



Herzlich Willkommen zum Vorsymposium

”Altersmedizin *trifft* Wirtschaft“

In Zusammenarbeit mit



Die Ärztekammer
Steiermark



„Altersmedizin *trifft* Wirtschaft“

Mittwoch, 9. Oktober 2024, 17.00-18.30 Uhr
Congress Graz, Sparkassenplatz 3, 8010 Graz

Programm		
17.00-17.05	Begrüßung & Einleitung	M. Sacherer, J. Herk
17.05-17.25	Generation 50+ ... aus medizinischer Sicht	G. Wirmsberger, Graz
17.25-17.45	Der heimische Arbeitsmarkt in der Demographie-Falle	E. Verhounig, Graz
17.45-18.05	Zuverdienst in der Pension: Steuerrechtliche Aspekte	E. Meiregger, Graz
18.05-18.30	Zusammenfassung & Diskussion	M. Sacherer, J. Herk
18.30-19.00	Small-Talk mit Imbiss	
19.00	Eröffnung der „34. Grazer Fortbildungstage“	





GENERATION 50+ ... AUS MEDIZINISCHER SICHT

Gerhard Wirnsberger, Altersmediziner
Wiss. Betriebsrat der Medizinische Universität Graz



medizin des
alten menschen



Wann ist man zu alt für den Job?

“Alter“ **NEU**
definiert!

60plus ...
die **NEUEN**
40jährigen

Arbeits-und Fachkräftemangel
Unternehmen müssen
ihr Recruiting überdenken.

Altersdiskriminierung:
Zu jung für die Pension,
zu alt für den Job ?

Gastbeitrag im *Standard* Jänner 2024:
“**Lasst die Alten weiterarbeiten!**“

ingrid Korosec, Präsidentin des Österr. Seniorenbundes



Häufige “Ageismen“ in der Arbeitswelt

- **Bevorzugung ältere Mitarbeiter:innen** trotz höherem Einkommen
-> belastet die Zufriedenheit der Mitarbeiterinnen
- **Höherer Arbeitsdruck für jüngere** Mitarbeiterinnen
-> führt zu einem Anstieg der Fehlzeiten und einer höheren Fluktuation.
- **Gesundheitliche Einschränkungen** gutachterlich von vielen Ärzt:innen zu großzügig festgestellt (speziell bei der Einstufung “Begünstigt Behinderter“).
- Trotz gutem Willen **Fehlen** der **objektiven** Rahmenbedingungen.



26 - 29 September 2023 | Hybrid Conference

Health systems in crisis

Countering shockwaves and fatigue



EUROPEAN
HEALTH FORUM
GASTEIN





ARBEITSPLATZ
SPITAL

Generation 50 plus
**WIE HALTEN
WIR DEN MOTOR
UNSERER
GESUNDHEITS-
VERSORGUNG
AM LAUFEN?**

Donnerstag, 9. November 2023,
17:30 bis 19:00 Uhr

JKU medLOFT, Medizinischer Campus Linz
MED CAMPUS I, Gebäude ADM, 9. OG
4020 Linz, Krankenhausstraße 5



BKAÄ-ENQUETE

PROGRAMM

17:30 Begrüßung

Dr. Harald Mayer, Vizepräsident der Österreichischen Ärztekammer
und Bundeskurienobmann der angestellten Ärzte

Impulsvortrag **Univ.-Prof. Dr. Wolfgang Mazal**, stv. Vorstand
des Instituts für Arbeits- und Sozialrecht der Universität Wien

Impulsvortrag **Ing. Franz Nigl**, Personalchef der
Österreichischen Post AG

18:00 Diskussion – Moderation David Lackner

Dr.ⁱⁿ Ruth Krumpholz, stv. Chefarztin am LKH Bludenz
und Vorsitzende der Ausbildungskommission der Österreichischen Ärztekammer

Ao. Univ. Prof.ⁱⁿ Karin Gutiérrez-Lobos, ehem. Vizerektorin der MedUni Wien
und ehem. ärztliche Direktorin der Klinik Landstraße

sowie **Dr. Harald Mayer, Univ.-Prof. Dr. Wolfgang Mazal**
und **Ing. Franz Nigl**

19:00 Snacks und Cocktail-Bar bis 22.00 Uhr

Von 17:00
bis 21:00 Uhr
wird auch eine
Kinderbetreuung
(ab 4 Jahren) angeboten.

Bei Bedarf bitte
um Anmeldung unter
bkaae@aerztekammer.at



BUNDESKURIE
ANGESTELLTE ÄRZTE

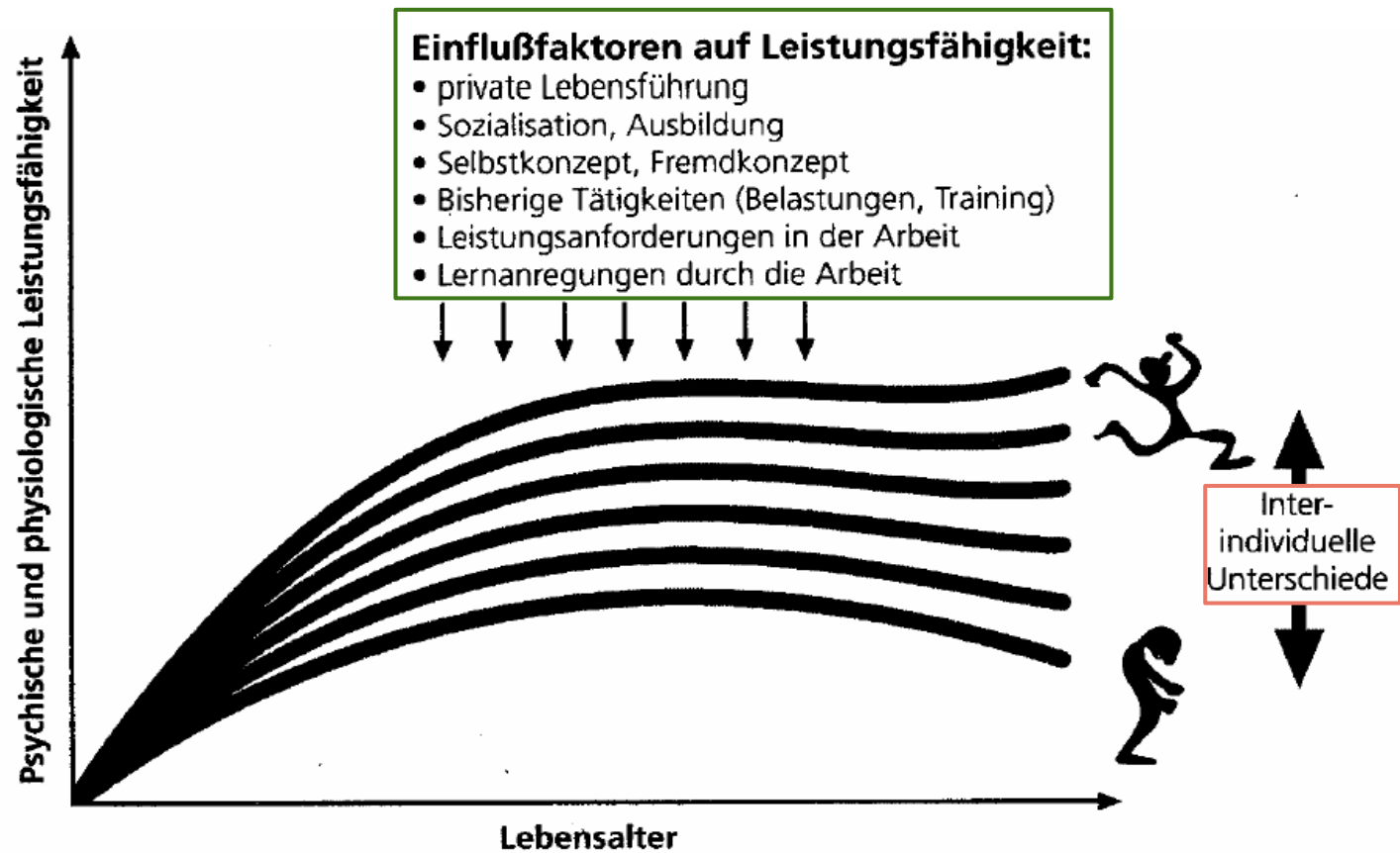


Wandel der Leistungspotenziale im Laufe des Arbeitslebens

Physische Kapazitäten (u.a. neuromotrische Funktionalitäten) Sensorik (Geschmack / Geruch), Genauigkeit des Arbeitsgedächtnisses	↘
Begabung, Intelligenz, Fertigkeiten (im allgemeinen)	↔
Qualitäts- und Verantwortungsbewusstsein, soziale Kompetenz, schnelleres und besseres Urteilsvermögen, selbstständiges Handeln, Fähigkeiten zur Selbststeuerung	↗
Lebens- und Berufserfahrung, "job performance" (Aufgabenerfüllung) Verantwortungsbewußtsein und Zuverlässigkeit	↗

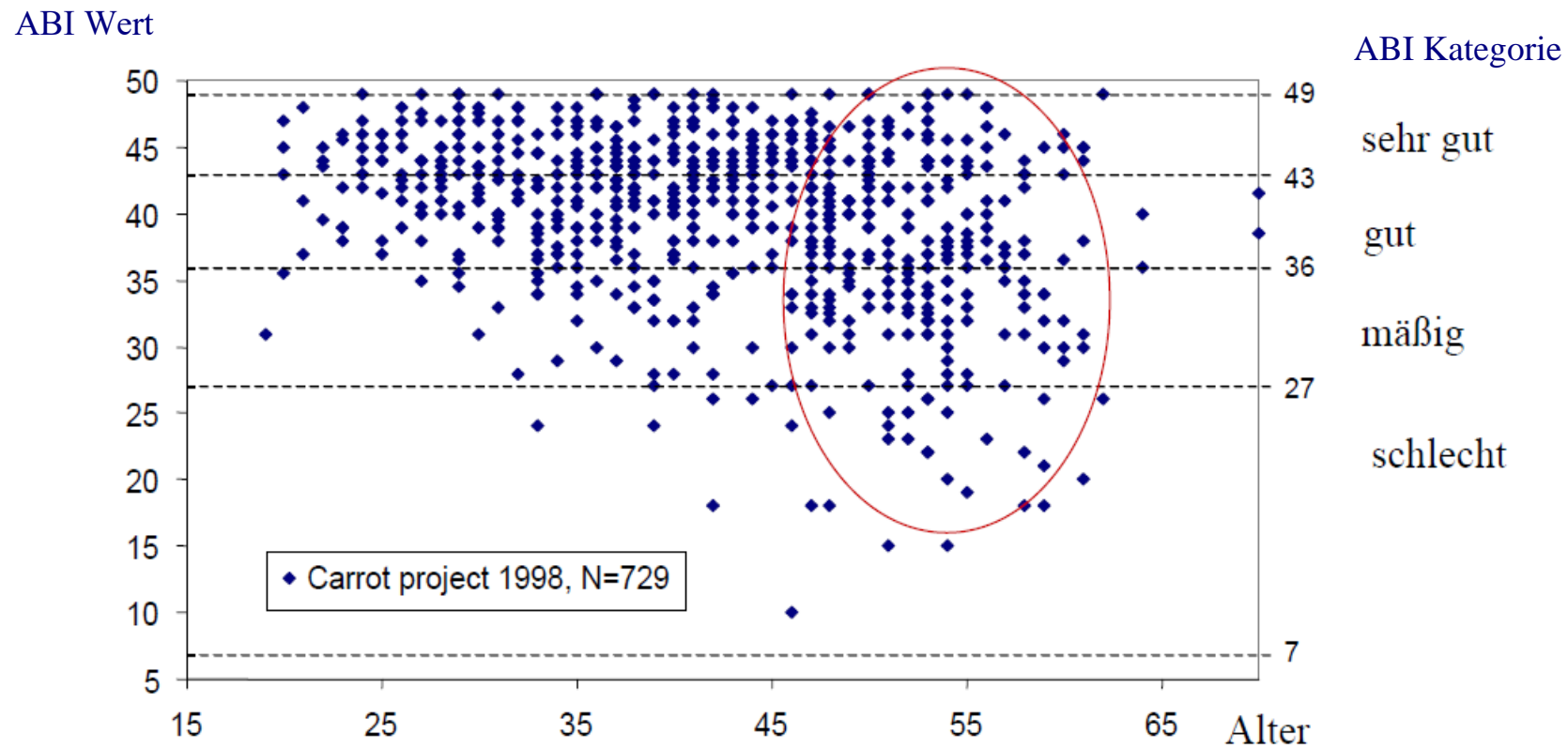


Variabilität der Leistungsentwicklung älterer Mitarbeiter:innen



Produktives Äterwerden ...

Arbeitsbewältigungsindex



Das Konzept der Arbeitsfähigkeit

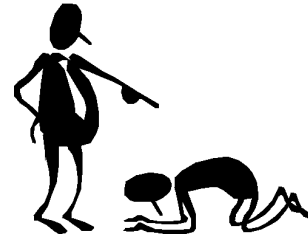
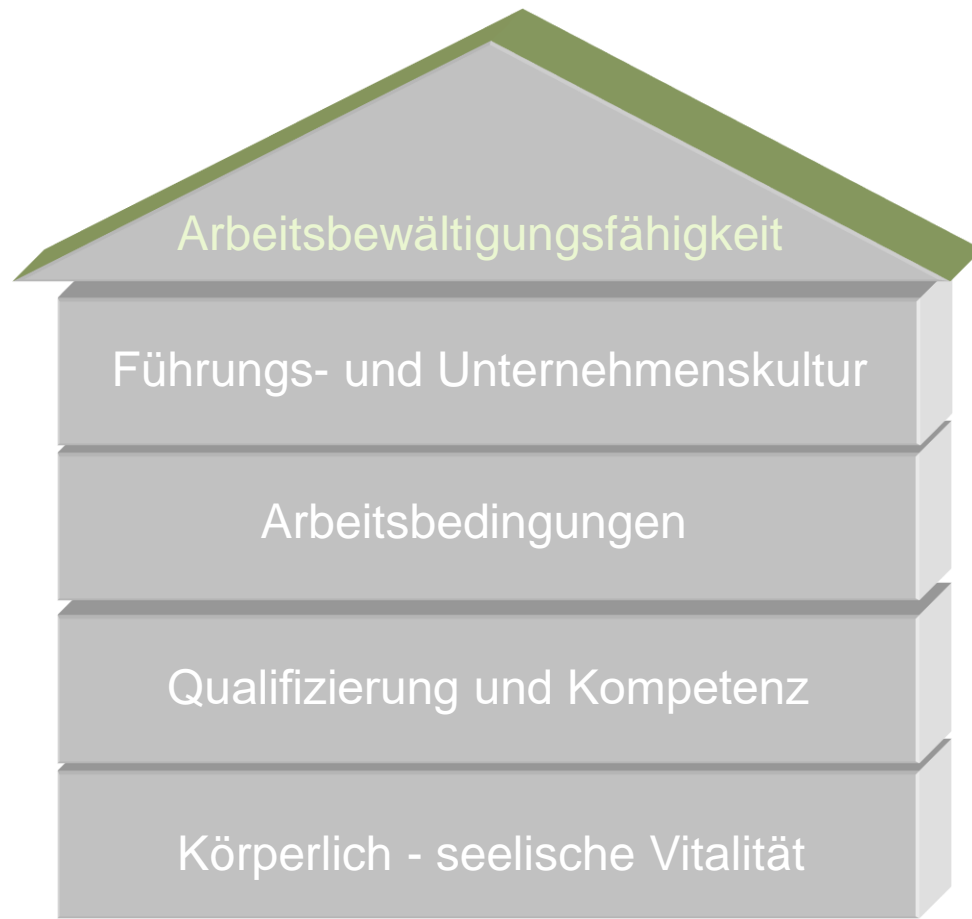
Arbeitsfähigkeit = das Potenzial eines Menschen

... eine bestimmte Aufgabe zu einem gegebenen Zeitpunkt zu bewältigen.

... unter Berücksichtigung der unterschiedlichen Voraussetzungen verschiedener Altersgruppen.

... berücksichtigt ein angemessenes Verhältnis zwischen individueller Leistungsfähigkeit und Arbeitsanforderungen.

Haus der Arbeitsfähigkeit



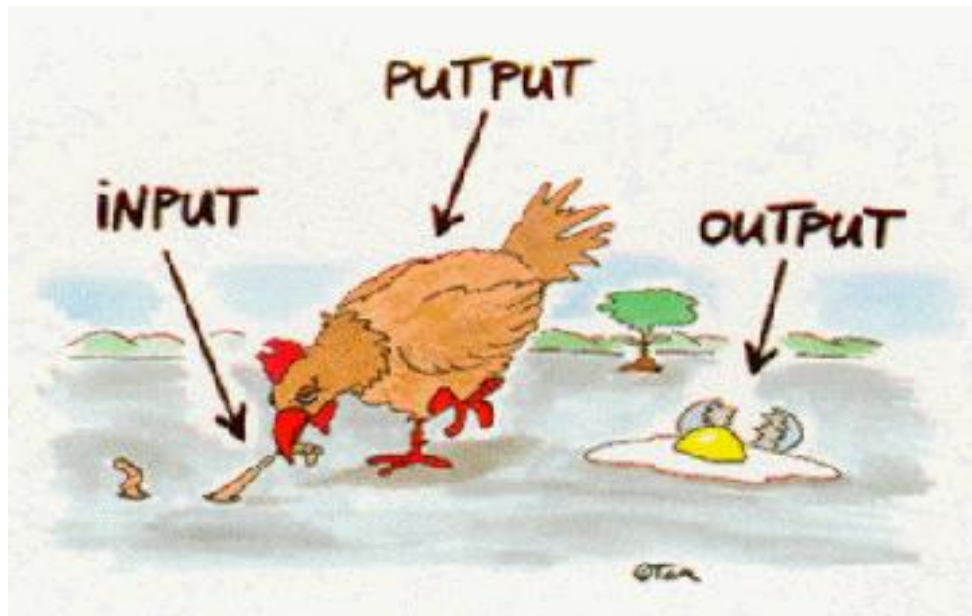
Handlungsfelder

- Alter(n)sgerechte Arbeitsgestaltung, Arbeits- und Gesundheitsschutz
- Unterstützende Personalführung, Arbeitsumfeld
- Weiterbildung "Live-Long-Learning"
Alter(n)sgerechte Arbeitskarrieren
- Gesundheitsvorsorge, persönliche Gesundheitsförderung



Life - Long - Learning

Altersgerechte Weiterbildung

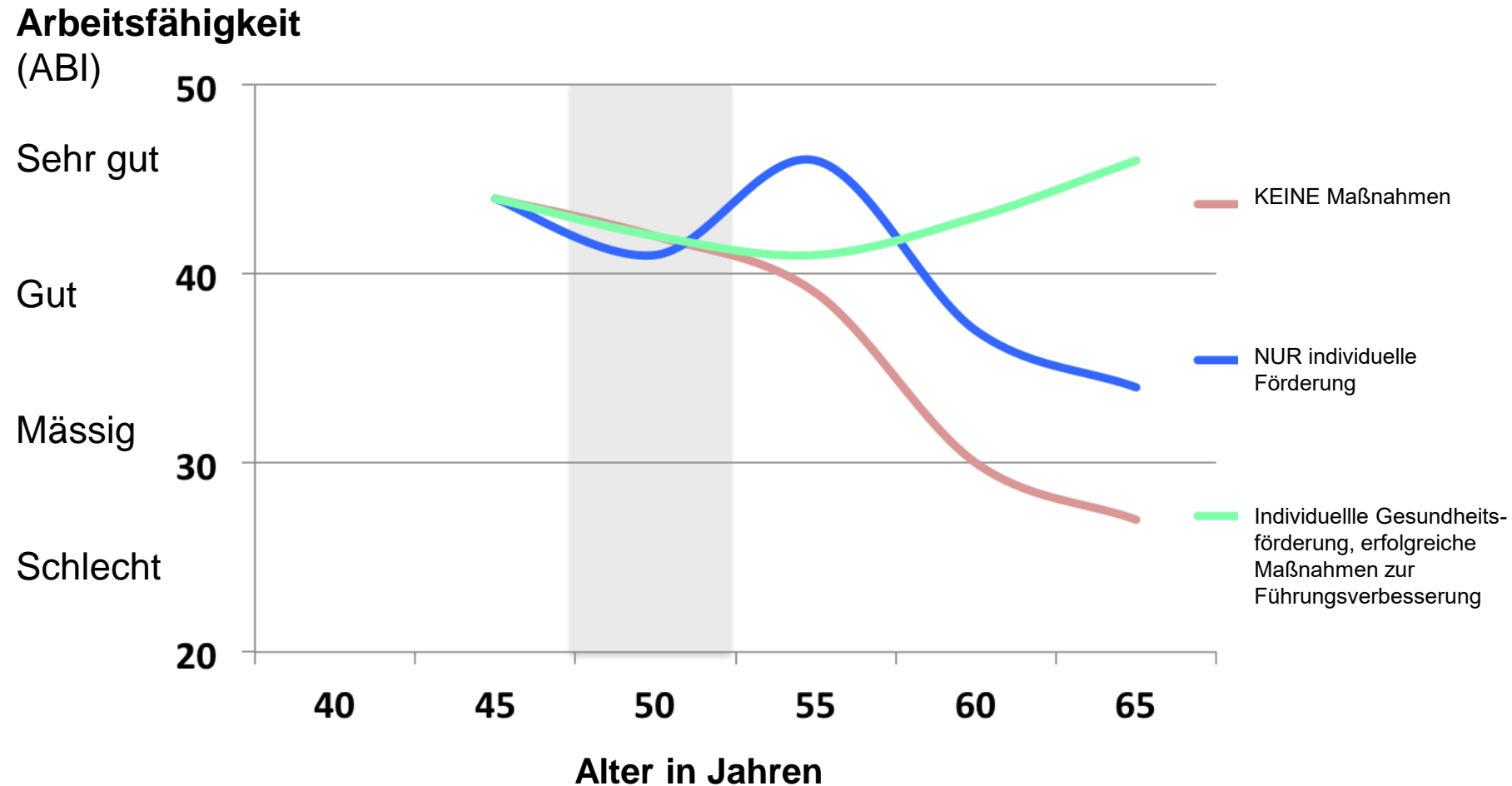


“Learning by Doing“

Lernen ist **nicht** vom Altern abhängig, sondern davon, **wie** die Weiterbildung organisiert ist.



Arbeitsfähigkeit im Alter Abhängigkeit von Fördermaßnahmen





Respekt @ Med Uni Graz

DIE BASIS UNSERES MITEINANDERS -
PIONEERING MINDS ALS HALTUNG



Respektvoller Umgang am Arbeits- und Ausbildungsplatz: Instrumente

Sounding Board (Clearingstelle / Interventionsstelle / Schlichtungsstelle)

- *4mal im Jahr*
- *Mitglieder sind u.a OE Human Resources, GenderUnit, AKGL, Betriebsrat.*
- *Aufgaben u.a. ...*
 - ... **Allgemeine Prävention** durch Information und Sensibilisierung.
 - ... **Spezielle Prävention** (u.a. verpflichtende Weiterbildungen zum Thema, Schulungen von Mitarbeiter*innen, anlassbezogene Vermittlung an externe Stellen).
 - ... **Monitoring** von Beschwerden bzw. **strukturelle Erfassung** von „Hotspots“.

Task Force

- Anlassbezogen aktiv
- Zusammensetzung richtet sich nach dem konkreten Bedarf
- Erarbeitung von Lösungsvorschlägen in Abstimmung mit den Betroffenen (ev. unter Einbeziehung externer Interessensvertretungen)



Pro-Aging am Arbeitsplatz

Alterswahlmodell seit 31. März 2015

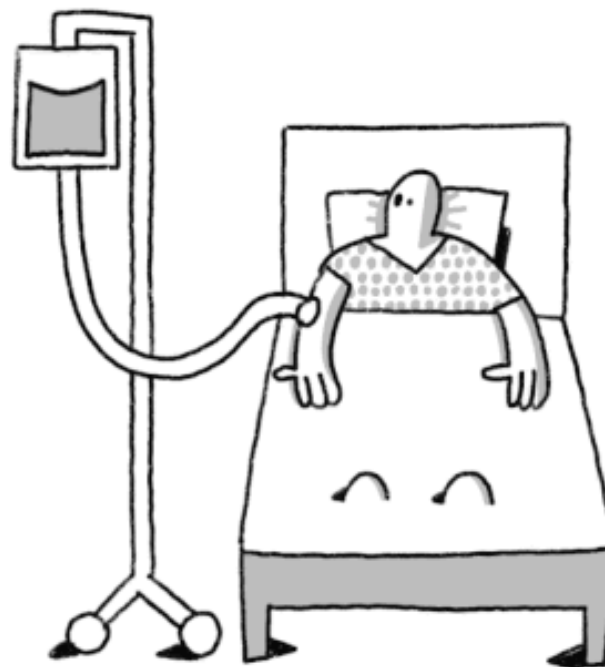
§ 8 Alterswahlmodell

Als erster Schritt eines Alterswahlmodells wird MitarbeiterInnen ab dem 60. Lebensjahr das Recht eingeräumt, die Anzahl der von ihnen geleisteten Journaledienste auf 2 pro Monat bzw. 20 pro Jahr zu beschränken.

Ab dem 01.01. 2018 wird MitarbeiterInnen ab dem 55. Lebensjahr das Recht eingeräumt, Journaledienste auf 2 pro Monat bzw. 20 pro Jahr zu beschränken. Für MitarbeiterInnen ab dem 60. Lebensjahr ist zu diesem Zeitpunkt ein freiwilliger Verzicht auf die Ableistung von Journalediensten möglich.



Übermüdung am Arbeitsplatz



Übermüdung von Anästhesisten in Großbritannien (Umfrage 2022)

	Ausbildung	Fachärzt:in	Pflege
<i>Autounfall oder Beinaheunfall nachts</i>	57 %	45 %	45 %
<i>Pendeln > 30 Minuten pro Strecke</i>	60 %	-	73 %
<i>Pendeln (Auto / Motorrad)</i>	75 %	79 %	78 %
<i>Zu müde zum Fahren</i>	84 %	60 %	49 %
<i>Ruheeinrichtungen am Arbeitsplatz</i>	64 %	34 %	-
<i>Müdigkeit beeinträchtigt ...</i>			
... körperliche Gesundheit	73 %	52 %	-
... psychischess Wohlbefinden	71 %	63 %	-
... persönliche Beziehungen / Familie	68 %	72 %	-





Associations of fatigue to work-related stress, mental and physical health in an employed community sample

D. M. Rose¹, A. Seidler², M. Nübling³, U. Latza⁴, E. Brähler⁵, E. M. Klein⁵, J. Wiltink², M. Michal⁵, S. Nickels⁶, P. S. Wild^{7,8,9}, J. König¹⁰, M. Claus^{1*}, S. Letzel¹¹ and M. E. Beutel⁵

Abstract

Background: While work-related fatigue has become an issue of concern among European employees, the relationship between fatigue, depression and work-related stressors is far from clear. The purposes of this study were (1) to determine the associations of fatigue with work-related stressors, severe medical disease, health behavior and depression in the working population and (2) to determine the unique impact of work-related stressors on fatigue.

Methods: We used cross-sectional data of $N = 7,930$ working participants enrolled in the Gutenberg Health Study (GHS) from 2007 to 2012 filled out the Personal Burnout Scale (PBS) of the Copenhagen Psychosocial Questionnaire (COPSOQ), the PHQ-9, and a list of work-related stressors.

Results: A total of 27.5% reported increased fatigue, esp. women, younger persons with a lower social status and income, smokers, severely medically ill, previously and currently depressed participants. Fatigue was consistently associated with severe medical disease, health behavior and depression, which need to be taken into account as potential confounders when analyzing its relationship to work-related strains. Depression was consistently associated with work-related stressors. However, after statistically partialling out depression, fatigue was still significantly associated with work-related stress.

Conclusions: Fatigue as an indicator of allostatic load is consistently associated with work-related stressors vs work overload after controlling for depression. The brief Personal Burn-out Scale is suitable for assessing work-related fatigue in the general population.

Keywords: Fatigue, Depression, Work-related stressors, Allostatic load, Health behavior

Background

Fatigue has been defined as the subjective experience of tiredness or lack of energy [1]. Normal tiredness is usually not experienced as an unpleasant state, since it can be remedied by rest and sleep. Fatigue, however, has an unpleasant quality; it is not necessarily related to exertion and is not easily or fully restored by rest or sleep [2]. Fatigue has been described in the context of work-related strains, but also in relation to chronic medical disease [2]. Work-related fatigue has become an issue of

concern among European employees prolonged work-related stress [3]. A work [4] and ill mental and physical' described as consequences [5]. The Scale (PBS) of the Copenhagen Psychosocial Questionnaire (COPSOQ) is a brief and valid measure of work-related fatigue and exhaustion. Indeed, fatigue has become a core criterion of burnout alone on burnout is hampered by its definition [7] or binomial assessment [8]. In a broad negative work-related state of n...

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Full list of author information is available at the end of the article



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Fatigue and the Anaesthetist

Peter Gregory MBChB Bsc (Hons) FRCA
Mark Edsell MBChB FRCA FFICM

Key points

Fatigue in health workers is associated with medical errors which may affect patient outcome.

Anaesthetists may be more sensitive to the effects of fatigue than other colleagues given the nature of their work and the need to maintain vigilance.

Disturbances to sleep balance and circadian rhythms are the main causes of fatigue in health workers

Prolonged sleep deprivation may have adverse effects on the health of the individual.

Organizational, educational, behavioural, and pharmacological strategies are available to ameliorate the effects of fatigue on performance.

Fatigue is a state of physical or mental weariness characterized by a lessened capacity for work and a reduced efficiency of accomplishment. It may result from a period of intense or prolonged exertion or alternatively may occur after time spent on unchallenging or monotonous tasks. In clinical practice, it is associated with long hours of wakefulness, sustained mental effort, and shift working. Fatigue negatively affects performance and is associated with increased risks to patient safety and to the well-being of the anaesthetist. The increase in shift working for training as a consequence of the European Working Time Directive (EWTD) and the increasing likelihood of a 24-h consultant-delivered service have increased concerns that fatigue may become more prevalent in front-line anaesthetists with predictable implications for safety and clinical effectiveness.

Prevalence

The prevalence of fatigue in anaesthetists and other health workers in the UK is unknown. International studies of these groups show a great variation in prevalence ranging from 17% (the Netherlands) to 84% (the USA) reflecting differences in working patterns and study methods.

Causes of fatigue

Disturbances to sleep homeostasis and the circadian rhythm by modern working patterns are the primary causes of fatigue in health workers.

Sleep homeostasis

The physiology of normal sleep has been discussed in a previous article.¹ Sleep homeostasis is the balance of sleep need vs sleep quantity and quality. The optimal sleep requirement of an individual is genetically pre-determined and ranges between 7 and 9 h every 24 h, with most individuals requiring 8 h. This requirement can be neither trained nor modified. Lost sleep accumulated through the

week is usually reclaimed by increased sleep time at weekends. The effects of both acute total sleep loss and partial chronic sleep loss are similar (e.g. 8 days with a nightly sleep loss of 2 h has the equivalent deficit in cognitive performance as two nights total sleep loss).

Increasing age

As we get older, sleep requirement remains unchanged but its quality deteriorates. Sleep becomes more fragile, awakenings more frequent, and deep sleep less common. Menopausal or prostatic symptoms may also interfere. In the over 55s the risk of quality sleep loss is greater and recovery from shift working longer than in younger workers.

Alcohol

Alcohol is the most commonly used drug to promote sleep. Although its use reduces sleep latency time, poorer sleep may result. In the early stages of post-alcohol sleep when blood alcohol concentration (BAC) level is highest rapid eye movement (REM) sleep is suppressed. As the BAC level decreases there is a rebound increase in REM sleep with less Stages 3 and 4 deep sleep resulting in frequent and early awakenings.

Circadian rhythm

This is the natural pattern of physiological and behavioural processes that are timed to a near 24-h period. It incorporates sleep-wake cycles, body temperature, blood pressure, gastrointestinal tract activity, and hormone release. Entrained into this rhythm are fluctuations in performance. In humans, maximal performance occurs between 8–11 a.m. and 8–11 p.m. whilst performance dips occur at 3–7 a.m. and 1–4 p.m. The cycle is controlled by the suprachiasmatic nucleus (SCN) of the anterior hypothalamus which demonstrates a 24-h rhythm of electrical activity even in the absence of environmental stimuli. This cyclical activity is a reflection of the rhythmic expression of SCN core genes called 'clock genes' that are autoregulated



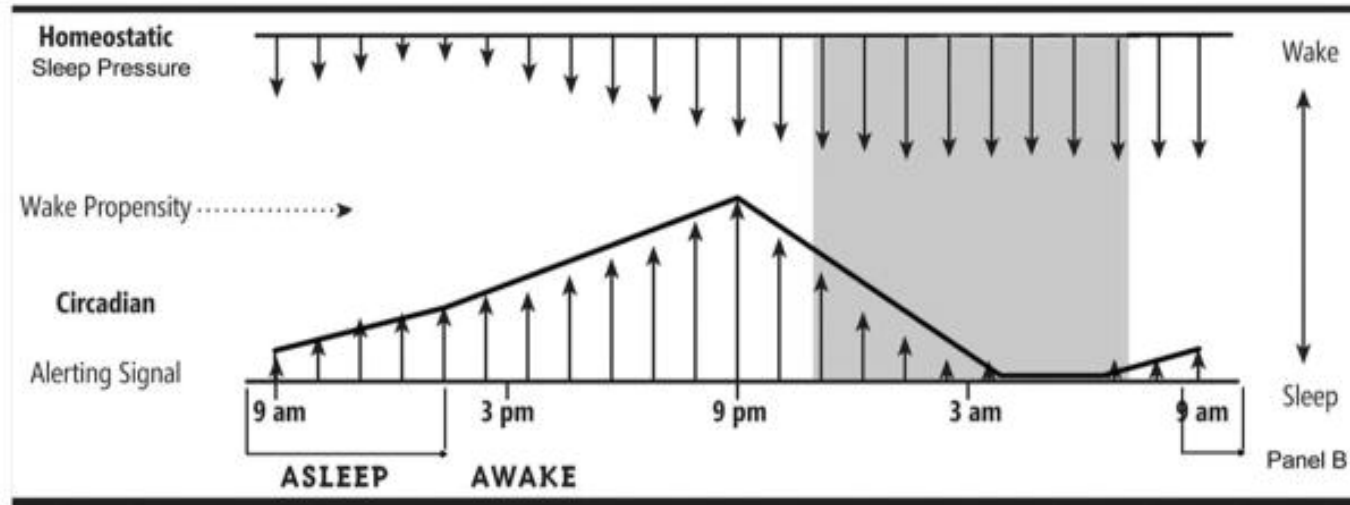
Revalidation
FOR ANAESTHETISTS
RCA Revalidation course
Matrix reference 163.105

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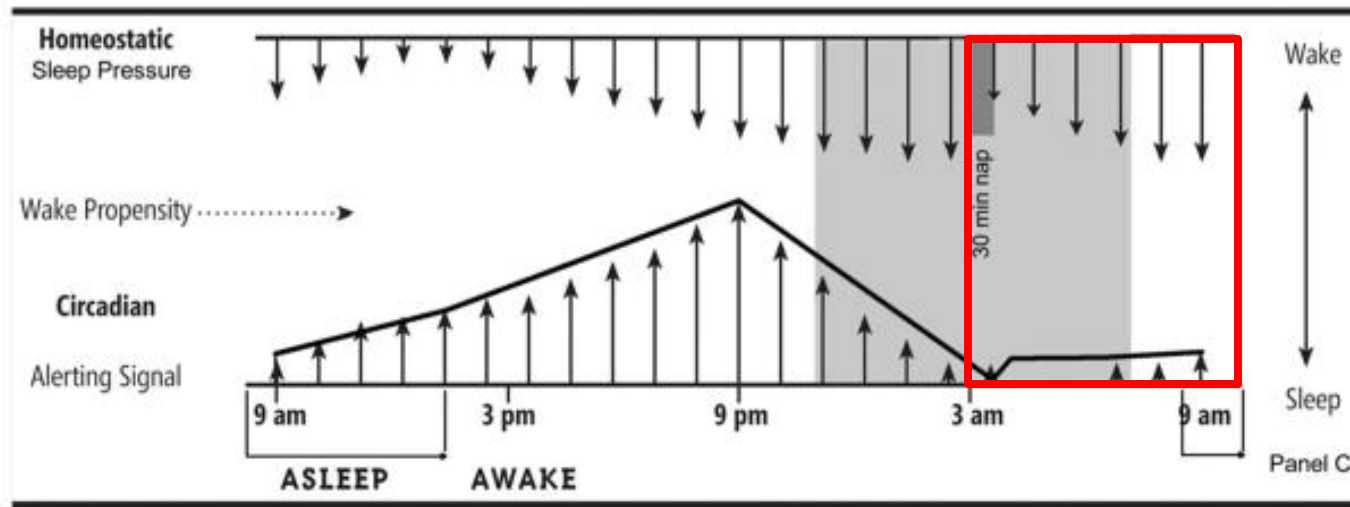


The Power of Napping on the Night Shift ...

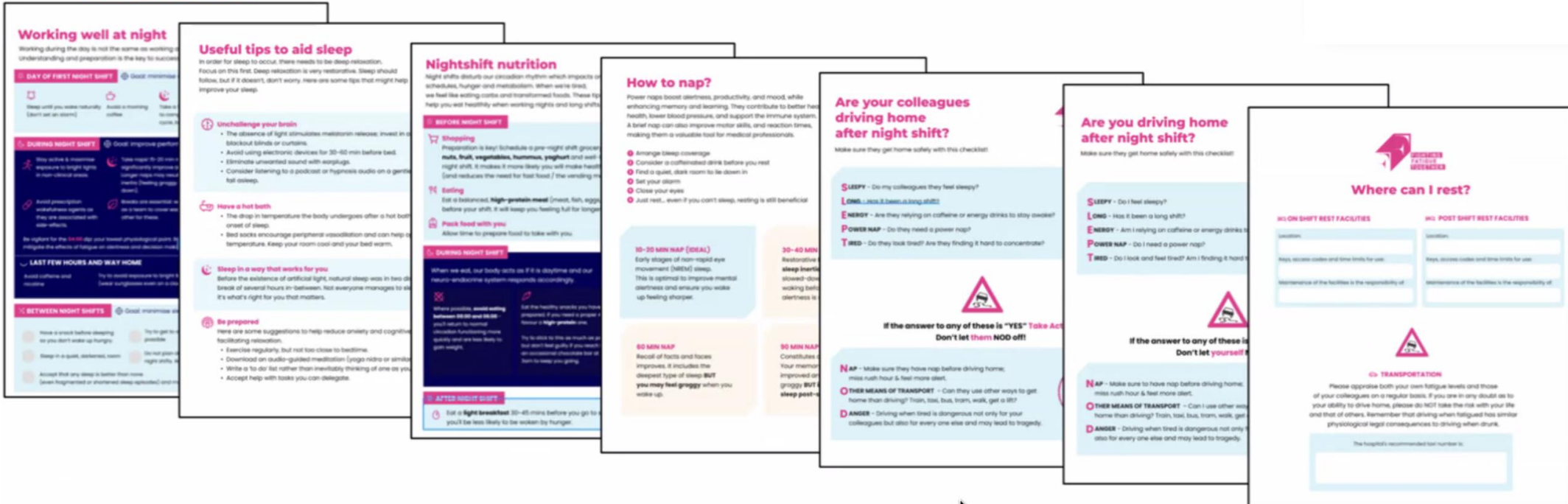
Night shift without a nap



Night shift with a nap



Ändern Sie die Gewohnheiten und das Verhalten Ihrer Kolleg:innen gegen Müdigkeit ...



Working well at night
Working during the day is not the same as working at night. Understanding and preparation is the key to success.

- DAY OF FIRST NIGHT SHIFT**
 - Sleep until you wake naturally (don't set an alarm)
 - Avoid morning coffee
 - Take a short nap
- DURING NIGHT SHIFT**
 - Don't improve performance
 - Stay alert & maximize exposure to bright light in your clinical area
 - Avoid prescription medications regularly as they are associated with sleep effects
 - Be vigilant for the first day after leaving your clinical area to mitigate the effects of fatigue on your judgment and decision making
- LAST FEW HOURS AND WAY HOME**
 - Avoid caffeine and nicotine
 - Try to avoid exposure to bright & loud environments on the way home
- BETWEEN NIGHT SHIFTS**
 - Have a snack before sleeping so you don't wake up hungry
 - Sleep in a quiet, darkened room
 - Accept that any sleep is better than none (even fragmented or shortened sleep episodes) and

Useful tips to aid sleep
In order for sleep to occur, there needs to be deep relaxation. Focus on this first. Deep relaxation is very restorative. Sleep should follow, but if it doesn't, don't worry, here are some tips that might help improve your sleep.

- Unchallenge your brain**
 - The absence of light stimulates melatonin release. Invest in a blackout blind or curtain.
 - Avoid using electronic devices for 30-60 min before bed.
 - Eliminate unwanted sound with earplugs.
 - Consider listening to a podcast or playlist on a gentle, full sleep.
- Have a hot bath**
 - The drop in temperature the body undergoes after a hot bath is onset of sleep.
 - Bed socks encourage peripheral vasodilation and can help w/ temperature. Keep your room cool and your bed warm.
- Sleep in a way that works for you**
 - Before the existence of artificial light, natural sleep was in two blocks of several hours in-between. Not everyone manages to do it, so what's right for you that matters.
- Be prepared**
 - Here are some suggestions to help reduce anxiety and cognitive facilitating relaxation.
 - Exercise regularly, but not too close to bedtime.
 - Download an audio-guided meditation (yoga nidra or similar)
 - Write a to-do list rather than ruminating thinking of one as you go.
 - Accept help with tasks you can delegate.

Nightshift nutrition
Night shifts disturb our circadian rhythm which impacts our schedules, hunger and metabolism. When we tired, we feel like eating carbs and transformed foods. These tips help you eat healthily when working nights and long shifts.

- BEFORE NIGHT SHIFT**
 - Shopping** Preparation is key! Schedule a pre-night shift grocery run. **Meat, fruits, vegetables, hummus, yogurt** and anti-night shift, it makes it more likely you will make healthy food choices. (and reduces the need for fast food / vending machine)
 - Eating** Eat a balanced, **high-protein meal** (meat, fish, eggs) before your shift, it will keep you feeling full for longer.
 - Peak food with you** Allow time to prepare food to take with you.
- DURING NIGHT SHIFT**
 - When we eat, our body acts as if it is daytime and our neuro-endocrine system responds accordingly.
 - Where possible, avoid eating between 00:00 and 04:00.
 - Stick return to normal circadian rhythm by eating regularly and use less food to gain weight.
 - For the healthy snacks you have prepared, if you need a protein bar or a high-protein snack, try to stick to the 40-60 kcal per bar and don't feel guilty. If you need an occasional chocolate bar or beer to keep you going.
- AFTER NIGHT SHIFT**
 - Eat a **light breakfast** 30-45 mins before you go to bed, you'll be less likely to be woken by hunger.

How to nap?
Power naps boost alertness, productivity, and mood, while enhancing memory and learning. They contribute to better health, lower blood pressure, and support the immune system. A brief nap can also improve motor skills, and reaction times, making them a valuable tool for medical professionals.

- Arrange deep coverage
- Consider a caffeinated drink before you rest
- Find a quiet, dark room to lie down in
- Set your alarm
- Close your eyes
- Just rest... even if you can't sleep, resting is still beneficial

10-20 MIN NAP (IDEAL)
Early stages of non-rapid eye movement (NREM) sleep. This is optimal to improve mental alertness and ensure you wake up feeling sharper.

30-40 MIN RESTORATIVE SLEEP
Restorative sleep involves slower-wave working memory alertness is improved.

60 MIN NAP
Recall of facts and focus improves. It includes the deepest type of sleep BUT you may feel groggy when you wake up.

90 MIN NAP
Contributes to your improved mood and energy BUT sleep post-nap is disrupted.

Are your colleagues driving home after night shift?
Make sure they get home safely with this checklist:

- SLEEPY** - Do my colleagues feel sleepy?
- LONG** - Has it been a long shift?
- ENERGY** - Are they relying on caffeine or energy drinks to stay awake?
- POWER NAP** - Do they need a power nap?
- Tired** - Do they look tired? Are they finding it hard to concentrate?

Where can I rest?

ON SHIFT REST FACILITIES / **POST SHIFT REST FACILITIES**

TRANSPORTATION
Please appraise both your own fatigue levels and those of your colleagues on a regular basis. If you are in any doubt as to your ability to drive home, please do NOT take the risk with your life and that of others. Remember that driving when fatigued has similar physiological/legal consequences to driving when drunk.

The hospital's recommended car number is:



Working well at night

Working during the day is not the same as working at night. Understanding and preparation is the key to success.



☀ DAY OF FIRST NIGHT SHIFT

🎯 Goal: minimise sleep debt



Sleep until you wake naturally (don't set an alarm)



Avoid a morning coffee



Take a 90-minute nap to complete one sleep cycle, between 2–6pm



Plan how you will get home after your night shift. Favour public transport over driving.

🌙 DURING NIGHT SHIFT

🎯 Goal: improve performance



Stay active & maximise exposure to bright lights in non-clinical areas.



Take naps! 15–20 min nap can significantly improve alertness. Longer naps may result in sleep inertia (feeling groggy and slowed-down).



Take caffeine before napping but make that the last caffeine of the night



Avoid prescription wakefulness agents as they are associated with side-effects.



Breaks are essential: work as a team to cover each other for these.



Keep well hydrated and eat healthy snacks. Calories on nights DO count; they contribute to the adverse health effects of night working.

Be vigilant for the **04:00** dip: your lowest physiological point. Build in checks to mitigate the effects of fatigue on alertness and decision making.

☾ LAST FEW HOURS AND WAY HOME

Avoid caffeine and nicotine

Try to avoid exposure to bright light (wear sunglasses even on a cloudy day)

Favour public transport over driving. If you cannot avoid driving, plan where you will rest before driving home.





“Healthy Ageing is an Investment, not a Cost.”

ON
**AGEING
AND
HEALTH**
2015



Gute Arbeitsfähigkeit ...

- Arbeit **allein** sichert **keine** Arbeitsfähigkeit.
- Die Arbeitsfähigkeit **kann** mit dem Alter **wachsen**.
- **Arbeitsfähigkeit** ist ein Ergebnis von **Arbeitsbedingungen, Arbeitsorganisation, Ausbildung, Leistungsfähigkeit und Gesundheit**.
- Die unternehmerische **Führungsqualität** hat eine große Bedeutung.
- **Eigenverantwortlichkeit** fördert die persönliche Leistungsfähigkeit.
- **Ergonomie** ist wichtig, z.B. um Erkrankungen im Bewegungsapparat vorzubeugen.



Resch (Hrsg)

ArbeitnehmerInnen 50+

- Arbeits-, Sozial- und Förderrecht
- Medizin und Arbeitspsychologie
- Statistik, Betriebs- und Volkswirtschaftslehre

Handbuch

MANZ 

2018



Geringer
Krankenstand &
Ausfallkosten



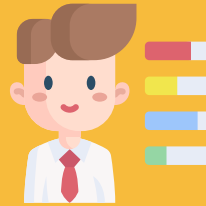
Hohe Motivation



Gutes
Betriebsklima



Attraktivität
für Fachkräfte



*“Wie die **Frage** gestellt wird ist entscheidend für die **Richtung**, die man einschlägt, um die **Antwort** zu finden.“*

Aaron Antonovsky (1923 - 1994), Vater der Salutogenese

