Older... but wiser?

Policy responses to an ageing nursing workforce:
A report for the Royal College of Nursing Scotland

Authors
James Buchan, Fiona O’May, Dolly McCann
Queen Margaret University, Edinburgh. November 2008
Contents

1. Introduction Pg 1

2. Who are the ‘older’ nurses?
   2.1 How old is ‘old’? Pg 3
   2.2 The ageing of the nursing workforce in Scotland Pg 4
   2.3 A common challenge Pg 6

3. Retirement patterns of older nurses
   3.1 The decision to retire Pg 10
   3.2 Push and pull factors Pg 12

4. Policy interventions to retain older nurses Pg 15

5. Ageing Workforce in Non-Nursing Sectors
   5.1 The UK Pg 31
   5.2 The European Union Pg 37
   5.3 The USA Pg 42

6. Recommendations Pg 43

7. References Pg 48
1. Introduction

This report for the Royal College of Nursing in Scotland is based on a review of the research literature on the policy implications of, and policy responses to, the ageing nursing workforce. It takes a practical focus - aiming to report on what is known about the policy challenges of an ageing nursing workforce, and also “what works” in terms of reported policy initiatives.

The reason for looking at this issue is compelling. The nursing workforce in Scotland is ageing, and significant numbers of nurses are coming into the age range when they will consider retiring, or perhaps reducing their working hours. Preventing or replacing this potential loss of skills and expertise is one of the main nursing workforce challenges facing the NHS and other health sector employers. Policy responses will only be effective if they are tailored to the needs and expectations of older nurses, who have specific needs that are not the same as for all other nursing staff (Bennett et al. 2007).

Nursing shortages, and an ageing nursing workforce are two interlinked phenomena facing many developed countries (Buchan & Calman 2004). The report therefore takes an international focus, reporting on relevant research and policy interventions in the US, Canada, Australia, New Zealand and the UK, in order to contextualise the current situation in Scotland. It also looks beyond nursing, to identify critical policy messages from other sectors and occupations.

It is not just nursing that is having to face up to a retention/ replacement challenge in the UK. The broader health and social care workforce has a markedly high proportion of employees over 45 years of age, compared to other sectors (McNair and Flynn 2006), and employees in this workforce are in general more highly qualified than in most other sectors. This report therefore also highlights relevant lessons from broader based studies of the ageing of the workforce.

Within this broader context, three related characteristics of the nursing workforce must be acknowledged, all of which have a bearing on age profile
and retention/retirement dynamics. Firstly, nursing is a female profession. Secondly, nursing has a high level of part-time working. Thirdly, nursing can be a stressful and demanding job, often requiring shift work.

Nine out of ten working nurses are female. Within this predominantly female workforce, many women are likely to anticipate being a mother and/or a carer, for which they may have to take time out from full-time working. This has an impact on their wage and pension-earning potential, which may in turn be a factor in retirement decisions. Overall, about one in three NHS nurses, and 37% of the NHS workforce work part-time, compared to just over 16% of all teachers in Scotland (Scottish Executive 2006a).

Bennett et al. (2007) comment on the influence of workplace structures and experiences of work on women’s retirement patterns in other occupations. They report that generally, across various types of employment, there is evidence that promotion tends to diminish rapidly after age 40, especially for women, and that there has been an increasing awareness of the way ‘gendered ageism’ operates against women (Itzin & Phillipson 1995, Loretto et al. 2000, Duncan & Loretto 2004, cited in Bennett et al. 2007, p. 2).

Unlike most other professional jobs, such as teaching, a job in nursing means, for most nurses at some time in their career, the need to work shifts. It also means stressful work, which sometimes carries a heavy physical workload. Any attempt to improve the retention of older nurses has to take account of this context of emotionally challenging and physically demanding work.

There is a strong economic case to improve retention of the existing nursing workforce. Key economic factors are the cost of training and replacement (Watson et al. 2003a, Hatcher et al. 2006, Wray et al. 2008). For example, a nurse retiring at age 50 still has 10 years or more to contribute to the NHS and will have had a great deal of investment in training and CPD. Additionally, older nurses will have an accumulated wisdom and knowledge, difficult to quantify, but which represents a loss to the NHS and patients (Watson et al. 2004). There can also be additional costs. For example, one study estimated
that a cohort of 5,469 NHS employees in England and Wales who retired early in 1998/99 would cost the NHS £416 million more before they reached 70 than would have been the case had they retired at the usual age (Pattani et al. 2001).

The primary focus of this report is therefore to highlight how to reduce the human and economic cost of any preventable retirement of nurses working in Scotland. It focuses on the reasons why older nurses leave nursing, and what has been done, and can be done, to encourage them to remain/return.

The remainder of this report is in five further sections.

2. Who are the ‘older’ nurses?

2.1 How old is ‘old’?

Different organisations, sectors and countries have different retirement ages, different approaches to ageing and differing cultural attitudes to ageing and older people. For the purposes of this study, which is built on previous research studies, a relatively loose definition of ‘older’ nurse has to be used, as different studies have used different definitions. Some studies report on ‘experienced’ nurses, some on ‘older’ or ‘senior’ nurses and some on ‘mid life’ nurses.

The NHS retirement age for most nurses is 60-65. ‘Early’ career, the first few years after registration, will be in the mid 20s to mid 30s age groups, for most. This points to mid career being around ages late 30s to late 40s, and ‘older’ nurses being in the 50 plus age groups.
2.2 The ageing of the nursing workforce in Scotland

Figure 1 below shows the September 2007 age profile for three main groups of NHS nurses in Scotland; nurses working in hospital acute care, nurses working in hospital mental health, and nurses working in community care.

Age profiles for all three groups peak in the 40-50 age bands, but the acute/hospital group has a younger overall profile, with proportionately more in the younger age cohorts. Community nursing reports the oldest age profile of the three groups in NHS Scotland. Survey evidence (e.g. Employment Research/RCN 2007b) also highlights older age profiles in practice nursing and in the nursing/care home sector.

The fact that one in three nurses working in the NHS community sector in Scotland is aged 50 or older raises important policy questions of retention and replacement, which cover funding allocations, workforce planning and skill mix. The availability of sufficient community based nursing will be critical to
delivering the Scottish Government’s health strategy, ‘Better Health, Better Care’ (Scottish Government 2007a, 2007b), which emphasises a shift to primary care, community care and preventative health. Delivering on this ambitious agenda will require a well motivated, well trained community nursing workforce, which means addressing the policy challenge of the high numbers of community nurses who are now at or near retirement age. The NHS is piloting a new service model for community nursing role (NHS Education for Scotland, http://www.nes.scot.nhs.uk/nursing/review), including the development of a new community health nurse (Scottish Executive 2006b), but there will also be a need to retain current staff.

The main determinant of the pensionable retirement age for nurses in Scotland is the NHS pension scheme in Scotland. There have been recent changes in the scheme. For most scheme members, the minimum age at which pension will normally be paid is 60. For those members who join from 1 April 2008 Normal Pension Age is 65 (Scottish Public Pension Scheme 2008). As such, it can be anticipated that many currently employed NHS nurses will be retiring no older than age 60; the full impact of the increase in pensionable retirement age to 65 will not be felt for decades. (Note: a relatively small number of members of ‘special classes’ have special retirement rights, e.g. mental health officer (MHO) status. Special rights only apply to scheme members who were in any of these jobs before 1 April 1995 and have not had a break of more than five years in any pensionable NHS employment; and satisfy the special class or MHO conditions).

The recent Employment Research/RCN report (2007b), based on 755 nurse respondents in Scotland, found that younger nurses in Scotland were employed predominantly in NHS hospitals, where just 17% were aged over 50. This was in contrast to NHS community settings, where 26% were aged over 50. Across the UK, just five years ago, 19% of community nurses were aged over 50, and in Scotland, 90% (higher than the UK figure of 84%) officially retired at 60. Larger proportions of those in the independent sector and working in higher education retired at 60.
Community nurses are more likely to be able to retire at 55 (Employment Research/RCN 2007b). This, in combination with the older age profile, means that three out of ten community nurses will have reached retirement age in the next 10 years. Overall, most nurses do not know what their plans are after retirement but 16% indicated that they thought they would continue to work in nursing.

In an earlier broader based survey research for the RCN (Employment Research/RCN 2003), it was highlighted clearly that most nurses start their careers in NHS hospital settings and move towards primary and community settings and independent care home settings, as they get older. Leaving nursing can be seen as an accumulation of decisions or stepping stones to nursing retirement. Perusal of the age and experience profiles of different sectors suggests many nurses move from the NHS to community settings or the independent sector, to bank and agency work, then to full retirement. Nurses in bank and agency and the independent sector were more likely to be considering leaving the profession than nurses in the NHS (Employment Research/RCN 2003).

Several UK studies (e.g. Buchan 1999, Jenkins-Clarke & Carr-Hill, 2001; Storey et al. 2007) have highlighted limitations and gaps in the available data on the nursing workforce and its age profile, notably in the community sector. This has been identified as a constraint on effective policy making and workforce planning.

2.3 A common challenge

It is not just Scotland that has to face up to the policy challenges of an ageing workforce. The International Council of Nurses has reported on the average age of employed nurses and retirement ages in a selection of countries, which highlights that many will have to deal with a growth in retirements over the next few years (Table 1).
Table 1: Average age of nurses in employment and retirement ages, selected countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Average age of an employed nurse</th>
<th>Average age of retirement by law</th>
<th>Early retirement age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>44.6</td>
<td>65</td>
<td>55</td>
</tr>
<tr>
<td>Denmark</td>
<td>43.8</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>Iceland</td>
<td>44</td>
<td>67</td>
<td>60</td>
</tr>
<tr>
<td>Ireland</td>
<td>41.4</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>New Zealand</td>
<td>44</td>
<td>60**</td>
<td>55</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>42</td>
<td>60/65</td>
<td>50</td>
</tr>
<tr>
<td>United States</td>
<td>46.8*</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: Adapted from “An Ageing Nursing Workforce Fact Sheet”, ICN 2008.
*Average of ALL RNs in the USA, not just employed
** Average retirement age of RNs in practice only
N/A Not applicable

The data collated by ICN suggest a very similar pattern across the selected countries, with an average age of 40 plus in all the countries, and similar retirement ages. This highlights the extent to which the challenge of the ageing nursing workforce is prominent across different developed countries. Additional details from these countries are set out below.

**Australia**

The 2001 Australia census showed that the percentage of nurses aged 45 and over rose from 18% in 1986 to 40% in 2001, and less than 5% of registered nurses remain in the workforce after the age of 60 years (Australian Bureau of Statistics 2005). The profile of the nursing workforce appears to be ageing more rapidly in regional areas.

Between 2006 and 2026, Australia is projected to lose almost 60% of the current nursing workforce to retirement, an average of 14% of the nursing workforce every five years, and a total of about 90,000 nurses (Schofield 2007).
Canada
From the 2006 Canadian Institute for Health Information (CIHI) annual workforce trends report, the average age of an RN in 2006 was 45.0 years, an increase of 0.5 years from 2003. There were more RNs aged 55–59 years in the workforce in 2006 than in any other age group, and for every RN ages under 35 years, there are 1.9 RNs aged 50 or older. More than one-fifth (20.8%) of the RN workforce in Canada was aged 55 years or older in 2006 (CIHI 2007). On average, nurses are five years older than the typical Canadian worker, and retire between the ages of 56 and 58 (CFNU 2006).

Published research in Canada has used scenario modelling to estimate the numbers of RNs that would be lost to retirement or death under three different sets of circumstances: (1) all RNs working to a maximum age of 65 (i.e. retirement at age 65 as a best case scenario); (2) all RNs working to a maximum age of 55 (i.e. retirement at age 55 as a worst case scenario); and (3) RN losses when observed retirement rates are reduced, assuming a maximum work age of 65. The authors found that by retaining 100% of RNs aged 50-54, 75% of RNs aged 55-59 and 50% of RNs aged 60-64 (who would have otherwise retired before age 65), the estimated losses of RNs were reduced by almost half (O’Brien-Pallas et al. 2003). Another policy report has stated that “… if effective strategies targeted to late career nurses were implemented in Ontario, over 4,000 nurses predicted to retire over the next four years could be retained in the profession.” (Guidelines for Application to the Ontario Nursing Strategy, www.health.gov.on.ca in Maddalena & Crupi 2008, p. 40).

New Zealand
Data from the Primary Healthcare and Community Nursing Workforce Survey 2001 show an older overall workforce in nursing than the general workforce (Ministry of Health 2003). For example, over 40% of those nurses surveyed were over 45 years of age, and 13.8% were over 55 years of age (MoH 2003). In 2004, with respect to registered nurses and midwives, 45.7 % were over 45 years, and 15.8% were over 55 years of age (NZHIS 2004).
USA

A study in 2000 estimated that by 2010, 40% of registered nurses will be older than 50 years, setting the stage for a large number of retirements (Buerhaus et al. 2000). More recently the American Nurses Association projects that more than 82% of US nurses 40 years and older will retire over the next 20 years (Auerbach et al. 2007).

Recent research in the USA has focused on exploring whether there are generational differences which impact on individuals’ perceptions of important work environment components, and their views regarding retirement. As part of their study to develop a meaningful retention strategy inventory for nurses, Kuhar et al. (2004) provide a synopsis of the critical characteristics of different age cohorts, each distinctively labeled. The ‘Silent Generation’, born between 1926 and 1945, has been characterized as a group greatly influenced by patriotism and self-sacrifice, known to be hardworking, dedicated to its purpose, and that rarely makes career changes. The ‘Baby Boomer’ generation (born between 1946-1964), comprises the largest percentage of the nursing workforce. Attributes of this generation include thriving for instant gratification, believing in buy-now pay-later, and being eager to learn a new skill for higher pay. As compared to the Silent Generation, Baby Boomers are more likely to aspire to retire in their 50s rather than in their 60s. ‘Generation X’ individuals (born between 1965 and 1980) are characterized as a generation that will have several career tracks throughout their life, and believe in having a diverse skill set (Kuhar et al. 2004).

Another qualitative study from the USA reported generational differences with regard to job satisfaction (Swearingen 2004). Nursing job satisfaction was found to have a positive relationship to retention of nurses, as did generation cohort.

The data reported above highlight the extent to which the issue of an ‘ageing’ or ‘older’ nursing workforce is growing in significance as a policy challenge in many countries. It is important to recognise that there is no clear cut definition of what exactly either ‘ageing’ or ‘older’ mean in a nursing workforce context,
and that any attempt to over-generalise about any significant cohort may lead to discrimination. Equally it is clear that policies have to be identified and implemented which meet the needs of different cohorts, where these vary, if a policy response is to be effective.

3. Retirement patterns of older nurses

3.1 The decision to retire

One critical aspect of identifying and implementing appropriate policies to retain older nurses is to have a good understanding of their likely retirement patterns, and reasons for retiring. Survey evidence suggests that many nurses have not made final decisions on when they will retire, and that the decision will be open to external influences. The most recent RCN survey (Employment Research/RCN 2007) found that only 36% of nurses felt able to give a planned retirement age, with most saying they did not know. Of those who gave a planned retirement age, 40% planned to retire before the age of 60, 40% planned to retire at the age of 60, and the remaining 20% planning to retire after 60, with the majority at the age of 65. An earlier survey (Employment Research/RCN 2004) found that over three quarters of nurses reported that they would consider delaying their retirement, depending on the circumstances. The most important factors that nurses reported were likely to influence their decisions to delay retirement were: improved finances; reduced hours (without negative impact on pension); reduced stress; and feeling that their experience was valued.

The most commonly reported most important factor in delaying retirement was that they needed to know that their experience was valued. This is a sentiment echoed in the literature in other countries. In Canada, research highlighted that factors influencing decisions about leaving the workforce were not just about scheduling and pay rates. Nurses wanted control over what they did, and to feel valued for their experience by being able to give back to the profession (Wortsman & Janowitz 2006). The study reinforced the message that experienced nurses wanted their skills and experience to be valued by employers. Participation on workplace nursing committees, and the ability to transfer knowledge, gained through years of hands-on care, to new
nurses through mentoring or preceptoring programmes, were attractive options to experienced nurses and might keep them practising longer (CFNU 2006). It was felt that these findings were relatively easy to address, with collaboration and trust from nurses and employers, with little or no cost implications (Silas 2006).

A recent UK study of over 500 nurses aged 50 and over identified that older nurses experienced a significant lack of access to continuing professional development (CPD), in comparison to their younger colleagues (Wray et al. 2008). This supported earlier findings (Buchan 1999; Meadows 2002; Watson et al. 2003b) which had also reported on difficulties experienced by older nurses in accessing training and CPD that would help older nurses take on new roles (Watson et al. 2003b).

In two US small scale qualitative studies, Letvak explored the personal experiences of a purposive sample of older perioperative nursing staff (n=14) (Letvak 2002) and of older staff nurses (n=11) (Letvak 2003). Older perioperative nurses still felt challenged and energised by working in the operating room, and able to meet the physical and mental demands of their job. They expressed concerns about scheduling, and cultural changes following the introduction of a new technician post. They were very concerned about the nursing shortage, and about who would train new nurses. In a later study which looked at older staff nurses, Letvak (2003) again found overall satisfaction with their jobs. The older nurses were able to meet the demands of the job and were confident in their ability to provide care. This study showed older nurses as being capable of meeting the physical and mental demands of hospital nursing, including high-stress environments such as intensive care.

In Canada, Armstrong-Stassen (2008) found that the strongest predictor of older nurses’ intention to stay was their attitudes towards the hospital and job. She surveyed 916 working older registered nurses and 83 recently retired nurses and reported that non-managerial nurses predominantly rated their hospital as doing a poor job in meeting the needs and preferences of nurses
45 and over. They reported a lack of support from supervisors and the hospital. Most retired nurses were more satisfied with life post retirement and the majority indicated that it was highly unlikely they would return to nursing in a hospital setting.

A Danish study (Friis et al. 2007) used actual (as opposed to intended) retirement age as an outcome measure in their examination of data from the 1993 Danish Nurse Cohort Study (n=5538). In addition to the publicly financed Old Age Pension, available to all at age 67 (or at age 65 to those born after 1939), the Danish government offers a Post-Employment Wage (PEW), an early retirement scheme which allows workers to retire at the age of 60. Using retrospective data from the Cohort Study, the authors found that the retirement age among nurses was influenced by a number of socio-demographic, work-related and health-related factors. These included poor health, low income, living outside the capital city, being married, having a spouse not in employment, and working in the daytime, which were all found to be predictors of early retirement among nurses. Poor self-rated health was a predictor for early retirement, but not the principal cause of early retirement. Interestingly, poor working environment only marginally increased the probability of retiring early. Nurses with high gross income (Dkr 250000 plus) tended to remain employed compared with nurses who had a relatively low income.

Boumans et al. (2008) in a Belgian study reported that those nurses who took pleasure in their job, and experienced a pleasant workload climate indicated that they were more likely to remain employed until, or even past, the age of 65 years. Despite this, however, over three quarters of the participants indicated their intention to retire early.

3.2 Push and pull factors

Blakeley & Ribeiro (2008) suggested from their review of the literature on early retirement amongst nurses that the reasons for retiring early fell into three main categories. These were personal factors, financial factors and
organisational or work-related factors. Common to all three categories were influences which could be described ‘push’ factors- those acting to make them consider retiring, and those which were ‘pull’ factors- acting as a retention mechanism by making them more likely to stay on.

**Push (retirement) Factors**

Among the category relating to personal factors, studies identified negative elements, such as stress and exhaustion (Andrews et al. 2005), health problems (Meadows 2002), and personal responsibilities and circumstances, such as caring for a sick partner or family member (Boumans et al. 2008). Less negative reasons given for wanting to retire early were to have the time to enjoy other things in life, to have free time to spend with family, more freedom, and wanting to retire at the same time as spouse/partner (Blakely & Ribeiro 2008).

Organisational or work related push factors identified by a survey of 377 older nurses (Hatcher et al. 2006) included heavy patient loads, inappropriate staffing levels, physical demands and emotionally challenging work. Meadows (2002) found the long hours working culture, and Andrews et al. (2005) reported the pace of technological change, and lack of access to continuing professional development (CPD) as push factors, and Canadian nurses in Blakely & Ribeiro’s study (2008) stated that they felt senior (older) nurses were not valued. A study of London based nurses reported that lack of opportunities for education and development, and the demands of the modern NHS were other push factors (Bennett & Maben 2007). A study of older nurses in Nova Scotia (CRNNS 2006) explored workplace issues in more detail and reported that physical and mental exhaustion, and a lack of availability of nursing and support staff featured in nurses’ decisions to retire.

With regard to financial push factors, Bennett & Maben (2007) found from their study that the revised system of pay (Agenda for Change), which was perceived not to reward older nurses’ experience, was a factor that encouraged nurses to retire. Blakely & Ribeiro (2008) found that nurses reported their organisation did not offer any incentive for them to stay on the
job longer. Additionally, many felt that at 55 they were eligible to retire, or that they would have paid for 30 years into their pension, or that they were already financially secure, or would be by the time they retired.

**Pull (retention) factors**

Andrews et al. (2005) reported that financial factors which might exert a “pull” factor over older nurses in their decision to continue to work included flexible working hours to meet family commitments, and flexibility in pension provision. Provision of timely and clear pension provision was also identified by in a recent Canadian study (CRNNS 2006) which reported that implementation of a phased-in retirement plan was viewed positively and it was felt would encourage more older nurses to remain in the workforce. The ability to make more or higher contributions to a pension plan was identified by nursing respondents in Blakely & Ribeiro’s (2008) Newfoundland study. This study also identified other retaining incentives, which contained a financial component, including recognition for superiority, having ‘think time’, having less arduous work, and receiving regular in-service support for the use of new technology and other developments (Blakely & Ribeiro 2008).

On a personal level, the same respondents identified incentives such as being acknowledged for good work, being valued for knowledge, and being empowered were cited as incentives to postpone early retirement. They also cited workplace pull factors, such as being in a less stressful work situation, having a lighter workload, having regular in-service training and support regarding use of new technology and new developments, more choice of work hours and having a voice in work matters (Blakely & Ribeiro 2008).

These studies on the motivations and plans of older nurses highlight the need to develop a evidence base on retirement patterns and plans. A range of push and pull factors are reported. With the exception of the results generated from the RCN surveys reported in this section, and from smaller studies in England, there is no detailed evidence on UK nurses’ retirement behaviours and motivations. This is a major constraint on determining effective policies- the evidence base is inadequate to inform policy making.
4. Policy Interventions to Retain Older Nurses

This section examines in more detail the various reports and studies which have made specific recommendations on how to improve motivation, participation, retention and ‘return’ of older nurses. Each main study is described and the key recommendations are presented in a box. The key recommendations from each report are then summarised in a table which enables a rapid scan of the extent to which certain recommendations have been repeated in different studies.

In examining policy recommendations, a broad distinction can be made between operational level initiatives (the employer, the hospital, the organisation) and strategic level (the system, the NHS, the government). Some policy initiatives to encourage nurses to stay longer in the workforce can be controlled by a single organisation, others can only be addressed at governmental level (Blakely & Ribeiro 2008). In practice, however, there is a blurring in distinction between the two categories; some reports that are ostensibly national policy focused make recommendations that could only be implemented at local level, whilst some locally focused studies make recommendations that have a national resonance. The reports discussed in this section are grouped by country.

Policies can only be developed and implemented where there is an awareness that the ageing of the workforce is a human resources challenge for the organisation or the system. Whilst the issue of the ageing of the nursing workforce has been highlighted over the last decade or more (e.g. Buchan 1999, Buerhaus et al. 2000), for many organisations the need to develop policies and practice has been a relatively new issue (Lavoie-Tremblay et al. 2006). In a study in the UK, Watson et al. (2003b) reported that some of their manager participants, whilst recognising recruitment and retention difficulties, were unaware that the nursing workforce was ageing and did not understand the relevance this might have to the difficulties. Subsequently, they identified a lack of policy at NHS Trust/Board level
regarding older nurses and little understanding of their needs (Watson et al. 2004).

In their study of ‘mid life’ nurses in London, UK, Bennett et al. (2007) found that many of their participants had not really considered retirement plans until they were interviewed, and that they used the interview as an opportunity to discuss their plans.

Canada
Vandewater (2005) reviewed the literature and reported the following strategies which had been developed to encourage experienced nurses to postpone retirement or retain those thinking of leaving:

<table>
<thead>
<tr>
<th>Canada: Strategies for Retaining Experienced Nurses (Vandewater 2005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Encourage older staff to take advantage of training and advancement opportunities.</td>
</tr>
<tr>
<td>• Verify the presence of older person stereotyping about how older staff are treated by younger staff.</td>
</tr>
<tr>
<td>• Rotate older staff who wish to diversify their work and develop new skills.</td>
</tr>
<tr>
<td>• Enlist older nurses into programs to mentor younger ones (Buddy system).</td>
</tr>
<tr>
<td>• Provide a phased-in retirement program that enables senior nurses to gradually reduce their work hours to permit them to work part-time while collecting pension benefits.</td>
</tr>
<tr>
<td>• Offer a comprehensive compensation package.</td>
</tr>
<tr>
<td>• Provide adequate, and applicable information about work and retirement options and provide it at appropriate time points in their careers.</td>
</tr>
<tr>
<td>• Reduce to a part time work week without penalties to pensions and benefits.</td>
</tr>
<tr>
<td>• Assist staff in making informed retirement decisions through onsite education, phone help lines, online material, or a newsletter.</td>
</tr>
<tr>
<td>• Allow nurses 45 years older to work 36 hours a week and those above 54 to work 32 hours – all for full time pay.</td>
</tr>
<tr>
<td>• Replace incentive policies that encourage senior staff to leave with policies aimed to reduce the rate at which nurses take early retirement.</td>
</tr>
</tbody>
</table>
Wortsman & Janowitz (2006), in their discussion paper, ‘Taking Steps Forward: Retaining and Valuing Experienced Nurses’ looked at both the needs of the nurse and the employer. They argued that sustainability depended on mutual support, and suggested that unions, employers and governments need to work together to create supportive environments for the older nursing force. They made a series of suggestions to improve retention of experienced nurses:

**Canada: Creating a supportive environment for older nurses (Wortsman & Janowitz 2006)**

- **Flexible scheduling** - options around shift hours and weekend/evening availability, extra staff positions for mentoring and clinical leadership
- **Flexible work arrangements** – job sharing, various alternative compensation practices, temporary job placement options
- **Flexible workplace practices** – examine appropriate nurse to patient ratios and ensure workplace environment meets occupational and safety needs of experienced nurses
- **Respect and recognition for nursing** – provide clinical support roles for older nurses, that can be temporary but not lose benefits or seniority
- **Professional development, skills development and training** – use of education programs to develop teaching skills of experienced nurses, and budgets to allow for career path development
- **Adjustment of organization and management structure** – allow older nurses to actively participate in decisions affecting their workplaces, adequate nursing staff to manager ratio to facilitate leadership support, particularly for frontline nurses
- **Pre-retirement and post-retirement strategies** – ensure nurses aware of available work arrangement options at all stages of their nursing careers, and provide timely and comprehensive information
- **Employers** – need to encourage local union level involvement during the development of new strategies or workplace practices, and encourage managers and supervisors to engage in negotiations
- **Unions** – need to work towards local flexibility to meet needs and interests on behalf of their members

- 17 -
• **Government** – should develop multi-year strategic plans that provide sustained and meaningful changes in the nursing workforce and establish a national task force on workplace issues and the aging nursing workforce

Following this report, the Canadian Federation of Nurses Union is planning a series of projects to put research into practice by building partnerships with employers, government and other health care providers. These will produce workplace pilot projects, such as mentoring and continuing education for all nurses, but specifically nurses aged 45+ (Silas 2006). More recently, one of ten recommendations in a synthesis report on the nursing shortage in Canada was that “Employers, in concert with nursing stakeholders, need to develop retention initiatives for mid to late career nurses, such as continuing education, programs to encourage experienced nurses to participate in nursing education, differential benefit plans, and healthy work-life balance initiatives” (Maddelena & Crupi 2008, p. 70).

At Province level in Canada, the College of Registered Nurses in Nova Scotia proposed setting up an advisory network of late career/retired nurses to develop retention and reengagement strategies to influence workplace practices (CRNNS 2006). They recommended establishing a method of evaluating outcomes and an evaluation framework, based on Outcome Mapping, for monitoring the progress of retention strategy implementation.

Whilst the network has not to date been established, other Department of Health initiatives have been implemented, such as the Quality Practice Environment Initiative in rural Nova Scotia. Additionally, the Department of Health, in association with Nova Scotia Nursing Union, has submitted a proposal to Health Canada for funding to assist in implementation of the new 80:20 contractual initiative to support the late career nurse in mentoring and precepting new graduates. ‘80:20’ is a new initiative in the nursing contract that enables nurses, within 3 years of eligibility to retire on an unreduced pension, to apply for a position which involves 80% of regularly scheduled clinical practice and 20% of mentoring, precepting and/or research for up to 6
months. The contract also has other initiatives for late career nurses and was negotiated as a retention strategy for this group. A recent review of provisional nursing statistics in Nova Scotia has uncovered a trend for retired nurses to return to the workplace in casual positions, and it is believed that the new contractual agreements will have a positive impact on the nursing workforce over the next 5 years (CRNNS 2008).

In Saskatchewan, based on a small qualitative study, Leurer et al. (2007) highlighted strategies they felt would help to retain experienced nurses in the health care system.

<table>
<thead>
<tr>
<th>Canada: Saskatchewan Strategies to Retain Experienced Nurses (Leurer et al. 2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Consultation and communication with nurses</strong> – perceived lack with regard to organisational changes to the health care system, planned or current</td>
</tr>
<tr>
<td>• <strong>Recognition</strong> – perceived lack by organization and representatives, even at the level of small tokens and gestures of appreciation. Formal and informal recognition strategies are relatively cheap to implement</td>
</tr>
<tr>
<td>• <strong>Adequate staffing levels</strong> – frustration at not being able to provide standard of care they would wish, and less resilience on part of older people working under such conditions, so physical demands of increased workloads require to be taken into account</td>
</tr>
<tr>
<td>• <strong>Supportive management</strong> – restructuring leading to a reduction in front-line nurse managers resulted in nurses receiving less emotional support and a corresponding decrease in organizational commitment by employees</td>
</tr>
<tr>
<td>• <strong>Flexible work schedules</strong> – work-life balance paramount to participants, with the need for work schedules that are responsive to their needs to balance competing demands, and adjust to age-associated physiological changes</td>
</tr>
<tr>
<td>• <strong>Support for new nurses</strong> – nurses saw a real need to pass on their acquired wisdom and knowledge to new nurses, and expressed a</td>
</tr>
</tbody>
</table>
desire to do so, but owing to current heavy workloads felt unable to find time to do so adequately, and were very supportive of a new mentoring program being implemented in their region

- Professional development – educational opportunities were highly valued by the participants, and were disappointed by the lack of professional development available, as well as lack of time and resources for purposes such as attending conferences or read literature

In practice, it was reported that only one of the above strategies had been put into action (the mentoring programme).

Within Ontario, an initiative known as the Late Career Nurse Initiative has been in place since 2005 (Ministry of Health and Long Term Care 2007). This is designed to support nurses 55 years of age or older to remain in the workforce by offering opportunities to use their nursing knowledge, skills and experience in rewarding but less physically demanding alternate roles, for a portion of their time. Nurses in both hospitals and long term care homes have benefited from the opportunity to engage in nursing related activities that used their extensive knowledge and skills in less strenuous roles. Patients and employers have also benefited from enriched patient care.

Funding within the initiative can be used for salary replacement costs, in order to allow front line, late career Registered Nurses (RNs), Registered Nurses in the extended class (RN (EC)s) and Registered Practical Nurses (RPNs) to spend 0.2FTE of their work time in less physically demanding roles. These roles must be created for a minimum of three months in length. Suggestions for alternate roles include Mentoring programs, Educator Role for Patients/Residents and staff, Leadership and Professional Development Activities, Research, Education on Injury Prevention, Preceptoring, Managing Schedules, Family Educator, and Family Support contact person (Ministry of Health and Longer Term Care 2007).
USA
Krail (2005) gives examples within the US of hospitals which have put in place policies and practices to support older nurses. These included creating an ergonomic environment with a no-lifting policy, provision of lift-aid devices and an ergonomic education programme. One hospital set up a focus group of nurses aged 50 plus (including some in their 70s) to examine the physical, environmental and job benefit structures that would encourage them to remain in the workforce. Initiatives resulting from the focus group included a lift-free environment, step-saving stations where all required supplies were placed at the patient’s bedside, and flexible working hours, including shorter shifts. A unique role of patient care facilitator was created, to act as care coordinator over and above the nursing complement. This ensured the knowledge and skills of experienced nurses were utilised, allowing them to participate in performance improvement and mentoring younger nurses. Krail also reported that one US hospital allows older nurses to collect retirement income while still working, and offers a ‘seniority bridge’ to ensure employees who retire and then return can maintain their benefits.

The US report, ‘Wisdom at Work: the Importance of the Older and Experienced Nurse in the Workplace’, gave detailed attention to retention strategies targeted at experienced nurses (Hatcher et al. 2006). The report put forward a number of best practice interventions:

<table>
<thead>
<tr>
<th>USA: Retention Strategies for Experienced Nurses (Hatcher et al. 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Boost participation in employer-sponsored defined contribution retirement plan (401(k)) and redefining pensions</td>
</tr>
<tr>
<td>- Provide caregiving and grief resources</td>
</tr>
<tr>
<td>- Establish corporate cultures that value the mature worker</td>
</tr>
<tr>
<td>- Offer flexible work options</td>
</tr>
<tr>
<td>- Pursue Magnet status</td>
</tr>
<tr>
<td>- Establish mentoring programmes</td>
</tr>
<tr>
<td>- Offer phased retirement</td>
</tr>
</tbody>
</table>
- Facilitate knowledge transfer, in conjunction with phased retirement
- Provide retirement planning education
- Assess and recognise workforce strengths and needs
- Offer training, lifelong learning, and professional development
- Improve ergonomics and workplace design

The research team on the study made a separate series of recommendations to the Robert Wood Johnson Foundation (RWJF) (a major health research funder) which included:

**USA: Recommendations to RWJF for research on older nurses (Hatcher et al. 2006)**

- Support research to establish best practices to retain older nurses, including the costs and benefits of these practices.
- Establish a national collaborative research effort to assess and monitor nurses' intent to retire.
- Develop and test a Web-based survey instrument that health care organizations could use to assess work environment issues that affect nurses' intent to stay on the job.
- Work with AARP and policy-makers to determine the feasibility of financial options such as portable pensions and phased retirement that will benefit all older workers.
- Develop Web-based tools to help hospitals to (1) assess their readiness to implement best practices for nurse retention and (2) adopt workforce planning to achieve the right mix of personnel and gauge the impact of an aging workforce on the performance of the hospital.

Building on these recommendations, the Robert Wood Johnson Foundation in the US has established a programme called ‘Wisdom at Work: Retaining Experienced Nurses’ ([http://www.retainexperiencednurses.org](http://www.retainexperiencednurses.org)). This aims to develop an evidence base for what works to retain experienced nurses (45 years and over) in hospital settings and develop a better understanding of the impact of existing interventions. The programme has funded 13 evaluative
research projects in 11 states for an 18 month period to determine the impact and outcomes of existing interventions aimed at retaining experienced nurses in hospitals, and builds on earlier work carried out by RWJF (2006). The projects will be researching evidence-based physical design and ergonomics, technology and human research strategies.

Whilst outcomes have yet to be published, one of the funded hospitals will be looking at ways to reduce physical demands places on nurses, and prevent moving and handling injuries; and another at implementing a ‘base staffing model’ to cover frequent peak occupancy rather than average occupancy. Once completed, the programme will record the participant findings and disseminate them across the US.

UK

Meadows (2002) reported that interventions which have proved successful in retaining older workers in other sectors were tested with focus groups and other major stakeholders within the NHS to see whether they thought that these would both recruit and retain older workers. The responses were as follows:

<table>
<thead>
<tr>
<th>UK: Interventions to Retain Older Workers (Meadows et al. 2002)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lifelong learning – the difficulty for older staff was accessing training that allows movement within and across professional boundaries, and lack of replacement costs</td>
</tr>
<tr>
<td>• Flexible working and flexible approaches to retirement – were attractive, but there were worries about who would provide cover when working flexibly, thus potentially adding to pressure on already overworked colleagues</td>
</tr>
<tr>
<td>• Effective occupational health support – NHS needs proactive occupational health service to assess and facilitate activity, rather than rule out activity and retirement on grounds of ill-health</td>
</tr>
<tr>
<td>• Wider access to training programmes and recruitment geared to older workers – little accreditation of previous learning and experience, and access to training usually focused on school-leavers and university graduates</td>
</tr>
<tr>
<td>• Career advice, career counselling and life planning – NHS system does not facilitate exploration of future options. Existing pre-retirement courses did not highlight options that would allow staff to continue to contribute to the health service</td>
</tr>
<tr>
<td>• Occupational pension schemes geared to flexible retirement – NHS Pensions Agency is a European leader regarding new flexibilities in its...</td>
</tr>
</tbody>
</table>
scheme, but health service not making range of flexible retirement options available to staff, so have not benefited

- Focus on the employment needs of older people, particularly those caring for dependants – older workers more likely to require sufficient time with teenage children, caring for ageing parents and looking after grandchildren, and NHS must take this into consideration

More recently in the UK, Bennett et al. (2007) developed a set of recommendations on retaining older nurses as a result of their in-depth case study across two sites in London.

**UK: Recommendations to Retain Older Nurses (Bennett et al. 2007)**

- Nurses require pre-retirement planning to discuss their pension forecasts and future options
- Improve communication strategies by reducing the volume or by targeting information strategically. This is important because it conveys value and supports key members of staff, particularly middle managers
- Older experienced nurses have different education and development needs compared to younger less experienced nurses. Courses need to be up-dated and tailored to their needs. This is particularly pertinent to the Knowledge and Skills strand of Agenda for Change
- Flexibility in the NHS needs to be maintained, and if necessary improved, in order to retain nurses after retirement age
- Strategies to support managers working in stressful environments need to be explored through mentoring or other support schemes
- Learning from Trusts that have successfully implemented Agenda for Change could benefit both CANDI (NHS Trust) and KCH (Hospital)
- Majority of participants were in senior grades and the views of older nurses in lower grades and those new to the Trust need to be explored

Watson et al. (2003b) made several recommendations subsequent to their in-depth study, which interviewed 84 older nurses throughout the UK, and 18 stakeholders.

**UK: Recommendations to encourage nurses over 50 to return to/remain working in the NHS (Watson et al. 2003b)**
• The valuable contribution that older nurses could make to the NHS must be recognised by individual employers in their treatment of nurses and the opportunities they offer, not just in terms of system-wide rhetoric.
• The needs of older nurses with regard to working over 50 need to be addressed specifically in continuing professional development (CPD) and return to practice initiatives (with particular focus on those who may have had a significant break)
• Information on work and retirement over 50 should be more readily available to older nurses
• Flexible working options for older nurses should be more available, recognising the physical and mental stress which many older nurses experience
• Working options should include moving to less stressful areas of work where older nurses can make a valuable contribution, and flexible hours of working
• Pension for older nurses should not be affected adversely by taking flexible working options
• Good practice should be disseminated by the NHS which needs to address retention as well as recruitment, and thus demonstrate commitment to diversity within its workforce
• With due regard to the amount of NHS provision being transferred to the independent sector, the NHS needs to work collaboratively with the independent sector to ensure that the above recommendations are applied across both sectors

Davis (2008) has recently reported on a NHS trust in England which was named a national example of “age positive “ excellence. It has been using flexible retirement policies, and monitors the age profile of its workforce.
International
The International Council of Nurses has put forward several actions to address the issue of retaining older nurses and to ensure that it is kept very much on the current agenda:

International: Actions to Retain Older Nurses (ICN, 2008)

- Advocate/campaign for positive practice environments for all health professionals across all age groups
- Publish academic material on managing the multi-generational nursing workforce, and supervising and mentoring this workforce to inform and improve policy and practice
- Collect, collate, analyze and disseminate data on the nursing workforce to enable better assessment of nurses’ profiles in different countries, regions and sectors
- Raise awareness on specific issues facing the older nurse
- Develop and promote nursing human resource management policies that effectively address the needs of an ageing nursing workforce
- Evaluate and disseminate good HR management practice in this area via meetings, forums, ICN website and published case studies
- Present and discuss research and analysis of age-related issues at international conferences, congresses and regional forums
- Discuss job redesign, pension benefits, and retention strategies particularly relevant for an ageing nursing workforce

Table 2 provides a summary of the recommendations made in the different reports reviewed in this section. There is clearly a significant amount of overlap and repetition in relation to main recommendations. Mion et al. (2006) stress that there is no single key retention strategy that solves the issue of keeping the older nurse in the workplace, and suggest that a multifaceted approach is necessary to create the setting and environment to retain the most experienced nurses.
Overall, strategies that have been recommended focused on diminishing flows out of the nurse workforce by reducing the rate at which nurses take early retirement, by delaying retirement or by attracting retired nurses back into the workforce.

Many of the suggestions to improve retention relate to hospital based workers. Where the policy focus is on improving retention of community based nurses, any recommendations derived from hospital based employment will have to be assessed with caution, given the different nature of work, employment locus and working relationships that pertain in the community sector.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiving/family friendly resources</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Improve work-life balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Workplace</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supportive workplaces</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Social interaction with peers/ patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More control over work setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in decision-making</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Work recognition, encouragement &amp;</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Positive Feedback from Supervisors</td>
<td>Training, Lifelong Learning and CPD</td>
<td>Favourable Work Schedules/Flexible Work Options</td>
<td>Favourable Working Practices E.g. Adequate Staffing</td>
<td>Less Strenuous Jobs That Use Their Experience</td>
<td>Ergonomically Friendly, Safe &amp; Effective Workplaces</td>
<td>Innovative New Nursing Roles</td>
<td>Mentoring Programmes</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pre &amp; ongoing retirement planning information (inc pensions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Consultation &amp; communication</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic incentives</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Retirement programmes that make longer working attractive</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Support participation in employment based contribution retirement plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phased retirement/ flexible retirement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
5. Ageing Workforce in Non-Nursing Sectors

5.1 The UK

In this section, relevant research focusing on older workers/retirement issues in other sectors is highlighted, both in the UK and in other countries.

In Scotland and the rest of the UK the national default retirement age is set at 65. From this age, employers may retire employees, so long as they follow the correct process. Employees have the right to request to work beyond 65 or any other retirement age set by the company. The employer has a duty to consider such requests. Some companies, e.g. local authorities and large retailers have removed their mandatory retirement ages, while others have increased the mandatory retirement age to 75 (CIPD 2008).

In their study investigating large employers’ initiatives, the Employment Forum on Age (2002) found that flexible retirement policies generally fell under two types:

- Policies offering flexibility over the date of retirement (optional retirement); and
- Policies offering flexibility over both date and working patterns towards full retirement (optional, downshifting and gradual retirement).

Research shows that most employers introduce a flexible retirement policy by creating options over the date of retirement e.g. introducing a flexible decade concept, raising maximum retirement ages or abolishing a mandatory retirement age altogether. Employers then choose to offer greater flexibility e.g. changes in working patterns by reducing hours or responsibilities at a later stage. EFA (2002) found variation in flexible retirement options between sectors, with part-time working options prevalent in the retail sector and optional dates over retirement in financial services.
In their study of the impact of employers’ policies and practice on the process of retirement, Vickerstaff et al. (2004) found that:

- There were lost opportunities, inefficiencies and inequalities in the way that the retirement process was currently managed.
- A lack of knowledge and understanding of pension policies and retirement options seriously undermined many people’s capacity to plan ahead for retirement.
- Most people would welcome more choice about when to retire.
- Individuals and organisations were motivated to explore the possibilities for downshifting work roles prior to retirement but the impact on pension entitlement presented a significant barrier.

In their executive summary, the authors concluded that “... any attempt by government to influence or stem the tide of early retirement will need to focus as much on employers’ management of human resources as on individual motivations and the impacts of social policy” (Vickerstaff et al. 2004).

As part of their exploration of the ageing workforce, Turner and Williams (2005) carried out case studies of four different companies – a large retail store, a local authority, a building society and an electricity provider, looking at initiatives they had implemented to encourage recruitment and retention of older workers.

The retail company store (Asda) had a national campaign to increase the percentage of staff aged 50 plus from 15% to 20% (an increase of around 7000 employees). As well as highly targeted recruitment drives, and ‘try it and see’ days, Asda set up leave packages specifically designed for the older age group, which covered carer’s leave, travel leave, and grandparents leave. They also relaunched a diversity policy, to make all employees aware of issues surrounding equality and diversity. One particularly innovative initiative, which grew from the specific needs of two different groups of workers, was that of a ‘seasonal squad’. Students and older workers, who were happy to
work in peak holiday periods did so, thus allowing mothers/parents with young children to have these school holiday times. This initiative employed 8000 permanent temps, students and over 50s, who, while on a permanent contract with Asda, only worked for 10 weeks a year. The scheme also reduced the large annual budget for recruiting temporary workers, saving money, effort and time, and meant that the temporary workers retained what they learned. Outcomes were generally positive, for both employer and employees. The main challenge was felt to be confronting misconceptions about older workers, and a key element in the success of the initiatives was communication. Listening to and engaging with employees, and communicating equal opportunity policies had resulted in loyalty from the older workers.

Bridgend County Borough Council found that 45% of its workforce was aged 45+, and started questioning why it was necessary to require employees to retire, especially at a time when the number of younger people entering the workforce was decreasing. The Council developed a range of policies under the collective title of “Workplace Age Diversity”. A review of all recruitment, selection and retention procedures was undertaken, removing age issues and barriers; development opportunities were offered to all, with annual appraisal for all staff and a monthly training prospectus. There is no longer a retirement age of 65, and individuals are encouraged to make choices about how long they work based on mutual agreement and in line with business requirements. The age strategy is closely linked to the work-life balance strategy, focusing on the needs of both younger and older workers. It included flexitime with no set core hours, childcare vouchers, career breaks, and a homeworking policy. BCBC received a national award 2004 for best practice in eliminating age discrimination.

The Nationwide building society reportedly practises a broad equal opportunities policy, which has a clear focus on age. Targeted advertising excluded age barriers and telephone conversations with applicants were used in the process of short-listing candidates. Additionally, a flexible retirement option was introduced in 2001 so that employees could work up to the age of 70. Benefit packages were enhanced, and the company used salary-sacrifice
schemes where employees could accept a gross reduction in salary in return for benefits as diverse as childcare, health insurance and additional holiday. A flexible benefits scheme, called Choices, was introduced, which enabled employees to choose benefits to suit their lifestyles.

Nationwide uses the ‘Genome model’, which helps to explain the link between employee commitment, customer satisfaction and business performance. The model draws on metrics from HR, sales, retail branch performance and employee opinion scores. The results showed that the average length of employee service was a key influence on customer activity, alongside employee commitment. In addition, retention and commitment were also found to be highly correlated, with increased average length of service linked to increases in experience and skill, and a positive service attitude. The value of retaining someone with long service is that their experience helps to put the customer at ease and encourages subsequent sales – so the initiative is not just about cost savings.

Initiatives that were key to Nationwide’s identified success:

- Pay: flexible benefits, recognition schemes and a final-salary pension scheme
- Retention: supporting career development through access to online career opportunities and learning centres
- Resource management: local initiatives to increase the mobility of employees and the training of managers in business flow needs

British Energy developed three strands of policy response with regard to the ageing of their workforce:

- Addressing age discrimination as part of equal opportunities policy and practice
- Monitoring workforce demographics to ensure that an older workforce does not lead to recruitment problems as skilled staff retire
• Workforce planning to ensure that there are sufficient numbers in the workforce with the fitness to required for emergency situations

Turner and Williams (2005) concluded that there were four key areas where employers required to take action:

• Addressing the requirements of the legislation as well as encouraging attitudinal changes towards the value and ability of older workers
• Understanding the profile of their own workforce in terms of skills, needs and aspirations
• More proactive workforce planning in light of business strategy, and how this relates to the existing workforce and what is, and will be, available in the labour market
• Investment in skills, and a revised approach to both careers and day-to-day work routine to complement this

A Department of Work and Pensions funded report, ‘Extending working life: a review of the research literature’ (Phillipson & Smith 2005), determined the most important push and pull factors that influenced labour participation of older workers. The most common push factors were health and disability, particularly for those in their 50s and 60s, and those in lower and middle social classes. Sociodemographic influences, such as marital status and education, were also identified. Those who were married or divorced were more likely to stay in work, as opposed to those who were widowed or single. Those with more educational qualifications were more likely to consider work after retirement compared to those without formal qualifications. Also highlighted were work-related issues, specifically those relating to stress and perceived intensification of work routines. Pull factors primarily were associated with financial security, whereby those who retired early had higher earnings than those leaving at the State Pensionable Age.

Phillipson & Smith 2005 identified six areas which required to be developed in order to extend working life:
<table>
<thead>
<tr>
<th><strong>UK: Interventions to extend working life (Phillipson and Smith, 2005)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improving choice and control in the work/retirement transition</strong> – extension of working life will be facilitated by individuals having greater control over options during the transition, particularly in relation to improved knowledge about pensions, flexibility over working hours, more effective planning for retirement and greater control over the timing of retirement</td>
</tr>
<tr>
<td><strong>Access to training and continuing education/lifelong learning</strong> – this remains a crucial issue for older workers. More information is needed regarding the range of benefits that training is likely to bring, and more efforts need to be made to challenge negative attitudes towards training</td>
</tr>
<tr>
<td><strong>Developing health interventions and improving the quality of work</strong> – highly influential factors leading to premature exit from the workplace, particularly for those in routine or manual jobs. Emphasis on importance of preventive health measures</td>
</tr>
<tr>
<td><strong>Improving support for older women in the workplace</strong> – any programme will need to take into account the informal care responsibilities of women, many of whom leave work owing to family and domestic pressures. Maintaining a network of services to assist women carers, and encouraging family-friendly policies are vital</td>
</tr>
<tr>
<td><strong>Extending the scope of flexible retirement</strong> – existing evidence suggest these remain narrow in scope and limited to particular groups of workers and to specific occupations. Future work needs to focus on organisational (firm-specific) as well as policy (tax and pensions) issues limiting the development of flexible retirement</td>
</tr>
<tr>
<td><strong>Providing integrated public policies to support older workers</strong> – which acknowledge the complexity of transitions from work to retirement.</td>
</tr>
</tbody>
</table>

With regard to ensuring that significant numbers of people are not excluded from the benefits of more flexible arrangements during the transition from work to retirement, and helping people to acquire greater control over transitions after 50, Phillipson & Smith (2005) suggested the following types of policies:
• Those designed to create greater choice and flexibility about moves in and out of work, with the possibility of spreading work more evenly across the life course
• Those which enhance the capacity of older workers as a group – through training, improvement to the work environment, lifelong learning, the development of anti-discrimination policies
• Those which encourage support towards the end of the working life, with the promotion of gradual retirement and preparation for retirement
• Those aimed at tackling the health problems which may cause or contribute to early exit from work, with the development of a range of preventive measures in the area of health

5.2 The European Union

Many European countries are now rethinking the early exit from work strategy. For example, in Austria, Belgium, Denmark, Finland, France, Germany, Italy, the Netherlands, Spain, and Sweden, pension reforms have been aimed at curtailing or restricting access to early exit schemes and programmes. The motivation for these changes was cost containment and fiscal balance against a background of population ageing (OECD 2000). National policies are promoting an extension to working life, although without necessarily implementing a systematic approach to cope with the consequences for the individuals involved. Nevertheless, prolonging the working life will require a restructuring of the entire individual work pattern to balance the demands of work and private life, and to allow resources such as educational leave to maintain skills (Taylor 2006).

In the 70s and 80s, in an effort to avert unemployment, and to replace older workers with younger workers, early retirement became standard practice. However, since the end of the 1990s, public policies and workplace practices have started to withdraw early retirement schemes and are shifting towards improving employment prospects and participation rates of the ageing labour force. This reorientation towards more active strategies reflects increasing
concerns about the sustainability of pension systems and about future labour supply and was examined in an extensive study focused on the ‘EU15’ countries of Western Europe and Scandinavia (Taylor 2006). This study outlined five key elements of policies and actions undertaken by national governments within the EU:

- Pension Reform
- Labour Market measures
- Awareness raising initiatives
- Equal Treatment Directive and Legislation
- Coordinated Policy Approaches

**Pension Reform**

Among the proposals suggested or put in place are increased eligibility age for full pension, equalisation of pension ages for men and women, and opportunities to defer a pension. Sweden has implemented a series of institutional changes over the last decade, particularly with regard to the public pension system. Programmes that offered exit routes for older workers have been closed, such as the job release scheme, the temporary labour market pension, and the part-time pension. Flexible retirement is being encouraged in EU Member States. Variations of gradual retirement exist in Austria, Finland, France, Germany and Spain and the UK.

There are mixed views regarding the success of various measures. In Spain, those who defer claiming their pension receive an enhancement, but it is not deemed to be sufficiently attractive to influence employee behaviour. Implementation of gradual retirement has also proved problematic, where in both Austria and Germany, the aims of gradual retirement measures have become distorted, to the extent that they are effectively offering early retirement. In France, gradual retirement has been in place since the 1980s but has not been particularly successful, and despite the French Pension Reform Act 2003, which aimed to make it more attractive, little progress has reportedly been made (Taylor 2006).
Labour Market measures
Over the past decade, while pension reform has increased, the introduction of active labour market measures aimed at the integration of older workers has reportedly lagged behind or been undermined by other aspects of policy, resulting in relatively weak, and/or limited initiatives. In Belgium, older unemployed workers are no longer exempt from the obligation to seek work, and employers are offered financial incentives to recruit them. Flexible working hours calculated through time credit formulas, and measures that link employment to pension policy, whereby those aged 62 years and older who are willing to stay at work will receive a bonus for pension deferral, are other means to encourage older workers to remain in employment.

Most countries reportedly offer at best disjointed approaches to labour market measures. In contrast, Finland, building on its National Programme for Ageing Workers (1998-2002), has implemented a range of programmes. The overall aim of this national programme was to increase the attractiveness of working life and promote the employment of older workers. Different elements within individual programmes included developing occupational health and safety components to manage employee retention issues, well being and rehabilitation; promoting the improvement of employee and entrepreneurial skills; promoting health and functional capacity and combating social exclusion; developing new human resource management practices; and promoting work capacity by improving work conditions. Similarly, Germany has a range of measures targeted at the employment of older workers. An alliance, comprising representatives from government, trade unions and employer organisations, developed a programme for promoting the reintegration of the older worker, simultaneously moving away from early retirement. Proposals included training and lifelong learning, with an emphasis on older workers being employed in small and medium-sized enterprises, and lowering eligibility ages for wage subsidies. In a later paper, Taylor (2007) reported that the strongest business driver for the implementation of age-positive employment policies was in fact the labour market.
**Awareness raising initiatives**
Emphasis has been placed recently on raising awareness in business, and supplying support for age management strategies. One example from the UK is the Age Positive Website, ([http://www.agepositive.gov.uk](http://www.agepositive.gov.uk)), which was launched in 2001, and gives employer case studies, advice and guidance, updates on the age-related government campaigns and legislation, and hosts a discussion form.

**Equal Treatment Directive and Legislation**
Taylor (2006) reports that evidence thus far suggests that equality legislation will not play a major role in tackling age discrimination in European labour markets. However, information and guidance is accessible (e.g. NHS Employers 2007, TAEN 2007, along with examples of good practice, such as those produced by European Centre of Enterprises with Public Participation (CEEP 2006). Launched in Brussels, a CEEP guide on managing demographic change in the workplace advocates a lifecycle approach to workforce management to ensure that skills, competencies and “workability” are maintained throughout an individual’s career. The guide supports the challenge to the culture of early retirement.

**Coordinated Policy Approaches**
Whilst the need for strategic and integrated policy approaches remains paramount, there is little evidence of these occurring in practice. Pension and social welfare reform have frequently obstructed attempts to develop truly integrated strategies to extend the working life. One example of a coordinated approach is the Finnish National Programme for Ageing Workers (1998-2002) which brought together different ministers and social partners in a range of initiatives concerning awareness raising, business support, flexible retirement, support to health professionals, support to older workers and legislative reforms (Taylor 2006). Attention has also been given to the role of non-government agencies, who have played a key role in working with employers in terms of tackling age barriers, and also in both stimulating the development of public policies and monitoring these policies (Taylor 2007).
Similar to the summary of factors to encourage retention of nurses shown in Table 2, Leber & Wagner (2007, p. 37) drew up a matrix of introduced measures and/or policies relating to employment of older people and transition into retirement in the EU15 countries and Switzerland. These related to pensions – increase retirement age, links between contributions and benefits, flexibility of retirement age and accumulation of earnings and benefits; work exit – reduce disability benefit access, early retirement access and unemployment benefit access; and employment among people aged 55+ years – encourage continuing training, part-time work, introduce employment subsidies, information/education campaigns, and anti-age discrimination legislation.

The European Foundation for the Improvement of Living and Working Conditions has explored workforce ageing and its far reaching implications for society and the labour market as a whole. One study (Villosio et al 2008) highlighted four factors which are key to determining the age structure of Europe’s workforce: ensuring career development and employment security; maintaining and promoting the health and well-being of workers; developing skills and competencies, and getting a good balance between working and non-working life. The study drew up several policy recommendations:

<table>
<thead>
<tr>
<th>Europe: Policy recommendations to improve conditions for an ageing workforce (Villosio et al. 2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• An increased uptake of part-time work among older workers could create greater opportunities for a more phased transition to retirement and in general enhance the employability of older workers.</td>
</tr>
<tr>
<td>• As older workers often have substantial caring duties, introducing more flexible working time arrangements may encourage them to fulfil their responsibilities while continuing to work longer.</td>
</tr>
<tr>
<td>• In order to prolong the working life of all workers, it is important to devise ways to promote a more widespread involvement of older workers in High Performance Work Organisation (HPWO).</td>
</tr>
<tr>
<td>• There is a need to monitor the level of exposure to physical risks of workers approaching retirement age (45 to 54 years), as well as that of</td>
</tr>
</tbody>
</table>
younger workers, in order to ascertain the possible risk of future
deterioration of work capacity.

- Older people should have the same opportunities for training as
younger workers, and it should be ensured that their experience is
preserved and passed on to younger colleagues.

- Improving working conditions has been proven to lead to better job
sustainability over the lifecycle, which in turn can prevent early exit
from the labour market and encourage high participation rates among
older workers.

- The possibility of staying in the labour market until or beyond the
official retirement age depends largely on health status, well-being and
work environment. For this reason, the workplace should be adapted to
the needs of an ageing workforce (for example, introducing working
time arrangements designed to meet the requirements of older workers).

5.3 The USA

The lobbying organisation the American Association of Retired Persons
(AARP), promotes best practice themes that cut across all industries and
businesses:

- Strategies to prevent workers of retirement age from leaving the
workforce, such as implementing phased retirement, as employees
would often prefer reducing hours and/or responsibilities rather than
retiring

- Different work schedule options for mature employees who want to
work on their own terms, such as job sharing, part-time work or shorter
shifts.

- The opportunity to serve a mentoring or educational role

- Restructure work settings to make physical work less demanding.

- Modified financial benefits and time-off benefits

(AARP 2004)
A review of some key research studies on the ageing workforce in other sectors highlights that the issue has been identified, policies have been recommended, but relatively little evaluation of appropriateness and impact of policy intervention has been carried out. This mirrors the situation in nursing, but there are some other lessons to learn.

Firstly, some reports have given case study examples of the need to monitor and review age profiles and undertake projections to identify future workforce ‘pinch points’ and raise awareness. Secondly, some studies have reported on evidence of the “business case” for improving retention of older workers- not just a financial benefit, but improvements in relation to customer care, organisational responsiveness and quality of service. Thirdly, there are examples of creative and innovative local responses, which have worked with the grain of national policies, but developed specific interventions which have been identified to match the needs of older workers. Fourthly, there are examples where the policy response has been considered and tailored across the age ranges, not just isolating out one age cohort - for treatment either regarded as ‘preferential; or possibly ‘discriminatory’.

6. Recommendations

This paper has reviewed the evidence base related to the ageing of the nursing workforce. Whilst the focus is on nursing in Scotland, the review has drawn from research on nursing in other countries, and on non nursing sectors. It has highlighted that there have been a significant number of reports and papers in the last ten years that have made policy recommendation on how to retain older nurses and enable them to postpone retirement. There is a large overlap and much repetition in the key recommendations of these reports - which have been summarised in this report in Table 2 - and are listed below.
<table>
<thead>
<tr>
<th><strong>Personal</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiving/family friendly resources</td>
</tr>
<tr>
<td>Improve work-life balance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Workplace</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive workplaces</td>
</tr>
<tr>
<td>Social interaction with peers/ patients</td>
</tr>
<tr>
<td>More control over work setting</td>
</tr>
<tr>
<td>Participation in decision-making</td>
</tr>
<tr>
<td>Work recognition, encouragement &amp; positive feedback from supervisors</td>
</tr>
<tr>
<td>Training, lifelong learning and CPD</td>
</tr>
<tr>
<td>Favourable work schedules/flexible work options</td>
</tr>
<tr>
<td>Favourable working practices e.g. adequate staffing</td>
</tr>
<tr>
<td>Less strenuous jobs that use their experience</td>
</tr>
<tr>
<td>Ergonomically friendly, safe &amp; effective workplaces</td>
</tr>
<tr>
<td>Innovative new nursing roles</td>
</tr>
<tr>
<td>Mentoring programmes</td>
</tr>
<tr>
<td>Pre &amp; ongoing retirement planning information (inc pensions)</td>
</tr>
<tr>
<td>Consultation &amp; communication</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Financial</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic incentives</td>
</tr>
<tr>
<td>Retirement programmes that make longer working attractive</td>
</tr>
<tr>
<td>Support participation in employment based contribution retirement plans</td>
</tr>
<tr>
<td>Phased retirement/ flexible retirement</td>
</tr>
</tbody>
</table>

Source: Literature reviewed in this report

The above recommendations complement and support the findings and recommendations of the National Nursing Research Unit (2007). What is much less evident is that these recommendations have been implemented in a sustained manner in any jurisdiction, or have been subject to post implementation evaluation. The critical issue for policy makers in Scotland is not to identify policy interventions in this area - this has been done in many reports - but it is to identify which policy interventions will be most timely and
effective in Scotland and can be sustained for maximum benefit to the health system and the nurses.

It is also important that the issue of the ageing of the nursing workforce in Scotland is given a higher priority in policy making and management. This requires both a awareness raising of the implications of not dealing with the issue, and a focused effort to map and model where the ageing will impact first and hardest, and what will be the likely effect of policy intervention.

The following recommendations will enable these objectives to be met:

- **Co-ordinate policy efforts and awareness raising:** using the example of Canada, establish a partnership based national forum on the ageing of the nursing workforce which will take the lead on awareness raising, policy assessment and evaluation of the contribution of older nurses, and the need to improve retention. This forum would include representatives of employers, nurses, professional organisations/trade unions and government, and would also tap into relevant policy advice from other sectors.

- **Improve the evidence base and inform policy:** commission a nursing workforce audit and related scenario projections, from within and outwith the NHS, on trends in ageing of the workforce in Scotland, across all sectors. Drawing from data held by the RCN, ISD and other organisations in the first instance, and then filling critical data gaps with new research, there would be two main objectives. Firstly, to map out the varying age profiles of nurses in different sectors and regions to identify where policy intervention is most critical, and secondly, to contribute to awareness raising.

- **Support national workforce planning:** the annual cycle of NHS workforce planning in Scotland must be built on accurate data, from both within and outwith the NHS, and informed assumptions about
future staffing requirements. This in turn requires information on likely patterns of retirement and replacement. Retirement patterns can be monitored with assistance from employers and from the Scottish Public Pension Agency (SPPA), but more detail is required on nurse retirement both in the NHS and in other sectors: employers can be encouraged to contribute more detailed information, for example, based on systematic use of exit interviews.

- **Test possible policy effects:** the NHS in Scotland should use scenario projections of the type that have been conducted in Australia, Canada, and the USA to assess the impact of policies on the future size and age profile of the nursing workforce. Using differing sets of assumptions of retirement patterns would give early warning to policy makers of which regions and sectors were to be most heavily impacted and would underpin planning and policy determination. The data required for this type of exercise can be drawn from ISD and other existing sources.

- **Obtain input and feedback from nurses:** surveys of nurses of the type used by the RCN in its membership surveys provide a rich source of detailed information on motivations and plans of nurses of different ages, and of the future retirement intentions of nurses and what factors will influence those intentions. A structured survey and/or focus groups would generate the types of data required to support planning, scenario projections, and informed policy making.

- **Implement and sustain policies to retain and motivate older nurses:** the critical issue for the NHS in Scotland and for other employers is to identify and implement the policies that will enable nurses to work for as long as they wish, making the greatest possible contribution. These policies must be built on an explicit acknowledgement of the value and contribution of older nurses. There is no shortage of possible policy options, as set out in this report.
Identifying the policies that will have the greatest positive effect requires improving the evidence base, undertaking scenario projections, and getting feedback from nurses themselves about what will encourage them to stay on.

Every nurse who leaves employment prematurely is one less experienced professional available to meet the caring needs of the Scottish population. There is a cost to the nurse and to the nation. The nursing workforce in Scotland is ageing; this is an undeniable fact and an irreversible trend in the foreseeable future. Policy and planning action, co-ordinated nationally, will be required if the potential costs of the ageing nursing workforce are to be reduced and the possible benefits are to be maximised.
References:


Meadows S (2002) *Great to be Grey: How can the NHS recruit and retain more older staff?* King’s Fund, London.


