# AGEING IN PLACE: RETIREMENT INTENTIONS OF NEW ZEALAND NURSES AGED 50+

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## Abstract

***Aims:*** *The aim of the Late Career Nurse research project was to determine the characteristics of nurses working in New Zealand who were born before 1960; their experiences in the workplace; their perceptions of their health and their retirement intentions. This paper reports on the retirement intentions of regulated nurses aged over 50 in the New Zealand workforce.*

***Background:*** *The mean ages of registered nurses in New Zealand has been rising steadily, and 40% are now aged fifty or over (Nursing Council New Zealand 2011) While there is a substantial international literature on the phenomenon and consequences of the ageing nursing workforce, it is unknown whether international experience will predict future nurse behaviour in New Zealand, or how this may impact on nursing workforce modelling or planning.*

***Method:*** *An anonymous on-line survey was emailed to eligible NZNO[1] nurse members over 50 years old in February and March 2012. Quantitative and qualitative analyses of the 3273 responses received were undertaken.*

***Results/findings:*** *New Zealand nursing age demographics have been confirmed and reflected in the respondents to the survey. In concordance with the international literature, good health, access to flexible working options, safe staffing levels and choice of shifts were all very important to older nurses. Evidence of ageism and a bullying culture towards older nurses was reported. Better pay levels were particularly important to younger late career nurses (age 50-55). Specific to New Zealand, lack of retirement funds may delay retirement, and migration to Australia may exacerbate shortages and skill/experience deficits.*

***Conclusions:*** *The New Zealand nursing workforce will be vulnerable to skill and experience shortages if as indicated in this study, 57.2% of nurses aged over 50 retire within the next 10 years, and around 30% within the next 2-5 years. Adoption of measures to ensure better choice of shifts, and continued access to flexible or decreased hours is required, along with less physically demanding work options and roles that recognise and utilise the knowledge, skills and experience of older nurses. These measures have the potential to enable older nurses to continue to contribute for longer to the workforce, albeit on a more part time basis. Better pay, better rostering and safer staffing levels have the potential particularly to reduce the attrition seen in the early to late fifties, and these are urgently advocated. Longer term, access to better retirement planning and financial advice would decrease a considerable source of distress and reduce the numbers of older nurses for whom continuing to work despite ill health is not an option.*

**Key words: older nurses, retirement, retention, workforce, New Zealand.**

[1] The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation for nurses in New Zealand with a total membership of over 46,000 nurses, midwives, health care workers and students.

## Introduction and Background

The median age of the New Zealand nurse (registered and enrolled nurses and nurse practitioners) is 46.7 years (Nursing Council New Zealand, 2011), and has been rising steadily for some years. Over 40% of the nursing workforce are now aged over 50 years and 3.5% are aged over 65, the age of eligibility for the New Zealand superannuation scheme. A large cohort of nurses will potentially be reaching retirement age in the next 10 to 15 years and yet little New Zealand work has been undertaken to identify how the retirement of this cohort will affect the nursing workforce and/or the New Zealand health sector in general. While statistics suggest that most nurses retire at some time between 50 and 65 years of age, retaining more nurses after the age of fifty will be crucial if shortages of available nurses are not to coincide with increased demand (Ineson, 2012) though increasing longevity and increasing health into older age are factors that may keep nurses working longer. Internationally, especially given the globally mobile nature of nurses and the demographics of both (patient) populations and nurses, it is important that further work is done to explore the factors surrounding nurse retirement intentions. In addition, little is known of the support needs of nurses aged over 50 in the New Zealand workplace nor those factors that may retain them in nursing work. In particular, understanding the financial preparedness for retirement for the different sub-groups within the workforce may inform workforce planning based on assumptions extrapolated from other New Zealand workforces or industries with very different profiles. This paper reports on the retirement intentions of regulated nurses aged over 50 in the New Zealand workforce.

The international literature identifies a range of reasons why late career nurses may choose to leave or remain in nursing. Factors contributing to a nurse's decision to leave or remain in nursing may be classified as individual, workplace or organisational (Boumans 2008). Individual factors may include the health of the nurse, wanting time to enjoy other things in life including family, work-family conflict, marital status, financial status, pension-related expectations, and eligibility to retire. Workplace and organisational factors may include a lack of flexible work hours, the stress of work, pace of change, fatigue, lack of incentive to stay, and attachment to work (Shacklock & Brunetto, 2011; Blakeley 2008; Boumans 2008; Andrews 2005) Andrews et al., exploring retirement intentions in the UK, note that some factors can be considered negative aspects of work and are likely to 'push' late career nurses into retirement (for example lack of flexible work hours) and others as positive aspects that are more likely to 'pull' nurses into retirement (for example, wanting to spend more time with family). Table one outlines the types of push and pull factors that impact on nurse retirement intentions. Interventions designed to address both push and pull factors will be required if workplaces wish to retain late career nurses.

**Table 1: Push and pull factors in nursing**

| Push factors | Pull factors |
|---|---|
| o Inability to provide high standards of patient care.<br>o Low remuneration.<br>o Lack of recognition of skills.<br>o Increased workload.<br>o Lack of career opportunities.<br>o Health where back injuries feature high, as do other injuries such as foot, knee, hip shoulder and neck injuries.<br>o Poor health and/or physical fatigue<br>o Cognitive and emotional challenges as nurses get older.<br>o Stress due to the work (which can be linked to higher acuity of cases and shorter patient hospital stays).<br>o Lack of flexibility in work hours and shifts.<br>o Poor health of the spouse/partner.<br>o Early retirement of the spouse/partner.<br>o Financial means.<br>o Increased time spent on documentation.<br>o Pace of technological change. | o Nurse autonomy and control over their practice.<br>o Working in a patient focused work allocation model.<br>o Working cohesively with others.<br>o Perceptions of fair workload allocation.<br>o Support available from allied health professionals.<br>o Good morale and good nurse leadership (defined as when the leader "*gives purpose and meaning*" to the nurses' job and working life).<br>o Benefits such as retention bonuses and wellness programmes. |

Ineson (2012)

While it is likely that many of these factors will also be important in the New Zealand context, differing cultural norms, pension entitlements and availability of flexible or part time working may influence the relative importance of each of these factors in influencing nursing retirement or retention.

## Method

An on-line survey was extensively and iteratively designed and piloted following a review of the literature, and consultation with New Zealand Nursing Organisation (NZNO) members, professional and industrial staff. The questionnaire covered a range of aspects pertinent to the

age group (qualifications and nursing experience, nursing employment (including settings, field, shift patterns), intentions related to changing employment or retirement (including factors that influence intentions to retire), specific questions about experience of working as late career nurses, a validated health score (EQ5D) (Euroquol 1990) along with demographic details. For those recently retired, a section related to age, health and precipitating factors relating to retirement was provided.

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

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

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

## Results

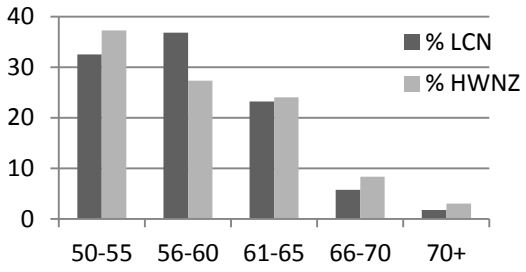
The survey link was e-mailed to 5683 eligible registered and enrolled nurse members of NZNO. 3273 responses were received, a response rate of 57.6%. This is considered extremely high for such a survey. The respondents will be referred to throughout as the Late Career Nurse (LCN) cohort.

### *Demographic Characteristics*

The majority of respondents were registered nurses (84.97%, N=2781). Enrolled nurses comprised 8.04% (N=263) of respondents along with 28 midwives and 19 nurse practitioners. There was a fairly even age split between respondents (see figure one) with numbers representing approximately 17.5% of all nurses aged over 50 in the New Zealand workforce based on Nursing Council of New Zealand figures (Nursing Council of New Zealand, 2010).

Compared to statistics from Health Workforce New Zealand (HWNZ) (Ineson, 2012) the respondents had a slightly lower proportion in the lowest and highest age brackets, though otherwise concordance was good, considering the comparison between a data source and a survey respondent profile. There was low representation from men in the survey with 4.7% of respondents identifying as male – this compares with approximately 5.5% of all nurses in New Zealand aged over 50 identifying as male.

**Figure 1: Age range of respondents from the LCN survey compared to HWNZ (2012)**




Respondents collectively were very experienced nurses, with over 80% having been in the workforce for over 20 years. Most worked in District Health Boards (DHBs) (45.4%, N=1477) and primary health care (20.3%, N=660). The majority (87%) were also employed in permanent positions with approximately 47% working part-time and 45% working full time. These figures correspond well to the characteristics of nurses reported in the 2011 NZNO Employment Survey (Walker, 2011). Of particular interest is that high numbers of nurses aged over 50 are still working rostered and rotating shifts. (Shift work results are reported at length elsewhere).

The majority of respondents were of NZ European ethnicity with approximately 5% identifying as NZ Māori. While comparisons by age and ethnicity are not readily available from Nursing Council of New Zealand data, table 2 outlines the ethnic breakdown of the sample population compared with the Nursing Council figures for New Zealand nurses as a whole where available.

**Table 2: Ethnicity of respondents compared with Nursing Council of New Zealand data**

| | *LCN Survey* | *Nursing Council of New Zealand (2011)* |
|---|---|---|
| NZ European | 76% | 62% |
| Other European | 7% | 10% |
| NZ Maori | 5% | 6% |
| South East Asian | 0.8% | 4% |
| Chinese | 0.8% | 2% |
| Samoan | 0.8% | 1% |
| Other Asian | 0.6% | 1% |
| Indian | 0.6% | 4% |
| Tongan | 0.3% | 0.4% |
| Fijian Indian | 0.3% | 0.9% |
| Filipino | 0.3% | |
| Australian | 0.5% | |
| Dutch | 0.4% | |
| Other | 5% | 5% |

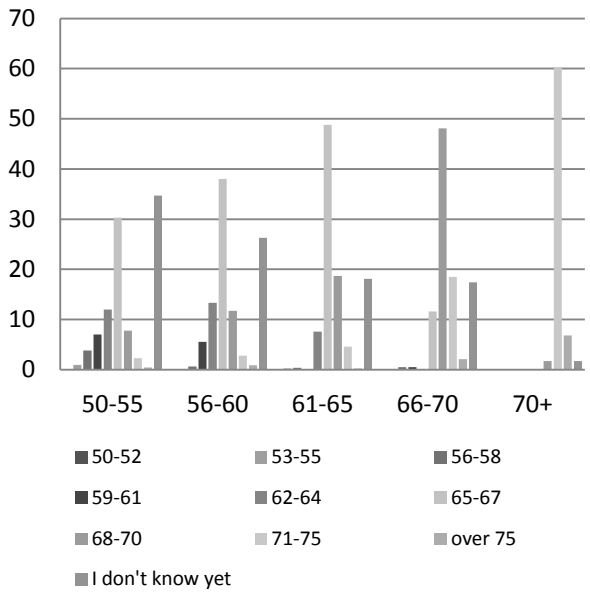
These figures suggest that the growing ethnic diversity of New Zealand's nursing population is occurring largely within younger age groups, a finding echoed in a recent study by Walker and Clendon (2012).

## *Retirement Intentions*

This paper focuses on the retirement intentions, and factors influencing these, of New Zealand regulated nurses aged over 50. While 43% either didn't know when they would do so or didn't intend to retire, 57.2% of respondents intend to retire within the next 10 years, and around 30% within the next 2-5 years.

When considered by age, the younger the respondent, the more likely they were to intend to retire at 65-67 (figure two). As the nurses age, it appears that their intention to retire at a certain age shifts to a later age. This has some implications for recruitment and retention strategies and for longer term workforce planning.

**Figure 2: The percentage of each age band's current retirement intention age**




A number of hypotheses derived from the literature were then examined for their likely contribution to wishing to retire earlier than 65. These included relationship status, perception of nurses' own health status and financial resources.

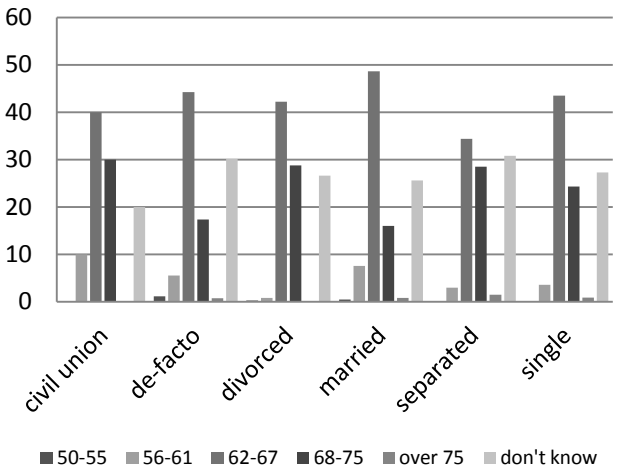
While our data clearly demonstrates that most nurses have retired by the time they reach 70, the intended retirement age does appear to push out as the nurse gets closer to retirement. If the large cohort of nurses that intend to retire within the next 10 to 15 years can be decreased in size, through strategies targeted at pushing out the intended retirement age, the resulting predicted nursing workforce shortage (Marriner, 2012) may be alleviated.

Experiences of aspects of nursing as an older nurse including the physical, emotional and cognitive challenges, rewards, and encountering ageism were also examined.

## *Relationship Status*

When asked about relationship status, around three quarters were married or in de-facto or civil unions. Nurses who are in a relationship appear to be more likely than single nurses to intend to retire at a slightly younger age, though statistically this did not reach significance. Figure three demonstrates the results from this analysis.

**Figure 3: Age at which people in each relationship type hope to retire (%)**

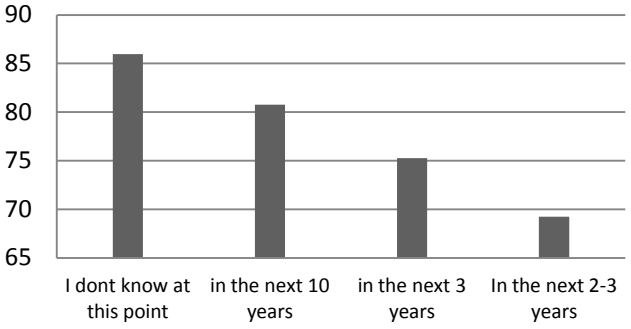



## *Health Status*

The survey utilised a modified EQ5D scale to explore late career nurses' perception of their health status. The perception score ranks 100 as being the best possible health, and in 5 point increments drops to 0 as the worst possible health. This finding is supported in the literature but further work is required to consider why this may be with this cohort of nurses.

The results of the health questions are presented in depth elsewhere, however there is a clear relationship between the proximity of retirement plans and EQ5D score, as shown below in figure four, with those planning to retire sooner having a lower perceived health score.

**Figure 4: Mean EQ5D score, by proximity to retirement**



## *Financial resources and planning*

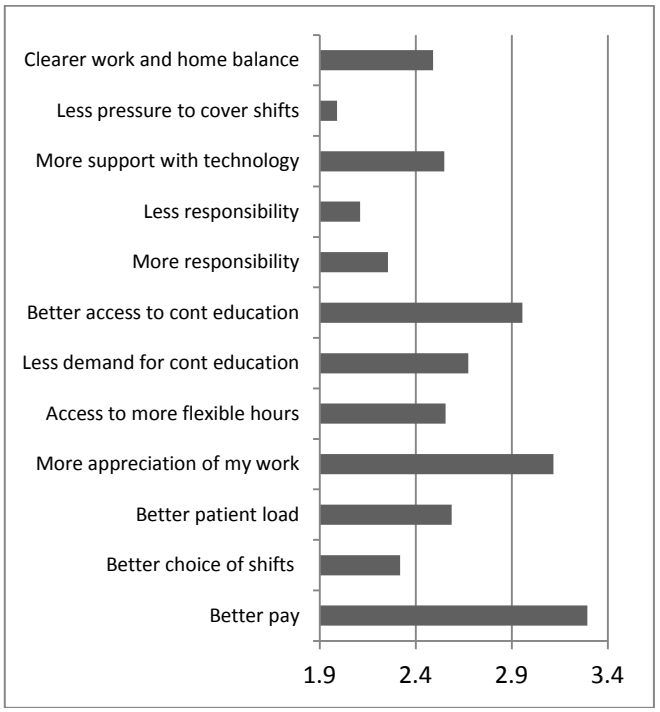
Financial planning for retirement may have an impact on nurse's retirement intentions. We asked what type of financial planning nurses had undertaken for retirement. 75.9% had a Kiwisaver plan (a New Zealand earnings related saving scheme) and 46.54% of respondents identified holding another type of superannuation savings plan. Few employers offered access to financial advice with only 17.9% of respondents indicating that had access to this type of support. Married nurses were slightly more likely to hold other superannuation savings plans than non-married nurses and slightly less likely to hold a Kiwisaver plan. Contrary to expectations, nurses identified as British or Australian were no more likely to have additional superannuation funds than NZ European nurses, though NZ Māori nurses were slightly less likely to have additional superannuation funds. Predictions that the large contingent of ex-NHS nurses would retire (as currently able) at 55 with a decent pension from the UK are therefore unlikely to be widely applicable.

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

## *Factors that would aid retention/delay retirement*

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

**Figure 5: Impact of factors that could delay retirement where 1 = not important and 4 = very important**

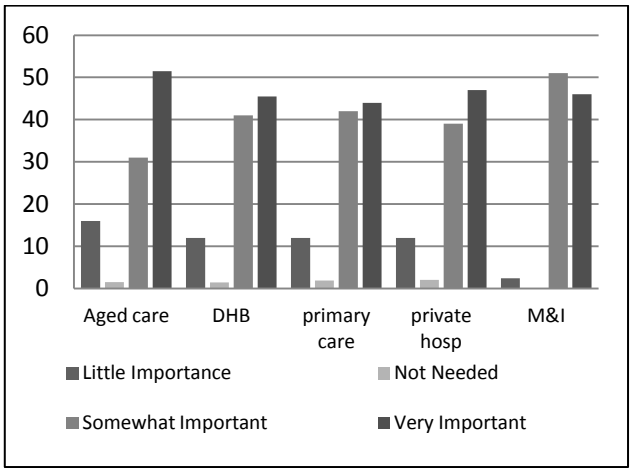



Further analysing the relative importance of better pay to the different age groups revealed a strong trend (figure six):

**Figure 6: % of each age group indicating that better pay would aid retention**

There were some clear differences in the relative importance of pay in delaying retirement by health sector, and these are shown in figure seven.

**Figure 7: Relative importance of pay improvement by sector**



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

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

## *Qualitative data related to retirement decision*

Over 300 free text comments were made in response to questions related to retirement planning and other factors related to decisions to retire, and these can be themed under the following broad headings: financial preparedness; moving to Australia; health (physical and cognitive) and safe functioning; workload; shift work requirements; flexibility; embeddedness; and ageism. The number of references along with representative quotes for each theme are found below.

**Financial preparedness (69 references)**

This theme contained items related to savings or the need to continue working to boost their retirement savings. Others had been affected directly by the global financial crisis (for example their partners being made redundant) or indirectly (for example the collapse of finance companies), affecting their savings. Many found that their circumstances had changed late on, necessitating changes of plans. Reasons for this included taking on responsibilities for raising other family, divorce, separation and widowhood, or forced moves for example due to the earthquake in Christchurch.

*I am stuck with a huge mortgage, school age children, aging parents and am a solo parent, I'll be here till they carry me out in a box or lock me up*

*I will leave when the mortgage is paid, the children are independent and I can afford to retire ....probably never*

**Moving to Australia (69 references)**

This theme contained items related to a very substantial number who plan to work in Australia to boost their retirement savings and in some cases be nearer their children.

*I would like at some point to perhaps take some leave to experience nursing on short term contracts in Australia. I see this as an opportunity to boost my retirement funds earning far more than I ever could wish to do in New Zealand.*

**Health (physical and cognitive) and safe functioning (66 references)**

This theme included an awareness of the need for physical, emotional and cognitive health required for competent nursing, and concerns for health issues that may impact on this. The commonest mentioned health issue was back pain.

*I would retire immediately if I thought that any aspect of my work was compromised due to age/illness to the extent of putting patients at risk. I would hope that any deterioration would be brought to my attention if I didn't notice it myself.*

**Workload (34 references)**

This theme contains comments related to either the workload demand of the job (related to staffing levels, increased acuity or to the changing nature of the job).

*At the moment, our workplace is understaffed and I am finding the workload excessive. This is really impacting on my enjoyment of my work and my husband often suggests I should "give up".*

**Shift work requirements (64 references)**

This theme related to the ongoing requirement to do shift work (particularly rostered and rotating shifts) being a major reason why nurses would feel they had to retire.

*I'm in a catch 22 situation, can't afford to retire but getting tired and not handling shift work as well as I did when I was younger. Have applied for other nursing jobs with regular hours but my age is now against me and there are more applicants for jobs for employers to pick and choose.*

**Flexibility (48 references)**

This theme describes where nurses had negotiated more flexible working arrangements. It is clear from many quotes that this has enabled nurses not only to continue to work, but to actively enjoy this. Conversely, a lack of flexible options , especially around shift working is seen as a real deterrent to continuation.

*I have cut back my hours to 3 days a week which*

*seems to give me a good balance between home life/work life*

*The ability to structure the hours of work with my physical capacity (is important) I have many other interests outside work and lead an active life but the biggest impediment I see is keeping work hours that suit my needs.*

**Embeddedness (59 references)**

This theme describes the importance of nursing to these nurses; as the source of their personal and professional identity, social, collegial and friendship circles.

*As a single woman I feel the need to work as long as I can from a financial point of view and from the point of view of keeping up social and intellectual aspects of life. I also really enjoy nursing and the support and friendship of other staff.*

**Ageism (86 references)**

A large number of free text comments were received citing experiencing blatant or subtle put downs or inequitable treatment that they directly related to their age. While many of these related to ageist perceptions of their abilities, some also felt that their knowledge threatened more junior managers, or that they were more expensive to employ than younger staff. Being passed over for promotion or career development was especially dispiriting.

*I don't appreciate the managers and other staff making subtle jokes/ comments about my age which flows down to newer members. I don't feel respected and at times I let these comments hurt me. It is this attitude that makes me feel at times, tired and down in spirit.*

## Discussion

This survey has confirmed many of the findings from the international literature related to the issues experienced by older nurses, and their projected retirement intentions. These findings have profound implications both for the management of older nurses in the workforce, and for nursing workforce planning. If, as indicated, one third of all nurses over fifty disappear completely from the workforce within the next 2-5 years, this will have a discernible impact not only on numbers, but on the collective experience of the workforce, and might exacerbate other tensions caused by disquiet among younger nurses (Clendon & Walker, 2011) and the impact of increased recruitment of Internationally Educated nurses (Walker & Clendon, 2012). Additionally, workforce ageing is a relatively new issue for managers (Lavoie-Tremblay, 2006); as previously the number of nurses working over the age of fifty has been a minority. The relative importance of the push and pull factors described in the literature (Boumans, 2008) in the New Zealand context have been found to differ from many otherwise comparable countries; in particular the financial imperatives to keep working to a later age. Changing social patterns such as women returning to the workforce after parental leave, and higher rates of divorce and separation may mean that a larger proportion of nurses than previously are now financially independent, and the lack of workplace pension provisions means that this cohort of nurses are far less financially secure than previous cohorts (the former National Providence Fund covered many government and local body employees including hospitals, but this was discontinued in the late 1980's). The introduction of Kiwisaver in 2007, whereby employers and employees both contribute to a savings plan may change this in the longer term.

While workforce planning must account for the potential nursing shortage, there is likely to be a number of nurses who will need or choose to stay in the workforce until far later than has traditionally been seen. This study provides evidence in the New Zealand context that access to flexible work options, part time hours, shift choice and safe staffing will be crucial both to retain these nurses and to allow them to retain job satisfaction and healthy work-life balance. There is evidence for improved patient safety from both retention of nursing expertise (Hill, 2010); and the prevention of burnout (Nyatanga, 2006) and a difficult balance will have to be struck between the sometimes competing needs and perspectives of the different age groups of nurses (Lavoie-Tremblay, 2010). Careful attention will also have to be paid to the continued safe practice of the very much older nurse. There is anecdotal evidence that older (over 65 years) nurses are disproportionately represented in the New Zealand Nursing Council competency review process (personal communication, P. Cook, 25 June 2012) and in the Health and Disability Tribunal disciplinary process (personal communication, M. Barnett-Davidson, 25 June2012) though respondents to this survey appeared both concerned to ensure they did not work beyond safe practice, and accepting of the need for collegial oversight of their competence.

Additional to the threat to overall availability of nurses in the workforce is the impact on individual employers of managing skill and experience shortages and the considerable costs to both nurses and patient outcomes of high staff turnover (North et al 2012). Other countries who have been struggling with the same demographic issues have begun to devise and advocate for nursing management initiatives to ensure sufficient numbers (Storey,2009), and the health and safety of their older nurse workforce (McHaney, 2006; Hill, 2010) Recommendations from these studies included more flexible, part time working, allowing movement to less physically demanding roles, and increasing the leadership and mentorship opportunities for older nurses (Anonymous, 2006a; Anonymous, 2006b)

Flexible working practices aside, a culture change whereby older nurses are valued, consulted and empowered to share their experience is just as needed. Such acknowledgement is likely to stem losses from early

retirement (Palumbo et al 2009) and likewise optimise the psychosocial work environment (Lavoie-Tremblay, 2006). The negative experiences that older nurses frequently encounter at work contribute to a lesser enjoyment of their work, and nursing leadership must act to tackle ageism; not out of 'political correctness' but as a strategy to improve the workplace culture for the benefit of all and to help retain older nurses.

Further research is urgently needed to explore the issues identified from this survey in more depth. Additionally, the physical, mental and emotional impact of shift work patterns and lengths for older nurses, and the personal, organisational and financial impact of implementing more flexible work options for all generations in the New Zealand nursing workforce would inform nursing management and allow more accurate retirement prediction and nursing workforce planning.

There are important policy implications from the findings of this survey; most pressingly the need to maintain a close watch on the supply, retention and exit of nurses from the workforce. Care must be taken to balance the differing needs of a multi-generational workforce: younger nurses too are demanding flexibility, consideration in shift rostering and family-friendly part time work options. In the USA, and in response to the same demographic issues, a major boost was delivered to nurse training places, with the result that in 2011 the total number of USA trained registered nurses under the age of 26 was very encouraging; projected to be the largest cohort ever observed in the US (Auerbach, 2011). The relatively small NZ workforce (50,128) (Nursing Council of New Zealand, 2011) is sensitive to changes in the relative in and out flows of nurses, and concerns about the sustainability of the nursing workforce in New Zealand have been raised (North 2011) Unique to New Zealand is the relative ease with which under the mutual Trans Tasman agreement, nurses can register and work in both Australia and New Zealand (Callister, 2011). This survey has identified a previously unidentified level of intention of older nurses to work in Australia to both boost retirement savings and to be near to their children and grand children: this too may make current workforce planning assumptions unsound.

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