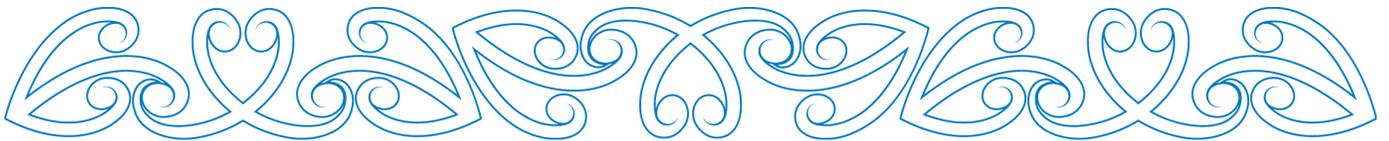


RESEARCH ADVISORY PAPER

Late career nurses in New Zealand

DR JILL CLENDON

DR LÉONIE WALKER



Introduction

New Zealand nurses are ageing. The median age of the New Zealand nurse (including registered and enrolled nurses and nurse practitioners) is 46.7 years (Nursing Council of New Zealand, 2010). This is up from 42.6 years in 1998 and 44.8 years in 2002 (Nursing Council of New Zealand, 2002). Over 40% of the nursing workforce are now aged over 50 years and 3.5% are aged over 65 (Nursing Council of New Zealand, 2010). A large cohort of nurses will be reaching retirement age in the next 10 to 15 years and yet little New Zealand work has been undertaken to identify how the retirement of this cohort will affect the nursing workforce and/or the New Zealand health sector in general. While the statistics suggest that most nurses retire at some time between 50 and 65 years of age, increasing longevity and increasing health into older age are likely factors that may keep nurses working longer. It is important that further work is done to explore the factors surrounding nurse retirement intentions. In addition, little is known of the support needs of nurses aged over 50 in the New Zealand workplace nor those factors that will serve to retain them in nursing work. This study has sought to determine the characteristics of nurses working in New Zealand born before 1960; their experiences in the workplace; the factors that contribute to them remaining in or leaving nursing as a profession; and their retirement intentions.

Method

An on-line survey was extensively and iteratively designed and piloted following a review of the literature, and consultation with New Zealand Nursing Organisation (NZNO) members, professional and industrial staff. The questionnaire covered a range of aspects pertinent to the age group (qualifications and nursing experience, nursing employment (including settings, field, shift patterns), intentions related to changing employment or retirement (including factors that influence intentions to retire), specific questions about experience of working as late career nurses, a validated health score (EQ5D) (Euroquol 1990) along with demographic details. For those recently retired, a section related to age, health and precipitating factors relating to retirement was provided.

As the research was designed to ascertain the experiences of nurses who were aged over fifty, NZNO members were identified from the membership database by date of birth and registration status as the primary cohort. The web-based survey was undertaken in February and March 2012. The project was described in an article in the nursing journal Kai Tiaki Nursing New Zealand, and invitations to participate were sent by e-mail link, along with a covering letter. A reminder e-mail was sent two weeks after the initial invitation to all who had not responded to the first invitation.

The quantitative data were analysed using descriptive statistics and STATISTICA 8. The free text responses were grouped thematically using NVivo 9 software.

Ethical approval was received from the New Zealand Multi Region Ethics committee: MEC/12/EXP/017

Results

Demographic characteristics

The survey link was e-mailed to 5683 eligible registered and enrolled nurse members of NZNO. 3273 responses were received, a response rate of 57.6%. The majority of respondents were registered nurses (84.97%, N=2781). Enrolled nurses comprised 8.04% (N=263) of respondents along with 28 midwives and 19 nurse practitioners. The sample showed good correspondence with Nursing Council of New Zealand data (Nursing Council of New Zealand, 2010) for age, ethnicity, employment sector and geographical spread for nurses aged over 50. Males were slightly under represented.

Employment

Respondents were very experienced with over 80% having been in the workforce for over 20 years. Most worked in DHBs (45.4%, N=1477) and primary health care (20.3%, N=660). The majority (87%) were also employed in permanent positions with approximately 47% working part-time and 45% working full time.

Over 40% of the cohort (41.46%, N=1345) worked shifts. 63% of nurses who worked shifts (N=954) worked eight hour shifts, and 59% (N=884) worked rostered and rotating shifts. When compared with data from the NZNO employment survey (Walker, 2009), late career nurses are *less* likely to work permanent night shifts but *more* likely to work rostered and rotating shifts than nurses of all age groups

When asked what they thought the physical and mental effects of shift work were, survey respondents were evenly divided in their replies with many noting that shifts worked well for them, while others thought shift work affected their health. Those in partnered relationships (e.g. married) appeared to cope slightly better with shift work when compared to their non-partnered colleagues. The main effects of shift working were the negative impact on family and social relationships – in particular, the ability to socialise with friends, take part in sports activities (particularly team sports), or become involved in night classes or similar activities that required a regular commitment – and the effects on physical and mental health including sleep disruption and fatigue. Respondents also noted the significance of employer rostering practices on their ability to cope with shift work (particularly coping with rostered and rotating shifts that include night shift), their decreasing tolerance to shift work as they age, and the coping mechanisms they had developed to manage the requirements of shiftwork.

Health status

The survey utilised a modified EQ5D survey to explore late career nurses health status. New Zealand female nurses rank themselves as significantly healthier at all age groups when compared to New Zealand women in general. Of particular note is the increasing mean score of New Zealand nurses as they age compared with the decreasing mean score of New Zealand women in general as they age. The older the New Zealand nurse, the healthier they consider themselves. This increasing level of health suggests that nurses who may be 'unhealthy' are unable to cope with nursing work and either retire or move into other areas of work as they age, leaving only those who consider themselves 'healthy' still working into their 70s. Other reasons for these findings include the fact that nursing as an occupation brings nurses into contact with people who are generally unwell or experiencing some type of disability – when comparing themselves to others, nurses may consider their own position healthier. A third possibility is that nurses look after their health better than NZ women in general. Further research is required.

While there does appear to be a possible link between shift work and health status there was no statistically significant relationship between those working regular hours and those working rostered and rotating shifts or permanent night shift in terms of health status, levels of pain, anxiety or activities of daily living. There is a clear relationship between the proximity of retirement plans and EQ5D score with those planning to retire sooner having a lower perceived health score.

Experiences of being a late career nurse

A series of questions on the experiences of being a late career nurse were asked in the survey. In general most respondents had positive experiences of being older in the workplace with the majority feeling empowered to speak out, confident in their skills and respected in the workplace. Most thought that patients have more confidence in them as they are older and most have supportive home and work lives. Of interest, half of respondents agreed that experience was not as valued as qualifications and half disagreed. 28% felt expected to cover staffing shortfalls as it was assumed they have no care-giving responsibilities at home, and 42% feel challenged by technological changes in the workplace

Retirement

Given the ageing nursing workforce, of particular interest are the retirement intentions of nurses aged over 50. While 43% either didn't know or didn't intend to retire, 57.2% of respondents intend to retire within the next 10 years. When considered by age, the younger the respondent, the more likely they were to intend to retire at 65-67. As nurses age, it appears that their intention to retire at a certain age shifts to a later age. This has some implications for recruitment and retention strategies and for longer term workforce planning. While our data clearly demonstrates that most nurses have retired by the time they reach 70, the intended retirement age does appear to push out as the nurse gets closer to retirement. If the large cohort of nurses that intend to retire within the next 10 to 15 years can be decreased in size, through strategies targeted at pushing out the intended retirement age, the resulting predicted nursing workforce shortage may be alleviated. A number of hypotheses derived from the literature were then examined for their likely contribution to wishing to retire earlier than 65. These included relationship status, perception of nurses' own health status and financial resources. Experiences of aspects of nursing as an older nurse including the physical, emotional and cognitive challenges, rewards, and encountering ageism were also examined. Of those who worked shift work, the majority had no intention of changing from shift work to normal hours at any stage during the following years (72.2%, N=1930). While the health effects of shift work are relatively well known, it is of interest that such a large number of nurses who work shift work have no intention of changing these hours prior to retirement. Whether this is due to patterns of work that have been ingrained over many years or for some other reason is unknown and further work is required.

Financial resources and planning

Financial planning for retirement may have an impact on nurse's retirement intentions. We asked what type of financial planning nurses had undertaken for retirement. 75.9% had a Kiwisaver plan (a New Zealand earnings related saving scheme) and 46.54% of respondents identified holding another type of superannuation savings plan. Few employers offered access to financial advice with only 17.9% of respondents indicating that had access to this type of support. Married nurses were slightly more likely to hold other superannuation savings plans than non-married nurses and slightly less likely to hold a Kiwisaver plan. Unexpectedly, British or Australian nurses were no more likely to have additional superannuation funds than NZ European nurses, though NZ Māori nurses were

slightly less likely to have additional superannuation funds. Predictions that the large contingent of ex-NHS nurses would retire (as currently able) at 55 with a pension from the UK are therefore unlikely to be widely applicable.

While nurses who have a Kiwisaver plan are slightly less worried about how they will financially manage in retirement than those who don't, as a whole, 59.75% (N=1890) of respondents were worried about how they were going to manage financially in retirement regardless of whether they hold a retirement plan or not. This may reflect the influence of current governmental / media rhetoric regarding the country's financial situation and the cost of superannuation.

Qualitative data related to retirement decision

Over 300 free text comments were made in response to questions related to retirement planning and other factors related to decisions to retire, and these could be themed under the following broad headings: financial preparedness; moving to Australia; health (physical and cognitive) and safe functioning; workload; shift work requirements; flexibility; embeddedness; and ageism. These are available in the full report.

Factors that would aid retention/delay retirement

Respondents identified a range of items that would contribute to them remaining in nursing. Better pay, more appreciation of their work, and better access to continuing education are the most important contributors to nurses aged over 50 remaining in the workplace. These responses did not reflect the importance given in the free text section to shift choice, though better pay and access to flexible hours scored highly.

There were some clear differences in the relative importance of pay in delaying retirement by health sector. So while, from the free text data supplied, better pay, retirement saving and access to financial planning may reduce the number of years service needed to build a secure retirement income (assisting earlier retirement) better pay alone may help retain nurses in the 'younger' older age group (50-55) who currently leave at that age in significant numbers.

Respondents were also given a range of possible suggestions for the specific things that workplaces could do to support them as late career nurses in the workplace. Ensuring safe staffing was the most commonly chosen, indicating that ensuring manageable workload, appropriate skill mix and numbers of nursing staff remains one of the most important aspects of retaining nurses in the workplace. Flexible work options and providing career options that support transition to retirement were also popular options. Top of the list by a long way was safe staffing – related to both workload and feeling able to offer safe, high quality care. Also important, concurring with the free text responses are flexible work options. The provision of workplace aids such as eyesight & hearing support, ergonomic seating and lifting ranked much lower than the flexible work options.

Challenges in the workplace

Respondents were asked if they faced any specific challenges in the workplace due to their age. Nearly 30% (N=920, 28.6%) indicated they do face challenges related to their age and over 1100 free text comments were made in relation to this question. Free text comments expanded on the types of challenges nurses identified and thematic analysis identified a range of themes that capture the nurses' experiences. The main challenges related to

physical (including workload, fatigue & coping with shift work), keeping up with technology, and lack of recognition including ageism.

Recommendations

If the large cohort of nurses that intend to retire within the next 10 to 15 years can be decreased in size, through strategies targeted at pushing out the intended retirement age, the resulting predicted nursing workforce shortage may be alleviated.

Strategies are required to delay retirement and aid productive safe retention of older nurses:

Strategies for employers include:

- > Ensuring safe staffing and skill mix on every shift
- > Examining rostering practices
- > Increasing flexible employment options such as permanent, fixed shifts, part time and job share options;
- > career planning with late career nurses including the potential of less physical roles;
- > ensuring older nurses are valued and empowered in the workplace.

Strategies for NZNO should include:

- > Development of two resources for nurses:
 - one identifying strategies for managing shift work
 - another examining the implications of a multi-generation workforce and how to manage this in the workplace

Acknowledgements

The New Zealand Nurses Organisation, and the authors, would like to acknowledge the hard work and dedication of all those nurses over 50 in the New Zealand workforce.

We thank you for your contribution to this research.

Reproduction of material

© 2012 This material is copyright to the New Zealand Nurses Organisation.
Apart from any fair dealing for the purpose of private study, research, criticism or review, as permitted under the Copyright Act, no part of this publication may be reproduced by any process, stored in a retrieval system or transmitted in any form without the written permission of the Chief Executive of the New Zealand Nurses Organisation (NZNO), PO Box 2128, Wellington 6140.