack of decision authority were some of the barriers to making workplace changes (Jonsson *et al.*, 2020). Due to these circumstances, we faced the dilemma of putting higher pressure and demands on the participants or taking no action. Since higher dropouts could potentially have challenged the intervention, we chose a more moderate approach and provided brief recaps before each workshop and slideshows to all participants afterward. Because the workshops tended to be somewhat explorative and descriptive, we recommend that future interventions allocate more time and resources to support participants in intervening in and influencing their workplace contexts. Earlier literature confirms that a lack of resources, commitment, coordination and readiness for change often hamper the success of organizational interventions (Nielsen and Noblet, 2018). Also, it is worth noting that during the intervention study, the swAge model provided fewer practical tools and examples with which to initiate organizational change. However, such guidance is available today due to recent publications (Nilsson, 2021; Nilsson, 2020). It is possible that involving the participating organizations earlier in the process could strengthen their engagement and commitment as they become more invested and can tailor the design or the intervention. Another solution in future interventions would be to formalize participation using a written agreement that includes details of the intervention (e.g. content, process, directness, goals and mandatory participation) could improve. However, such a formal agreement would likely affect the opportunity to recruit organizations or their willingness to participate. In such an intervention, time and resources need to be freed up and participation should be solidly supported by higher decision-makers, anchored at the workplace and aligned with organizational goals. Additionally, a well-organized collaboration between different occupational groups, such as the employer, HR, occupational health service, managers, safety representatives and employees at a workplace would likely increase the likelihood of realizing changes in the organization's policies and practices. We also underline the importance of creating a relaxed social climate and allowing sufficient time for participants to get to know one another at the workshops to feel safe sharing their challenges and knowledge. Finally, it is worth highlighting that, since the first workshop in late 2016, public debate concerning prolonging the working life has increased substantially and policy changes to raise the retirement age have been legislated in Sweden and many other countries (Swedish Parliament, 2019; Foster and Walker, 2021). These developments have increased employers' awareness and put the prolonged employment of older employees on the agenda, not least in the public sector, which faces recruitment difficulties amidst growing welfare needs (SALAR, 2020; Brunello and Wruuck, 2019). These societal developments are external factors that would probably improve the prospects for the intervention to achieve legitimacy and success in the organizations concerned.

Conclusions

This study offers lessons and guidance for future interventions in light of the public policy goal of prolonging the working life. First, the intervention described here might be used to strengthen line managers and their HR partners' awareness, knowledge and engagement concerning age-management strategies and the recruitment and retention of older workers. However, it appears that line managers and HR staff face various challenges in implementing their knowledge once they return to their workplaces and occupational roles. Therefore, we believe that future interventions aiming to initiate change in organizations' age-management policies must ensure that the organizations' top management prioritizes and sufficiently resource the interventions.

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Supplementary material

The supplementary material for this article can be found online

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