Older nurses and employment decisions 35-40

Intuition and nursing practice 42-43

Continuing professional development 45-51

Multiple-choice self-assessment 53

Practice profile assessment 55

Author guidelines 56

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The nursing workforce is ageing and this is a major challenge to the profession, employers and the wider community (Phillipson 1998, White 2002). Ageing is occurring at a time when nursing shortages are becoming more apparent than at any time in the past ten years (Buchan 1998).

Older nurses, like other older workers in the NHS, leave the organisation for many reasons, including increased workload, lack of recognition, lack of support and physical wear and tear. All this means that the NHS is losing experienced staff (Meadows 2002).

According to the RCN: ‘In 1996 40 per cent of NHS nurses, midwives and health visitors were under 35. By 2000 the proportion under 35 had dropped to 32 per cent” (Buchan and Seccombe 2002).

The aim of this study, funded by the Joseph Rowntree Foundation as part of its Transitions after 50 research programme, was to investigate the options, decisions and outcomes for nurses aged over 50 in terms of remaining in, retiring from or returning to work in the NHS.

Flexibility

Flexibility in work is a key issue for older nurses (Buchan 1999) and the importance of flexible working hours for older nurses with care responsibilities is recognised (Buchan 1996, DoH 2000a). This may be in the form of part-time work, job-sharing, flexitime, or school term-time working for older nurses with care responsibilities for children (DoH 2000b).

Research about those with care responsibilities has found that they are more likely to work part-time (Cole 1996). There are significant implications here for nursing and the NHS, the largest employer of nurses in the nursing sector (DoH 1999), in particular since women are more likely to be carers than men (Phillips 1994) and the NHS nursing workforce is 75.9 per cent female (DoH 2002). One of the key recommendations of a recent King’s Fund report is that there should be flexibility in terms of the needs of older nurses.

Aim

To investigate the options, decisions and outcomes for nurses aged over 50 in terms of remaining in, retiring from, or returning to work in the NHS.

Method

Interviews were conducted with 18 employers, advisers and policy makers linked to the nursing labour market. They were conducted by telephone (n=14) or face to face (n=4), recorded (with consent), transcribed and analysed thematically. Interviews were also held with 84 older nurses who were remaining in nursing, had retired or had returned to nursing. One focus group was held with older nurses who ‘remained’ in Scotland (n=11) and the rest of the data were collected in face-to-face and telephone interviews (n=73). Again, interviews were recorded (with consent), transcribed and analysed thematically.

Results

There is a gap between the rhetoric of policy and the implementation of practice in the employment of older nurses.

Conclusion

Older nurses could continue to make a valuable contribution to the NHS, especially in light of the shortage of nurses, but their value is not always recognised. If older nurses are to continue making a contribution then they need good advice about employment, retirement and pension options.
In 2003, with the RCN urging members to accept pay increases to encourage nurses to remain in nursing. Even 'better pay' at the top of the list of factors that would choose nursing again if given a choice, that older nurses generally find the job attractive. Research into the NHS are substantially worse, in terms of men- tioned significant stressors such as staff shortages, excess paperwork and insufficient time to complete tasks at a satisfactory rate. This can lead to perceptions of disempowerment.

There is justification for doubting the physical capacity of older workers (Meadows 2002). A study of 11,000 employees shows that staff in 'tech' areas of theatre and intensive care, has been identified as a priority workplace issue. The ability of older nurses to cope with the high-stress environment of these areas is 28.4 per cent, doctors 27.8 per cent and managers 33.4 per cent (Sainsbury Centre for Mental Health 2000). Indeed, mental health promotion is part of an agenda for change (Coombes 1996, DoH 1999).

The needs of carers are relevant because a significant proportion of older nurses also have caring responsibilities. Research from the NHS in Scotland reported that: 'Six out of 10 nurses have care responsibilities for elderly relatives or adults' (NHS Scotland 2000).

In the context of this debate a number of questions arise:

- Employment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ- ment policies in Britain found that employ-

What are the opinions of nurses themselves? Historically, nurses claim that long-serving staff are sidelined in promotion to management and leadership. Cohorts by means of:

Professional management and leadership.

Enhanced career development opportunities.

Appropriate, flexible working hours, family friendly

decisions about their employment?

In this context, what factors and mechanisms are identified by employers, advisers and policy makers to be salient in informing older nurses' decisions about their employment?
In relation to retention policies, many employers referred to the stress of working in some areas of dealing with the current [situation].&nbsp;'You would be hard pressed to find a human resource plan that was looking at any sort of systematic way of dealing with the current crisis. Some human resource force was just one of several pressing issues, some of which took priority. Human resources departments appeared stretched and, according to one employer, of which there was evidence of a desire to create a diverse workforce diversity. In fact, there was recognition of a possible grounds and ageing because there is a rise in ageing nursing workforce and the fact that stakeholders, including nurses aged over 50, was interested in new technology, reckoned that: 'Many older nurses find it more difficult to maintain the practice competence and respond to challenges.' Another employer shared this view with respect to nurses in new technology, reckoned that: 'Many older staff is really costly to the organisation and if you don't lose very experienced, very valuable staff who them on for a much greater time … Also you then have a loyalty to the company that keeps them in, had retired from, or returned to nursing. One retired nurse said: 'If you put me in the middle of an acute surgical ward with all of these pumps and machines going, I am not up to it.' Underlying any consideration of the ageing of the nursing workforce ranged from ignorance of the potential problems that this might cause to their own decisions and options about working with a supportive working environment in relation to their own decisions and options about working. One employer reported taking steps to address the mental health needs of those working in particularly stressful areas of work. One focus group was held with older nurses who 'remained' in Scotland (n=11) and the rest of the data were collected by means of face-to-face and telephone interviews (n=73). The content of the questions for older nurses was determined by the literature review and interviewing nurses who 'remained' in Scotland (n=11) and the rest of the data were collected by means of face-to-face and telephone interviews (n=73). The content of the questions for older nurses was determined by the literature review and interviewing nurses who 'remained' in Scotland (n=11) and the rest of the data were collected by means of face-to-face and telephone interviews (n=73). The content of the questions for older nurses was determined by the literature review and interviewing nurses who 'remained' in Scotland (n=11) and the rest of the data were collected by means of face-to-face and telephone interviews (n=73). The content of the questions for older nurses was determined by the literature review and interviewing nurses who 'remained' in Scotland (n=11) and the rest of the data were collected by means of face-to-face and telephone interviews (n=73). The content of the questions for older nurses was determined by the literature review and interviewing nurses who 'remained' in Scotland (n=11) and the rest of the data were collected by means of face-to-face and telephone interviews (n=73). The content of the questions for older nurses was determined by the literature review and interviewing nurses who 'remained' in Scotland (n=11) and the rest of the data were collected by means of face-to-face and telephone interviews (n=73). The content of the questions for older nurses was determined by the literature review and interviewing nurses who 'remained' in Scotland (n=11) and the rest of the data were collected by means of face-to-face and telephone interviews (n=73).
said 'that was the crunch and my notice went in'. To face of having to continue with low staffing levels, the NHS as a result of work-related stress and, in the continuing departure adds to the stress over the age of 50. The problem of stress and the associated burnout were major influences on decision making with regard to employment. In the light of this one nurse, still working, said that she would be considering retiring and admitted: 'I just feel run down. I'm totally used to being exhausted every evening when I go home.' It was acknowledged by some that they could have gone on a lot longer' if greater flexibility and support had been available.

Older nurses questioned their own fitness and abilities to respond to the challenges of work. More than half of the nurses interviewed, whether remaining or retired, that they had been considering retirement. However, some good practice did emerge, such as a Trust in the West Midlands who had been attempting to encourage nurses to extend their working lives. A number of nurses had been put into a less stressful area. The Trust also tries to keep the use of temporary staff to a minimum, since it has discovered a positive link between patient falls and medication errors and the employment of temporary staff. The Trust has in place a staff care project aimed at assisting staff to identify whether they are at risk of becoming worn out – 'run down to a frazzle' as one nurse put it – with little evidence of support from management. In the light of this, one of the Trust's continuing Professional Development (CPD) and this provides a pension which is based on contributions calculated on the basis of years of service and final salary. Pension considerations, therefore, are closely related to the financial considerations described above. The level of pension that a nurse is going to receive will dictate whether it is appropriate to retire at any particular point or not. The amount of pension that a nurse is going to receive will be calculated using a formula which takes into account the number of years of service and the average salary over the last five years. This was considered to be a deciding factor by some nurses who had remained in work beyond 50 reported: 'I feel that I'm still getting a bit of a buzz from it and it's not the end of my story. I think I can make a contribution to the future of the service and better the quality of clinical care.'

Older nurses remaining in the NHS were witnessing their colleagues becoming worn out – 'run down to a frazzle' as one nurse put it – with little evidence of support from management. In the light of this, one of the Trust's continuing Professional Development (CPD) and this provides a pension which is based on contributions calculated on the basis of years of service and final salary. Pension considerations, therefore, are closely related to the financial considerations described above. The level of pension that a nurse is going to receive will dictate whether it is appropriate to retire at any particular point or not. The amount of pension that a nurse is going to receive will be calculated using a formula which takes into account the number of years of service and the average salary over the last five years. This was considered to be a deciding factor by some nurses who had remained in work beyond 50 reported: 'I feel that I'm still getting a bit of a buzz from it and it's not the end of my story. I think I can make a contribution to the future of the service and better the quality of clinical care.'

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had worked part time for many years and was not part-time nurse reported that she had resigned at too early my pension would be affected'. One financial considerations and the fact that if I left purely to put in place adequate pensions prov-

due of the nurses interviewed were remaining in work their pension.

need not be scared into early retirement to protect on which their pension is based. In this way staff nurses redeployed to a job with lower pay than protected at the level of their previous job for up to nine years, including the past five years of service.

Nurses redeployed to a job with lower pay than their previous position may have their earnings pro-

ected for up to ten years. The Portsmouth Healthcare Trust where there are provisions were being considered.

accommodate greater flexibility for nurses over 50 pensions policy department at the DoH confirmed the salary on retirement. A representative from the from the highest salary and not necessarily from or less senior work would benefit in pension terms.

the highest benefits accrued could be 'banked' so that when retirement came, the benefits of continuing may not be viable.

lead to premature retirement as the financial ben-

mental effect on their pension and, in fact, may as a staff nurse. Currently, this could have a detri-
sation scheme has been provided from 'adequate' to 'confusing'. A pic-

and Stephens (1999) exploring another policy area, suggested that the highest benefits accrued could be viable financial option.

effort to receive will become increasingly important.

ment, the pension which a nurse over 50 is going to traditional patterns of male and female employ-

essentially, the pension has to make retirement a

to them. One retired nurse said: 'I wasn't given any information regarding their work options was offered to them. One retired nurse said: 'I wasn't given any

advice to nurses aged over 50. In contrast, nurses

advisers had little to say about the provision of relevant advice? Employers, policy makers and

ing to work, therefore, where and how do they get flexibly is not the only solution to encouraging

force.

Advice and information about work options

Employers generally praised the NHS superannu-

appraisal of the job and the pace of technological change

increasing numbers in the NHS and the contribution

nurses are not identified as a group despite their

at NHS trust level regarding older nurses. Older

policy at government level and the rhetoric of policy

There is a significant gap between the rhetoric of

Some nurses therefore want to continue working,

ment, the pension which a nurse over 50 is going

thought that she still had some years of service to

to traditional patterns of male and female employ-

art&science

Conclusion

These findings are congruent with those of Bagihole...
initiatives. Information on work and retirement over
addressed specifically in CPD and return to practice
with regard to working over 50 need to be
system-wide rhetoric. The needs of older nurses
in the opportunities they offer, not just in terms of
make to the NHS needs to be recognised by indi-
than from their employers.

obtained more information from their colleagues
to be left to chance and hearsay. Older nurses
a major decision as leaving work to take up a pension
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