

Value added: the wisdom of older nurses at work



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Acknowledgements

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Summary

Age management is about putting into action measures that both combat age barriers and promote age diversity in the workforce. It includes actions that are focused on particular aspects of age management as well as general human resource approaches that create environments where all employees are able to achieve their potential without being disadvantaged by their age.

Intergenerational approaches to build the health workforce need to recognise the specific contributions of the real 'knowledge workers' of the nursing and midwifery disciplines – **the mature workforce**. Their unique skills, knowledge, experience and wisdom underpin the overall capacity and capability of the nursing and midwifery workforce.

In the Victorian context, evidence and research validates that the wisdom and contributions of mature nurses and midwives are best harnessed by addressing the following elements of the Mature Worker Retention (MWR) model:

- Strategy 1:** Workforce strategies that focus on protecting and strengthening the financial, professional and social capital of an older workforce within an organisation (MWR elements: health and wellbeing).
- Strategy 2:** Building the confidence and prospects of older workers so they have equitable access to, and uptake of, learning and development opportunities (MWR element: learning and development).
- Strategy 3:** Providing assistance with nurses' professional and personal transitions in ways that recognise and respect the distinctive sense of community that older nurses hold in relation to their work (MWR elements: financial security and work community).
- Strategy 4:** Developing a culture that recognises and values 'wisdom at work' that is visible, meaningful and mutually beneficial (MWR elements: reward and recognition, age awareness, management capability, leadership).
- Strategy 5:** Designing nursing roles to optimise job satisfaction and patient care, and supporting work arrangements that are flexible and responsive to the needs of older workers (MWR elements: job structure and job content).

These approaches collectively build and sustain the health and wellbeing of older nurses and midwives.

Introduction

Ageing of the nursing workforce is a topic of international importance. However, rather than a problem to be rectified or resolved, the demographic changes that are driving the current mature nursing and midwifery labour profile provide an opportunity to develop a balanced and more sustainable workforce approach.

This paper identifies the factors affecting workforce participation of older nurses and midwives and provides some practical ideas to begin addressing these issues. It outlines the objectives for retaining older nurses and midwives in the workforce, which have been established through a process of consultation and investigation. These objectives are to:

1. Provide a safe workplace that considers the specific requirements of older nurses and midwives.
2. Build the confidence and prospects of older workers. Ensure equity in access and uptake of learning and development opportunities.
3. Respect the distinctive sense of community that older nurses and midwives hold in relation to their work by providing assistance with professional and personal transitions.
4. Develop a workplace culture that values 'wisdom at work'.
5. Optimise job satisfaction and patient care by designing nursing and midwifery roles that are flexible and responsive to the needs of older workers.

'It's the skill and the wisdom of nursing that is learned. Not only do we look mature because we are mature...that often settles people. Despite some of the new technologies and interventions, a lot of us have been there before and have some experience of life' (current nurse)



This work builds on an earlier investigation by the Department of Human Services examining the factors that contribute to the attraction and retention of older workers to health and human services (Business Work & Ageing, 2005; 2005). As there is little consensus about when a nurse is considered 'older' nurses and midwives over 50 years are the focus of this paper. (Hatcher, 2006)

This paper draws on the published literature about the ageing workforce, particularly in relation to health, and incorporates wisdom from those with experience supporting and managing older nurses in the workplace. Most importantly, it captures and reflects the views, concerns and aspirations of our older nurses and midwives working in Victoria.

Finding effective ways to support older nurses and midwives at the system level must start with a more detailed understanding of the issues that impact on individuals within a given workplace.

The international literature identifies that central to a nurse's decision to retire are the need for flexibility in working arrangements so family commitments can be met, access to continuing education and learning, concerns about financial issues and perceptions of stress at work.

The importance of these factors has been reinforced by the nurses and midwives who participated in focus groups that were held across Victorian in 2010. The views and perspectives of these older nurses are the foundation for this report and ground it in a uniquely Victorian context.

While the literature supports the growing awareness that action is required, there is little reliable evidence about the best strategies to retain older workers in general and, more specifically, to effectively retain older nurses in the workforce.

This paper aims to facilitate discussion between nurses, midwives and their employers about how to support older workers and better harness their contributions. This will assist in developing a targeted policy response to meet the challenges of workforce change arising from the ageing demographic of nurses and midwives.

In time, evaluation of the effectiveness of interventions is required so that what is learned can be integrated into health service operations.

What do we know about the older workforce?

- The overall workforce is ageing. By 2012, more than one in six workers will be 55 years or older.
- Workers over 55 years are the most dissatisfied with the benefits offered by employers (Queensland Government, 2009).
- Most employees who are planning for their retirement have not discussed succession planning with their employer.
- The cost of losing an employee in their first year of employment has been estimated at more than two to three times their annual salary. In nursing in the US, this has been estimated to be 'equal to or greater than two times a regular nurse salary, more if a specialised nurse' (Hatcher 2006).

There is evidence that proactive business and commercial organisations are positioning themselves to attract older workers to ensure the wealth of corporate, business and workplace knowledge is not lost (Business Council of Australia, 2007).

The health sector, and in particular nursing, appears to be unaware, unmoved or unclear about how to react to the imminent impact of the potential for large scale loss of expert knowledge and intellectual capital over the next decade (Graham, 2010).

As well as the loss of older workers, there are other forces that have an impact on how workplaces can plan for the future. The different work and career expectations and employer loyalty of younger workers and the rate at which information and other technology is changing the workplace coupled with the loss of intellectual capital of older workers poses a significant threat to workforce stability and supply.

The policy context

A greater policy focus on retention of the nursing workforce is needed (Australian Bureau of Statistics, 2004). The goal of increased workforce participation requires a multifaceted policy response that includes addressing age discrimination, workforce participation, retirement age and numbers of women in the workforce.

The World Health Organization (World Health Organization, 2006) has identified that to be effective, a workforce strategy must address three core challenges:

- improve recruitment or supply of workers
- improve the performance of the existing workforce
- slow the rate at which workers leave the health workforce.

In Australia, there has been a significant focus and investment in the first of these challenges, some attention on the second and little investment in the last.

The need for a broad and integrated approach to make 'significant inroads' into the retention of older workers in the nursing workforce has been highlighted in a submission from the Australian Nursing Federation (2004) to the Productivity Commission:

Attitudes of employers, employment policy directed at mature aged labour force participation, active labour market programs for older people, training and retraining, part time options, self employment incentives, incentives to retain older workers and attitudes to work among older workers themselves are just some of the avenues that should be explored.

A number of legislative and financial levers are now in place across the broader policy arena that provide incentives for workers to stay in the workforce longer, including:

- legislation that protects workers against discrimination based on age at both the national (*Age Discrimination Act 2004*) and state level (*Equal Opportunity Act 1995 Vic*) (State Government Victoria, 2009)
- changes to the pension age that effectively increase the 'retirement age' from 65 to 67 years of age in Australia (Karvalis, 2009)
- the Commonwealth's \$43.3 million 'productive ageing' package, which encourages older workers to stay in the workforce and use their skills to train apprentices and younger staff (Stark, 2010)
- the mature worker tax offset introduced in 2004, which provides a tax rebate for people aged 55 or over who choose to stay in the workforce
- changes in access to superannuation introduced in 2007, including the ability of people over 55 years of age to access superannuation in the form of a non-commutable pension while still working and allow for superannuation benefits to be tax free or subject to a reduced rate after age 60 (Business Council of Australia, 2007).

Planning for the health workforce is a high priority. The recent establishment of the national workforce agency and a health workforce statistical register to drive strategic long-term planning for the health workforce are central to this reform (KPMG, 2009). Understanding the expectations of ageing workers will be critical to that endeavour.

How this paper was developed

This paper has been drawn from the following three sources:

- review of relevant local and overseas literature
- in-depth interviews with health services managers and executives
- focus groups with older nurses and midwives in Victoria.

As a result, locally relevant issues for older nurses and midwives (individually as well as collectively) have been captured, triangulated and validated.

Literature review

Key workforce studies, including nursing-specific studies, have been examined to identify what is occurring in relation to the retention of older workers, and specifically nurses and midwives, in Victoria and in other jurisdictions.

Interviews

Managers from various health services were interviewed to gather information about the Victorian experience with retention of older workers. Respondents included representatives from metropolitan, rural, mental health and maternity services. Feedback was sought regarding participation in professional development programs by older nurses, specific needs or requirements of older nurses from the manager's point of view, preceptorship, mentorship programs, and challenges and barriers to providing a supportive environment for older nurses and midwives.

Focus groups

An external consultant conducted ten focus groups across metropolitan and rural/regional locations between December 2009 and February 2010. Nurses and midwives over the age of 50 years, some currently in the workforce and others who had left in the past five years, were invited to attend. Participants were recruited to reflect a cross-section of the mature workforce.

Mature Worker Retention Model

The Mature Worker Retention Model (MWR) was used to structure the focus groups (Business Work & Ageing, 2005). While this model has been developed and used for consulting and assessing approaches to retaining mature workers, this appears to be the first time it has been applied to nursing.

The MWR Model was developed by the Business, Work and Ageing Department, Swinburne University. It comprises ten interrelated elements that are relevant to retaining older workers (Rolland, 2007). The circular representation of the model reinforces that there is no assigned priority to the elements. Any priority or precedence in the model elements evolves from the use of the model with specific groups of workers.

The MWR Model is:

- an instrument to measure the current position of a workplace/group of workers in relation to all elements of the model
- a tool to facilitate consultation about how a workplace is performing against each of the model elements and the opportunities and barriers
- an evaluation tool that can assess the priority of each element as it relates to local circumstances.

Developed for older workers, the MWR Model has important strengths as a framework for investigating retention. Specifically, it is contemporary, it reflects the Australian workforce and has been developed and tested using an evidence-based approach. Although it has not yet been specifically applied to nurses, it has been tested in the human services sector (Business Work and Ageing, 2005). This study provided the first opportunity to apply this model to nurses to identify the priorities for retaining older nurses and midwives in the workforce.

Key nursing workforce studies

The nursing workforce is a large and highly accessible sector of the workforce and has been the subject of a number of large scale studies internationally. In particular, the following studies are central to knowledge about nurses' employment decisions, participation and exit from the workforce.

Nurses Early Exit (NEXT) study

The European NEXT study was a longitudinal, multi-centred, multinational cohort study investigating reasons, circumstances and consequences surrounding premature departure from the nursing profession from the perspectives of the individual, the employer and the system.

The researchers (funded by European Union) include Belgium, Finland, France, Germany, United Kingdom, Italy, Netherlands, Poland, Sweden and Slovakia.

See: <http://www.next.uni-wuppertal.de/EN/index.php?next-study>

The Nurses Health Study (NHS)

The United States Nurses' Health Study (NHS) has tracked more than 238,000 nurses since 1976, making it amongst the largest and longest running women's health studies. The NHS has focused on prevention of cancer as well as contributing new insights into cardiovascular disease, diabetes and many other conditions in the nursing workforce. Most importantly, these studies have shown that diet, physical activity and other lifestyle factors can powerfully promote better health.

See: <http://www.channing.harvard.edu/nhs/>

The Nurses and Midwives e-Cohort study

The Nurses and Midwives e-Cohort is a longitudinal population-based study to examine factors associated with both workforce and health outcomes in a cohort of nurses and midwives in Australia, New Zealand and the United Kingdom. The study is funded by the Australian Research Council and a range of industry partners.

See: <http://nurses.e-cohort.net/default.cfm>

Wisdom at Work

Commissioned by the Robert Wood Johnson Foundation in the US, the Wisdom at Work White Paper used a comprehensive approach to identify promising strategies and opportunities for retaining experienced nurses in the workforce. Strategies included review of the literature, workforce surveys, 'interviews with sages' and identification of best practice.

See: <http://www.rwjf.org/files/publications/other/wisdomatwork.pdf>

Work ability

The Work ability concept was developed by the Finnish Institute of Occupational Health and is a global concept that examines the match between an individual's functional capacities and competencies and their work and work environment.

Nurse workforce planning

The World Health Organization has identified the three key challenges for an effective health workforce strategy: improving recruitment, improving the performance of the existing workforce, and slowing the rate at which workers leave the health workforce (World Health Organisation, 2005). With regard to the mature nursing workforce in Victoria, a high priority is to slow the rate at which workers leave the workforce.

Recruitment and retention of nurses has been a major focus in Victoria since 2001 (Nurse Recruitment and Retention Committee, 2001) and the Victorian Nursing Recruitment and Retention Strategy has been highly successful in attracting nurses back into the Victorian public health system as well as retaining them. The comprehensive strategy includes initiatives that support nurses to enter/re-enter the workforce as well programs to enhance retention (through upskilling, recognition of excellence and addressing back injury prevention and occupational violence).

Evidence is needed to inform policy for workforce planning and while there is some evidence of the impact of the ageing workforce and necessary adjustments evident in other sectors, there is little evidence of effective 'on the ground responses' within the health care sector.

What do we know?

- The overall workforce is ageing. By 2012, more than one in six workers will be 55 years or older.
- Workers over 55 are the most dissatisfied with the benefits offered by employers. (Queensland Government, 2009).
- Most employees who are planning for their retirement have not discussed succession planning with their employer.
- The cost of losing an employee in their first year of employment has been estimated at more than two to three times their annual salary. In nursing in the US, this has been estimated to be 'equal to or greater than two times a regular nurse salary, more if a specialised nurse' (Hatcher, 2006).

Influences on the nursing workforce

Currently, more than 1.1 million people are employed nationally in the health sector (Australian Bureau of Statistics, 2010) and employment in health occupations continues to grow. Between 2003 and 2008, health employment increased by 23 per cent, almost double the estimated 13 per cent growth across all occupations.

Even the most conservative population projections predict an ageing population, and demographic factors such as fertility, mortality and migration will have a greater impact on the workforce than economic or cyclical factors. This transformation of the Australian population is contributing to the so called 'demographic fault line' where the working age supply is dwindling and the number of retirees is increasing dramatically (Salt, 2010).

Similar to the general population and the overall labour force, the health workforce is ageing; however, the health workforce is ageing more rapidly. For example, in 2006, 16 per cent of the health workforce was aged 55 and over compared to 12 per cent in 2001. Nurses and midwives make up over 30 per cent of the overall health workforce. So, as the largest group of health workers, nurses' and midwives' characteristics and work participation patterns have a significant impact on the supply of health workers. Nationally, the nursing and midwifery workforce profile is characterised by being older than other health workers, predominantly female and highly casualised. These characteristics all have an impact on workforce supply.

Older workers are needed –
for their skills and experience
and because there are not enough
younger workers to replace them.
(Microsoft, 2003)

Age distributions

In Victoria, the average age of nurses and midwives is 43.1 years; however, the average age of nurses working in specific areas or specialties varies from a 'high' of aged care nurses whose average age is 46.8 years to 39.4 years for nurses working in critical care or emergency areas of practice (Australian Institute of Health and Welfare, 2007).

Nurses have a higher average age compared with social, welfare and child care occupations (Business Work and Ageing, 2005) and there is evidence that they are ageing. The proportion of Australian nurses over 55 years of age has doubled for registered nurses (Division 1) from 11 per cent in 2001 to 20 per cent in 2005, and from 7 per cent to 17 per cent for enrolled nurses (Australian Institute of Health and Welfare, 2008).

Every five years, nearly 15 per cent of nurses retire, creating a projected exodus of 90,000 nurses by 2026 (Australian Institute of Health and Welfare, 2007). However, there is some evidence that global trends may be affecting the participation patterns of older nurses and midwives. Over a seven-year period, the proportion of 40–60 year old nurses expected to remain in nursing past 60 years of age increased from 30 per cent in 2001 and 2004 to over 60 per cent in 2007 (Eley, Parker, Tuckett, & Hegney 2010).

There are multiple drivers of the ageing demographic in Victorian nurses. These are discussed as follows.

Later entry to the profession

Today, entry to the nursing and midwifery profession is at a later age than for previous generations. This has been driven in part by the changes to educational preparation for entry to the profession, from hospital-based training to a Bachelor Degree. A recent study of undergraduate nursing students in Queensland and South Australia found the mean age of nursing students was 27 years (Gaynor, et al., 2007). The impact of graduate entry nursing programs is expected to add to this trend.

The impact of later entry to the profession can sometimes be lost in the simplicity of claims that the workforce is ageing because no one young is joining the ranks. This perspective may be reinforced by the profile of nurses in the acute care sector. It is this sector that supports many of the new entrants and the practice of taking a large number of graduate nurses each year can continually refresh a workforce and contribute to a younger profile. This is particularly so in larger metropolitan health services.

Case Study: Alfred Health, Melbourne

The Alfred Hospital in Melbourne (part of Alfred Health) is a major tertiary referral and teaching hospital in metropolitan Melbourne that has a very young age demographic.

'While the average age of nursing is getting older, our workforce is incredibly young and that is what I have focused our work on here. Our average age in the clinical areas is 30, with some wards it's 23. There are 137 nurses out of 2,200 on this site who are aged 50 and older. The issues of ageing are not on my agenda here – my focus is on managing a very young workforce.'
(Executive Director of Nursing).

Alfred Health has identified that the aspects that attract a younger workforce are the type of work, an inner city location, fast pace of work and use of technology. The challenge for the nursing leadership team is to retain these nurses.

At the same time, the few nurses that Alfred Health has in the older cohort have a low incidence of sick leave despite

having care requirements for older parents etc. However, they do seek work/life balance and are more likely to be in part-time or casual positions.

Understanding and managing intergenerational issues, for example Generation Xs being managers and generation Ys being new graduates, and expectations relating to their management, are some of the challenges facing the nursing leadership team.

To enhance retention, a shared governance model has been introduced using communities of practice at a local level that feeds into a council that looks at quality of care and workforce issues. This helps nurses feel connected with local decision making. Some of the roles that the few older nurses are working in include care coordinators and research nurses.

The Executive Director of Nursing sees the key challenge is to keep nurses for longer and attracting them back.

Location of living and work

Not all health services share the same ageing demographic. Rural and regional settings are more likely to have a higher proportion of older nurses than metropolitan health services while large metropolitan hospitals are more likely to have a younger demographic.

In 2007, 67.9 per cent of rural nurses and 59.3 per cent of nurses working in metropolitan hospitals in Victoria were over the age of 40 (Australian Institute of Health and Welfare, 2008).

Baby boomers

The age group of most interest in this study can be described as 'baby boomers', that is, those born between 1945 and 1964. Although clearly generalisations, baby boomers are described as 'hard working and enjoy team work' and 'have sacrificed to reach their position and feel they have earned respect as a result of their accomplishments' (Dols, Landrum, & Wieck, 2010). They value being members of cohesive groups, recognition and prefer a personal style of communication.

Understanding the potential impact of such generational values, work behaviours, motivation and interpersonal style preferences may be valuable in developing policies or programs to address the needs of baby boomers and address retention of older workers.

Gender

Health is a female dominated industry. Nearly 75 per cent of those working in health occupations in Australia are female, compared to 45 per cent across all occupations. The health occupation with the highest proportion of females is nursing, with about 90 per cent female workers (Australian Institute of Health and Welfare, 2008).

This dominance of females in nursing has remained relatively constant over time, although in some clinical specialities the proportion of males is higher, for example, in Victoria males account for 33 per cent of the mental health nursing workforce and 12 per cent in critical care.

The gender imbalance has a profound impact on the overall participation rate for nurses and midwives. What has been coined the 'feminisation' of the workforce is a

truism for nursing in Australia. Women tend to work fewer hours than their male counterparts, particularly during their child rearing years and women are more likely to retire early (KPMG, 2009).

Health and wellbeing

A strategic focus on health and wellbeing is vital as health status is a critical factor in determining the exit or retention of mature workers from an organisation (Business Work & Ageing, 2006). It is known that middle age is a time of change, including transition through menopause, and can mark the beginning of chronic disease. A recent study into older nurses, their health concerns and self care strategies identified that chronic pain was an important concern for ageing nurses and tiredness and exhaustion were identified as additional stressors. The study concluded that the 'combination of deteriorating work conditions and ageing suggests a need for increased care for older nurses in the workplace' (Gabrielle, Jackson & Mannix, 2008).

Caregiver burden

The availability of options for work influences decisions about remaining in the workforce. This includes the ability to access appropriate leave for care requirements of elderly parents or grandchildren. The *Fair Work Act (2009)* (Commonwealth of Australia, 2009) ensures that employees with carer responsibilities will be protected from discriminatory treatment and current industrial instruments in Victoria also allow for carers' leave options (Australian Industrial Relations Commission, 2007). Discrimination is treating someone unfairly or less favourably because of a personal characteristic. In Victoria it is against the law to discriminate against someone because of their actual or assumed age (Victorian Human Rights and Equal Opportunity Commission, 2007).

Notwithstanding these conditions, the life stage of nurses over 45 years often means that they have a double care burden of parents and offspring, placing further strain on the ever elusive balance between work and home life. The blurring between professional and personal caregiving responsibilities is associated with lower levels of health and wellbeing (Ward-Griffin, et al., 2009).

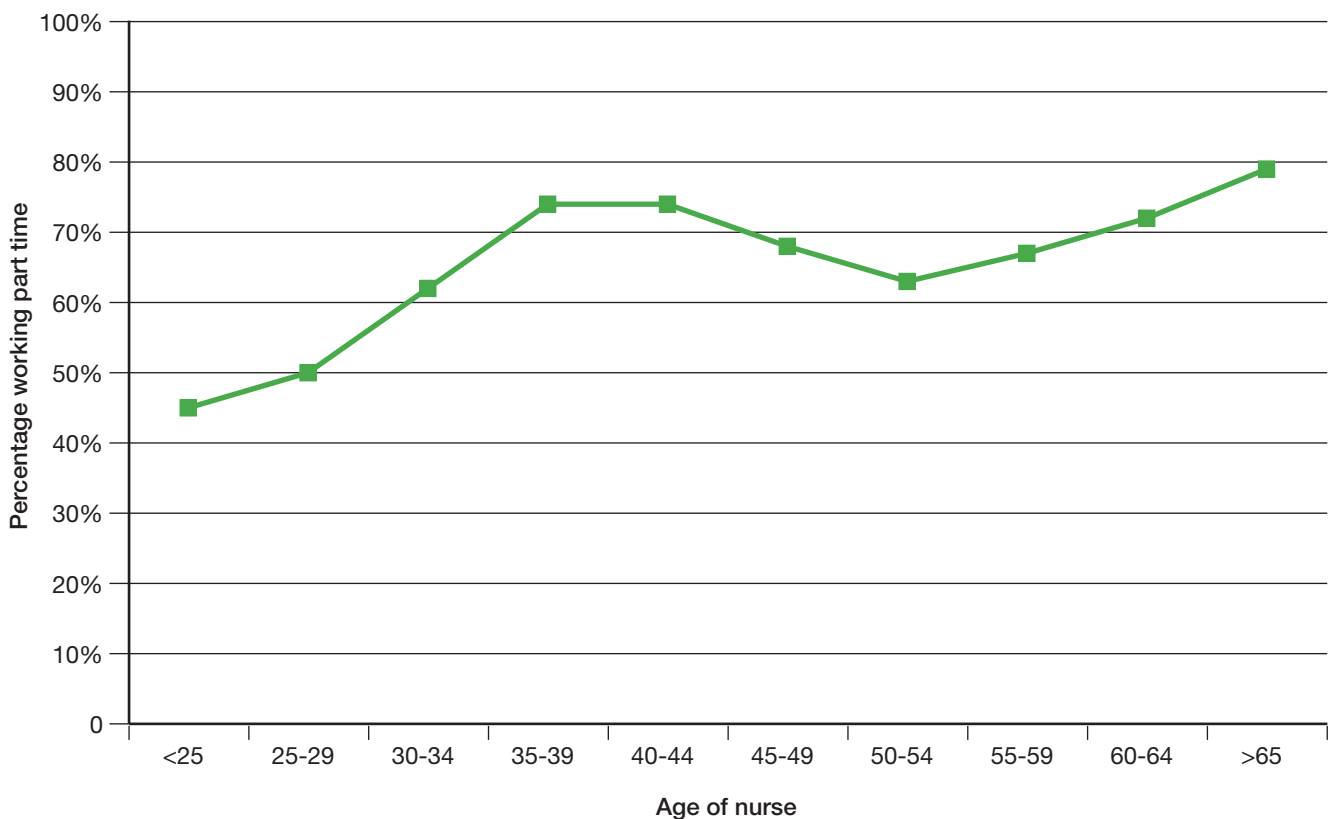
Working hours

As well as being a highly casualised workforce, the participation rates of nurses and midwives vary over their career and lifetime.

In 2007, Victorian nurses work an average of 32.4 hours per week and Victorian midwives an average of just 28.6 hours per week. This is the lowest weekly average for nurses nationally (Australian Institute of Health and Welfare, 2007).

Recent Victorian data (Figure 2) shows that the proportion of nurses working part-time increases in the child rearing decade of 35–45 years of age, dips and then increases again in the period immediately preceding traditional retirement age. This variation in participation over the employment lifecycle may need to be factored into workforce projections.

Figure 2 Victorian nurses workforce participation by age



(Source: Nurse and midwifery Labour Force Census 2007)

The nature of nursing work

Nursing has been described as being part of a service industry, heavily reliant on person-power rather than technology in its work (Graham, 2007). There are many unique characteristics of nursing as 'work' that have a direct impact on the participation of older workers. These include:

Predominantly clinical

Although the domains of nursing practice include clinical, research, education, management and policy, the vast majority (96 per cent) of nurses and midwives are primarily engaged in delivering clinical care to patients. The proportion of nurses in non-clinical roles does increase with age, until 55 years when it effectively reaches a plateau.

Requirement for shiftwork

Mainstream clinical services provide 24 hour/seven day services, hence nursing is characterised by shiftwork. Local rigidity in rostering is still common in some environments despite decades of research into the effects of shiftwork on workers and optimal rostering arrangements (Letvak, 2005).

Moderate-high intensity work

Physically intense clinical nursing involves physical work that is more intensive than office or sedentary occupations (Graham, 2010). There have been considerable improvements in relation to minimising risks of musculoskeletal injuries associated with nursing work (arising from systematic improvements to manual handling and improvements in technology and work design).

Structured workplaces

While there are some small pockets of more autonomous work, such as call centre nursing, overall the very nature of the work requires attendance. Flexible working arrangements are limited, such as options to work from home or have 'flexi time'. Hierarchical culture and reliance on a team makes it difficult to provide individual flexibility.

Knowledge work

Health is essentially knowledge work and individuals must keep pace with change, invention and technological advances. There is constant pressure on nurses and other health workers to maintain knowledge and skills, stay up to date and become aware of the changes in clinical practice.

Regulated occupation

Nursing work has a high level of professional accountability and obligation to the community. Nurses and midwives must meet standards of practice and professional development to maintain their registration. Professional reviews can result in limitations or loss of licensure.

Employer loyalty

Nurses are generally described as a highly mobile workforce, however interviews with managers (conducted in preparation for this paper) highlighted that nurses are more likely to stay with the same employer as they get older.

Victorian nurses and the Mature Worker Retention Model



Age management is about putting into action measures that both combat age barriers and promote age diversity in the workforce. It includes actions that are focused on particular aspects of age management as well as general human resource approaches that create environments where all employees are able to achieve their potential without being disadvantaged by their age.

Intergenerational approaches to build the health workforce need to recognise the specific contributions of the real 'knowledge workers' of the nursing and midwifery disciplines - **the mature workforce**. Their unique skills, knowledge, experience and wisdom underpin the overall capacity and capability of the nursing and midwifery workforce.

In the Victorian context, evidence and research validates that the wisdom and benefits of mature nurses and midwives are best harnessed by addressing the following elements of the Mature Worker Retention (MWR) Model:

1. Workforce strategies that focus on protecting and strengthening the health and wellbeing of older nurses and midwives will be effective in realising the financial, professional and social capital of an older

workforce within an organisation (MWR elements: health and wellbeing).

2. Building the confidence and prospects of older workers so they have equitable access to, and uptake of, learning and development opportunities (MWR element: learning and development).
3. Providing assistance with nurses' professional and personal transitions in ways that recognise and respect the distinctive sense of community that older nurses hold in relation to their work (MWR elements: financial security and work community).
4. Developing a culture that recognises and values 'wisdom at work' that is visible, meaningful and mutually beneficial (MWR elements: reward and recognition, age awareness, management capability, leadership).
5. Designing nursing roles to optimise job satisfaction and patient care, and supporting work arrangements that are flexible and responsive to the needs of older workers (MWR elements: job structure and job content).

These approaches collectively build and sustain the health and wellbeing of older nurses and midwives.

Figure 1 Mature Worker Retention Model (BWA 2007)



Reproduced with permission of Business, Work and Ageing, Swinburne University.

Priority MWR elements for Victorian nurses and midwives

Use of the MWR Model to gather the views, attitudes and responses of mature nurses and midwives in the Victorian health workforce has demonstrated its relevance and appropriateness for use with the nursing profession. Indeed, participants reported that they believed all elements of the model were important:

'From my perspective, every single one of these is important to me and rating them from one to ten is very difficult. Reward and recognition is an imperative. I'm a single mum. I have to stay healthy so health and wellbeing is also imperative, but, then, they are all important aspects.'
(current nurse, Melbourne)

However, it is worth noting that the following MWR elements were identified as particularly important:

- health and wellbeing
- learning and development
- reward and recognition
- superannuation and financial security.

These four elements and the focus group participants' views and perceptions of their relevance have been

explored in detail. The remaining elements are examined in lesser detail but with attention to what the focus group participants identified as important.

Health and wellbeing

For the nursing and midwifery profession, the MWR Model can be seen as hierarchical rather than categorical in nature, with health and wellbeing being more explicitly preminent. This may be due to the considerable physical demands, including shiftwork and moderate intensity work, and the non-sedentary nature of the work inherent in most nursing and midwifery roles.

The focus group participants identified health and wellbeing as an outcome of the other elements in the MWR Model as much as a distinct element. The work of nursing and midwifery (and working in general) was seen to require good physical fitness and emotional stamina for it to be a sustainable profession for older workers.

The flip side was clearly that deterioration in physical fitness and emotional wellbeing will lead to nurses leaving the profession. Addressing nurses' health and wellbeing is, therefore, a key to ensuring mature nurses continue in the profession.

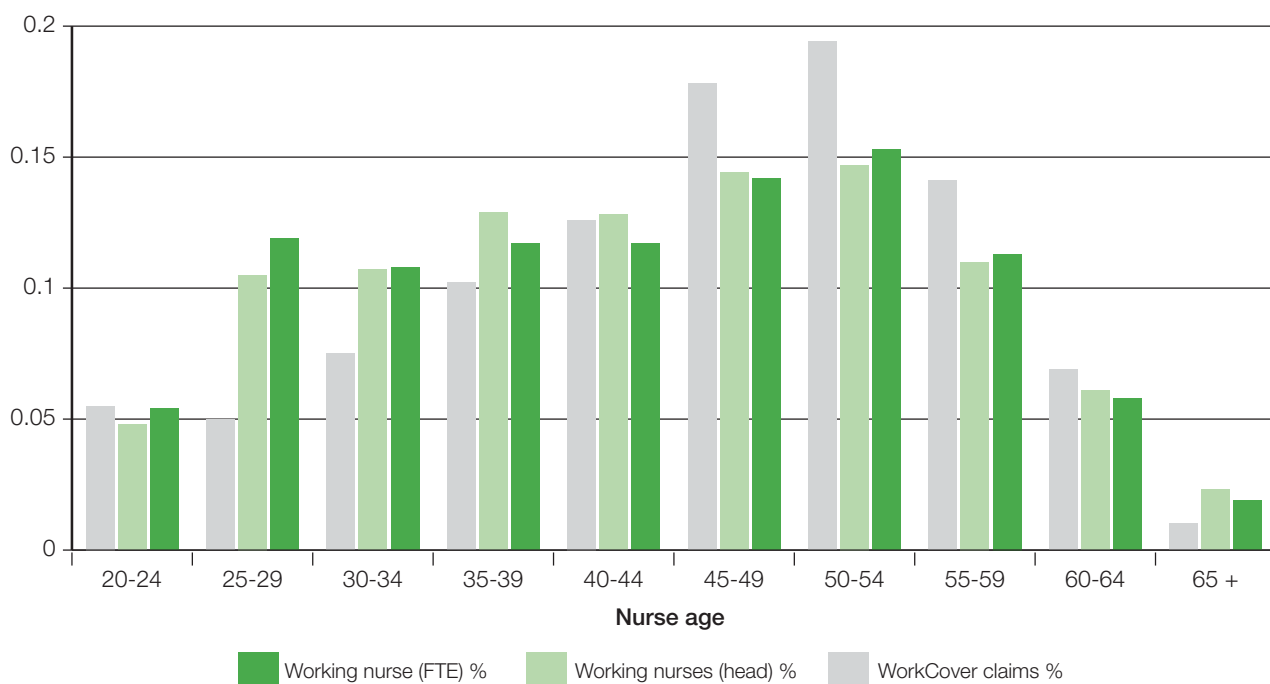
Central to retaining workers in a tight labour market is how effectively a worker can achieve a desirable balance of their work and non-working life. Work-life balance is about how someone balances their paid work commitments with their career goals, personal, family, community and cultural responsibilities and aspirations. This balance is continually changed and re-negotiated over our working life.

Queensland Health has recently produced a practical reference tool for employees and managers that summarises the policies that address issues of work, life and family balance. The guide is designed to assist managers to ensure increasing levels of success in implementing and sustaining flexible arrangements; to assess and implement flexible work options; to understand and know the available flexible work arrangements policies; and to deal with practical difficulties that arise when implementing flexible arrangements. Further information about these activities is available in the final section: Age awareness an action plan.

What do we know?

- There is little consensus about the effects of ageing on older workers (Graham, 2010; Health & Safety Laboratory, 2005).
- More than one quarter of workers over 45 years of age cease work early because of ill health or injury (Australian Bureau of Statistics, 2005).
- The factors that affect health and wellbeing of nurses are well documented, including exposure to occupational violence, risk of musculoskeletal damage from manual handling and stress and burnout (Letvak, 2005).
- WorkCover claims in 2008–09 (Figure 3) show that nurses between the ages of 45 and 60 are far more likely than other workers to have a WorkCover claim for a workplace injury or illness.
- A review of the literature around shiftwork (Muecke S, 2005) suggests that shiftworkers in general are at risk of fatigue, which may impact on their performance in the workplace and have a negative influence on patient care. This risk is particularly increased for workers over 40 years of age.
- There is a strong causal link between a nurse’s health and wellbeing and intention to leave the profession. Physically demanding, stressful work and health problems are determinants of early retirement, with back injuries one of the most important factors (Schofield & Beard, 2005).
- Preventative self help regimes (regular exercise, healthy eating) can moderate the effects of ageing and reduce stress, however older nurses report neglecting their health and putting others ahead of their needs (Gabrielle, Jackson & Mannix, 2008).
- There may be a ‘window of opportunity’ to influence the commitment of older nurses to remain in the workforce. A component of the NEXT study looking at leaving intentions and dissatisfaction demonstrated that highest dissatisfaction was reported by those in the 30–40 year age group. The study concluded that the 45–55 year cohort ‘survived’ the critical period where they seriously questioned the suitability of nursing as a profession (Hans-Martin Hasselhorn, 2005).
- Nurses with ‘double care duty’ (caring for relatives) are at risk of developing negative health effects (Ward-Griffin, et al., 2009).

Figure 3 Reporting of injuries by nurses/midwives by age



(Source: Nurse & midwifery Labour Force and Victorian WorkCover 2008-2009)

What do employers think?

Managers interviewed highlighted health and wellbeing as an issue affecting nurse retention. One manager of a mental health service noted that the low technical demands and less physical nature of mental health work is conducive to older workers. The manager of an inner metropolitan service identified that older nurses, despite their increased care needs with older relatives, were less likely to take sick leave than their younger counterparts.

What did our older nurses and midwives say?

When it came to health and wellbeing and its importance in continuing to work as a nurse or midwife later in life, Victorian nurses and midwives said:

‘That is number one. If you aren’t healthy you really can’t keep working.’

(current nurse, rural/regional group)

‘Without it you wouldn’t be there. It’s the first thing. You have to be in a reasonably healthy position, both mental and physical health. There’s been a complete change in what nurses are facing today compared with years ago when they learned on the job. You have to be really physically well.’

(current nurse, Melbourne)

‘If you are mature, you need to have that as number one.’

(current nurse, rural/regional group)

‘Health and well being is the umbrella over everything. It is your emotional, social and psychological health. If you have been in a job for 15 years and suddenly the experience you have has been derided for some reason, that is, management cuts or you are expected to do extra shifts because they are short staffed or whatever, then the whole thing blows up.’

(current nurse, Melbourne)

‘While my health is good and I’m fit I’ll keep nursing. We go to the gym and walk the dog. While I feel capable I will go to work.’

(current nurse, rural/regional group)

The physical affects of ageing can be variable, but for nurses who are providing direct clinical care, the musculoskeletal changes can have an impact and affect some nurse’s confidence in their ability to meet the physical demands of the job:

‘Hopefully I will stay in this [psych] until I am 65 [5 years] and hopefully I will have the energy... I had the option of a Grade 5 job in aged care or Grade 2 in psych and I took the latter because I love the work.’

(current nurse, rural/regional group)

‘I’m not as fast as I used to be, I can’t run around the ward.’

(current nurse, Melbourne)

‘It does get harder, speaking from experience. I need to go to the gym three times a week. I’m frightened I will have a fall and not be able to get up.’

(current nurse, Bendigo)

The predominantly female profile of the nursing and midwifery workforce brings its own challenges as the workforce ages, which can also have an impact on physical and emotional wellbeing:

‘A significant change on our life is the transition through menopause. A lot of women struggle through these symptoms. The place can be too hot when you’re having hot flushes, you can’t sleep, and there are a lot of issues.’

(current nurse rural)

‘It’s menopause, teenagers, elderly parents – I have my dad with me for a couple of weeks and I won’t be able to work at all.’

(current nurse rural)

‘It’s the sheer physicality of it.’

(current nurse, Melbourne)

Recovery from shiftwork was also cited as an issue affecting health and wellbeing:

'Shiftwork gets harder as you get older. Our late shift finishes about 10 o'clock and to come back at 7 the next morning, I've been finding that really hard. I trained at Prince Henry's and we used to finish at 11.15 but getting into my 50s I don't know how much longer I can do it. You can't really negotiate, it's very rigid. You have to work around other staff who do a 10-hour shift so it's hard to change that.'

(current nurse, Melbourne)

'Every decade I worked night shift it got harder. In my late teens and 20s I didn't sleep, in my 30s and 40s I struggled and by my late 40s/early 50s I burned out. I'm in my late 50s now and I won't do it. The last time I did a night shift I got a rash all over my body.'

(current nurse, rural setting)

Others, however, point out that shiftwork is not compulsory. Older nurses can sometimes have flexibility when it comes to working more convenient day shifts; however, in many cases, this requires a salary sacrifice, which some nurses are reluctant to do.

'You don't have to do shiftwork but the pay is not as good. That's why people continue to do the shiftwork and weekends.'

(current nurse, Melbourne)

'Nine to five in nursing pays so poorly you really do need to do your weekend and night shifts. On the weekends when you get the most money it is relatively quiet. I'm healthy at the moment so I get by but in an ideal world I wouldn't do shiftwork.'

(current nurse, Melbourne)

Some participants agreed that night duty, in particular, becomes less manageable as they age. As with shiftwork generally, as a nurse becomes older, night shift is increasingly exhausting and harder to recover from.

'When you are in your 40s you don't want to be doing night duty.'

(current nurse, rural/regional group)

'It's very bad for your health.'

(current nurse, rural/regional group)

Many of the participants also noted the positive changes in the workplace that made a difference to the way they worked and reduced the risk of injury, such as equipment:

'Lifting has changed, it's not on anymore. You use equipment.'

(current nurse rural/regional group)

Others reported that they were engaging in health promoting activities to help them meet the demands of the job as they aged, including going to the gym and tai chi.

Similarly, the NEXT study also concluded that the relationship between age and decreased 'work ability' in nursing is well established. The association between work ability and intention to leave was most marked for nurses who perceived the demands of the work environment to be incompatible with their individual perceptions of their own work performance and personal resources. Nurses working in countries adopting solutions such as more flexible work schedules and community work show higher perceived work ability (Hans-Martin Hasselhorn, 2005).

Myths in nursing – older workers and health and wellbeing

Myth: Older workers' performance is affected by failing health.

Reality: Physical work capacity can decline slightly with age; however, the potential disadvantage of an older worker is offset by accumulated experience and resultant improvements in mechanical efficiency.

Health rather than age may be more significant, with unhealthy workers often beginning to feel less competent and, as a result, generally find their job less satisfying (Victorian Employers Chamber of Commerce and Industry, 2006).

Myth: Older workers will either be disabled or sick more often.

Reality: Attendance studies reveal that older workers take less sick time for short term illness than younger workers.

Myth: It is expensive to accommodate older workers' needs.

Reality: Accessible technology may open the workplace to many older workers.

Ideas and opportunities

Addressing the specific health and wellbeing needs and concerns of older nurses and midwives clearly has the potential to have a significant impact on retaining and maintaining participation of older nurses in the workforce. The literature, discussions and focus groups all point to some key themes:

- employer support and promotion of healthy lifestyle programs tailored for older nurses
- opportunity to look at the utility of the 'work ability' model within Victorian workplaces and with Victorian nurses and midwives.

Further ideas and resources about health and wellbeing and older nurses and midwives are provided in final section: Age awareness action plan.

Learning and development

Learning and development is a complex domain that depends on factors such as regulation and the alignment of education and training options with individual and sectoral requirements. Learning and development, as it relates to nursing, describes both formal and informal education, training and retraining and continual professional development.

This element of the MWR Model was identified as highly significant. It was a critical element for older nurses who participated in the focus groups as it has a major impact on their overall workplace satisfaction levels.

Access to continual professional development, knowledge acquisition and the application of this knowledge to standards of practice is a major requirement for clinical practice in nursing.

What do we know?

- Barriers to learning and development described in the health sector include workplace culture, prior levels of educational attainment, numeracy and literacy levels, cost, personal motivation, vocational advice, access to education and training options that are relevant, facilitation of transitions to, through and from education and training (Business Work & Ageing, 2005).

- There are attitudinal and structural barriers to participation in education and training at both an individual and organisational level (Business Work and Ageing, 2005).
- Older nurses have lived through significant changes in nurse education in the last 20 years. An academic model of nurse education has replaced the apprenticeship-based model.
- It has been argued that nurse education and training has focused on the acute sector at the expense of the emerging care requirements in the modalities of general practice and community settings (National Health Workforce Taskforce, 2009).
- There is a higher proportion of part-time nurse workers in Victorian health services than other health workers and as nurses get older the rates of part-time work increases (Australian Bureau of Statistics, 2005).
- Part-time, casual and contract workers are less likely to have access to employer supported training. For example, current nursing industrial instruments in Victoria provide for professional development leave for full-time employees only (Australian Industrial Relations Commission, 2007; Australian Nursing Federation, 2008).
- Formal continuing professional development (CPD) is now mandated for nurses and midwives (and other registered health professionals as part of registration) (Nursing and Midwifery Board of Australia, 2010).
- While older nurses recognise the need to maintain professional development as much and perhaps more (in view of technological change) than their younger counterparts, existing nursing CPD programs and resources may not be geared to the needs of older nurses and access to programs may vary between locations and workplaces (Watson, Manthorpe, & Andrew, 2003).
- Victorian health services have an interest in ensuring **all** their staff can meet the new CPD requirements so they can continue to meet the registration requirements and continue to be employed.
- Older nurses are less likely to be offered retraining programs (Letvak, 2002).

What do employers think?

Managers identified access to training and development as an issue for older nurses. The fact that older nurses were more likely to work part-time was raised as a constraint. The manager of a rural service reported that because they did not have a ready supply of nurses, they saw training and development as a vital key to retaining their workforce and their rural location required them to adopt innovative approaches to training and development.

What did our older nurses and midwives say?

The variance in policies, custom, practice and attitudes to ongoing professional development between health services was noted.

Victorian nurses and midwives identified that learning and development is a major issue that has an impact on the level of satisfaction with their work. Specifically, when asked what would keep them in the workforce longer, access to learning and development opportunities was cited as a major incentive to stay:

‘Personally, what would keep me is learning and development. I just love to do different things, to continually learn new things...’

(current nurse, Melbourne)

Though demonstrating motivation to undertake further training, participants described a number of barriers. The feedback, though varied, identified that in-service training was satisfactory; some nurses raised concerns about being out of pocket to undertake further training.

‘We have to pay for everything we go to...We get the study time off as per the award, five days per year for full time staff. Even if it is internal we still pay money, even the internal wound care course. We pay \$60.’

(current nurse, Melbourne)

‘We are one of the professions that doesn’t get a lot of support with professional development, we have to cover our own costs.’

(current nurse, rural/regional group)

‘We have changed from being palliative care nurses to consultants and with that we are expected to have a further qualification like a Graduate Diploma. They were happy for us to finance ourselves totally and took days off our holidays to do that.’

(current nurse, rural/regional group)

‘We don’t get staff days. Management expect you to educate yourself.’

(current nurse, Traralgon)

This sense of entitlement when it comes to further education and external support may be a feature of the broader nursing workforce and may not be unique to the age group in this study. This perspective, however, differs from other professions that accept they will largely self-fund CPD activities as part of their ‘professional’ responsibilities. It may be that over time the impact of mandatory CPD for all health professionals will alter this view within nursing. In the meantime, it is important to understand this perspective when designing strategies to engage older nurses in learning and development programs.

Mature nurses also reported being overlooked for training over younger nurses, which generated feelings of resentment:

‘I really wanted to do the training course, but only a few on our ward were able to go. I was told that I couldn’t go because they’d rather give the opportunity to someone who was less experienced.’

(current nurse, Melbourne)

Others described their difficulties in keeping up with all the changes:

‘Sometimes you are treated as though you are stupid ...you don’t always want to ask a question.’

(current nurse, Melbourne)

Myths in nursing – older workers and learning and development

Myth: Older workers are unwilling to try new things.

Reality: Among workers aged 45 to 77 years, 88 per cent said; 'the opportunity to learning something new' would be essential to their ideal job.

Myth: Older workers are unwilling to learn new technology.

Reality: A study by Louisiana State University found that older workers were more willing than their younger counterparts to learn new technology.

Myth: Training the mature worker does not pay off.

Reality: Although younger workers are perceived as a better 'return on investment' in training and training investment is often skewed towards younger workers, older workers actually stay on the job longer after training than younger workers (Hatcher, 2006)

Myth: Cognitive capacities of workers decline with age.

Reality: The widely accepted myth of general intellectual deterioration with age is not supported by fact. Australian and international research shows there is no significant decline in memory and intelligence until people enter their 80s or 90s.

The impact of age on mental capacity varies substantially among individuals; some people retain full capacity, while others face problems such as short-term memory loss and speed of information processing (Victorian Employers Chamber of Commerce and Industry, 2006).

Myth: Older workers do not have the capacity to learn new skills.

Reality: Given the opportunity, older workers are quite capable of learning new skills and achieving high productivity. Recent Australian research found that although older workers may initially take longer to learn new skills, they learnt new skills more thoroughly than younger workers (Hatcher, 2006) and were no more expensive to train than for younger workers.

Myth: Older workers are not interested in career and self development.

Reality: Older workers generally have a lower participation rate in formal education than younger people. However, research has shown that as many as 86 per cent of older workers are more than happy to take up training opportunities afforded to them (Victorian Employers Chamber of Commerce and Industry, 2006).

Case study – Upper Murray Health Services

One health service in Victoria that has sought to address the needs of older nurses is Upper Murray Health Services (UMHS) at Corryong. Corryong has a population of 1,500 and its location has necessitated a 'grow your own' approach to workforce planning. The nearest major rural city is Albury Wodonga, which is an hour and a half drive away.

Corryong has established the Australian Institute of Flexible Learning (AIFL), which is a registered training organisation. This initiative has nurtured a culture of ongoing professional development and learning where local knowledge is valued.

The AIFL employs a former nurse unit manager who is 62 years of age to run training programs for nurses and other health care staff. The health service recognises ongoing education as best practice and aims to meet the challenge of keeping up to date with skills. Courses offered by the AIFL include frontline management, project management, medication endorsement, training and assessment, practice in first line emergency nursing for division 1 and 2 nurses, Certificate III in aged care, foot care, cardio pulmonary resuscitation and occupational health and safety. Because the AIFL is an accredited provider, the courses are recognised in the health training package allowing for an articulated pathway.

Ideas and opportunities

Clearly, creating and maintaining environments where nurses and midwives can achieve the ideal and professional expectation of lifelong learning requires a commitment from both employers and employees.

Addressing the specific learning and development needs of older nurses and midwives has the potential to have a significant impact on retaining and maintaining participation rates of older nurses in the workforce. The literature, discussions and focus groups all point to some key themes:

- Older nurses need to be engaged through learning and development activities that are developed and delivered with their learning style and needs in mind.
- Employers have a role in encouraging all employees, regardless of age, to participate in training, learning and development opportunities for the full course of their working lives. Employers may also wish to measure the participation rate of older learners to ensure that they are not being overlooked or selected out when training opportunities are presented.
- Recognition of prior learning is an important component to be incorporated into further training opportunities. The design of all learning experiences for older workers should recognise the richness of their life and working experience.
- Those coordinating and providing training need to be 'age aware', recognising that some learners may lack confidence or feel apprehensive in returning to learning opportunities.
- There are opportunities to dispel negative stereotypes about older learners through the promotion of positive case studies and encouraging older learners to share their experiences.
- Encouraging a culture of continual learning within a nursing workplace may need to address the perspective of older nurses about education (and specifically the cost of it) being a shared responsibility. This may include greater transparency about the real costs for all parties.

Further ideas and resources about learning and development and older nurses and midwives are provided in the final section: Age awareness action plan.

Reward and recognition

Reward and recognition was highlighted through the focus groups with Victorian older nurses as a key factor for them in staying engaged in the workforce. Although mature nurses feel valued by their patients and the broader community, they expressed a view that they were giving far more than they were receiving from their employers.

One area of study that is under-represented in the literature from an occupational medicine perspective, examines the hypothesis of Effort Reward Imbalance (ERI) and its negative health effects (Flinkman, 2008). ERI may be defined as: 'a lack of reciprocity between costs and gains, i.e. a high cost-low gain condition. It defines a state of emotional distress with a special propensity to autonomic arousal and associated strain reactions'. The study demonstrated a correlation between an imbalance between effort and reward and high burnout. The research found that there was a strong link between wellbeing and reward and recognition.

What do we know?

- The NEXT study found that while there was widespread dissatisfaction with pay among all European nurses, rewards such as job security, career opportunities and recognition for effort are more relevant for nurses than perceived low financial rewards when considering whether to leave the profession (Hans-Martin Hasselhorn, 2005).
- 'Feeling uncared for' was one of two major themes that emerged from a study of older Australian nurses and was identified as a factor that discouraged them from remaining in nursing (Gabrielle, et al. 2008).
- In terms of non-monetary incentives to stay employed longer, older nurses have identified being valued (expressed as being acknowledged for good work, being valued for one's knowledge, being empowered and having a voice in work matters) as important (Blakeley & Ribeiro, 2008).
- There is a strong link between reward and recognition and health and wellbeing. Older nurses with higher job satisfaction, higher control over practice, and lower job demands experienced increased physical health (Letvak, 2005).

- Nurses who perceive they are valued are more likely to become involved with an organisation and less likely to leave (Hsiao-Chen Tang, 2003).
- In general, older nurses value more personal communication styles over technological methods.

What do employers think?

In-depth interviews with managers identified an awareness of the need to focus on reward and recognition for older workers. The manager of a mental health service clearly identified that recognition was important for older workers, as well as flexibility with leave arrangements. A manager of a rural health services perceived access to training opportunities as having a dual benefit in also providing recognition and reward.

What did our older nurses and midwives say?

Lack of recognition was described by the participating nurses as being taken for granted and not having their opinions valued:

'In every nurse's life she has a period when it is her best time to be a nurse and that is often eroded - it's the system itself, you have specialist skills and for that to be overridden by hospital administration or medical organisations and sometimes by fear of how medical practice has changed. It erodes your belief about what you want to be.'

(current nurse, rural/regional group)

Mature nurses want their practical orientation and vast experience to be more explicitly recognised, and they want to be encouraged as mentors to a younger generation of nurses. While some nurses reported the responsibility of supervising or mentoring less experienced nurses was a burden, others welcomed it and felt there was more they could offer:

'[Management] doesn't use nurses as the resource they are.'

(current nurse, Melbourne)

'I usually enjoy working with the students. It's quite refreshing to see them developing a skill and you get to the end of the day and they say "Wow look at what I did today" and that's a really good part of nursing.'

(current nurse, rural/regional group)

The sense of disenfranchisement for some is marked. Largely, this seems to be a result of a perceived lack of support for training and development, not being consulted or asked their views on issues or decisions that impact upon them (for instance, having an opportunity to use their expertise to contribute to hospital decision-making), or not being included in celebrations when successes are achieved. With respect to the latter, the little things have greatest impact.

In one group, a nurse discussed her disappointment that in her workplace, when accreditation was achieved, only the senior management celebrated in an office with a bottle of champagne, while the nurses involved were not acknowledged for their efforts. Another example is an initiative in one hospital where graduate nurses are provided with pizzas for dinner – mature nurses feel they don't receive the same form of recognition.

That 'personal touch' is a strength that mature nurses pride themselves on and one they felt was lacking in their management:

'I do feel undervalued sometimes. I think it's management. You are just a number. It's changed from when I did my general training. If you were sick they would ring and see if there was something they could do...but, now, you could be sick and off for six weeks and you wouldn't hear from anybody.'

(current nurse, rural/regional group)

'There was a nurse on our ward who had worked at the hospital for her whole career. Just getting management to OK even a bunch of flowers to say "thank you" when she retired was a nightmare.'

(current nurse, Melbourne)

The essence of the sentiment behind the Effort Reward Imbalance (ERI) model has been captured in the focus group feedback provided by nurses:

'The expectations of what you have to take on - extra responsibilities, portfolios, student nurses, not only do you have to be there when you're working, but you have to come in for meetings. The expectation is there, it's inflexible.'

(current nurses, rural/regional group)

Nurses reported that they do receive recognition from the broader community:

'I get positive response from the general community when they know you are a nurse.'

(current nurse, Melbourne)

'The best thing for me is the recognition that you are that middle person or link between the community and their healthcare needs and the medical profession. You are able to meet their needs in terms of them being a human being and you get great satisfaction that they get what's going on and they can voice concerns that they may have.'

(current nurse, rural/regional group)

Myths in nursing – Older nurses and reward and recognition

Myth: Older workers are more expensive to employ.

Reality: Increased annual and long service leave costs are often outweighed by the low turnover amongst older workers. Higher turnover amongst younger workers translates into additional recruiting, hiring and training expenses (Hatcher, 2006)

Research undertaken by Business Work & Ageing revealed a net human resource management cost benefit of \$1,956 per annum for workers aged over 45 compared to the rest of the workforce. This is made up of the benefits older workers accrue in relation to training and recruitment investments, which exceed costs in areas of absenteeism and work injuries (Victorian Employers Chamber of Commerce and Industry, 2006).

Ideas and opportunities

Addressing the specific reward and recognition needs and concerns of older nurses and midwives clearly has the potential to have a significant impact on retaining older nurses in the workforce. The literature, discussions and focus groups all point to some key themes:

- Ensuring visual images, promotion and media about nursing includes older nurses in employment can enhance older workers' sense of worth.
- Exploring and supporting participatory management styles has the potential to be more responsive to the needs of an intergenerational workforce.
- Programs that formally use 'senior mentors' may assist in creating visible and credible roles for older workers.
- Line managers may benefit from specific management training focusing on communication and other needs of different segments of the workforce.
- Reward and recognition programs may need to be specifically aligned to the values and beliefs of older nurses to ensure they resonate and are effective.

Further ideas and resources about reward and recognition and older nurses and midwives are provided in final section: Age awareness action plan.

Financial security/superannuation

For older workers understanding what is required to plan for retirement, the options, opportunities and supports available to assist with financial planning are crucial.

What do we know?

- Research on older women's participation from the Office of Women's policy demonstrates that the decision to participate in the paid labour market is significantly affected by available wage opportunities. Studies have found an increase in wages (or a decrease in tax rates) will not produce a significant change in the participation or hours of work (Dr. Siobhan Austen, 2005).
- Nurses employed in public hospitals in Victoria are likely to have been required to join the State Authorities Superannuation Scheme (SASS) or the State Superannuation Scheme (SSS), which provide a 'defined benefit', which is an accrued multiple of the employee's final average salary (Deborah Schofield, 2007). These schemes were available between 1988 and 1992. Those who retire can take their benefits at the eligible retirement age of either 55 years (for members who transferred from older schemes) or 58 years.
- Although superannuation in Australia is compulsory, women are more likely to take more breaks from paid work and work part-time, which further affects their ability to contribute to superannuation.
- Average retirement payouts for women in 2006 was \$63,000 compared to \$136,000 for men; yet a woman's average life expectancy is 83 years compared to 77 years for men (Office of Women's Policy).
- While there is no compulsory retirement age, there is a causal link between the aged pension eligibility age and retirement. The transition period for aged pension eligibility to 67 years begins in 2017, when the pension age will gradually increase from age 65 at six-monthly intervals until it reaches 67 by 2023. The full impact of the increase applies to those aged 52.5 and younger on 1 July 2009 (Wayne Swan, 2009).

- The findings of international studies suggest that the Federal Government's move to reduce the age pension to a safety net arrangement and to increase reliance on self-funded retirement savings will 'encourage' older women to work longer (in order to secure a retirement income). Either changes to the retirement age and the entitlement age for the age pension or access to retirement savings is also likely to affect participation behaviour.
- Staying in the workforce for an extra two years can extend the life of your superannuation savings by seven years, and an extra five years can provide over 20 years of additional superannuation income (Business Council of Australia, 2003).
- There is little research on the expectations and plans of Australian baby boomers for their retirement and old age and none about the nursing profession (Quine & Carter, 2006).

What do employers think?

It is worth noting that the financial considerations of older nurses and how this may impact on their workforce participation were not discussed by the interview respondents.

What did our older nurses and midwives say?

As far as a job can be, nursing has been described as a recession-proof career (Buchan, 2009), a fact that was recognised by the nurses and midwives participating in the focus groups.

'In a society where ageism is quite widespread, as soon as women get older they are valued a lot less. A lot of people in their 50s find it difficult to get a job in nursing but if you are over 50 you can get a job.'
(current nurse, rural/regional group)

'There is always a job out there.'
(current nurse, Melbourne)

Concerns about money and insufficient superannuation appeared to be a major factor keeping nurses working as they age. Those aged over 55 years feel that they do not have good prospects of funding a comfortable retirement:

'We don't have enough super and that's really common in my age group. I don't want to give up work but I really feel burnt out and I would probably cut back if I had some super. Being a single parent doesn't help.' (current nurse, Melbourne)

'I thoroughly enjoy going to work, but it's not what keeps me going to work. I didn't get super until pretty late and I haven't got much super and then we lost a lot of it. So often it's the financial reason why nurses are staying in nursing. I'm single, no kids, own my own place, but I still wouldn't be able to live the life I like to lead if I retired now.'

(current nurse, Melbourne)

'With the share market down, superannuation has decreased... we have to work for longer.'

(current nurse, Melbourne)

The focus groups noted that the consequence of women having children later in life was that many nurses over 50 still have teenage children at home.

An important gap in the current literature on the determinants of older women's participation concerns the effects of changes in the regulations relating to access to the age pension and/or superannuation. Options such as phased retirement or transition to retirement can have implications for accrual of paid leave entitlements and before embarking on this older nurses and midwives should discuss the options with their superannuation providers or financial planners.

Myths in nursing – Older Nurses and financial security

Myth: Employment is not as important as leisure to older people.

Reality: The quest for adventure, identity, intellectual stimulation and social experience does not end at a prescribed age. Most mature workers are not financially prepared for retirement in their 50s or even 60s so working into older age is important to them.

Ideas and opportunities

Addressing the specific financial security/superannuation needs and concerns of older nurses and midwives clearly has the potential to have a significant impact on retaining older nurses in the workforce. The literature, discussions and focus groups all point to some key themes:

- The recent changes to age pension eligibility create an opportunity to develop a workplace program of information and advice for older nurses and midwives about retirement options.
- Ensuring older staff have full and easy access to information on their entitlements, work options and eligibility proactively may ensure workers are not disadvantaged or lost to the workforce prematurely.
- While there is a need to access good information about superannuation, this approach could be complemented by providing advice about how this specific 'product/sales' advice differs from independent financial planners/advisors.
- Employee assistance plans could focus on the specific needs of older workers/nurses and midwives either opportunistically or as a strategic approach.

Further ideas and resources about financial security/superannuation and older nurses and midwives are provided in final section: Age awareness action plan.

MWR model: other important elements

The following elements of the MWR model were rated by the older nurses and midwives as important but not their highest priority:

- job content and job structure
- work community
- leadership and management capability.

Job content

Job content is the way jobs are designed, the type of work performed and the skills and knowledge necessary to perform the work. At a practical level, ensuring that job design incorporates aspects of good practice in workplace design is important.

Using an occupational health and safety framework, knowledge that older workers are more at risk requires action by employers to ensure a safe workplace. Comcare's advice on how to provide productive and safe environments includes advice on job design and workplace design (such as lighting levels and glare) to protect older workers (Comcare Commonwealth of Australia, 2003). Undertaking detailed tasks such as medication administration are likely to be more prone to risk when the reduced eyesight in an older worker is coupled with fatigue (due to shiftwork) and reduced lighting on night duty. Ensuring task specific lighting may reduce that risk.

Along with ergonomic changes, the need for job redesign to reduce the impact of heavy workloads and stress for older nurses was identified in the UK-based study by the Joseph Roundtree Foundation (Watson, et al., 2003). The Community Services and Health Industry Skills Council argues that there is a need to redesign job roles so that the traditional functional silos are broken down to support hybrid roles whereby work is undertaken by those who are competent to carry out the tasks, not necessarily by those who have traditionally undertaken them.

In the US, the Wisdom at Work project explored how various nursing roles can be designed to recruit and retain older nurses. The lead study author explains:

'...given what we know about gaining proficiency and expertise and moving from novice to expert, there are different roles that an older more experienced nurse might assume. For example, the older and experienced nurse can be used as a preceptor and mentor to help younger nurses deal with the uncertainty of the clinical environment. People learn best by emulating the behaviour of others around them.' (Hatcher, 2006)

The nurses and midwives participating in the Victorian focus groups highlighted how caring for and connecting with patients and their families is what brought them to nursing in the first place and it is what keeps them there year after year.

'The enjoyment of working with patients, that's what keeps me going.'
(current nurse, Melbourne)

'It is an important job, which gives nurses a lot of joy through helping others.'
(current nurse, Melbourne)

'For me, it's about making a difference. Every time you have a conversation with someone you have an opportunity to make things better or at least let them be heard.'
(current nurse, rural/regional group)

However, increased acuity and turnover of patients has had an impact on the content of nurses' jobs. For nurses, this means that the sense of satisfaction of being involved and seeing patients to full recovery has been affected and this, in turn, has had a detrimental impact on the level of satisfaction they get from nursing. In turn this has resulted for some in them feeling disconnected from the health system and with a longing for previous times when there was a more 'human' focus to the practice of nursing.

Administrative burden and workload were major themes raised by nurses as well as a perception that nursing is more stressful than it was previously. They did emphasise that they are 'not afraid of hard work' but workloads are perceived as becoming unmanageable.

Making a difference in the lives of patients and their families is cited as a benefit of the role:

'... it's knowing that you have made a difference.'
(current nurse, rural/regional group)

'...(nursing) has a purpose, gives me a sense of self worth.'
(current nurse, Dandenong region)

'Working in ICU we often see people who are not far off dying and to watch them come through in an outpatients clinic is amazing. Even though they might not remember that I looked after them, just seeing them come back to life is enough.'
(current nurse, Melbourne)

Nurses also reported that the flexibility that the role offers can be a positive aspect as nursing and midwifery are ‘portable’ professions that can offer variety and variability in day-to-day work. It also provides opportunities to develop a range of skills across various specialties and for some to travel and work in different countries and cultures:

‘...(nursing offers) variety...you find a place you love in nursing.’

(current nurse, Dandenong region)

‘...you can work at admin level, at a clinical level, it really depends on where you live. In a small country town you would be more limited. But in places like [rural/regional group] offer lots of different roles - but it can be challenging because people come here and they don’t move.’

(current nurse, rural/regional group)

‘It is different every day.’

(current nurse, Melbourne)

‘You say the word “nurse” and there is an understanding of what that means universally.’

(lapsed nurse, rural/regional group)

‘...(it’s a) passport to the world’

(current nurse, Dandenong)

Myths in nursing – Older nurses and job content

Myth: Older workers are less creative than younger workers.

Reality: Creativity can occur at any age. In science and in medicine age can be an advantage, since cumulative wisdom is often necessary to spot a breakthrough.

Myth: Older workers are considerably less cognitively sharp than younger people.

Reality: Selected cognitive decline actually begins at age 25. Less than 5 per cent of people aged 65 to 69 have moderate to severe memory impairment.

Myth: Older workers are less productive than younger workers.

Reality: Productivity decline is often mistakenly attributed to advancing age rather than a lack of training (Victorian Employers Chamber of Commerce and Industry, 2006).

Ideas and opportunities

Addressing the specific issues related to job content and the needs and concerns of older nurses and midwives clearly has the potential to have a significant impact on retaining older nurses in the workforce. The literature, discussions and focus groups all point to some key themes:

- Ensuring capital and service planning includes a focus on ergonomics and the needs of older workers.
- Considering how roles may be developed across services/care settings that allow variation in work intensity over the ‘working week’ may create opportunities to better manage the specific demands of clinical work. This may include incorporating ward-based roles with outreach or clinic roles for the same client group or service.
- Re-organising/redesign initiatives may be opportunities to consider work flows and other aspects of how nursing work is designed.

Job structure

Job structure is the degree of flexibility available in the work arrangement. It is beneficial for all workers to have flexibility in relation to work arrangements and it is an important factor for retaining workers across their life course and assisting re-entry into the workforce (Hardy, 2008).

The term ‘flexibility’ has been used to describe an approach to workplace policies from various perspectives. Some of these policies have been defined as primarily benefiting employers, others as primarily benefiting workers and, more recently and for the purposes of older nurse retention, mutually beneficial arrangements for both employers and employees (Hardy, 2008).

Professional and industrial regulatory structures are key considerations when examining job structure for nurses and midwives in Victoria. Job structure includes a range of elements such as available part-time options, shift times and leave entitlements and arrangements.

For older workers, their life stage may bring responsibilities with ageing parents, while still needing to consider requirements of their children or grandchildren.

The nurses and midwives participating in the focus groups concluded that the 48/52 work arrangement was a positive factor in assisting retention of older nurses. The ability to negotiate for 'purchased leave' works very well for older nurses:

'With one of our programs on-call, there was a lot of burn-out so we implemented a 48/52 work arrangement¹ that means they have four weeks extra holiday and that has worked very well.'
(current nurse, rural/regional group)

'If all nurses had an extra month's holiday, they would stay in the workforce.'
(current nurse, rural/regional group)

Lack of flexibility with rostering was also raised as an issue by older nurses. They cited the difficulty in recovering between shifts as an issue affecting their health and wellbeing. Also, not having set days off made it difficult to arrange personal time. Thus, shiftwork is a source of contention and the reason why some nurses had left the profession:

'I was an ACN (associate charge nurse) and there were four or five others who were inflexible in their rostering and worked around their personal preferences and when I had a family who needed me at home I didn't have those choices for my family.'
(lapsed nurse, rural/regional group)

'That's why I left the hospital - night duty and shiftwork generally, working every second Christmas and Easter for 17 years.'
(current nurse, Melbourne)

Shiftwork was cited as becoming more difficult as nurses age:

'Shiftwork gets harder as you get older. Our late shift finishes about 10 o'clock and to come back at 7 the next morning, I've been finding really hard. I trained at Prince Henry's and we used to finish at 11.15 but getting into my 50s I don't know how much longer I can do it. You really can't negotiate. It's too rigid. You have to work around other staff who do a 10 hour shift so it's hard to change that.'
(current nurse, Melbourne)

Fatigue is reported as a common consequence of shiftwork and night duty. A recent study of Australian nurses found that 'full-time shift working nurses, being part of a family structure, may actually be protective against the development of maladaptive fatigue. The most important factor determining maladaptive fatigue outcome was shift pattern worked, particularly rotation including night duty. The effect of age was equivocal' (Winwood, Winefield, & Lushington, 2006).

A comparison of attrition rates between Australian GPs and nurses found that nurses are far more likely to retire earlier. While the two groups differed in gender and hours worked, the most significant causal factors for retirement were: available income replacement, flexibility of working arrangements and health status. The study observed that: 'Hospital based nurses approaching retirement are less likely to have the same flexibility of working hours as the self employed and may choose to retire rather than continue shiftwork' (DJ Schofield & Beard, 2005).

In health care, a systematic review found that shiftwork was associated with higher risk of work-related injuries, particularly blood and body fluid exposure and musculoskeletal disorders (Zhao, Bogossian, & Turner, 2010) and the NHS (Devin L Brown, et al., 2009) has found increased risk of stroke in women after extended periods of rotating night shiftwork.

Historically, retirement implied an abrupt withdrawal from the workforce; however there are other possible options, such as retiring from a 'career' but staying in the workforce with different hours or duties. While writers have called for the concept of retirement to be viewed as 'process' that can be tailored to one's individual situation rather than a 'sudden event' that is imposed from extraneous sources (Hedges, 2009), it is unclear how this is perceived within health and specifically within nursing.

¹ 48/52 or 'purchased leave' is a scheme that allows for eligible employees to access between one and six weeks unpaid leave in addition to paid annual recreation leave and other leave entitlements. Although this leave is unpaid, the leave is deducted over an agreed twelve month cycle instead of when the leave is taken. The effect is to provide a continuous reduced average salary over the twelve month period rather than a period when no payment is received.

Myths in nursing – Older workers and job structure

Myth: Older workers are less flexible and adaptable.

Reality: People aged 45+ are just as flexible as younger workers, if not more so, with regard to their working hours and conditions. Workplace change is not an issue for any age group where the change was strategically managed by keeping staff informed and allowing them to participate in the reform process (Victorian Employers Chamber of Commerce and Industry, 2006).

Myth: Older workers only want to retire and leave the workplace.

Reality: The 2001 census showed that 89 per cent of workers retired before the age of 65; however, most people retired because they had been retrenched or because they had reached the compulsory retirement age as determined by their employer – a practice that is now illegal. Almost one third of retired workers intended to look for part-time employment following their retirement from full-time work (Victorian Employers Chamber of Commerce and Industry, 2006).

Ideas and opportunities

Addressing the specific issues related to job structure and the needs and concerns of older nurses and midwives has the potential to have a significant impact on retaining older nurses in the workforce. The literature, discussions and focus groups point to some key themes:

- Understanding more about preferred/optimal shift and roster requirements of older nurses.
- The applicability of ‘phased retirement’ options for nurses, such as part-time work, compressed working week, flexi hours or reduction in responsibilities or job sharing positions (Business Work and Ageing, 2005).
- Ensuring knowledge of, and access to, purchased leave and other entitlements.

Work community

A sense of community has been identified as a major factor in nurses’ intention to stay in the profession. The consideration and development of a career in nursing has been shown to be a long-term process ‘characterised by personal involvement and large investments’ and it follows that a decision to leave would not be taken lightly (Moseley, Jeffers & Paterson, 2008). Similarly, the NEXT study found that ‘nurses were more likely to think of leaving when they experienced a lack of support in their social work environment’ (Hans-Martin Hasselhorn, 2005).

Pinpointing the essence of work community is difficult as it is so closely linked to respect, recognition, empowerment, autonomy and managerial characteristics. Work community could be described as a sense of ‘embeddedness’ both at the unit and organisational levels. Strategies at the unit level to create a sense of community or belonging can include encouraging staff members to share goals, to develop positive interpersonal relationships through social gatherings and to work together as a team. These characteristics have been shown to be vital in providing support to nurses and in the resolution of conflict (Thompson, 2007).

The nurses and midwives participating in the focus groups had clear and poignant views about the community in which they work and the highly collegiate nature of nursing. Most nurses in this age group completed their training in the 1970s under the hospital-based training system, which for many required them to leave home straight out of high school and live in residence at their training hospital. Many spoke of lifelong friendships developed with the nurses they trained with; friends who have supported them both professionally and personally throughout their nursing career.

Indeed, the friendships formed with colleagues throughout their careers is one of the best parts of the job:

*‘You build friendships and camaraderie...You understand and can talk like a nurse...bond and a sisterhood... You can relate to each other.’
(current nurse, Dandenong)*

*‘It’s the collegiate nature and the friendships you develop.’
(current nurse, rural)*

'If I give up work now I would have no-one to have a coffee with or a drink with. It's a combination of everything - the people I work with, the job satisfaction, the money.'

(current nurse, rural/regional group)

'I don't know what I'd do. I'd get that bored.'

(current nurse, rural/regional group)

There was a perception from the findings that nurses believed that the sense of unity is disappearing from nursing and that friendships are harder to make and the sense of teamwork is not as strong as it was. There was feedback that nurses tend not to stay in the same job for as long as they did previously, rendering it more difficult to form strong working relationships.

'...nurses don't look out for each other any more.'

(lapsed nurse, Melbourne)

'In the good old days, the people you worked with were friends.'

(current nurse, Melbourne)

Myths in nursing – Older nurses and work community

Myth: Older workers don't fit today's workplace culture.

Reality: Negative stereotypes of older workers include a lack of creativity, motivation and ambition, a tendency to be bossy and a dislike of taking directions from younger supervisors. However, the application of different workplace cultural traits to workers of different ages is misleading and contributes to the reinforcement of stereotypes (Victorian Employers Chamber of Commerce and Industry, 2006).

Ideas and opportunities

Addressing the specific issues related to job content and the needs and concerns of older nurses and midwives has the potential to have a significant impact on retaining older nurses in the workforce. The literature, discussions and focus groups point to some key themes:

- Promoting messages around extending working life may have an impact on the sense of work community

perceived by older workers. Retirement being presented as a 'stepping down' process to replace the old notion of retirement as a cliff-edge experience, can assist older workers to feel comfortable in their work community as they transition to retirement (Hedges, 2009).

- Understanding to what extent contemporary approaches to workplace design in health care (for example, more isolated rooms, pods, lack of communal areas and use of technology rather than face to face communications) may impact on a sense of community in nursing and how this can be mitigated.
- Approaches such as alumni may provide ways to keep older workers 'connected' and encourage a step down not out approach to retirement.

Leadership and management capability

When examining leadership in nursing as it relates to the retention of mature nurses, it is important to differentiate between leadership and management.

Leaders today are faced with highly political environments, shifting economics, increasing business challenges and rapidly evolving technologies. Leadership that values staff contribution and promotes retention, autonomy and good working relationships is required and leadership education is critical for all leaders, whether it be in academia, in administration or at the bedside (Thompson, 2007).

One of the key aspects of being a nurse leader is the demands of the emotional side of the practice that requires that leaders perceive, facilitate, understand and manage emotions.

Leadership from the senior management group will support strategy that allocates adequate resources for activity in the support of older nurses. Leadership from this perspective may also include being role models in taking up options offered for retirement transition.

When discussing the issue of leadership and management capability, the nurses and midwives participating in the focus groups cited these factors as 'nice to haves'. Their comments largely related to the perception of nurses by leaders and those in management positions, and that greater recognition by people in these roles would serve to improve nurses' overall wellbeing.

Ideally, governance structures that nurses work in should seek nurses' full contribution and active involvement in decisions that affect professional practice and patient care.

The focus groups highlighted that nurses feel more valued when management takes the opportunity to spend time with staff 'on the floor':

'I wish the CEO would come around, and get across things happening on the floor. If a person in management is accessible, the little things don't turn into big things.'

(current nurse, rural group)

'Management should be more informed about nursing and what is actually involved. They need to come down from their ivory tower.'

(current nurse, Melbourne)

The capability of management to develop and manage people in an effective manner can influence the success (or otherwise) of an organisation's age management plans.

Managers who are aware of the changing nature of the profile of their workforce and the broader labour market will be able to manage workers in the later stages of their working life and intergenerational teams. Ensuring managers have the knowledge and skills to effectively manage and develop people in later working life is essential to the success of age management plans (European Foundation for the Improvement of Living and Working Conditions, 2006).

Irrespective of the generation, nurses value managers who are supportive, insightful and dependable. In particular, it has been observed that older nurses want to be valued and respected by their managers for 'who they are and what they have done' and these qualities may be a key to retaining them in the workforce (Dols, et al. 2010).

The managers interviewed were able to reflect on issues relating to their local workforce and the focus group participants clearly had a view that management capability affected how engaged and valued they felt:

'Management don't use nurses as the resource that they are.'

(current nurse, Dandenong region)

Several authors have identified that a participatory style of management could suit the needs of older nurses, by consulting and recognising their expertise and empowering them to propose solutions and prioritise actions, and participate in applying them (Lavoie-Tremblay, O'Brien-Pallas, Viens, Brabant & Gaclinias, 2006; Thompson, 2007).

Ideas and opportunities

Addressing the specific issues related to both leadership and management capability and the needs and concerns of older nurses and midwives clearly has the potential to have a significant impact on retaining older nurses in the workforce. The literature, discussions and focus groups point to some key themes:

- There are opportunities to look at management styles that address the needs of older nurses
- Training/awareness for managers may support them to engage older nurses and midwives and develop approaches that are effective.

Age awareness action plan



Given the evidence from the literature and the findings from the focus groups, there is much that a health service can do to understand and address the needs of older nurses and midwives.

Age awareness or age management is about putting into action measures that combat age barriers and promote age diversity. This may include actions that are focused on particular aspects of age management as well as general human resource approaches that create environments where all employees are able to achieve their potential without being disadvantaged by their age.

Despite the magnitude of the workforce demographic change facing health services, there is little evidence that health services have specific policies or programs targeting older workers (Andrews, Manthorpe, & Watson, 2005; Letvak, 2005).

Age awareness approaches may focus on elements such as:

- job recruitment
- learning, development and lifelong learning
- career development
- flexible work practices
- health protection and promotion and workplace design
- redeployment
- workforce exit and/or transition to retirement (European Foundation for the Improvement of Living and Working Conditions, 2006).

At the organisational level the key drivers for introducing age awareness or age management policies have been identified as:

- maintaining the skill base
- making a virtue of necessity
- reducing age-related labour costs
- reacting to changes in external labour market conditions
- resolving labour market bottlenecks (European Foundation for the Improvement of Living and Working Conditions, 2006).

This plan can become the blueprint for health services, recognising that there are wider benefits for an organisation in addressing the risks faced by older workers. As the causes of work-related injuries are similar for all age groups, the strategies that reduce workplace hazards will have benefits for all ages.

Of course, there are pitfalls. DeLong (DeLong., 2005) identified six mistakes that organisations commonly make when trying to implement workforce activities to address the challenges of ageing, including failing to develop and engage executive buy-in, not aligning the ageing workforce solutions to the organisation's strategic objectives, and pursuing the 'silver bullet' solution.

Workplace agreements and the process by which they are developed may provide a mechanism for furthering this objective and raising awareness of the issue.

The Global Health Workforce Alliance (2008) argues that effective incentive schemes for health professionals share the following characteristics:

- clear objectives
- realistic and deliverable
- reflect health professionals' needs and preferences
- well designed, strategic and fit-for-purpose
- contextually appropriate
- fair, equitable and transparent
- measurable
- incorporate financial and non-financial elements.

Rather than a single action, 'good practice' comprises a range of possible interventions of differing magnitude and scope. In relation to good practice in age awareness or management, implementing some initiatives may not be costly and may represent good human resource practice more broadly.

Whatever the initiative, some of the prerequisites of successful age management strategies include age awareness amongst managers, careful planning and implementation, improvement of working conditions, cooperation of all stakeholders, ongoing communication and monitoring, and review and evaluation.

The following tables contain some examples of good practice.

Strategy: Provide a safe workplace that considers the specific requirements of older nurses and midwives.

Outcomes: Increased health promotion; increased job satisfaction; reduced injury/illness; reduced exposure of workers to risks; increased productivity.

MWR element: health and wellbeing

Possible activities	Resources, tools and templates
<p>Some of the activities/interventions that have been described to address health and wellbeing of older workers include:</p> <ul style="list-style-type: none"> • workplace-based health and wellness programs, such as discounted gym memberships, discounted health care, access to workplace-based exercise classes (with appropriate funding and time allowance) • access to free counselling such as Employee Assistance Programs • studies on health risks in the workplace • organisational health reports and working groups on health • use of health and safety experts to advise the health service • employee surveys • employee participation and education • regular health checks • training key supervisors and managers in occupational health and safety • ergonomic workplace (re)design • preventative redeployment • written communication in larger print. 	<p>The following resources may assist health services plan how to improve the health and wellbeing of older workers:</p> <p>Work Health (WorkSafe Victoria)</p> <p>An information pack for employers about the WorkHealth program that provides the opportunity for workplaces to conduct free health checks with employees, funding for health promotion grants that aim to improve the health and wellbeing of workers and reduce their risk of chronic disease. The pack is available at: http://www.worksafe.vic.gov.au</p> <p>Productive and safe workplaces for an ageing workforce (Comcare)</p> <p>The Commonwealth of Australia has produced a guide for employers on how to address occupational health and safety issues within the context of an ageing workforce. This is available at: http://www.apsc.gov.au/publications03/maturecomcare.htm (Comcare Commonwealth of Australia, 2003)</p> <p>Work-life balance strategies: Elder care program for employees (WorldatWork)</p> <p>The following is an example of what may be included in an age management policy in relation to elder care:</p> <p>http://www.awlp.org/awlp/pub/nwfm_Elder_Care_Collaborative_Effort.pdf (Rose, 2006)</p> <p>Preventing 'burn-out' – Fanning the Flame case study (Pitt County Memorial Hospital, US)</p> <p>The 'fanning the flame' initiative recognises the cost of replacing an experienced nurse at \$US65,000 and has invested in a three-day intensive program for experienced nurses. The program places a value on wellness, aims to build loyalty and is designed to reinforce the value that nurses bring to the health service:</p> <p>http://www.lostknowledge.com/pdfs/DeLong-Pitt%20County-FanningFlameCase3-09.pdf</p>

Strategy: Build the confidence and prospects of older workers to ensure their equitable access to, and uptake of, learning and development opportunities.

Benefits: Improved knowledge management/transfer; compliance with professional CPD requirements; increase in organisational skill level; increase workforce flexibility; enhanced safety and quality

MWR elements: learning and development

Possible activities	Resources, tools and templates
<p>The following activities may assist a health service to understand the learning and development needs of older workers:</p> <ul style="list-style-type: none"> ensuring that learning and development activities include mature aged workers and take into account their learning styles surveying computer literacy skills of target group and providing suitable update training continual monitoring of employee's educational status organising work so that it is conducive to learning and development- for instance, within the framework of mixed age teams and groups linking training to an individual's life course ensuring that trainers are age aware ensuring that age limits do not determine access to learning and development training opportunities developing specific systems and processes for capturing and transferring knowledge from experienced workers to other employees using job redesign to create roles that value and reward formalised knowledge and skills transfer systematic evaluation of training programs defining training opportunities as being an integral part of career planning and not solely as job specific ensuring that all employees, including older workers, understand how a CPD record can be maintained. 	<p>The following resources may assist health services plan to address the learning and development needs of older workers:</p> <p>Valuing older workers checklist for trainers (Australian Government)</p> <p>The following checklist was designed for registered training organisations working with older learners, but has applicability for health services when designing professional development programs:</p> <p>http://www.valuingolderworkers.gov.au/common/pdf/CHECKLISTApr18.pdf (Australian National Training Authority, 2010)</p> <p>Continuing professional development portfolio (RCNA)</p> <p>This is one example of how a nurse/midwife CPD portfolio can be maintained. The RCNA lifelong learning CPD '3LP' program is an online program containing planning, access to e-learning activities and quality research materials and tools for recording of professional development:</p> <p>http://www.3lp.rcna.org.au/network/home.php (Royal College of Nursing Australia, 2010)</p> <p>Learning and development case studies (Department of Health, Vic)</p> <p>The following document provides case studies examining learning and development and older workers:</p> <p>http://www.health.vic.gov.au/workforce/?a=306182 (Business Work & Ageing, 2005)</p> <p>Central principles of adult learning (University of Texas, Arlington)</p> <p>The document 'You can teach an old nurse new tricks: Integrating blended learning into hospital education' assists in recognising the central principles of adult learning and distinguishing the relationship between adult learners and a successful blended learning program:</p> <p>http://www.uta.edu/ced/static/onlinecne/CEOct08.pdf (Stephanee Thurman, 2009)</p> <p>Common barriers to addressing learning and development (Business, work and ageing, Swinburne)</p> <p>The report by Business, Work and Ageing for the Department of Human Services summarises the individual, organisational and regulatory barriers to addressing learning and development in older workers (Business Work & Ageing, 2005). This report is available at: http://www.health.vic.gov.au/workforce/?a=306182</p>

STRATEGY: Providing assistance with professional and personal transitions that respect the distinctive sense of community that older nurses hold in relation to their work.

Benefits: Increased retention of nurses; increased productivity.

MWR elements: financial security, work community

Possible activities	Resources, tools and templates
<p>Some of the activities/interventions that have been described to address the financial and work community needs of older workers include:</p> <ul style="list-style-type: none"> • providing access to information and services about their entitlements, and eligibility, such as parental and special leave, leave without pay and variable working hours • putting work-life balance on the agenda at regular staff meetings to stimulate discussion about strategies that can be adopted • encouraging employees to prepare for their future by completing retirement plans that consider lifestyle and financial planning • encouraging employees to attend retirement seminars • encouraging employees to consult with their superannuation fund to estimate the benefit of pre-retirement strategies on their final superannuation benefit. 	<p>The following resources may assist health services plan how to improve the organisational culture for older workers:</p> <p>Management tools (Australian National Training Authority ANTA)</p> <p>The following link provides management tools for health services: http://www.valuingolderworkers.gov.au/Management_tools/introduction.asp (Australian National Training Authority 2010)</p> <p>Financial literacy for women (Office of Women’s Policy, Victoria)</p> <p>The following link from the Victorian Office of Women’s Policy provides information for women relating to financial literacy, including superannuation: http://www.women.vic.gov.au/web12/owpmain.nsf/headingpagesdisplay/policies+and+projectswomen’s+financial+literacy</p>

Strategy: Developing a culture that values ‘wisdom at work’ that is visible, meaningful and mutually beneficial.

Benefits: increased productivity and performance; decreased absenteeism and turnover; enhanced organisational image and retention of desirable employees.

MWR elements: reward and recognition, age awareness, management capability, leadership

Possible activities	Resources, tools and templates
<p>The following activities may assist a health service to understand the learning and development needs of older workers:</p> <ul style="list-style-type: none"> • assessing the monetary component of nurse turnover. This can occur through the development of a tool that provides health services with a cost benefit analysis of nurse retention • developing local age awareness policies • delivering a coaching program to upskill managers in the management of mature aged workers • monitoring the workplace for changes in trends - absenteeism, turnover, workers compensation. <p>There are a variety of factors that should be included when assessing turnover costs:</p> <ul style="list-style-type: none"> • separation costs, including the administrative costs associated with termination and exit interviews and severance packages • replacement costs, including the expense of attracting applicants, interviews, testing, moving expenses and pre- employment administrative expenses • training costs • vacancy costs (added cost while position is vacant for example, agency) 	<p>Checklist for developing and age strategy (NHS)</p> <p><i>Developing an age strategy</i> is a useful resource that serves as a checklist and includes good practice points, references and signposts to other resources. It is intended as a reference tool for the NHS but may also be of interest to Victorian health services:</p> <p>http://www.nhsemployers.org/Aboutus/Publications/Pages/DevelopingAnAgeStrategy.aspx</p> <p>Developing local age awareness polices (Queensland Government)</p> <p>The following is a useful resource for developing local policies to prepare for an ageing workforce:</p> <p>http://www.justice.qld.gov.au/__data/assets/pdf_file/0003/12279/ir-olderworkers-booklet.pdf</p> <p>(Queensland Government Department of Industrial Relations, 2005)</p> <p>How age profiling can benefit your organisation (NHS)</p> <p>Age profiling:</p> <p>http://www.nhsemployers.org/SiteCollectionDocuments/age_diversity_briefing_age_profiling_cd_290306.pdf</p> <p>Checklist for workforce planning</p> <p>Quick Check provides a series of self-assessment checklists to help assess the level of workforce planning in an organisation. Each checklist contains questions and practice examples relating to each stage of workforce planning. It can be used to measure the current level of workforce planning, as well as indicating what other actions can be implemented to further embed workforce planning within an organisation.</p> <p>http://www.ssa.vic.gov.au/CA2571410025903D/WebObj/workforce_analysis/\$File/workforce_analysis.pdf</p> <p>(State Services Authority, 2008)</p> <p>http://www.ssa.vic.gov.au/CA2571410025903D/0/C30ACBAA5042B3ECCA2572F1004B4E09?OpenDocument</p> <p>(State Services Authority, 2008)cant</p> <p>Preparedness for an ageing workforce (Queensland Government)</p> <p>This document contains a useful checklist on page 3 to assist a health service to answer the question: ‘Is your workplace ready for an ageing workforce?’</p> <p>http://www.experiencepays.qld.gov.au/pdf/SmartWorkplaceStratEmpGuide.pdf</p> <p>(Queensland Government Department of Industrial Relations, 2005)</p>

Continued next page

Strategy: Developing a culture that values ‘wisdom at work’ that is visible, meaningful and mutually beneficial.

Benefits: increased productivity and performance; decreased absenteeism and turnover; enhanced organisational image and retention of desirable employees.

MWR elements: reward and recognition, age awareness, management capability, leadership

Possible activities	Resources, tools and templates
	<p>Human Resources Manual Template (WorkForce Victoria) The following information from Workforce Victoria will assist health services in developing local policies to prevent discrimination, including age discrimination: http://www.business.vic.gov.au/BUSVIC/STANDARD/PC_50520.html</p> <p>The workability index from the Finnish Institute (Business , Work and Ageing, Swinburne University) The following fact sheet provides a simple explanation of ‘work ability’ as a global concept. http://www.swinburne.edu.au/business/business-work-ageing/documents/ARC_FactSheet2_10Sep07.pdf</p> <p>Participatory management models (VECCI) http://www.vecci.org.au/IR_Advice/Human_Resources/Pages/Human_Resources.aspx http://www.vecci.org.au/IR_Advice/Tools-and-Templates/HR_Policies_and_Procedures/Pages/default.aspx (Victorian Employers Chamber of Commerce and Industry, 2006)</p> <p>Guide to good practice in age management (European Union) The EU-based guide has many case studies about how implementing age management initiatives has been approached and the benefits of these approaches (European Foundation for the Improvement of Living and Working Conditions, 2006). http://www.eurofound.europa.eu/pubdocs/2005/137/en/1/ef05137en.pdf</p>

Strategy: Designing nursing roles to optimise job satisfaction and patient care, and supporting work arrangements that are flexible and responsive to the needs of older workers.

Benefits: Delayed retirement; improved health and motivation of workers; enhanced appeal as ‘employer of choice’; optimal deployment and increased productivity; retention of key staff

MWR elements: job structure, job content

Possible activities	Resources, tools and templates
<p>Some of the activities/interventions that have been described to address issues of job structure and job content for older workers include:</p> <ul style="list-style-type: none"> • extended or changed leave arrangements • arrangements that encourage nurses to return to work after career breaks • 48/52 model or purchased leave arrangements. • phased retirement • introduction of workplace-based health and wellness programs, such as discounted gym membership, discounted health • more accessible job share arrangements • use of technology • looking at tasks and teams and age/capability mix within teams. <p>Flexible working arrangements can play an important role in retaining nurses in Victorian health services. These may include:</p> <ul style="list-style-type: none"> • offering flexible hours of work • extended or changed leave arrangements and arrangements that encourage nurses to return to work after career breaks (Ontario Ministry of Health and Long Term care, 2005). 	<p>The Flexible Work Arrangements Guide: (Queensland Health)</p> <p>This guide provides practical resources for health services to implement local policies related to work-life balance and is specifically for the health sector: http://www.health.qld.gov.au/eb/nursing_ibb/flexible_work.pdf (Queensland Government Department of Industrial Relations, 2005)</p> <p>Nurses (Victorian Public Health Sector) Multiple Business Agreement 2007-2011</p> <p>The following link provides information on the current industrial arrangements in Victoria pertaining to nurses’ wages and conditions. It includes information on leave and hours of work. http://www.health.vic.gov.au/nursing/ir</p> <p>Wisdom at Work (RWJF)</p> <p>The Wisdom at Work project identified alternative roles for older nurses including ‘chief on-boarding officer’ who assists young nurses when they join the hospital staff, helps younger nurses sharpen their problem solving skills and assists with integration and transition into the culture. Another is the ‘best practice coach’ who examines the qualitative data, determines how best to utilise the information and coaches younger nurses to achieve a higher level of clinical performance: http://www.rwjf.org/files/publications/other/wisdomatwork.pdf (Hatcher, 2006)</p> <p>Redesigning Hospital Care (Department of Health)</p> <p>Redesigning Hospital Care is a four-year statewide initiative that will deliver significant health system improvements by applying process redesign methodologies in Victorian public hospitals. These initiatives have the potential to address the concerns about job structure and content and provide frontline staff with the time and tools to tackle issues that arise.</p> <p>http://www.health.vic.gov.au/redesigningcare/index.htm</p> <p>Similarly, Flinders Medical Centre in South Australia has introduced LEAN theory to redesigning care. http://www.flinders.sa.gov.au/redesigningcare</p> <p>Late Career Nurse Initiative (Ontario, Canada)</p> <p>In Ontario, Canada, the Late Career Nurse Initiative was established as a component of a nursing strategy intended to support late career nurses who are working in hospitals and long term care homes to remain in the workforce by providing less physically demanding/ expanded roles for a portion of their work time.(Ontario Ministry of Health and Long Term care, 2005)</p> <p>http://www.health.gov.on.ca/english/providers/program/nursing_sec/docs/late_nurse_faq_01_20070523.pdf</p>

Next steps

While the literature supports the need to act, there is little reliable evidence about what strategies have worked to retain older workers in general or what specifically has been done that was effective in keeping older nurses in the workforce. Some health services have begun tackling this issue. Some organisations have age awareness approaches; however, it is probable that many have not and are unsure how to begin this work.

It is hoped that this paper will act as a primer for health services to become more proactive in understanding and responding to the needs of this section of their workforce.

To assist health services to begin investigating their unique and specific local issues, Nurse Policy is looking to partner with public health services to explore local approaches to supporting and retaining their older nurses and midwives.

Value Added intervention projects

Over 2010–12, public health services will be invited to participate in a submission-based process for funding support to undertake Value Added intervention projects.

Building on the evidence of Victorian nurses and midwives gathered during the focus groups, Nurse Policy will be looking for initiatives that align with one or more of the ten MWR elements, through the funding of Value Added intervention projects.

Applying the principles of the Deming Cycle (Plan, Do, Study, Act), the Value Added projects will begin with the successful health services undertaking an analysis of their workforce profile in terms of ageing and their level of organisational age awareness. This will be followed by a more in-depth study of the evidence for the proposed intervention and then the implementation itself.

One of the challenges of this type of work is that the lag time to determine if a specific intervention has been successful is long. Accordingly, interventions that address sustainability and include an evaluation component will be critical.

Along the way, the progress of the projects will be shared with other health services through the publication of short literature reviews about each planned intervention, a periodical newsletter and a showcase event in 2012.

The details of the Value Added intervention projects submission process will be sent to Directors of Nursing of all public health services in late 2010.

It is anticipated that from the collective and iterative examination of the needs of older nurses and the analysis of the impact of interventions it will be possible to define a targeted and appropriate policy response to the challenges arising from the ageing demographic of nurses and midwives.



2 The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).
<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/testingchanges.htm>

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