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AGEING WELL?
Policies to support older nurses at work

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Executive Summary

This policy brief developed for ICNM focuses on the policy implications and necessary responses to an ageing nursing workforce. It has been developed for a primary audience of National Nursing Associations (NNAs) and other stakeholders who have responsibilities for nursing workforce policy and planning. It draws from an analysis of data on the nursing workforce, and from a synthesis of evidence on policies to retain older nurses. It concludes with a recommended **10-point plan for supporting older nurses at work**.

The State of the World's Nursing (SOWN) report highlighted that one in six (17%) of nurses around the world are aged 55 years or over, and expected to retire within the next 10 years[1]. The SOWN estimates **4.7 million "new" nurses will have to be educated and employed just to replace those older nurses who retire**.

In addition, there is the need to meet the challenge of the **5.9 million nurse shortage**, also identified by the SOWN, and now exacerbated by the impact of COVID-19. This gives a sense of the scale of the nurse retirement/replacement challenge, which is almost as large as the nurse shortage challenge - **in total, 10.6 million additional nurses will be needed. For every 10 "new" nurses required to address the global shortage of 5.9 million, another 8 will have to be trained to replace those retiring in the next ten years**.

The impact of COVID-19 has increased the impact of shortages. As highlighted in the recent ICN survey of NNAs in 32 countries, there will be a need to prevent increased retention problems by providing improved psychological support to nurses. If this does not happen, the numbers that have to be replaced will be even higher.

There is a global risk that some countries meet their replacement challenge by active international recruitment. If not underpinned by an ethical approach that respects the WHO Global Code of Practice on International Recruitment of Health Personnel, this may damage the nurse workforce capacity of some "source" countries to meet immediate population health demands caused by COVID-19 and longer term objectives of achieving universal health care.

The report notes that there is no single accepted definition of what "old" means in the context of employment of nurses. Different countries have different actual and legal retirement ages. The SOWN report focuses on nurses aged 55 or older as the "old" cohort for policy consideration.

The reasons for examining the issue of older nurses in the workforce are compelling. Preventing, reducing, or replacing this potential loss of skills and expertise is one of the main nursing workforce challenges facing many countries. Older nurses are more likely to have additional skills and advanced practice or specialist qualifications. Policy makers must be aware that their responses to support and retain nurses for longer in the workforce will only be effective if they are tailored to the needs and expectations of older nurses, which may not be the same as for all other nursing staff.

Policies must be in place to enable individual nurses to "age well", in parallel with policies aimed at overall retention and support of older nurses to be active members of the profession. This brief takes the standpoint that **what is required is policy responses that take account of diversity within the nursing workforce, recognise that each nurse will have a life-cycle and career-cycle, and that their career and life priorities are likely to change over time**.

The brief examines both the **"replacement challenge"** of an ageing profile of nurses in some countries; and the **"participation rate challenge"**- ensuring that age related discrimination does not prevent older nurses from voluntary full participation in employment.

It argues that it is necessary for policy makers and NNAs to consider both types of age-related challenges when identifying ways of supporting nurses to be able to contribute to their best abilities and throughout their potential career. The risk otherwise is that the policy focus will only be on those nurses who are in employment, and on how to keep them in employment for longer. It must also recognise the additional need for policy support to enable the voluntary return of those nurses who have been excluded from nurse employment by age discrimination, and therefore have not been enabled to reach their full professional potential and contribution.

The brief argues and illustrates that employing organisations must have a good understanding of the profile, needs and expectations of the nurses they employ and aspire to employ, irrespective of their age. It sets out key indicators:

Table 1: Older nurses' replacement and participation indicators
• **Age profile** - using standardised age cohort definitions (by region, organisation, gender, speciality, as required)
• **Detailed age profile** - nurses within 5 years of retirement age (for more detailed assessment of likely replacement challenge)
• **Actual career years/potential career years** - to assess potential to retain nurses and support more voluntary years in employment
• **Participation rate** - % of nurses in different age cohorts who are in employment (or variations in hours worked in employment by different age cohorts)

The brief includes a synthesis of evidence from a rapid review of published peer-reviewed evidence on employment aspects of older nurses. The two main aims of the rapid review were to highlight the implications of main findings from the evidence base and to provide illustrative examples of how different research methodologies can be applied to examine aspects of the employment of older nurses. The review identified three main types of published evidence: **reviews, cohort analysis, and surveys**.

Essentially what the evidence reveals is that the factors contributing to older nurses' satisfaction and retention, by triggering their intention to leave or stay in an organisation, may be complex and multi-dimensional, but are usually driven by both by **organisational** and **individual / demographic** factors. The synthesis of evidence has been used to develop a 10-point plan for any organisation or system, recognising that the starting point must be one that focuses on developing an understanding of the profile and expectations of the nursing workforce.

10-POINT PLAN FOR SUPPORTING OLDER NURSES

1. Understand the workforce profile and employment needs of older nurses by conducting surveys, focus groups and nurse labour market analysis

2. Avoid age bias in recruitment and employment practices

3. Provide flexible working opportunities that meet older nurses' requirements

4. Ensure that older nurses have equal access to relevant learning and career opportunities

5. Ensure that occupational health and safety policies enable staff well-being

6. Support job re-design to reduce heavy workload and stress, and support job enrichment in order to optimise contribution of older nurses

7. Maintain a pay and benefits system that meets older nurses' needs and rewards experience

8. Support older nurses in advanced and specialist practice, mentorship and preceptor roles

9. Maintain succession planning to enable knowledge transfer and leadership development

10. Provide retirement planning options, and, where appropriate, flexible pension provision

Introduction

BACKGROUND

This policy brief developed for ICNM focuses on the policy implications and necessary responses to an ageing nursing workforce. It has been developed for a primary audience of National Nursing Associations (NNAs) and other stakeholders who have responsibilities for nursing workforce policy and planning.

The brief is based on a desk review of policy documents and research literature on the policy implications of, and policy responses to, employing older nurses in the workforce. It takes a practical focus, reporting on what is known about the policy challenges, providing illustrative examples of how to analyse varying age profiles of the nursing workforce in different countries, and also reporting on policy initiatives. In addition, the brief synthesises key findings from the State of the World's Nursing (SOWN) report which was published in April 2020.

WHY FOCUS ON OLDER NURSES?

The State of the Worlds Nursing (SOWN) report published earlier this year estimates the global nursing workforce at 27.9 million[2]. Nine out of every ten of these nurses worldwide is female. The SOWN estimates that the global shortage of nurses is 5.9 million nurses, of which 89% is concentrated in low- and lower middle-income countries.

The SOWN also reports that one in six (17%) of nurses around the world is aged 55 years or over, and expected to retire within the next 10 years[3]. The implications and impact of replacing these retiring nurses will reverberate across the world, because some of the countries most affected by the ageing profile are also high income recruiting countries, who are likely to look to international recruitment as one "solution" to replacing nurses who retire.

The SOWN estimates 4.7 million "new" nurses will have to be educated and employed just to replace those older nurses who retire. In addition, there is the need to meet the challenge of the 5.9 million nurse shortage, now exacerbated by the impact of COVID-19. This gives a sense of the scale of the retirement/ replacement challenge, which is almost as large as the shortage challenge - in total, 10.6 million additional nurses will be needed. For every 10 "new" nurses required to address the global shortage of 5.9 million, another 8 will have to be trained to replace those retiring in the next 10 years.

The reasons for looking at the issue of the older nurses in the workforce is therefore compelling. The nursing workforce in many (but not all) countries is ageing, and significant numbers of nurses are coming into the age range when they will consider retiring, or perhaps will reduce their working hours. In some, there is a related issue of ageing of nursing faculty and education staff. Preventing, reducing or replacing this potential loss of skills and expertise is one of the main nursing workforce challenges facing many countries. Policy makers must be aware that their responses to support and retain nurses for longer in the workforce will only be effective if they are tailored to the needs and expectations of older nurses, which may not always be the same for all other nursing staff.

There is an individual as well as organisational imperative for this policy brief. All nurses as individuals are ageing. Policies need to be in place to enable individual nurses to "age well", in parallel with policies aimed at overall retention and support of older nurses to be active members of the profession.

THE IMPACT OF COVID-19

There is also another more immediate policy concern linked to older nurses. In response to the additional urgent demands being made on health systems by the impact of COVID-19, many countries have brought retired nurses back into the workforce, and/or have restricted nurses from leaving the workforce using emergency powers. Some countries have also initiated voluntary programmes to "fast track" the return of people with nursing qualifications who had left nursing. The impact of these measures in some countries has been to create a temporary "ageing" of the nursing workforce profile; at some point it will also lead to an increased outflow from the workforce as the emergency measures are ended. In addition, as highlighted in the recent ICN survey[4] of NNAs in 32 countries with high numbers of COVID-19 caseloads, there will be an increased retention challenge which must be met by improved psychological support to nurses.

Older people are more vulnerable to COVID-19, and so there is a policy imperative to ensure that older nurses are well protected in the workplace, especially if working in areas with risk of infection. A study from the US highlighted that if older nurses were not part of the workforce response to COVID-19, they "would be staying at home to minimize their risk of exposure"[5] and estimated that of the nearly two million registered nurses employed in hospitals, about 370,000 (19%) were aged 55 to 64 years, and about 55,000 (3%) were aged 65 years or older "and thus, at even greater risk of complications and mortality from COVID-19".

NURSING SHORTAGES

The reason why countries have used these emergency measures to rapidly scale up the nursing workforce in response to COVID-19 is because of underlying nursing shortages. As noted earlier, the SOWN[6] estimates the global shortage of nurses to be 5.9 million. Nursing shortages and an ageing nursing workforce are two interlinked phenomena facing many high-income countries. The global risk is that some of these countries meet the replacement challenge of filling nursing vacancies caused by ageing and retirement of the domestic nursing workforce by scaling up active international recruitment. If not underpinned by an ethical approach that respects the WHO Global Code on international recruitment[7], this may damage the nurse workforce capacity of some "source" countries to meet immediate population health demands caused by COVID-19, and longer terms objectives of achieving universal health care[8]. The brief will take an international focus, reporting on relevant research and policy interventions in a range of countries.

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, as noted above, nursing is a female-dominated profession. Secondly, nursing in some countries has a high level of part time working. Thirdly, nursing can be a stressful and physically demanding job, often requiring shift work.

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 and "unsocial" hours. It also means stressful work, which often 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, which has become more pronounced for many nurses as a result of health system responses to COVID-19.

There is also a strong economic case to improve retention of the existing nursing workforce. The need to improve the retention of nurses was the core theme of a previous policy brief published by ICNM[9]. Poor retention adds to organisational costs and productivity, can contribute to lower quality of care, and can be an indicator that the nurse is not satisfied in their job. When looking at the retention of older nurses, poor retention can become even more concerning - the loss will often be of a skilled and experienced nurse. As such, to follow up the policy brief on nurse retention with one that focuses on older nurses is both necessary and relevant and provides continuity of an overarching and urgent theme.

OLD, OLDER, AGEING, AND GENERATIONS

Ageing workforces, and older workers, are not just a policy issue for nursing. Many high income countries are challenged by an ageing demographic across most or all sectors, which is focusing policy attention on how to improve retention of older workers, enable continuing contributions from these workers, address age discrimination, and provide more effective support to "age well"[10] or "age better"[11]; there is also a related focus in some countries on increasing retirement age to reduce the pension cost burden[12].

There is no single accepted definition of what "old" means in the context of broader employment or in nursing. Different countries have different actual and legal retirement ages. Some countries are currently examining extending the retirement age. A recent review[13] notes that some studies consider an older nurse to be over the age of 50, while other studies consider 45 to be the age. The SOWN, discussed in the next section, focuses on nurses aged 55 or older as the "old" cohort for policy consideration.

There is a risk attached to defining subgroups within the nursing workforce on the basis only of age, and assuming that all nurses in one age category have a bundle of shared experiences, and similar interests and motivations. Some studies on the nursing workforce oversimplify by differentiating nurses according to their "generation' (e.g. "Veterans", "baby boomers", "Generation X" etc.)[14]. This approach risks overstating the similarities within any one age cohort and exaggerating the differences with other age cohorts. It can downplay what is actually being examined, which is individual nurses' perceptions and needs at different stages of their life - and career - cycle.

Previous research has highlighted that there is very little conclusive evidence to support the use of distinct generational categories, as these do not adequately indicate diversity within generations and therefore generational labels "should play no part in the design and execution of workplace policies"[15]. Another recent review of the application of "generational" analysis to health professional education (HPE) has cautioned that "application of generation theory has been criticised as a form of stereotyping that ignores the internal differences and diversity inherent in any large group of people"[16].

The focus of this brief is informed by these findings and therefore does not assess the issues of older nurses in employment through a "generation theory" lens. It does however recognise that there is a need to be aware of and address age-based discrimination. Various studies[17][18] have identified age discrimination against nurses and have argued that this can exacerbate workforce shortages by limiting the use of expertise within the profession. Others have pointed to the need to train managers to effectively manage older nurses[19] and be clear if older nurses are being given more difficult work and more complex patients because of their age[20], which may result in an alternate form of discrimination - where older nurses are perceived to be more experienced or able, and therefore are allocated higher and/ or more complex workload.

In addition to age discrimination, there can also be gender-based discrimination. As most nurses are women, and in some countries the nursing workforce is increasingly comprised of older women, both gender and age are important considerations for the development and implementation of any employment related policies.

This brief takes the standpoint that what is required is policy responses that take account of diversity within the nursing workforce, recognise that each nurse will have a life-cycle and career-cycle, and that their career and life priorities are likely to change over time. Drawing from broader research on ageing and employment, there is a need to consider career-stage[21], not just age. Policy responses should be based on a clear understanding of the profile of the nursing workforce for which the policies are intended, that takes account of the actual needs and priorities of the workforce (rather than lazy assumptions based on stereotyping), and that are then subject to evaluation of effectiveness and appropriateness.

AN AGEING DOUBLE WHAMMY
THE REPLACEMENT CHALLENGE

There are two critical reasons why policy makers and NNAs must keep age in mind when examining the nursing workforce and methods of supporting its optimum engagement in improving population health. The first is already highlighted, if not yet adequately addressed, in some countries. The second is more often hidden but is likely to have bigger implications across a broader range of countries.

The first reason is that some countries, notably high-income OECD countries, have an ageing nursing workforce profile. This is illustrated and examined in the next section of the brief. This ageing profile raises a policy red flag, as it points to an increasing need to initiate action to replace the growing numbers of nurses who will retire in the next few years. As noted earlier, this replacement challenge equates to 4.7 million "new" nurses across the next 10 years. Countries already experiencing nurse shortages project that ageing of the workforce will exacerbate staffing shortfalls. Some OECD countries have a track record of using the quick fix of international recruitment to deal with staff shortages and the ageing of the domestic workforce could accelerate international recruitment activity.

THE PARTICIPATION RATE CHALLENGE

Second, in a broader range of countries there is another key issue related to the age profile of the nursing workforce, which is less well recognised but has major policy implications, as it points to an underutilisation of scarce nursing skills. This is the lower-than-optimum rate of voluntary participation in nursing employment of older cohorts of individuals with nursing qualifications. These individuals may wish to continue to practice as a nurse, but are excluded by discrimination, cultural mores, inadequate provision of part time employment, and/or an absence of policies aimed at encouraging and enabling older nurses to participate in the workforce. This problem, which often has a gender dimension as it can be related to discrimination against women, is more "hidden" in comparison to the more obvious issue of an ageing profile of those in the workforce, because these excluded individuals with nursing qualifications are no longer in the workforce.

This brief will argue that it is necessary for policy makers and NNAs to consider both types of age-related challenges when identifying ways of supporting nurses to contribute to their best abilities, and throughout their potential career. The risk otherwise is that the policy focus will only be on those nurses who are in employment and on how to keep them in employment for longer, rather than recognising the additional need for policy support to enable the voluntary return of those who have been excluded from nurse employment by age discrimination and who therefore have not been enabled to reach their full professional potential and contribution.

Both types of age-related challenges will be illustrated in the next section: the ageing profile of nurses in some countries; and the risk that age related discrimination may prevent older nurses from full participation in employment.

What the data tells us

This section of the brief analyses data from various sources to illustrate the key policy challenges emerging from the changing age profile of nurses in different countries. As discussed in the previous section, one main challenge is that of an ageing workforce; the second challenge is less recognised but in some countries is even more pronounced: lack of voluntary participation in employment of older nurses, due to discrimination or a lack of supportive policies. The other purpose of this section is to highlight different data analysis that can be used to generate more complete evidence on older nurses, so that more effective policies can be developed.

THE STATE OF THE WORLD'S NURSING (SOWN)

This brief uses the recently published "State of the World's Nursing" (SOWN)[22] report as a reference point and frame for policy consideration. The SOWN was published in April 2020 and is the first-ever global assessment of the nursing workforce. The SOWN uses data from 2018-19, and as such, provides a snapshot of the global profile of the nursing workforce before the impact of COVID-19. The key message from the SOWN is that global shortages of nurses are undermining many countries' abilities to meet the UN Strategic Development Goals, (SDGs), and achieve Universal Health Coverage (UHC).

As noted earlier, the SOWN reports that 17% of nurses globally are aged 55 years or over – and are therefore expected to retire within the next 10 years, and estimates that 4.7 million "new" nurses will have to be educated and employed over the next decade just to maintain the status quo. It points to a marked problem in some higher income countries : "There is no room for complacency in upper middle and high-income countries, where constrained supply capacity, an older age structure of the nursing workforce and an overreliance on international recruitment jointly pose a threat to the attainment of national nursing workforce requirements".

The SOWN illustrates the ageing of the nursing workforce, by comparing the ratio of the younger to the older nursing workforce in different countries. It reports that while several countries had a high proportion of young nurses, 18 countries (one in six of those with available data) face a particularly challenging situation, having an ageing workforce with fewer young nurses than nurses approaching retirement[23].

One key finding of the SOWN was that "Ageing health workforce patterns in some regions threaten the stability of the nursing stock". It points to nursing workforce profile disparities across regions, with substantially older age structures in the American and European regions. It concludes that countries with lower numbers of early career nurses (aged under 35 years) as a proportion of those approaching retirement (aged 55 years and over) will have to increase graduate numbers and strengthen retention packages to maintain access to health services[24].

Amongst the main recommendations made by the SOWN was that a gender-sensitive approach was required, and that "Countries should strengthen capacity for health workforce data collection, analysis and use", including for health labour market analyses to guide policy development and investment decisions[25], and that " Planners and regulators should optimize the contributions of nursing practice……Workplace policies must address the issues known to impact nurse retention in practice settings; this includes the support required for nurse-led models of care and advanced practice roles, leveraging opportunities arising from digital health technology and taking into account ageing patterns within the nursing workforce"[26].

ICN WORKFORCE FORUMS

A second source of data on age profile and policies related to the nursing workforce are the workforce forums organised by ICN. Figure 1 below illustrates the average age of working registered nurses, the legal retirement age, and the actual reported retirement age (where different from the legal retirement age). The data is drawn from that collated for the ICN International Workforce Forum in 2017, and Asia Workforce Forum in 2019. As such it primarily reflects data from high income countries in the OECD and middle/ high income countries in Asia.

Fig 1: Average age, "legal" retirement age and actual retirement age, nurses, selected countries, 2017-19

■ Average age   ■ Retirement age   ■ Actual
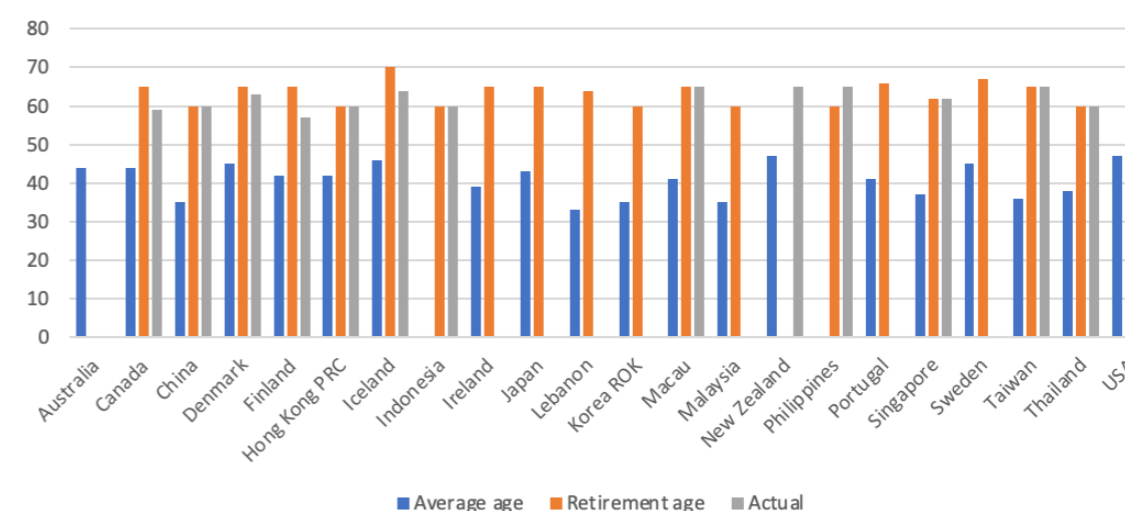
Source: ICN Workforce Forums

Three major points are evident. Firstly, there was very little difference in the average age of the working RN in the countries reporting to the Forums: In most cases, it was in the 40-plus age band, with a few Asian countries reporting a slightly younger average age in the 35- 40 age range. Second, the legal retirement age (where one existed) was in all cases reported to be in the 60- 65 age range. Third, where data on "actual" retirement age was reported (Canada, Denmark, Finland, Iceland), in practice this was between four and seven years younger than the legal retirement age.

Figure 1 highlights that there is very little variation across these countries in the average age of the working RN, some variation in legal retirement age, and some evidence that in some countries at least, the actual retirement age is significantly below the legal retirement age.

What this data does not tell us is how long nurses actually work in employment across their potential career span. This relates to the second point highlighted in the previous section - that in some countries, it is difficult for older nurses to voluntarily maintain full engagement in employment, because of discriminatory practices or constraints. Another source of data reported in the Forums gives an insight into the potential for "lost years" if nurses cannot voluntarily continue at work.

Some of the countries participating in the ICN Workforce Forums provided an estimate of the actual average professional life in nursing. This data highlights significant variation between countries but also highlights the extent to which the actual years in employment falls well short of potential years in some countries. Assuming an "optimum" (i.e., maximum potential years) professional career-span from qualification as a nurse aged approximately 22 to a retirement at age 62, this gives a theoretical career-span of around 40 years.

The extent to which the actual reported career-span varies in countries that reported the data is shown in Figure 2, which matches country data against this "optimum" of 40 years. It is noticeable that several countries in Asia reported very low actual professional life-spans - Republic of Korea, China, Japan, Taiwan, and Thailand all reported professional life spans of much less than the optimum.

Fig 2: Nurses reported average career span (years) in comparison to "optimum" 40 years
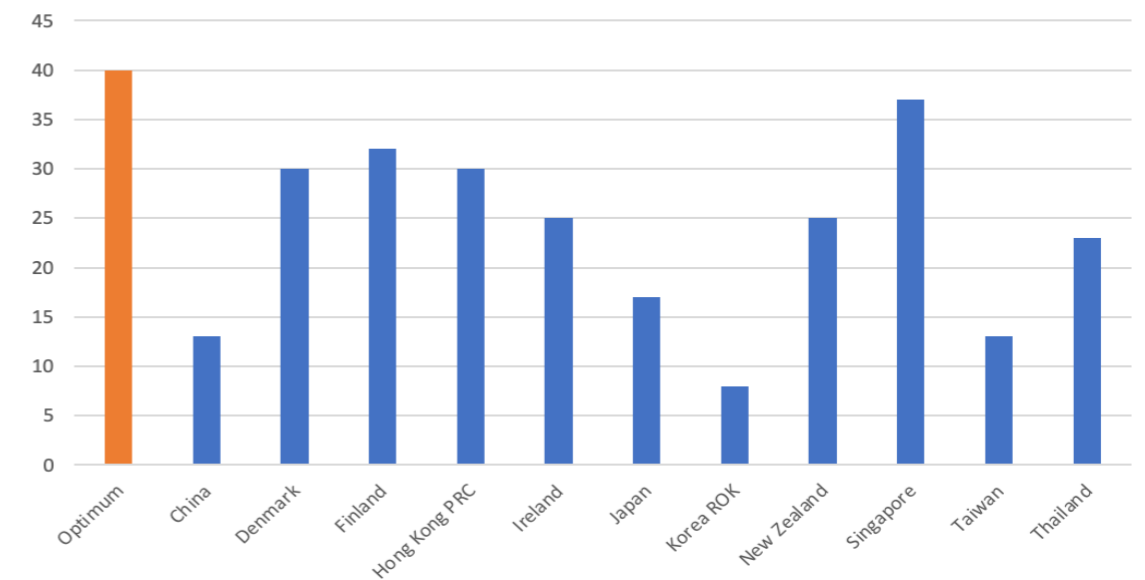
Source: ICN Workforce Forums

AGEING OF THE NURSING WORKFORCE IN OECD COUNTRIES

The previous two sections have been based on "point in time" assessments of data. It is important to note that the age profile of the workforce in any country is not static. It will change over time, reflecting the net effect of nurses joining and leaving the workforce, and their ages. One reason that there has been an ageing of the nursing workforce in many OECD countries is because the number of younger new nurses entering the workforce was relatively low in more recent years. Conversely, the fact that some Asian countries had a lower average age was in part a reflection that many older nurses were no longer in employment. In order to examine fully issues related to older nurses and identify policies that can be effectively targeted, there is also a need to examine how the age profile of the workforce is changing.

This section uses data from Canada and from New Zealand as examples of the insights on age profile that can be developed by using data drawn from a national professional register or other "whole population" / national data source[27][28].

Figure 3 below shows the age profiles on the Nursing Council of New Zealand register in 1990 and in 2019. In 2019, the vast majority of the nursing workforce in New Zealand was female, with only 9% of nurses being male[29]. The workforce was also relatively old, with 43% aged 50 or above. As shown in Figure 3, the age profile had changed significantly to that reported in 1990. Almost half the workforce in 2018-19 was aged over 50, compared to only 19% in 1990. The mean age of the total nursing workforce was 45.6 and the median 46, with the mean age of male nurses being 42.5 (median of 38) and the mean age of female nurses being 46.0 (median of 47).
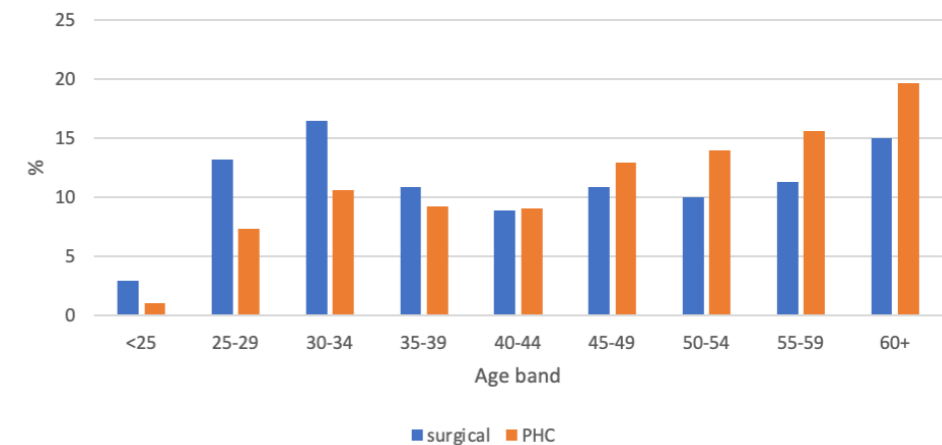

Fig 3: Age profile, New Zealand Nursing Council register, 1990 and 2019
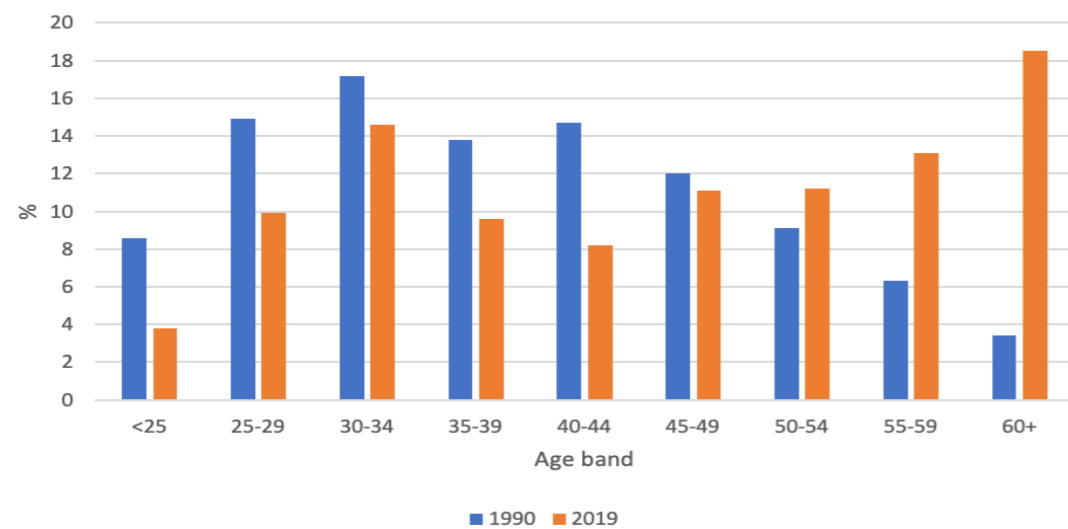
Source: Nursing Council of New Zealand

Registration data in New Zealand can also be used to examine differences in age profile between different sectors and specialties. For example, the age profile of primary care nurses is significantly older than that of nurses working in the surgical area in hospitals (see Figure 4). This highlights that the retirement/ replacement challenge will be more pronounced more quickly in primary care nursing than in surgical nursing. This pattern of differences in age profile will vary country by country - policy makers must be clear about it in order to identify where action is most required, and what type of action will be most likely to be effective.

Fig 4: Age profile, surgical nurses and primary care nurses, New Zealand Nursing Council register, 2018-19

Source: Nursing Council of New Zealand

Age profile can vary between areas of practice, as highlighted in Figure 4. It can also vary between geographical regions. Figure 5 below provides an illustration from Canada. The Figure shows the percentage of nurses aged over 60 in each Province of Canada. One in five (19%) of nurses in North West Territories/ Nunavut (NWT. Nun) was aged over 60, compared to only 5% in Newfoundland and Labrador (N.L) and 6 % in Quebec (Que).

Fig 5: Proportion of nurses in the workforce age 60+, by Province and Territory, Canada, 2019
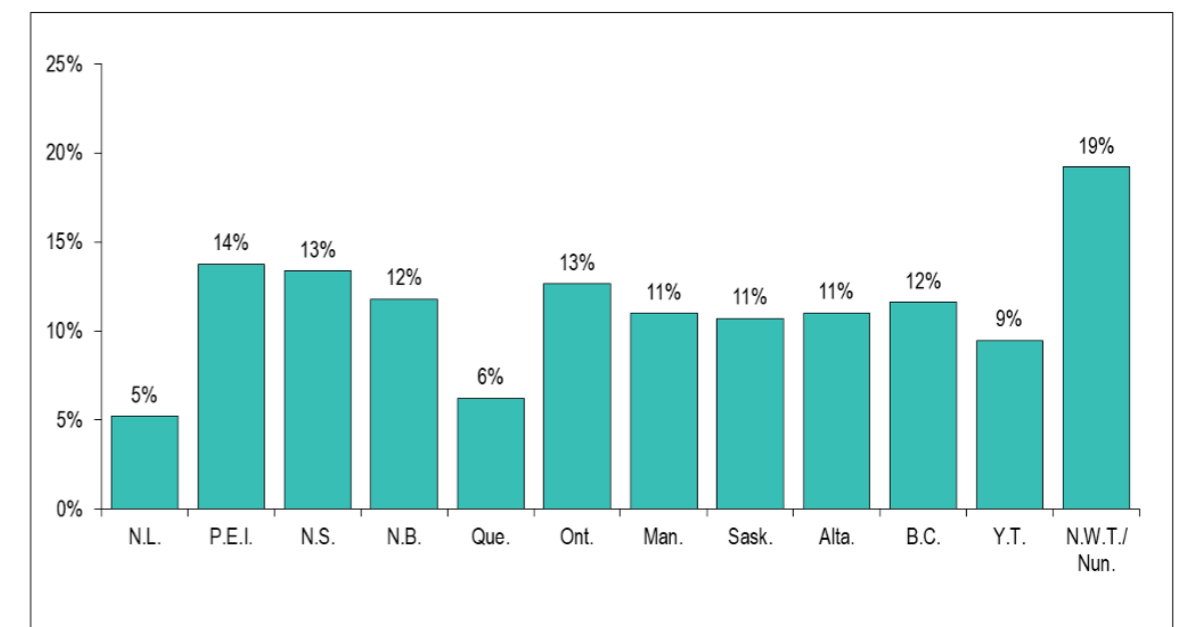
Source: Canadian Institute for Health Information[30].

AGE, "WORKING LIFE", AND PARTICIPATION RATES IN NURSING

Registration data in New Zealand can be used to assess the "working life" of nurses currently on the register; this gives policy makers some sense of how "experienced" the workforce is (as measured by years in employment), which also needs to be considered when developing policies on employment and retention.

As highlighted in Figure 6, of the 95% of those registered with the NZ Council who indicated how many years of practice they had as a nurse, 20% had been working for fewer than six years, but 51% had been working for more than 15 years - reflecting both the age profile, and the fact that many nurses on the regis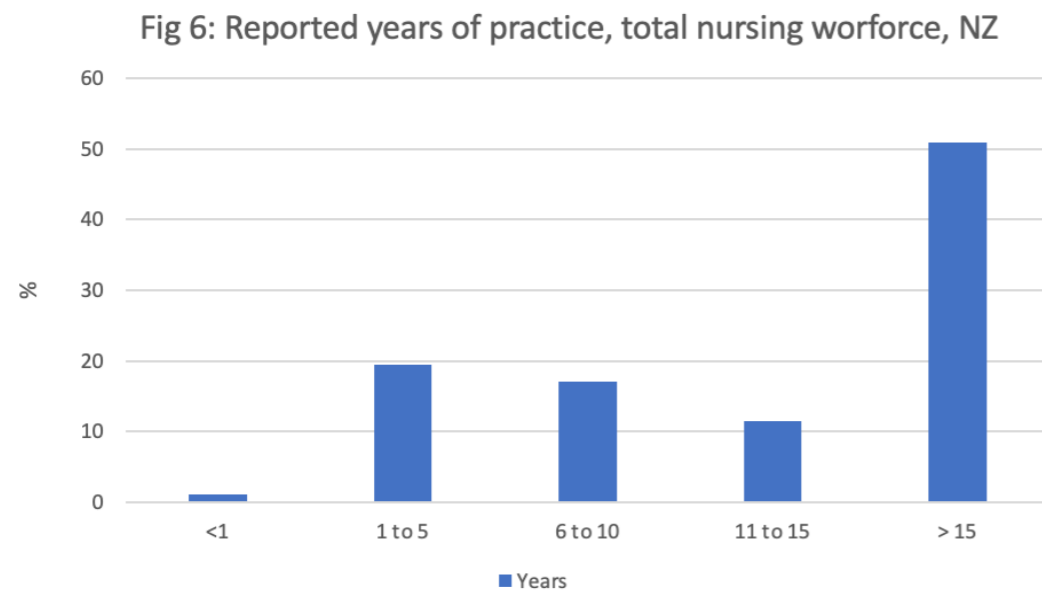ter had a significant career-span. The number of years in practice is an alternate measure to age, and can be a more accurate indicator of the extent to which a nurse has participated in employment (in the case of the NZ nurses, some of these years in practice may have been part time employment).

Fig 6: Reported years of practice, total nursing worforce, NZ

Source: Nursing Council of New Zealand

Another method of analysing the implications of ageing and the age profile for the nursing workforce is to examine the participation rate in employment. This can give an overall measure of the proportion of nurses who are available for nursing work who are actually in employment at a point in time. Where the participation rate is below 100% there may be scope to encourage and support those with nursing qualifications who are not currently working.

The usual source for participation rate data is the Labour Force Survey (LFS) which is a sample study conducted in many countries. It records employment and unemployed for different types of workers, using the International Standard Classification of Occupations (ISCO). The sample sizes in many countries are not sufficiently large to enable detailed analysis of subcategories within nursing, but LFS analysis can be used as one pointer to examine varying participation rates by age.

Smaller sample sizes in many other countries can make LFS analysis less detailed; however, it can still highlight policy issues. Figure 7 below shows example data from Ecuador and Greece, based on a broader category of the nursing and midwifery workforce and aggregated in fewer, broader, age cohorts because of sample size. Even so, patterns emerge that can point to policy challenges or solutions.

The participation rate of younger nurses (aged under 30) is lower in Greece than in Ecuador. About one in four nurses aged under 30 in Greece, as measured by the LFS, is not working in nursing. In comparison, there are higher participation rates for older nurses (those aged 50 plus). This is different from the pattern that emerged in the more detailed analysis of nurses in the UK, where participation rates tended to fall after age 50.

Fig 7: Examples of LFS analysis: Nurse participation rate in Ecuador and Greece, % by age (LFS, most recent year available)
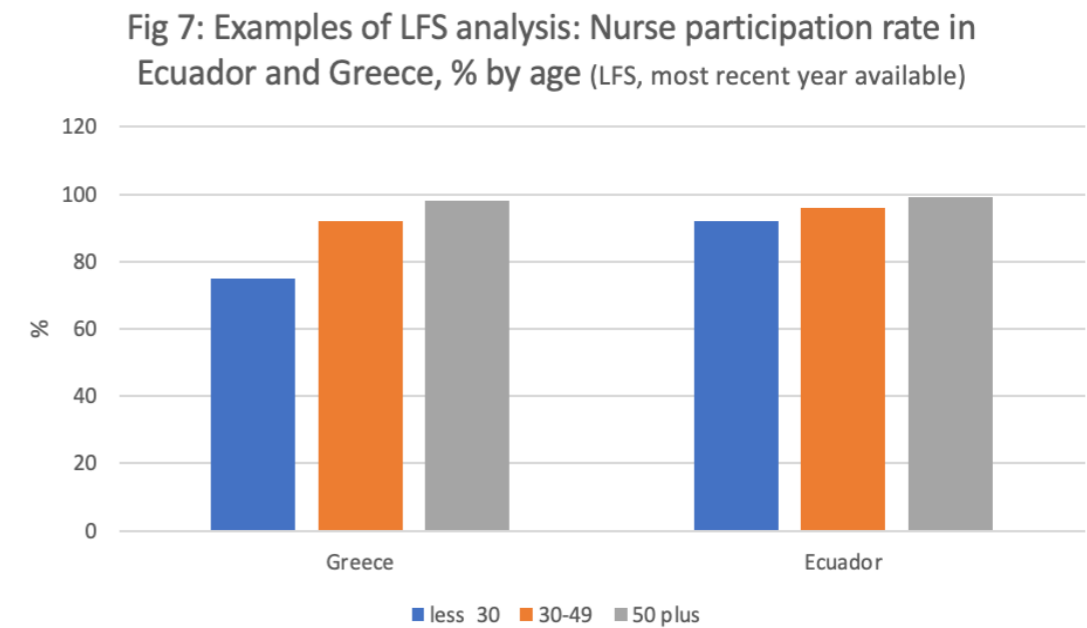
Source: WHO/SOWN

Another perspective on participation rate by age is to look at how many hours are worked, on average, by nurses in different age cohorts. Data from Canada highlights that "older" and younger" nurses are less likely to report full time employment and are more likely to be in part time employment than those in the middle age cohorts (see Figure 8).

Figure 8: Employment Status and 5-year age group of regulated nurses, Canada, 2019
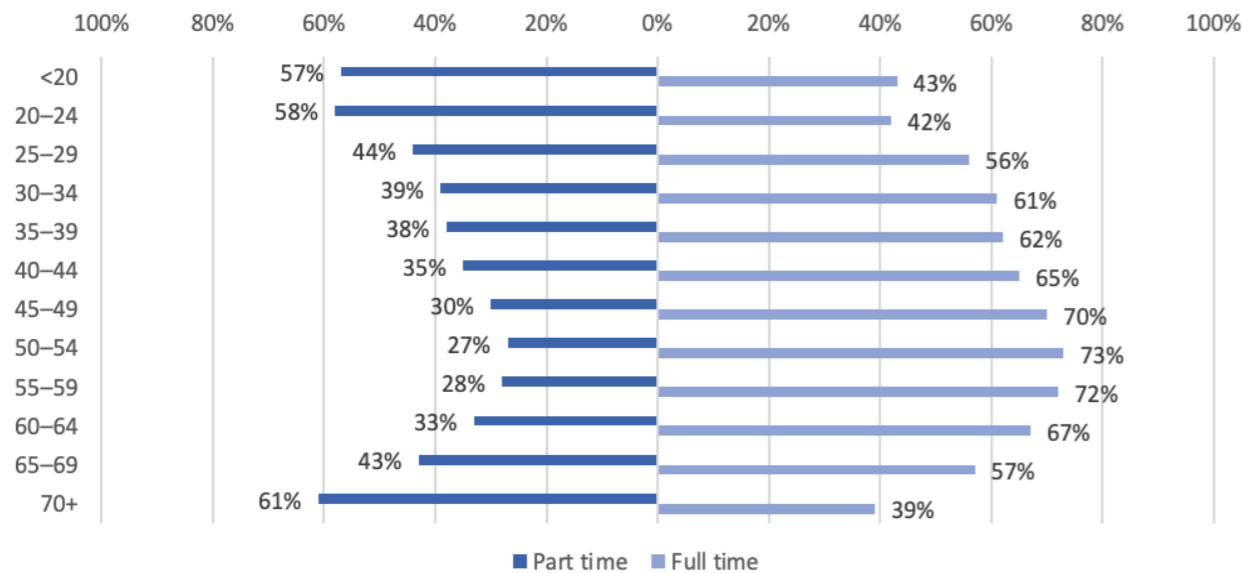
COVID-19 AND THE RETURN OF "RETIRED"/ INACTIVE NURSES

As part of their response to COVID-19, some countries have rapidly scaled up their nursing workforce by voluntary or mandated return to practice for retired or inactive nurses[32]. These nurses are likely to be older, and in most cases, are probably not intending to remain in practice in the long term.

One example is the United Kingdom, where the Nursing and Midwifery Council set up a "temporary register" for nurses returning to practice in response to the COVID-19 pandemic[33]. More than 14,000 nurses joined the temporary register by June 2020; the comparative age profile of the "permanent" and (much smaller) temporary registers are shown in Figure 9. The temporary COVID-19 register has a much "older" profile: 65% of the nurses that have registered with it are aged older than 50, compared to only 35% on the permanent register.

There was also a correlation between age and likelihood of re-joining the permanent register from the temporary register. Only 22% of those aged 50-59, and 12% of those aged over 60 reported they were highly likely to become permanent registrants again.

Fig 9: Age distribution, permanent and temporary (Covid-19 response) registers: UK, July 2020
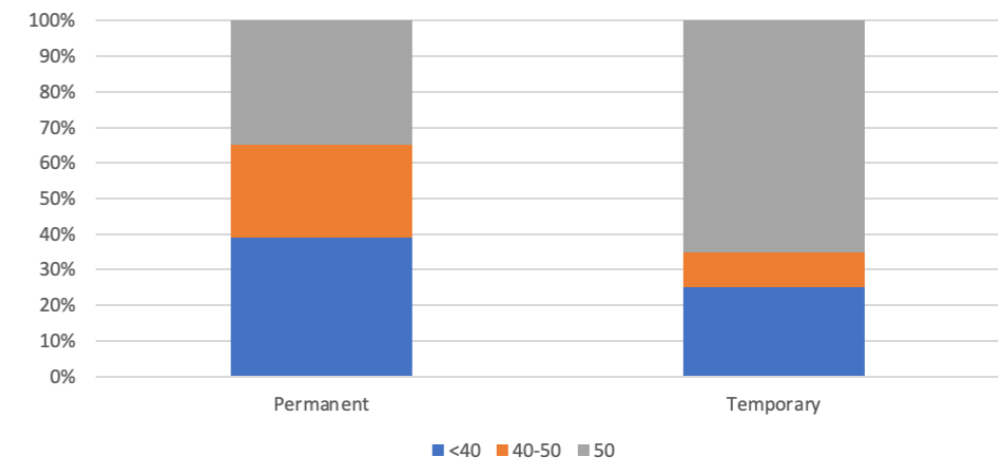
The data reported by the UK council highlights both that the temporary register has been a mechanism for older returner nurses and that most of these nurses are not considering a more permanent return to active practice. As such, this is a country example where the response to COVID-19 has tapped into an older nurses' group who otherwise would not be practising, and most of whom do not intend a long-term return to practice.

TOOLS AND INDICATORS

This section has provided illustrative examples of the use of various simple analytical tools that can assist NNAs, planners and policy makers to develop a more accurate picture of the age profile of the nursing workforce. These are summarised in the Table on the next page, and can include analysis of age profiles in different sectors and regions to identify variations that may require different policy interventions; assessment of actual career years in comparison to potential years, to highlight limitations on nurses career contribution; and estimates of varying participation rates by age, to reveal if certain age bands of nurses are relatively underemployed in nursing, for whatever reason.

Table 1: Older nurses' replacement and participation indicators

- <u>Age profile</u> - using standardised age cohort definitions (by region, organisation, gender, speciality, as required)

- <u>Detailed age profile</u> - nurses within 5 years of retirement age (for more detailed assessment of likely replacement challenge)

- <u>Actual career years/potential career years</u> - to assess potential to retain nurses and support more voluntary years in employment

- <u>Participation rate</u> - % of nurses in different age cohorts who are in employment (or variations in hours worked in employment by different age cohorts)

These types of analyses are critical in identifying appropriate and effective polices to support older nurses to remain voluntarily in employment for longer, making a continued contribution to improving population health. This section has given illustrative examples - the actual pattern in any specific country may be quite different, highlighting the need for country specific labour market analysis, and use of registration data whenever possible.

In the next section, the policy brief summarises the key policy messages that emerge from a review of the research on older nurses.

Age Proofing and Retaining the Nursing Workforce: What the evidence tells us

This section of the brief summarises key findings from a rapid review of published peer-reviewed evidence on employment aspects of older nurses. The two primary aims of the rapid review were to highlight the implications of main findings from the evidence base, and to provide illustrative examples of how different research methodologies can be applied to examine aspects of the employment of older nurses. The review identified three distinct types of published evidence: reviews, cohort analysis, and surveys. The full rapid review is at Annex 1. The review included studies from Australia, Canada, China, Germany, Finland, Singapore, Spain, Thailand, UK, and USA.

Several key issues should be kept in mind when examining this synthesis of key findings. First, the publications reviewed were only in the English language. Second, the published research is drawn mainly from hospital-based nurses in high income countries, which may limit the generalisability of findings and any related policy recommendations. Third, as noted above, there are different definitions of "old" used in different studies.

With these caveats in mind, a group of key findings emerge from the synthesis of the research. These are relatively consistent irrespective of the methods used, the location and the primary research focus. Essentially what the evidence highlights is that the factors that contribute to older nurses' satisfaction and retention, by triggering their intention to leave or stay in an organisation, may be complex and multi-dimensional, but are usually driven by both **organisational** and **individual / demographic** factors.

The studies assessed for this brief and reported in more detail in the Appendix, identify a range of organisational factors that have been frequently identified as impacting on older nurses' satisfaction, and likely retention. These are summarised below in Table 2, and include the state of their health and well-being at work; the work environment, working relationships, and working conditions; pay, and other employment conditions; the availability of flexible or reduced hours and the opportunity to work less intensively; continued access to appropriate career opportunities and access to education; productive working relationships with other staff and teams; scope for mentoring; and access to advice on retirement planning and pensions advice.

Table 2. Key organisational factors that can support older nurses in employment
• Support for health and wellbeing at work;
• Appropriate work environment, working relationships, and working conditions;
• Appropriate pay, and other employment conditions;
• The availability of flexible or reduced hours and the opportunity to work less intensively;
• Provision of continued access to appropriate career opportunities and access to education opportunities;
• Enabling of productive working relationships with other staff and teams;
• Provision of scope for mentoring;
• Provision of access to advice on retirement planning and pensions.
(see Appendix for details)

What also emerges strongly from a review of the evidence is the need for a flexible approach to the employment of older nurses, taking into account different individual needs and expectations, and avoiding stereotypical assumptions about older workers.

The challenge for any NNA or policy maker who is trying to support older nurses in employment is to decide how to interpret the evidence base, and where to prioritise policy support. As noted in one recent review "Organisations need to foster an environment where older nurses feel respected and heard and where personal and professional needs are addressed...Older nurses are more likely to extend their working lives if they feel committed to their organisation and when professional standards are maintained"[35].

Age Proofing and Retaining the Nursing Workforce: A 10-point plan for supporting older nurses

This concluding section synthesises the key findings of the data and evidence review (detailed in Appendix 1) into a 10-point set of recommendations aimed at NNAs and others involved in developing and implementing policies intended to improve support for older nurses at work.

As stressed in earlier sections of this report, this brief does not argue that there should be an isolated focus only on older nurses, or that all nurses above a certain age require differential or exceptional treatment. As such, the previous ICNM policy brief on retaining nurses[36] can also be consulted as part of the process of developing and implementing effective policies. The starting point must be that the employing organisation has a good understanding of the profile, needs and expectations of the nurses they employ and aspire to employ, irrespective of the nurses' age. Part of the process of developing these policies must be an understanding of age profile, participation rates by age and related factors, and an overall approach based on avoidance of age discrimination.

The recommendations draw from several policy reports and research [37] [38] [39] [40] [41] and are also presented in the understanding that the definition of "older nurses" is inconsistent across the literature. These are general recommendations that require specific consideration and possible re-calibration when being applied in a particular context. The aim is to ensure fairness and respect to older nurses, and to value the additional skills, qualifications and experience they often bring to the care environment. As such, the starting point must be one that focuses on developing an understanding of the profile and expectations of the nursing workforce.

10-POINT PLAN FOR SUPPORTING OLDER NURSES

1. Understand the workforce profile and employment needs of older nurses by conducting surveys, focus groups and nurse labour market analysis

2. Avoid age bias in recruitment and employment practices

3. Provide flexible working opportunities that meet older nurses' requirements

4. Ensure that older nurses have equal access to relevant learning and career opportunities

5. Ensure that occupational health and safety policies enable staff well-being

6. Support job re-design to reduce heavy workload and stress, and support job enrichment in order to optimise contribution of older nurses

7. Maintain a pay and benefits system that meets older nurses' needs and rewards experience

8. Support older nurses in advanced and specialist practice, mentorship and preceptor roles

9. Maintain succession planning to enable knowledge transfer and leadership development

10. Provide retirement planning options, and, where appropriate, flexible pension provision

1. Understand the workforce profile and employment needs of older nurses by conducting surveys, focus groups and nurse labour market analysis

Any employing organisation or health system must develop a good understanding of the profile of the nursing workforce, its expectations and plans. This will include age profile, participation rates by age, career patterns, and career expectations. Key indicators were highlighted in Table 1. As well as the regular use of staffing data, this can also include labour market analysis to understand how the employing organisation connects to the broader nursing population, surveys and focus groups to provide insights into motivations, experiences and career plans.

2. Avoid age bias in recruitment and employment practices

This requires the organisation to take measures to eliminate discrimination in recruitment, promotion, training, and retention. Depending on the country and the system, this may also include complying with legislation preventing age discrimination.

3. Provide flexible working opportunities that meet older nurses' requirements

A range of different policies and practices can be implemented which support effective ways of using nurses' skills, ensuring access to flexible working (such as part-time opportunities, job sharing and self-scheduling), and scope for managed "step-down" of hours and voluntary reduction in hours worked. This in turn requires management support for nurses' active involvement in decision making about the employment context.

4. Ensure that older nurses have equal access to relevant learning and career opportunities

Career advice and development will continue to be important throughout a nurse's career. Many older nurses will continue to look for opportunities to undertake training and development to build on their prior learning and experience. This should be enabled by management through the use of personal development reviews and training plans.

5. Ensure that occupational health and safety policies enable staff well-being

Older nurses may experience work related injuries and other negative impacts of being at work - this can include fatigue and the usual physical and cognitive changes associated with ageing. Nursing is a physically demanding profession and many older nurses report that they work in pain while providing direct patient care[42]. Effective occupational health services reduce the risk of older nurses acquiring work related injuries and can prevent them leaving the workforce due to poor health.

6. Support job re-design to reduce heavy workload and stress, and support job enrichment, in order to optimise the contribution of older nurses

Management can assess the scope to redesign jobs and support job enrichment for older nurses. This will focus on adjusting work responsibilities and working-time arrangements to align with the changing capacities of nurses and their non-work responsibilities over their life course.

7. Maintain a pay and benefits system that meets older nurses' needs, and rewards experience

Nurse pay systems and pay determination processes vary widely within and between countries. The approach to determining pay and other benefits for older nurses should not discriminate against them on grounds of age or gender.

8. Support older nurses in advanced and specialist practice, mentorship and preceptor roles

Many older nurses will be working in advanced practice roles which explicitly recognise that they have additional knowledge, skills and expertise (and often have additional qualifications). They should be highly valued in any system. Many others will have substantial experience which will be of value to other members of the nursing team and can be transferred by supporting mentoring processes. Mentorship facilitates knowledge transfer between older and younger nurses[43], and organisations should develop a culture and processes that recognise and value this 'wisdom at work'.

9. Maintain succession planning to enable knowledge transfer and leadership development

When a nurse retires, she or he takes with them all their knowledge and experience. Succession planning should be part of any organisation's approach to developing the next generation of nurse leaders by ensuring that the current generation are also supported. A strategic succession planning programme can offer many benefits, including improved nurse retention rates, reduced turnover, increased staff engagement and enhanced financial performance[44][45].

10. Provide retirement planning options, and flexible pension provision

Many studies have identified the need for older nurses to be offered advice about employment and retirement options, reflecting older nurses' differing needs. Retirement should not be regarded as a sudden event, a switch from full time employment to no employment. A flexible approach to retirement can support some nurses who may wish to carry on making a contribution. This may mean supporting continuing development opportunities such as the chance to mentor younger colleagues or an assessment of downshifting options, and reduced hours at work. Structured retirement advice should cover pensions and financial planning and set out any implications of working beyond "normal" retirement age.

Appendix: Rapid review of the evidence

The two main aims of the rapid review are to highlight the implications of main findings about older nurses, and to provide illustrative examples of how different research methodologies can be applied to examine aspects of the employment of older nurses. It summarises key findings but does not claim to be a systematic review. It is based on an English language search of publications since 2010, using key words "age", "ageing", "old" and "older" combined with "nurse", "nurses", and "nursing". The section is divided into three subsections which report on different research approaches: reviews; cohort analysis; and surveys. Each approach has strengths and limitations; in particular the cohort analysis and surveys are all single country studies, so they cannot be generalised across other countries.

Studies were identified from Australia, Canada, China, Germany, Finland, Singapore, Spain, Thailand, UK, and USA.

A.1 REVIEWS

A small number of integrative reviews were identified that focused on aspects of older nurses and employment. These reviews are summarised in this section.

A US-based integrative literature review published in 2013 examined research on RN retirement and retirement financial planning and identified three critical gaps in knowledge: (a) minimal knowledge regarding the economic impact on RN retirement, (b) incomplete information regarding the demographics of RN retirement, and (c) a scarcity of prospective longitudinal RN workforce studies. It argued that future research must address these gaps to better address RN workforce sustainability[46].

A Singapore based review focusing on older nurses and factors in early retirement and workforce retention was published in 2016[47]. It noted that most articles identified for the review were qualitative studies and highlighted that "The definition of older nurses was inconsistent across the literature". Key reported findings of the review were that personal health concerns and limitations, computerisation and shift work were common challenges faced by older nurses, while monetary factors, health and workload were consistent themes related to early retirement. Financial reasons were also identified as factors associated with retention, along with flexible schedules. The review concluded that "Almost all strategies suggested in the literature for retaining older nurses lacked empirical testing".

Another review, published in 2017, reviewed the evidence with regard to the specific challenges encountered by older nurses in the workplace[48]. A total of 20 papers were included in this review, most of which were qualitative (n=14). The identified challenges faced by older nurses were synthesised across three primary domains: Nursing and the ageing body; Recognition and support of the older nurse; and Demands associated with middle age. The paper concluded that "As older nurses form a substantial proportion of the healthcare workforce in many countries, the development and implementation of strategies to address these challenges is of utmost importance".

An integrative review published in 2020 aimed to summarize the international empirical literature "to provide a comprehensive understanding of older nurses' decision-making surrounding the timing of their retirement"[49]. A total of 132 studies were identified by the search strategy. Of these, 27 articles were included for appraisal and synthesis. Sixteen papers were quantitative, seven qualitative, and four mixed methods. The research took place in 13 different geographical locations. Most studies were based on questionnaire survey. This review "confirmed previous findings but also established a ranking of criteria that influences nurses' decision-making: age, followed by personal and organizational factors." It concluded that "No 'one-size-fits-all' strategy exists to ensure the extension of older nurses' working lives. Organizations need to foster an environment where older nurses feel respected and heard and where personal and professional needs are

addressed… Older nurses are more likely to extend their working lives if they feel committed to their organization and when professional standards are maintained".

A.2 COHORT ANALYSIS

The second type of published research on older nurses and employment are analysis that use cohort studies or existing data sets to assess the profile and behaviour of older nurses within the broader population of all nurses. This approach can be particularly valuable in testing hypotheses about the labour market behaviour of older nurses, as well as identifying where the application of targeted policies may make a difference. The main limitation of these studies is that they represent an analysis of only one national labour market, at best, and therefore their findings may not be generalisable.

However, they do provide examples of making better use of existing data sets to inform policy, and their application can also help meet one of the main recommendations of the SOWN that "Countries should strengthen capacity for health workforce data collection, analysis and use. Actions required include accelerating the implementation of National Health Workforce Accounts and using the data for health labour market analyses to guide policy development and investment decisions" (SOWN, page xix).

A US study published in 2010 investigated the timing of attrition of nurses through survival analysis, the exit path taken (career change vs. labour force separation), and the major socioeconomic, family structure, and demographic variables predicting attrition[50]. It used nationally representative US data from the 2004 National Sample Survey of Registered Nurses (N = 29,472), and found that the rate of labour force separation of RNs was highest after the age of 60, which the study notes is "a typical pattern for retirement". "However, a non-trivial proportion of career change also occurs at older ages (50+ years old), and the rate of labour force separation begins to climb at relatively young ages (30–40 years old). Particularly strong predictors of early labour force separation included being married and providing care to dependents in the home (young children or elderly parents). Career change is predicted strongly by higher levels of education, male gender, and current enrolment in a non-nursing degree programme. Having

an Advanced Practice credential reduced the hazards of attrition for both exit paths".[50]

Another US analysis published in 2014 used data on the age and employment of RNs obtained from the US Current Population Survey (CPS) (70,724 respondents) and the American Community Survey (ACS) (307,187 respondents) and found that RNs were delaying their retirement age[51]. It found that in the period 1969–90, for a given number of RNs working at age fifty, 47% were still working at age 62 and 9% were working at age 69. In contrast, in the period 1991–2012 the proportions remaining at work had increased markedly, with 74% at age 62 staying in employment, and 24% at age 69. The report concluded that this change "extended nursing careers by 2.5 years after age 50 and increased the 2012 RN workforce by 136,000 people; the paper concluded that "the size of the RN workforce is particularly sensitive to changes in retirement age", and also noted that many RNs tend to shift out of hospital settings as they age.

A New Zealand study used retrospective cohort analysis of a Nursing Council of New Zealand administrative dataset[52]. A cohort of all nurses aged ≥50 years on the register and practising in 2006 (n = 12,606) was tracked across a five-year period until 2011. The study found that after the five years, a quarter (n = 3161) of the cohort (equivalent to 8.4% of all 2006 practising nurses) was no longer practising. There were no significant differences in permanent separation rates between the ages of 50–58; between 18–54% of annual separations re-entered the workforce. On re-entry, 56% of returners went to the same clinical area. In 2006, half the cohort worked in hospitals. After five years, the number of cohort nurses working in hospitals fell by 45%, while those in community settings increased by 12%. Over five years, weekly nursing practice hours declined significantly for every age band.

A.3 SURVEYS OF OLDER NURSES' EXPERIENCES AND INTENTIONS

The most common type of published research are surveys of nurses. Some are simple "one-off" surveys, whilst a few make use of panel survey approaches, or longitudinal surveys. Some of these surveys have been conducted by and/ or supported by NNAs. Surveys can give insights into the experiences and intentions of older nurses, can assess gender related aspects of nurses experiences at work, can highlight key enablers and

barriers to older nurses continuing in practice, and can point to factors that will encourage them to be retained in employment, or alternatively to leave work. These types of surveys can help meet two of the main recommendations of the SOWN report: Recommendation 6, that "Planners and regulators should optimize the contributions of nursing practice.… Workplace policies must address the issues known to impact nurse retention in practice settings; this includes the support required for nurse-led models of care and advanced practice roles, leveraging opportunities arising from digital health technology and taking into account ageing patterns within the nursing workforce [SOWN, p. xx], and "Recommendation 8. Countries should deliberately plan for gender-sensitive nursing workforce Policies" (SOWN, p. xx).

The remainder of this section provides examples of surveys conducted in a range of countries, describing the methods used, and with key findings that emerged.

A panel survey conducted by the NNA of 1,485 UK nurse respondents aged 50-plus was published in 2011[53]. It was designed to provide insight into when and how individual nurses change direction in their careers, i.e. move into part-time work or semi/full retirement or move into and out of the National Health Service (NHS), their reasons for doing so and factors influencing their decision making. Amongst the key findings were that turnover among older nurses is lower than that for younger nurses (31% of nurses under 30 having changed jobs in the previous 12 months, compared to 14% of nurses over 50); on retirement, around a third of nurses aged 50-plus (36%) expect their future household income to come mainly from their own income, with a similar number (34%) expecting it to come equally from themselves and their partner; and around two-thirds (63%) of nurses aged 50-plus reported they were fairly or very concerned about the state of their financial preparations for retirement.

A survey of 628 Finnish nurses published in 2011 examined age-related differences in individual reward preferences or work motivation[54]. The results found age-related differences among respondents' financial reward preferences. Research-based knowledge on nurses' age-related reward preferences helps managers and policy makers to develop more suitable

rewarding systems for health care, which in turn has potential to encourage employees to work longer.

An online survey conducted by the NNA in New Zealand of nurse members aged 50-plus analysed 3,273 responses and was published in 2013[55]. It was part of the Late Career Nurse research project which aimed to determine the characteristics of nurses working in New Zealand who were born before 1960; their experiences in the workplace; their perceptions of their health and their retirement intentions. It reported that "In concordance with the international literature, good health, access to flexible working options, safe staffing levels and choice of shifts were all very important to older nurses". The survey reported that 57.2% of nurses aged over 50 aim to retire within the next 10 years, and around 30% within the next two to five years. Adoption of measures to ensure better choice of shifts, and continued access to flexible or decreased hours is required, along with less physically demanding work options and roles that recognise and utilise the knowledge, skills and experience of older nurses.

A survey in Spain, published in 2013, aimed to examine potential predictors of retirement intentions amongst nurses[56]. All registered nurses in Spain aged 50 years old or more were surveyed in collaboration with the regional nursing associations using anonymous online questionnaires; there were 497 responses. Key results were that nursing staff who were older experienced higher retirement intentions, experienced higher levels of burnout, indicated poorer levels of self-reported health, and reported greater job demands and more negative work attitudes (less affective commitment, job involvement, work engagement).

A quantitative longitudinal panel study, drew from data held by the College of Nurses of Ontario, in Canada. It was published in 2015, and had 422 hospital-employed RN respondents, aged 45 to 64[57]. The study reported that availability of training and "job challenge", and development practices targeted to older nurses were linked to an intention to remain with the organisation.

A survey in Australia published in 2015 examined job satisfaction, intention to retire and factors encouraging retirement in registered nurses aged 45 years and over[58]. There were 319 respondents. The mean age proposed for leaving the workforce was 61.7 years. Key motivators to retire were financial considerations (40.1%), primarily financial security; nurse health (17.4%); and retirement age of partner (13.3%). The study concluded that older nurses were leaving the workforce prior to retirement or pension age, primarily for financial, social and health reasons, taking with them significant experience and knowledge.

A study from Germany published in 2015 focused on identifying job-related resources which strengthen nurses' expectation of remaining in the same job until retirement age; it had 387 nurse respondents at a University hospital[59]. Main findings were that the expectation of remaining in the same job until retirement age is positively related to work-time control, role clarity, and colleague support. Supervisor support exerts an indirect effect via job resources.

A 2017 US national sample survey of 3,171 working nursing practitioners, 55 years of age and older found that around 59% of NPs over 60 and 15% of nurses over 55 intended to retire in the next five years[60]. Intent to retire was greater when: working part-time, not having a master's degree, being dissatisfied, and when working in primary care rather than hospital.

A follow up study in 2018 in New Zealand, also supported by the NNA, reported results of a survey of 459 nurses aged 55-65 who had left nursing before the official retirement age[61]. The study reported that key "push" factors for them to leave nursing were workplace/organisational issues, and personal challenges related to health or burnout. The study also noted that "Although reported by small numbers of respondents, previously unreported issues of loss of confidence, over-onerous professional development requirements and intergenerational tensions were also described". It concluded that "Issues identified in the "intention to leave" literature also figured highly as contributing to New Zealand nurses' decisions to actually leave. Many of these issues relate to the intensification of nursing (higher acuity and bed occupancy), and the need for sufficient nursing resources, flexible management and better support for older nurses".

A study in China published in 2018 assessed the retirement planning practices of a sample of older nurses[62]. Respondents were 170 nursing staff members aged 50 years or older who were working at four large general hospitals. The survey reported that the majority of the older nurses, regardless of age, degree level, job title and designation, underwent insufficient retirement planning; and that leadership and autonomy, cultural sensitivity, and control of practice in the job environment were related to the older nurses' retirement planning behaviour. The paper concluded "A good job environment can strengthen nurse's willingness to remain in the job after retirement".

A study from Spain published in 2018 examined antecedents of the behaviours to prepare for retirement in nurses older than 55 years and to identify gender differences[63]. A two-wave matched-pair longitudinal study was used, with a sample taken from five public hospitals; 132 nurses over 55 years responded to the survey at both waves. Financial knowledge and retirement planning involvement were significantly related to retirement goals clarity. The paper reported that "Women are less strong in applying their financial knowledge to planning behaviours".

A US survey published in 2018, with 2,789 RN respondents, aged 40 years or older working in acute care in Florida, aimed to determine the relationships between job satisfaction, work environment and "successful ageing"[1] and how these factors relate to RN intent to retire[64]. The survey focused on job satisfaction, work environment, successful ageing and individual characteristics. Highest job satisfaction was with scheduling issues and co-workers. Successful ageing scores were also high with 81% reporting excellent or good health. Years to retirement were significantly associated with successful ageing, age, and income.

1 "Successful ageing has become an important concept to describe the quality of ageing. It is a multidimensional concept, and the main focus is how to expand functional years in a later life span. The concept has developed from a biomedical approach to a wider understanding of social and psychological adaptation processes in later life. However, a standard definition of successful ageing remains unclear and various operational definitions of concept have been used in various studies" Urtamo A, Jyväkorpi SK, Strandberg TE. Definitions of successful ageing: a brief review of a multidimensional concept. Acta Biomed. 2019;90(2):359-363. Published 2019 May 23. doi:10.23750/abm.v90i2.8376

A large survey in Thailand, published in 2019, surveyed RNs in the age group 55-59 years and working for the Ministry of Public Health (MoPH)[65]. Of the 3,018 participants, the proportion of RNs intending to extend their working life from 60 to 65 years was 30.5%. The factors significantly associated with intention to extend working life for nurses in Service Departments were perceived good or very good health status, no shift work, monthly income more than 50,000 THB (1,595 USD), and having moderate or good working resources. Nurses in Academic Departments perceived good or very good health status, monthly income more than 50,000 THB, family members not against the working life extension, and moderate or good working resources were the factors affecting intention to extend working life. The study concluded that "understanding the various factors related to the intention to extend working life among RNs could lead to the design of appropriate programs to encourage them to continue working after the current retirement age".

A.4 OLDER NURSES SPECIFIC WORK-RELATED ISSUES

WORKPLACE HAZARDS AND INJURIES

One US study[66] highlighted that there are at least two areas where administrators can reduce work hazards for older workers: (1) modification of the workplace, and (2) creating the infrastructure to support the ageing workforce to encourage healthy behaviours. Another reported that "The literature is replete with studies focusing on the organisational factors that retain older nurses, but little research addresses design factors that facilitate nurses working longer and more safely in direct patient care" and highlighted that "Older nurses have a wealth of knowledge and expertise, and the design of nursing units can optimize their work experience"[67].

OLDER NURSES AND TECHNOLOGY

Several studies have examined the use of technology by nurses, and a few have suggested that older nurses may require additional training to make effective use of any newly introduced technology, but other studies point to a more general issue of ensuring that there is sufficient support for all nurses to be able to optimise the use of available technological support[68].

OLDER NURSES AND CPD

Several studies have specifically focused on the continuous professional development (CPD) needs of older nurses[69]. Findings suggest that there can be discrimination against older nurses in providing access to appropriate CPD, and that the types of CPD required by older nurses must be aligned with their development priorities. As noted earlier, several surveys have identified the provision of appropriate CPD as a retention factor for older nurses.

OLDER NURSES WHO ARE EDUCATIONALISTS / FACULTY

Several studies have focused specifically on the age profile of nurses working in education, highlighting that in some countries there is a specific challenge because of a relatively "old" faculty, with a high proportion of current educational staff nearing retirement[70].

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