Managing the working body: active ageing and limits to the 'flexible' firm

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ABSTRACT

Workforce ageing is considered in the context of four Australian employing organisations which are each in the process of change. In these organisations, perceptions regarding the relationship between the declining body and productivity led to a depreciation of the value of older workers and their consignment to less productive edges of organisations. While this was viewed as benefiting older workers, it was also acknowledged that workforce ageing will place severe constraints on the use of such practices, already regarded with suspicion by operational managers responsible for cost containment. Policies which aim to restrain biological and psychological decline, by supporting individual functional capacity and health, workplace design and ergonomics and developing the work community are advocated.

KEY WORDS – older workers, flexible organisations, body, workability.

Introduction

Increasingly, the work environment is coming under pressure to restructure and manage the imperative of global competitiveness underpinned by technological change. Human resources strategies are also under duress to align with demand and calibrate new skills with rapid changes in technologies in order to avert skills obsolescence (Mello 2006). Furthermore, population ageing requires that ageing workforces counter shortfalls in labour supply (Brooke and Taylor 2005). Commentators such as Walker (2005: 691) point to the inevitability of retaining ageing workforces: 'Future competitiveness in the private sector and efficiency in the public sector will rest increasingly on the performance and productivity of ageing workforces'. Yet realisations are also emerging from other commentators that the flexible

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organisation may not be persuaded of the value of the older worker (*see* Lyon, Hallier and Glover 1998; Phillipson 2009; Sennett 2006, 2008). Cappelli and Novelli (2010: 50) report that contemporary adaptations by firms take the form of just-in-time recruitment to bring in new competencies to change the direction of operations, while often downsizing older employees. New technologies, processes of labour and organisational forms are reshaping the nature of work and demanding flexible labour forces (Sennett 2006, 2008). 'Flexibility is the possibility firms have of adapting their particular employment levels to variations in demand without delay' (Boltanski and Chiapello 2005: 194). At broader levels, the world of work is being dismantled in response to global workforce competition and 'flexible' organisations are restructuring the nature of work to accelerate productivity.

Commonly held age stereotypical views play a role in cutting off older workers from continuing engagement in these new workplaces. This can be most clearly seen in the attributes that flexible organisations attempt to project; responsiveness, creativity, innovation and institutionalised impatience which are at odds with commonly held stereotypes of older workers; reliability, resistant to change and difficulty in re-skilling. Moreover, even so-called 'positive' stereotypes such as 'reliability', often promoted as an advantage by advocates for older workers, may be viewed less favourably by employers, possibly having unhelpful associations with other attributes such as 'staidness' or 'being set in one's ways'. As Sennett (2008) comments: 'In business, testing regimes today aim to identify innate, potential ability that can be applied to the rapidly changing opportunities of the global economy. Doing one thing well, understanding it in depth, may be a recipe for a worker or company to be left behind in these febrile shifts' (Sennett 2008: 284). Despite the urgency to develop a business case to deploy older workers within these fluid global pressures, Lyon, Hallier and Glover (1998) suggest that older workers may be seen as presenting regressive barriers rather then progressive resources for human resources strategic practices restraining workplace flexibility.

Alongside such perspectives drawing on management theory sit gerontological theories concerned with how individuals experience and manage workforce participation in later life. Perspectives held of the declining ageing body in work are yet to be harmonised with the continued engagement of older workers in workplaces. Achenbaum's review of perceptions of ageing in diverse cultures confirmed the generalisation 'that the physical aspect is of senescence, sometimes linked to chronological age, lay the foundation for a perception, both international and historical, that people who attained old age decline in the process' (Achenbaum 2005: 23). Bytheway (2005: 339) notes that the visible signs of the ageing

body and chronological age form the basis of negative age stereotypical views of older people excluding extremes of the age: 'They generate and reinforce a lifelong fear of the ageing process, and they underpin presumed associations between age and competence and the need for protection: being 'too' young and being 'too' old'. Calasanti (2005: 8) similarly proposes that ageism is founded in age relations that distinguish between people that are 'old' and 'not old' and embedded in institutions, so that simply following 'normal' procedures or behaving in taken-for-granted ways can exclude old people. Medical discourses have perpetuated the 'it's your age' attributions of physical deterioration accompanied by the tokenism of benevolent concern for declining health (Powell and Longino 2001). A major corollary of age-related biological decline according to gerontological perspectives is that participation and social engagement in mainstream social life is reduced (*see* Butler 1975; Cumming and Henry 1961). Recent empirical research has focused on the problem of reconciling 'active' ageing, physical decline and participation in the community. For instance, Bowling's research into perceptions of successful and 'active' ageing in a British population of around 350 people aged 65 and over revealed that the focus on health and functioning in older people's definitions of active ageing suggested 'the predominance of a functional model of society, and reflected ageist social norms which exclude frailer people from participation' (Bowling 2008: 300).

Gerontological theories have analysed various interrelationships between biomedicalised views of the declining ageing body, activity and disengagement in community and care sites. The declining body has been theorised by Katz (2000) through analyses of discourses on activity, ageing and the management of everyday life. Katz draws a distinction based on the tension between the productive and non-productive body informing 'the discipline' of 'activity' theory. He maintains that the shift from disengagement to activity theory arose out of a particular problematisation of age in the 1960s and 1970s that 'jelled with popular and philosophical writing in championing the retirement life as busy, creative, healthy and mobile' (Katz 2000). The workplace provides a touchstone and reference point for the productive engagement and activity of ageing bodies in modern conceptions of the lifecourse. As Estes, Biggs and Phillipson (2003: 37) explain, 'The body brings the issue of post-modern ageing to crisis point' through ageing trajectories that temper life choices. The authors maintain that, 'Rather than being a surface that can be elaborated at the discretion of the individual, as may be the case for younger adults, ageing raises the question of limits to autonomy and choice'. Within aged care sites, the ageing body has been theorised as the object of biomedicalisation which is dominated by professional practices. Twigg (2002) asserts that the body is 'embodied' though the medical gaze and surveillance, 'to be reviewed, inspected,

penetrated and laid bare' within the power relations between the medical practitioner and older person (Twigg 2002: 426).

The body in relationship to chronological, biological and social ageing, activity and (dis)engagement has yet to be properly conceptualised in labour markets. Interpretations of the ageing body, including 'masks of ageing' as projects of ageing identities, are yet to be transposed from discourse in the community to workplaces (*see* Biggs 1997; Featherstone and Hepworth 2003; Gilleard and Higgs 2000; Turner 2006). This paper initially explores workplace perceptions of the adaptability of ageing bodies to the demands created by 'flexible' fast-changing organisations. Second, it analyses interrelationships between perceptions of the declining trajectories of ageing bodies, workplace practices of deployment and broader workforce planning solutions. And finally, it discusses broader policy implications and proposes new directions for managing ageing bodies in 'flexible' organisations.

Methodology

Drawing on qualitative data collected among four Australian employing organisations, attitudes to age and the ageing body are considered in the light of ongoing organisational change in response to emerging operational contexts. These data were collected for the project Redesigning Work for an Ageing Society, funded by the Australian Research Council and industry partners (L0562052). These organisations covered distinct industries and their characteristics are as follows:

1. An Australian branch of a multinational manufacturing firm. The company manufactures and sells decorative surface laminates, particle board and kitchen components, and has 40 multi-sited manufacturing plants in several Australian states and New Zealand and a similar number of distribution centres in all capital cities, regional centres and rural towns. The median age of the predominantly male (80%) staff was 42 years, having a median tenure of around ten years. The interviews were undertaken at the head office of this company in the state of Victoria. A total of ten key informants (male) were interviewed predominantly from the middle and upper levels of management, including human resources, occupational health and performance system managers.

2. Two freight terminals of an international airline. The locations of these terminals are two major Australian airports. Interviews were undertaken at both of these locations yielding a total of 32 key informants. The average age of the employees (all male) was 40–45 years with an average tenure of 10–15 years. The interviewees were from various levels of the

organisation including cabin crew through to local airline general managers, again including occupational health and human resources managers. Work consisted of unloading imported freight, in containers or palletised loads (boxed or plastic covered and netted) from air freighters or the freight sections of passenger aircraft into the terminals. This work occurred over a 24-hour cycle and new logistics operations were in transition to meet global turnaround times for transhipment.

3. A small national university. The median age was round 50 for permanent academic staff and general staff and 70 per cent were female. The majority of staff had longevity of tenure of six years and over. This institution has locations across the states in the eastern seaboard of Australia. Interviewees were engaged from the Melbourne and Sydney campuses and a total of 15 participants were interviewed. Key informants from this organisation represented general and academic staff, human resources and occupational health, and executive university function-aries within the university.

4. Roadside assistance branch of a motoring organisation. This organisation responds to mechanical breakdowns through free-ranging patrolmen in one Australian state. Patrolmen (all male) have a median age of 47 years (range from late thirties to mid-sixties) and an average of 16 years' tenure and all were male. Fifteen participants were interviewed from this organisation and key informants were occupational health, human resources and industrial relations managers, high-level executives and patrol staff.

These organisations were approached by members of the Australian Research Council project team, in three cases after a presentation on older workers made by a team member to the site and human resources managers (in the laminates firm, the air freight organisation and the university) while in the case of the car maintenance organisation there was a history of common projects. The selection process primarily depended on the interest of the organisations, and to this extent the occupational groups included in the study reflected organisational opportunity, rather than being purposefully selected. The informants were interviewed during 2006–07 and the interview questions asked included questions about whether and why the ageing workforce was seen as a problem, how older workers' occupational health and safety was managed, and whether there were particular policies in place to manage ageing workforces. Informants' organisational levels ranged from executive directors, middle-level managers to shop-floor workers. The age groups included reflected the median ages of the organisations, commonly over 45 years, and respondents' ages were not identified in the reporting of results except for those at markedly younger or

older ages. The gender of respondents is reported where respondents were female as the gender breakdown was predominantly male, except within the university. The data were coded and analysed using NVivo 7, with codes emerging progressively around themes inter-relating older workers with workplace practices.

Fast-changing workplaces in the case organisations

In the air freight company the nature of job roles was changing through innovations in logistics, to keep pace with global competitors, while basic manual handling still comprised the bulk of the work. In the manufacturer, new production techniques were changing the nature of roles, due to in-creasing emphasis on low-cost competitiveness to prevent offshore location, while manual handling remained a basic component of many jobs. The roadside vehicle rescue service was adopting mechanical repair aides, to assist with largely sedentary work which demanded intermittent short-term strenuous physical effort. A workforce shift to contractors was under way, although the existing jobs of older workers were currently protected. While in the university, significant changes were under way in response to government policies which rewarded new combinations of teaching, learning and research, eliciting emerging perceptions of increasing work-loads. All the case organisations were characterised by increasing physical and mental demands on workforces due to increased global and local productivity pressures, requiring management of ongoing change.

Themes which illustrate inter-relationships between ageing bodies and workplace practices follow.

The ageing body and potential for work injuries

Work practices commonly were accepted as cumulatively damaging health over the lifecourse, with particularly injurious effects on ageing bodies.

In the mobile roadside assistance organisation a patrolman articulated his perspective, 'I guess as you get older, you're more inclined to perhaps have workplace injuries. *Your body is not as resilient as it was when you were younger*'. Another patrolman attempted to explain work injuries by resorting to both youth and ageing worker stereotypes, 'I suppose it's like the older worker just plods along, does his job whereas the young bloke will come in and wham, bam, thank you, ma'am and is not so careful in how he does his work and is prone to more injuries. I don't know. But then the older person might be prone to more injuries because of *the body breaking down*' (authors' italics).

Mechanical 'wear and tear' analogies of reduced flexibility and resilience and 'breaking down' were seen to typify the malfunctioning ageing body. An age-based declining trajectory was associated with older workers' potential work injuries. In this discourse both the activities of the 'older person' and the 'young bloke' were seen as heightening risk.

In the words of one patrolman working in the mobile roadside assistance organisation, the shape of the ageing body was maladapted to the mechanical environment:

You know the things like you know you have somebody – I mean in one of our factories we had a guy here that was 64 years old. You know had a hernia, right, and as a company you end up wearing that, right? As we're getting older, our physical wellbeing is dropping down, so a young patrolman is more flexible and goes under a car a lot easier. As we get older, we don't fit under a car. *Our shape means we don't fit under as well and mobility doesn't allow it either.* WorkCover [compensation for occupational injury] claims are going up for the patrolmen. I can say on my part, eyesight isn't as quick as adjusting as I get older. As we get older, *we get more stable in what we're doing, so we accept what's happening with our lives and the way we work, as we work rotating shifts, as we get older, it's actually eats in a bit more to our lifestyle.* (authors' italics)

In this organisation patrolmen commonly viewed older workers as prone to age-related body deterioration and their perceptions invoked age stereotypic attributions of biomechanical breakdown. Habitual shift work routines, whilst stabilising working time, could also be viewed as carrying accompanying risks of reducing work–life balance.

Similarly, in the logistics division of the air-freight organisation, a managerial informant perceived that the cramped ergonomic environment of working in the underbelly of aircrafts constricted muscular movements, leading to work injuries:

So in our freight sheds, for example, we've got this 50 profile; the average is a 50-year-old white male and they have been working for . . . for 15 years, . . . for 15 years. We've got 800 people; there's about 580 in the operations spread throughout Australia, so they get back problems. The biggest injury that we get is manual handling-associated injuries. *So they're crawling into those ULDs* [unit load devices] *that you see stuffed on to planes. They've got to pull out boxes and move things so they get injured and so the work ability then obviously diminishes.* (authors' italics).

The spatial constraints of the work environment were viewed as shaping body morphology over time, which cumulatively predisposed older workers to vulnerabilities such as back pain. Work injuries were seen as constituting a major cost burden due to the high average age and length of service of the workforce. Older workers' biomechanical trajectory was perceived to run counter-clockwise to the demands of manual work, as a manager commented, 'And I know they are pretty well right up against it, but that would probably be more along the lines of what *you would probably do as you get*

older within the company, you start moving away from manual labour, I believe.' (authors' italics).

In the laminates manufacturing environment, the issue of ageing workers was confounded with a work lifestyle over time, particularly as shift workers, which induced obesity. Injury risk was seen to be endemic and inevitable as manual jobs were 'not eliminated'. A higher-level manager commented:

At least in our factory groups. Right, whether it's – because most of these people have worked shift work for a long, long time, right? They don't eat regularly. *You know I would say weight is a bit of a problem with a lot of them . . . .* That ageing workforce one of the issues then becomes one, of their ability to do the job, a physical job, and we're getting less and less physical jobs, *but they're not eliminated,* and the biggest issue we have with any injuries are strains and sprains type, handling type injuries, and I think that's probably the one, that's the main one. (author's italics)

In the university, the changing nature of knowledge work in an increasingly competitive global higher education environment had raised mental pressure and cognitive demands on older staff members, many of whom were ill-equipped to respond. According to a higher-level manager's perspective:

I think the main challenge is the ageing of the workforce and the workforce which came from a different genre. Basically they were not research oriented, they were teaching oriented . . . care of the students was the most important and they have never really jumped on board the research agenda.

The declining cognitive capacity and lack of new requirements in competencies were perceived to challenge the university's capacity to adapt flexibly to its changing environment. Another manager commented, 'Some of our managers have a real struggle with older staff . . . because it's like "Well, I don't want to do any training programmes, I just want to be here until I retire" type of thing'. A further manager linked the reluctance of older staff to reorient their performance to blocked career paths within the university, 'I think we have a greater challenge from underperforming staff, some of whom certainly will be older, and I guess as time passes, underperforming staff are less likely to leave because they're not on a career path'. The perceived tension between academics' accustomed duties and new requirements for changed work performance was viewed as creating a potential future crisis in knowledge management and organisational continuity.

Summary of theme: the ageing body and potential for work injuries

In all of the organisations, increasingly pressured work environments set limits to the organisations' flexibility to accommodate to their ageing workforces, particularly those where manual risks were 'not eliminated'.

The aircraft storage holds and the limited space beneath cars were viewed as 'taken-for-granted' environmental constraints on movements of the ageing body. The expectation of impaired performance and potential work injuries was based in age-stereotypic perceptions of declining bodies. These views were commonly held across different types of organisations and across different levels from high-level managers to the shop floor. These biomedicalised perspectives of age-related declining physical and mental trajectories conflicted with the accelerating and fixed performance requirements of changing workplace environments. Sennett discusses the issue of denial of 'potential ability' which cuts more deeply than 'you messed up' (2006: 125). The traits of an adaptable worker in these protean organisations lead to less 'active' older workers being perceived as lacking the required ability. The expectation of potential injury and proneness to (dis)ability of ageing body parts were 'a loss of potential ability (which) makes a more fundamental claim about who you are. It conveys uselessness in a more profound sense' (Sennett 2006: 127).

The workplace constitutes a testing ground for the discipline of managing active bodies. As Katz comments, 'The production and celebration of an active body in old age provides a disciplinary strategy of the greatest value' (Katz 2000: 148). The compromised functioning of the ageing body was seen as the critical issue that was merely exacerbated by working. As Estes, Biggs and Phillipson (2003: 37) state, the question of identity and the ageing body brings the issue to a crisis point in which 'The tension between fixity and flux becomes ever more acute and lifestyle options increasingly narrowed'. In workplaces studied the ageing body was subjected to testing and identified as inflexible and breaking down. The biomedicalised perspective of the ageing body provided the rationalisation for the limitations of 'flexible' organisations, and in doing so, organisations relegated responsibility for individualised risks to older workers.

While an increased risk of occupational health injuries at older ages confirms expectations of age-patterned risks, contrary profiles demonstrate that youth and prime-age injury rates can exceed older injury rates, as evident in mining, professional, scientific and technical services, health care and social assistance industries (*see* Munk, Congdon and Macdonald 2009). A review of gerontological literature on ageing concludes that complex, individual biological and environmental determinants affect individual ageing trajectories (*see* Sterns and Subich 2002: 188). Ilmarinen explicates the multiform factors that influence interactions between work and ageing processes, 'significant differences exist in life expectancy, long-term illnesses, and exposure to accidents between different occupational groups, which are also results of living habits and heritage' (Ilmarinen 2005: 105).

Re-deployment from 'core' to peripheral work

Age-based assumptions regarding declining ageing bodies provided the rationalisation for the managing the 'active' ageing body. Certain instances of re-deployment to less active roles were also implemented, resulting in withdrawal from what might be described as 'core' or 'career' to 'periphery' jobs somewhat on the margins of organisations. These roles included mentoring or training, lighter duties such as driving a forklift truck or moving into a clerical role where it was deemed that a shift to a less physical role could be beneficial. Such positions might in the view of respondents create conflictual age relations if an older worker's treatment was seen to exercise favouritism over younger workers, instigating insinuations of discriminatory treatment. Added to this, it was suggested by most respondents that a continued increase in older staff reaching this point in their careers concurrently would result in a saturation of organisational capacity to redeploy ageing workers to less physically intensive work roles.

In the air freight logistics division the organisational re-deployment of older workers from roles demanding 'activity' to other less 'active' positions was viewed as an injury risk according to the perspective of a higher-level manager:

We have a specific function which is called an import delivery function which predominantly requires a person to drive a forklift and remain on the forklift for most of the day. *So we've moved that type of role and that type of person and their age into that specific role, which has now reduced the ability for somebody who may be in their twenties or thirties to do it.* I'm not proud of this, but they've been nicknamed 'Dad's Army'. *It's sort of a bit of an issue, but it's not an issue of people who have demanded that it's not right or unfair.* They've accepted the fact *that as a duty of care, we are creating a working environment which is keeping the productivity levels up and allowing the more elderly people in our organisation to extend their work life,* if you like, because I think if they were expected to do what the younger employees are doing, they would be into injuries and that *type of activity,* and I think you have to be sensible about it. (authors' italics)

According to the views of this manager, these re-deployments of older workers to less active roles, such as forklift drivers, led to mobility options that were rationed by their *ad hoc* nature. The discourse around 'duty of care' as a legitimate practice was rationalised and counterbalanced by productivity levels, while the special 'treatment' of older workers was caricatured as 'Dad's Army'. These re-deployments occurred through limited 'individualised' rather than 'collective' actions (Taylor *et al.* 2010) and were bounded by the saturated options for flexibility and mobility in the organisation.

In the mobile road assistance organisation, chronological age was considered to be a proxy for occupational risk and transitional roles to less 'active' roles were proposed. As a middle-level manager commented:

They could look at transition arrangements. For example, how do we transition somebody who's in a physically demanding job to a less physically demanding job when they start to reach an age where they may not – it may not be in their best interests to do the physical work? They may not have been injured or anything like this, okay? *But once a patrol, no matter how fit they are, gets to sort of 50, 55, lifting heavy objects and stuff you're looking for something to happen* . . . I think what we should be possibly looking at, *and it's very difficult for the organisation because they have so many patrols that are nearing this sort of thing, but they should be looking at transitioning these people to perhaps being trainers, managing areas, those sort of things.* (authors' italics)

In this organisation, despite expectations of age-related work injuries, the practicalities of creating transitional roles as mentors and trainers had not been actively confronted. Given the 'core' functions of mechanical work in the organisation, the increasing numbers of older workers could make it 'difficult' and congest transitions opportunities and limit the organisation's flexibility to respond.

In the university, mentoring was viewed as a response to the challenge of imminent losses of knowledge through retirement. The university re-deployed staff from direct teaching roles in the transmission of knowledge to indirect activities of mentoring, as transitional roles preceding exit. As one long-serving older male academic recognised, the value of the ageing workforce was the informal mentoring of critical areas of knowledge, '*What I'm doing personally* is because I hopefully, if all goes well, will retire next year so slowly *I've been passing on what I do on to other people so that when I actually leave there is no huge gap*' (authors' italics). Mentorship was commonly implemented informally, rather than as a formalised policy, as an older academic mentioned, 'I think it was very intentional and with the – with the idea that those of us that have been here in the school for quite a while will have enough both clinical as well as teaching experience *to actually be able to mentor this younger group that are coming*' (authors' italics). Yet despite valuable knowledge being imparted, once this transmission had occurred, the utility of the mentor depreciated, who had performed a service. Also, as noted already, for instance regarding research, earlier generations were not considered to have much useful expertise to impart to later ones.

The manufacturing organisation, which was a high-performance organ-isation in a highly a competitive global industry, adopted a 'level playing field' approach rather than creating less productive options for re-deployment. As a middle-level manager commented:

I can't think of any way. I tend to – maybe it's my own values, here. I don't discriminate. *I just think if a policy's there, then everybody can comply with those, recognising*

that older people, I suppose, in terms of physical work, there may be some differences. But yeah, no. No, I don't see the policies are being problematic. *I'd be concerned if we had policies that targeted older workers. I'd be concerned. I'd prefer them to just say, irrespective, of gender, age, etcetera, etcetera, here's the expectation.* (authors' italics)

Significantly, this discourse on occupational health policies invoked equity terminology as the rationalisation for the lack of proactive policies supporting ageing bodies. Occupational health policies were least accommodating in this manufacturing organisation that did not make concessions which could pose threats to its flexibility to adapt its workforces to its core functions of performance.

Summary of theme: re-deployment from 'core' to peripheral work

The ageing body was redeployed from more 'active' physical to less 'active' marginalised forms of work including transitional mentoring roles, which were implemented to a varying extent in the different organisational sites. In the manufacturing organisation, an acute 'test' of employability was placed on ageing bodies, which were required to prove 'activity' within a 'level playing field' in competition with other age groups. As Katz (2000: 148) comments: 'Indeed it is the construction of the body as active that allows it to become such a productive transfer point in the circulation of intellectual capital and professional power'. In the other workplace sites the 'active' ageing body viewed as injury-prone was redeployed to limited and saturated positions in 'flexible' organisations, which were constrained by pressures of maximising labour force productivity.

'Duty of care' roles formed welfareist 'dependency' niches within workplaces that were quarantined and limited by competitive labour pressures. These case organisations were adjusting to geared-up productivity and held expectations of the autonomy rather than dependence of their workforces (Sennett 2006). As the ageing body was viewed by managers to be risk-prone, its potential 'dependency' was managed through the saturation of *ad hoc* and limited positions.

Additionally, there was a shift in age relations in the organisations, as older workers, perceived as less 'active', were displaced and re-deployed to the margins of organisations, to be replaced by younger more 'active' workers. This inverted age relations by redeploying older workers to roles bearing an indirect relationship with productivity, including mentorship, training and support for younger workers' more 'active' roles. These supplementary, support positions were concessional, transitional roles forming types of exit pathways. As Calasanti has observed, age relations are embedded within 'normal' procedures in which 'age groups gain identities and power in relation to one another' (2005: 8).

Workforce planning responses to ageing bodies

There were increasing concerns that workforce ageing would bring with it work injury risks for the sustainability of globally competitive business models. Occupational health and injury concerns, associated with manual work practices, restricted accommodations to ageing workforces, particularly against a background of increasing pressure on operational budgets. Whole-of-workforce consequences for workforce planning existed due to assumptions of failures of the ageing body to counter work injuries. As discussed, limited workplace deployment options to 'soft' jobs existed due to competitive productivity constraints. In these organisations, conflicting directions existed between organisational and workforce 'flexibility' which constituted a challenge to human resources mobility and flexibility.

In the aircraft freight division, the mechanical nature of the production process demanded manual labour and impaired functioning was coded by naming body parts associated with ageing. As a human resources manager stated:

Because of the way we deal with freight at the moment, I mean with the manual handling, *it's a very manual handling-focused industry, a lot of freight comes through the place. A lot of the ageing – a lot of the older type people in the workforce right now can only perform probably one of their five main tasks of the day.* So I think I could safely say that we have several elderly type gentlemen with varying degrees of function, some have got *sore knees, sore back, sore shoulders*, can't move as quick as they used to and generally just can't deal with heavy or manual handling tasks for any prolonged periods. *We stick them on a forklift, or stick them in an office. We accommodate them and then at time to time they'll be asked to perform their other duties which they're employed to do and they physically can't do that. So you'd probably say they're past their shelf life. They can't physically perform 100 per cent of their duties safely.* That affects the way – because we're very – very focused on resource. You would have read recently that as soon as they get into a bit of trouble they slash jobs, and we're not free of that. (authors' italics)

This respondent referred to the phrase 'they're past their shelf life', invoking the age stereotype of biological risk due to degenerative conditions, by referring to body parts of 'sore knees, sore back, sore shoulders'. Moreover, biomechanical breakdown was viewed as an irresolvable problem as the organisation was 'focused on resource'. Due to the depreciated value of ageing bodies as human resources, the re-deployment to marginal roles formed a temporary solution at the workforce planning level.

Similarly, in the roadside vehicle assistance organisation, ageing bodies were perceived to reduce productivity and organisational policies were unresponsive. As a patrolman commented:

Besides training, occupational health and safety training on how to lift things and stuff like that, no, not really. But that's for everyone anyway. *There are light duties, but that's only if you have an injury, so that's open for everybody, not only the elderly. I can't say to*

the organisation, 'look, I'm not doing any more wheel changes'. It's part and parcel of the job. If you're finding it difficult – nobody has ever come up to me and said, 'look, I'm finding it difficult to do wheel changes.', but there are people on light duties who aren't doing them, which they accommodate them. If they get a wheel change, you can either ring callback and say, 'look, this is a wheel change, I can't do it', and they'll get somebody else to do it. But as far as trying to – no, there hasn't been anything to alleviate the older guys. Not that I'm aware of anyway. Let's put it that way. (authors' italics)

At the workforce planning level, organisational responses were *ad hoc* and informal and based in non-discriminatory discourse of 'open to everybody'. Given the increasing numbers of ageing workers in this organisation, as previously discussed, the organisation under-reacted to the possibility of pressures of re-deployment.

In the manufacturing organisation an occupational health manager similarly observed that ageing bodies did not require dedicated strategies, commenting:

I don't think we take that view that it's an older worker so certainly it's something to take into account, *the diminishing physical capabilities but more about making the job easier for everybody. I don't think we try and discriminate there against age so – and again part of this we're just not sure how we're going to fit into it.* You know we started off looking, as part of our manual handling assessments and our almost like from an injury management perspective where we've got like usual duties which talks about the physical and the mental capacities that are required for that and the conditions are such. . . . *In the norm but I guess one of our things is when we have the abnormal and that's the person, for whatever reason, takes a risk he shouldn't have so their behaviours don't reflect what it should be in that regard.*

Work injuries were viewed as an individual risk and personal responsibility of older workers, invoking discrimination discourse in defence of older workers, while a distinction was made between 'abnormal' risks and the norm, justifying under-reaction to risk. This discourse effectively shifted responsibility for work injuries from the work environment back to individuals. A review of older workers' injuries and occupational health policy in Australia states that, 'Many managers see ageing workforce issues as problems that are not worth addressing. They believe that most of the injuries sustained (and claims lodged) are the result of a lifetime of accumulated wear and tear and that nothing we do today will have sufficient impact to warrant the cost' (Munk, Congdon and Macdonald 2009, 338–9).

Finally, the university had not come to terms with attraction and retention of ageing workforces in a changed environment of increasing work intensity. A higher-level female manager commented on the increasing pressure on the workforce in general, 'It's not only the workloads . . . but the pressure to do research, pressure to be involved in community work. Also, the numbers of students have increased so they have much larger classes than they used to have but they're still required to do the other stuff'. Another manager

commented on the lack of a holistic organisational workforce planning response to illness and retirement:

> . . . where people are gradually retiring *or becoming ill and no longer can continue to work . . . these people have been here for years and years and years, and all that organisational knowledge is walking out that door,* and we've got to put in place strategies to replace them and train up new staff, but we also need to put in strategies to somehow capture that organisational knowledge that these people have had and not just lose that. (authors' italics)

Mentorship made a much-needed contribution to the university's knowledge management by temporarily filling knowledge gaps. Nevertheless, despite illness and retirement being recognised as workforce problems due to its ageing workforce, the university had not responded at a broader workforce planning level.

Summary of theme: workforce planning responses to ageing bodies

Workforce planning responses were limited by the view of the deteriorating ageing body as an irresolvable productivity challenge and cost burden to organisations. The organisations adopted passive responses towards their expectation of potential work injuries of older workers to avoid supporting 'dependency' either as work injury costs or through less productive deployments. Sennett (2006: 60–1) explains how managers in cutting-edge organisations eschew dependency compared with the self-discipline of workers in meeting performance targets. In these organisations age acted as a proxy for work injuries which was not reconcilable with expectations of autonomy. As Boltanski and Chiappello (2005: 170–1) state, 'People at work being eminently changeable (they age, their capacities diminish, or on the contrary, grow with their experience), this operation can be performed only by stabilizing identity with categorical instruments (a category by definition including a number of individuals, collectively)'. Boltanski and Chiappello explain that 'tests' applied to categories such as age led to an emphasis on individual performance, 'that people must be as autonomous as their individual ability permits'. At the workforce planning level the passive responses of these case organisations reveal that the ageing workforce was a problem that had yet to be fully addressed in organisational policy.

Discussion: re-deploying active older workers in 'flexible' workplaces

Government and organisational workplace solutions have not yet been formulated which reconcile productivity and the potential risks of the ageing body. The workplace practice of occupational health towards older workers

requires balancing of (appropriate) protection from risk while guarding against stigmatisation of older workers' capacities. References to muscular skeletal conditions of 'sore knees, sore back, sore shoulders' compromised the ageing body as a valuable human resource. The tension between organisational productivity and the declining body was resolved by individualised re-deployment. Yet as options reduce in workplaces in a globally competitive environment, the flexibility of firms to adapt to ageing workforces will become increasingly limited.

Within workplaces the biomedicalisation of the declining ageing body in the community was transposed into expectations of risk of work injury and dependency. Katz (2000: 147) notes that 'the neoliberal anti-welfareist agendas attempt to restructure dependence through the uncritical promotion of positive ageing; they also problematise older bodies and lives as dependency prone and at risk'. Within these workplaces, the problem of dependency was managed by rationing re-deployment to less active roles. Sennett (2006: 103) discusses the marginalisation of workers in their fifties, observing that under-employment escapes statistical calculation: 'But uselessness and marginality come in many shades of gray. By eliminating these colours, the state avoids the knotty issues of how to support the relatively needy, the somewhat dependent'. While passive, under-reactive responses to ageing workforces were common, re-deployment to marginal roles were indicative of under-employment within internal labour markets.

The displacement of less active older workers and their replacement by younger workers inverted previous age relations related to economic participation (*see* Calasanti 2005). Their allocation to marginalised roles based on the ageing body reconstituted power balances in relation to directly productive work, exemplifying ageism, 'as a social structural phenomenon in which socioeconomic and political constraints shape the experience of ageing, resulting in the loss of power, autonomy and influence of older persons' (Bengtson, Putney and Johnson 2008: 15).

Conclusion: policies managing older workers in 'flexible' organisations

In all the case organisations respondents held expectations of the potential for work injuries of ageing bodies. Biomedicalised perceptions of the ageing body transposed age stereotypes from the community into workplace sites. The case organisations responded by partial policies and *ad hoc* re-deployments rather than by instituting systematic initiatives preventing cumulative injuries over working lives, even in cases in which injuries were likely to be exacerbated over the lifecourse, such as in manual occupations.

The organisations had not yet come to terms with the 'problem' of ageing bodies that were less 'active' (Katz 2000), which remained the individualised risk and responsibility of older workers. Views did not appear to differ between managers and shop-floor workers regarding this responsibility, suggesting that shop-floor workers hold internalised perceptions of ageing body decline, even to their own detriment. 'Flexibility' was interpreted from the organisational perspective of adapting particular employment levels to variations in demand (Boltanski and Chiapello 2005), rather than instituting adaptive and flexible occupational health policies supporting ageing bodies across the lifecourse.

This organisational case study research generated inter-linked themes regarding the potential for work injuries of ageing bodies and the loss of potential ability conveying 'uselessness in a more profound sense' (Sennett 2006), which interacted with the organisational limits to flexibility with the consequent individualisation of risk. The conclusion proposes a preventative systemic approach to occupational health across the lifecourse. As the magnitude of the problem increases with the size of the ageing workforce so does the imperative to resolve this issue.

The findings of this qualitative research study are limited by the number and types of organisations, the occupational groups within each case organisation and its cross-sectional time frame. Further research could be undertaken to confirm inferences reached through case studies of other industries and quantitative surveys to answer the question: to what extent are organisations understanding and responding to cumulative lifecourse risks of working lives?

While health practices support the continual recreation of the self in the creation of ageing identities within post-modern gerontology of the body (Powell and Longino 2001: 205), within workplaces good occupational health is essential for continued employment. New occupational health policies are required which recognise that statistically based risks exist for all ages, without presuming risk solely on the basis of older age, and that risk is interactive, involving both organisational environments and ageing workforces. While organisations are required to flexibly respond to changing global markets they also need to adapt policies to workers across all ages with individual capacities and variations (Ilmarinen 2005; Sterns and Subich 2002).

Countries have been slow to adopt proactive policies supporting the 'active' body of older workers and at higher national government levels ageism needs to be countered by systematic policies. A forefront case is the Finnish government, which has adopted the World Health Organisation policies that advocate periodic health checks to support continued workforce participation throughout old age. The Finnish occupational

health service sets plans which aim to restrain biological and psychological decline by a multi-dimensional approach to ageing supporting individual functional capacity and health, workplace design and ergonomics, and developing the workplace community. The reconciliation of ageing labour forces and changing organisations can also substitute mechanisation and new technologies for manual labour.

From a public policy perspective the evidence from this study is that 'active' ageing is likely to be in strong opposition to workplace operational requirements in many cases. Employers across industries were found to adopt age-based templates of older workers' limitations and potential injury risk and respond passively to the ageing body. The promulgation of active policies is required that protect against risk whilst deploying older workers within productive roles. Achieving 'active' ageing in workplaces unsurprisingly is severely constrained by the narrowing space for flexibility within the dynamics of global competition in which organisations believe they are wedged. Given the demographic crescendo of older workers, workforce ageing will exacerbate the problem from the perspective of managers. The outcome may be that policy makers' exhortations to recruit and retain the available supply of older workers due to labour shortages are ignored by parts of industry.

Support for the 'activity' of the ageing body requires workforce planning responses co-ordinated with systemic public policies and directions. These policies must be able to distinguish real from the assumed potential for occupational risks and costs of ageing bodies and institute systemic preventive approaches across the lifecourse. While human resource policies are gradually adapting innovative responses to retain older workers, intractable barriers remain to adapting workplaces to ageing bodies. This problem will not disappear but increase in the challenge it poses for the deployment of ageing workforces. Ultimately, the adoption of more flexible workplace approaches supporting 'active' ageing bodies across working lives is vital to bolster the prospects for the survival of 'flexible' organisations in the marketplace.

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