Predictors of the decision to retire among nurses in Spain: A descriptive survey

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ABSTRACT

Background: Nurses typically retire in their late 50s and since nursing shortages exist in most countries understanding nursing staff decisions to retire might open up possibilities of encouraging and supporting them to remain in the workforce longer. *Objective:* This study examines potential predictors of retirement intentions amongst nurses working in Spain. *Population:* All registered nurses in Spain with 50 years old or more.

Methods: Survey. Data were collected with the collaboration of the regional nursing associations in Spain using anonymous online questionnaires employed to nursing staff (n=497) for those who are 50 years or older.

Results: Nurses indicated their interest in retiring, their planning for retirement, and their expectations for retiring. Results show that retirement intentions were higher in nursing staff that were older, experienced higher levels of burnout, indicated poorer levels of self-reported health, and reported greater job demands and more negative work attitudes (less affective commitment, job involvement, work engagement). The majority of these were "push" factors which are related to dissatisfaction in the workplace.

Conclusion: Organizations can and should create age-friendly workplaces enabling them to cope with the nursing shortage and workplaces can be changed to better accommodate the needs and expectations of older employees.

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Introduction:

There is emerging evidence that the workforce in most countries is aging. Women and men are living longer and falling birth rates have combined to rise the age of the general population. One outcome of this is the problem with social security in most European countries, but even developing countries such as Brazil are suffering for these effects. Another consequence is the likelihood of labour shortages as older workers retire and there are fewer new workforce entrants. The labour shortage in some sectors represent a gigantic problem and some experts claim that the "war over talent" has begun and will become fierce in the next decades with special attention for the health sector (Michael, Handfield-Jones, & Axelrod, 2001; Walker, 2010; Ineson, 2012; Littlejohn, Campbell, & Khayile, 2012).

Within the health sector, nurses play an important role in the delivery of health care (Spurgeon, Burke, & Cooper, 2012). For example, according to the Spanish Ministry of Health and Consumer Affairs (2006, p. 48) "There are more than half a million people in Spain working in the health sector who are qualified and registered with a professional association; the largest group is that of nurses which also contains the highest proportion of women". In addition, nurses are in close contact with the patients and they have great influence on the quality of the service and in helping patients´ health recovery (Shoqirat, & Cameron, 2012). Unfortunately, there is evidence that nurses in several countries have become increasingly dissatisfied with their work experiences resulting in lower morale, increased turnover, and a more negative image of the nursing profession in the views of potential nursing students (Aiken, Clarke, Sloane & Sochalski, 2001; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Dolan et al, 1992). Because of it, many countries have reported a nursing shortage that will only get worse, with more developed countries attempting to attract nurses from lower-income countries, reducing the level of nursing staff in the latter countries (Buchan, Parkin, & Sochalsi, 2003; Walker, 2010). For example, nursing recruiters have come to Toronto – Canada - from California and Texas to recruit Canadian nurses. The same process has been occurring in many other developed countries such as the U.K., France, and Italy.

The shortage of nurses often results in employed nurses working longer hours, overtime hours, and two shifts back-to-back. There is considerable evidence that these extended work hours has a negative effect on the satisfaction and well-being of nursing staff themselves and on the quality of patient care (O'Brien-Pallas, Thomson, Alksnis & Bruce, 2001; Aiken, Clarke, Sloane, Sochalski & Silber, 2002; Vahey, Aiken, Sloane & Vargas, 2004; Littlejohn, Cambpell, Collins-McNeil, & Khayile, 2012).

In addition, it is expected that between 2010 and 2020 over forty percent of the US nursing workforce will be over 50 years of age and expected to retire (Norman et al., 2005). Others have similar projections for Canada (O'Brien-Pallas, Alksnis, &Wang, 2003; O'Brien-Pallas, Alksnis, Wang, Birch, Murphy & Roy, 2003), Australia (Eley, Parker, Tuckett, & Hegney, 2010), New Zealand (Ineson, 2012) and many of the European country (Simoens et al, 2005).

Nurses currently tend to retire (or pre-retire respectively) in their late 50s. However, it is possible to encourage and support the nurses to remain in the workforce longer. For example, Eley et al. (2010) surveyed a sample of Australian nurses on three occasions over a seven year period and found that, with the passage of time, older nurses expected to remain in the workforce until their mid-60s with sixty percent of the 40 to 60 year old nurses in the last wave of data collection in 2007 holding this view. In addition, The Health Workforce New Zealand, a business unity of New Zealand National Health Board, suggests the creation of creative and innovative roles for the ageing nurses as a strategy to enrich their jobs and "prevent loss of skill and expertise of nurses in the older age group" (Ineson, 2012, p.18). However, Spain seems to occupy a special position in this "war of talent", because of the surplus of nurses the country produces (Epha, 2005). Meanwhile, because of the actual Spanish economic situation, the prognosis is not so clear if the country will go on as a provider of high qualified nurses. Probably the nursing shortage will affect the Spanish health system too.

Due to it, the objective of this paper was to examine the potential predictors of the intention to retire among nurses in Spain. We hope that with this kind of information we can contribute to the debate of policy makers and sectorial leaders over the type of conditions that can be created in favour of retaining and attracting new talents for the sector.

Background:

Retirement is currently being rethought as society is in constant change mode (Euwals, De Mooij, & Van Vuuren, 2009; Sedlar & Miners, 2007). The influences of these changes can be seen more easily in societies with a high expectation of life and low birth rate such as in many European countries.

Thus, it is becoming a matter of strategic need to plan and become proactive in enhancement the recruitment programs of developed countries or to extend the economic and active life cycle for their respective employees (Walker, 2010; Ineson, 2012). Such actions are more sensitive in some sectors then others, because of the difference in attracting new workers or the capacity of retaining such workers in the job (Naudé, & Jefferson, 2009; Michael et al., 2001). In this study, we were interested in the factors that can predict the decision to retire among nurses in Spain. Similar studies with the nursing population have been done in other parts of the world proposing the fragility and importance of this professional category (Littlejohn et al., 2012; Shoqirat, & Cameron, 2012). For example, Stephenson (2004) noting the need to retain experienced nurses, identifies a deteriorating nursing workplace as a result of healthcare restructuring and downsizing pursued in Canada. In another study, a sample of relatively young nurses in Canada highlighted the role of career satisfaction through meaningful work and a supportive workplace environment, coupled with improved work conditions, played a role in their intentions to leave the nursing profession (Lavoie-Tremblay, O'Brien-Pallas, Gelinas, Desforges & Marchionni, 2008). In addition, a large European study of female nurses indicated that age, job dissatisfaction and a lack of social support from supervisors contributed to intentions to leave (van de Heijden, Kummerling, van Dam, van der Schoot, Estryn-Bejhar, & Hasselhom , 2010). And Parry (2008), in a study of Australian nurses relatively new to their profession, observed that organizational commitment was significantly associated with turnover intentions and the aim of changing either employers or professions.

In general, the literature suggests that it is possible to identify and distinguish two groups of factors which determine the decision to retire: "push" and "pull" factors. The formers include a lack of appreciation, a low view of older workers by the labour market, stress, lack of career opportunities, financial means, reduced health, and lower workability (Schultz et al 1998; van de Heijden et al., 2010; Ineson, 2012). For instance, ageism is a push factor in that the skills of older employees are not used, recognized or valued. On the other hand, "pull" factors include economic benefits of early retirement, and wanting to use one's remaining years in a different way "such as the desire to pursue interests or volunteer activities that attract older workers toward retirement" (Shultz et al., 1998, p.46). In a sense, the first ones are related with negative factors that drive people out or demotivate them in relation to the job function while the "pull" factors are the positive ones that influence a retirement decision.

Empirically, Thorsen et al (2011) examined the relationship of ageism in the workplace, and other psychosocial factors, and older worker's retirement plans, taking health and employee workability into account. They collected data from 3,122 Danish workers 50 years or older in 2008. Controlling for several factors, four of six psychosocial factors were significantly associated with early retirement intentions among men: ageism, lack of recognition, lack of development opportunities, and lack of predictability. None of these predicted women's intention to retire.

In addition, von Bonsdorff et al (2010), in a longitudinal study, considered the relationship of personal and work-related psychological factors and the early retirement decision among older women and men. They collected data from 1,101 employees over a one year follow-up period. Gender differences in early retirement intentions were present at both the start and the one year follow-up. Negative perceptions about work, low work and general life satisfaction were associated with early retirement decisions among women. For men, poor self-rated work ability and perceived poor health were positively associated with early retirement intentions as were negative perceptions about work. Schultz & Wang (2007) also found that specific physical health conditions influenced retirement decisions. Thus, both work and health-related factors assessed in middle age predicted later early retirement intentions.

Parallelly et al., (2012), in a study of nursing staff in Belgium, found that work ability predicted turnover intentions. Workability, the ability of a worker "to carry out their work in relation of the demands of the work, their health and mental resources", is an important predictor of retirement intentions as well (Airila et al. 2012, p. 916). A worker is unable to perform his/her job when demands are greater than resources. Resources include one's health, functional capacity, knowledge, skills, attitudes, values and motivation. On the other hand, Airila et al. (2012) considered age, lifestyle, work related factors, and work engagement as predictors of a Work Ability Index (WAI) in a sample of fire-fighters in Finland. In particular, work engagement had a significant relationship controlling for other factors. Thus, being in good health, being work engaged and having some financial need have been found to predict staying longer in the workforce. Besides, according to Gould et al. (2000, p. 15) "It is task of research to determine which factors affect or are associated with work ability and to clarify their significance as regards the different stages of a worker´s career".

Objectives:

The present survey examines factors associated with retirement intentions in a large sample of nurses in Spain. The country is currently experiencing the consequences of the economic downturn and some of them include: laying off public sector employees, raising the retirement age, and reducing pension benefits. With this scenario the future role of Spain as a provider of nurses is uncertain, although the brain drain of Nurses at the short turn might become a serious problem when the economic cycle will improve. For this study, a combination of both, "push" and "pull" antecedents in the decision to retire was used. Predictor variables were retained based on previous research findings and included personal demographics, job demands, job resources, job attitudes, levels of work and outside of work social support and work ability assessed by indicators of psychological and physical health.

The general hypothesis underlying this exploratory study was that older nursing staff, those reporting greater job demands, fewer job resources and more negative work attitudes, and nurses receiving lower levels of social support and having lower work abilities in terms of diminished psychological and physical health would indicate greater intentions to retire (Gould et al., 2008; Masloumi et al., 2012: Ineson, 2012; Littlejohn et al., 2012; Airila et al., 2012).

Methods

Procedures:

All nurses, in order to practice in Spain, must be officially registered and qualified by a regional association of Nurses. This study was undertaken with the support of several regional nursing associations in Spain in. Data were collected in 2010. At the time of the study, the Spanish National Health System had 262.915 registered qualified nurses (around 84% are female nurses) (Instituto Nacional de Estadística, 2011). An on-line survey was developed, pre-tested and validated, and sent to the regional associations for distribution to their members. We could not determine the number sent and received however. A total of 2,115 surveys were completed online, with 21 omitted due to missing data resulting in a sample size of 2,094. Nursing staff 50 years of age or older (n=497), more likely to be interested in retirement, were selected for analysis. The majority of responding nurses were from the region of Catalonia and Gipuzkoa.

Respondents:

90% of all respondents were female, aged between 50 and 54 years (64%). 71% were married or had a partner. 30% of nurses had 26 to 30 years of nursing tenure, and 43% had 26 to 35 years unit tenure . 32% had 11 to 20 years of job tenure . Most nurses in the sample worked full-time (94%), and most had a nursing specialty (57%). 87% of all nurses in the sample worked the day shift , and most nurses form part of small units contained 10 or fewer staff (47%)

Results

Respondents gave higher agreement scores on "would like to retire" than on both "plan to retire" and expect to retire"; means were 3.8, 2.8 and 3.0, respectively (sample sizes were 502, 483 and 485, respectively). The relatively high mean scores reflects the relatively advanced age of the nursing sample. In general, nurses would like to retire in the near future but are not planning nor expecting to do so.

Correlates of intention of retire:

Table 1 presents zero-order correlations between potential antecedents and nurses intention to retire. The large sample size (n=470) resulted in several correlations reaching statistical significance (p<.05). Older nurses indicated greater likelihood of retiring. Nursing staff indicating greater job demands indicated a greater likelihood of retiring. Nursing staff reporting greater more job resources indicated a lower likelihood of retiring. Nursing staff reporting higher levels of social support both at work and outside of work indicated a lower likelihood of retiring. Nursing staff with more favourable job attitudes indicated a lower likelihood of intending to retire. Finally, nursing staff reporting higher levels of psychological and physical health indicated a lower likelihood of r=intending to retire.

Results of the multivariate analyses:

Analyses were first undertaken in which retirement intentions were regressed on 18 predictors (Table 2). Half the predictors had significant relationships with retirement intentions (9 of 18). Nursing staff reporting greater intentions to retire were older, indicated higher levels of burnout, poorer self-rated health, higher levels of all three job demands, and less positive work attitudes (less affective commitment, job involvement, work engagement). Social support no longer was found to have significant relationships with retirement intentions.

Table 1: Correlates of Retirement Intentions

n = 470

Correlates	Retirement Intentions
Personal demographics	
Sex	-.04
Age	.40***
Marital status	.01
Work status	.01
Job Demands	
Work family interference	.18***
Emotional Demands	.30***
Work overload	.23***
Work Resources	
Autonomy	-.12***
Self-development	-.14***
Social Support	
Supervisor	-.18***
Co-workers	-.15***
Spouse, family, friends	-.21***
Job Attitudes	
Affective commitment	-.18***
Job involvement	-.23***
Work engagement	-.25***
Health	
Psychological well-being	-.19***
Burnout	.35***
Medication use	.14***
Self-reported health	-.15***

***p<.001

Table 2: Predictors of Retirement Intentions

n = 470

Predictors	B	p
Age	0.52	.001
Marital Status	- 0.01	NS
Work Status	0.3	NS
Burnout	0.15	.001
Psychological Well-Being	-.04	NS
Medication use	.02	NS
Self rate health	-.05	.05
Work overload	.08	.001
Emotional demands	.07	.01
Home-family interference	.07	.00
Autonomy	.02	NS
Self-development	.04	NS
Supervisor support	-.01	NS
Co-worker support	.03	NS
Spouse/Family support	-0.05	NS
Affective commitment	-.04	NS
Job involvement	-.10	.001
Work engagement	-.06	.01

Hierarchical regression analyses were then undertaken in which six blocks of predictors entered in a specified order were regressed on retirement intentions (Table 3). The first block of predictors were personal demographics (n=3), the second block were indictors of psychological and physical well-being (n=4). The third block were job demands n=3), the fourth block were job resources (n=2), the fifth block were the measures of social support (n=3), and the last block were indicators of job attitudes (n=3). This analysis plan controls for personal demographic factors before considering the effects of other predictors of interest. When a block of predictors accounted for a significant amount or increment in explained variance (p<.05), measures within such blocks having significant and independent relationships with retirement intentions were identified (p<.05).

First, four of the six blocks of predictors accounted for a significant amount or increment in explained variance (not job resources or social support). Older nurses indicated a greater intention to retire (B=.36). Nursing staff reporting higher levels of burnout also indicated a greater intention to retire (B=.19), Nursing staff reporting higher levels of both emotional demands and work overload indicated greater intention to retire (Bs=.13 and .10, respectively) finally, nursing staff indicated higher levels of job involvement indicated lower intentions to retire (B=-.19). Controlling for the effects of personal demographic characteristics and self- reported health, not surprisingly, reduced the number of statistically significant relationships of other predictors of retirement intentions.

Table 3: Results of Hierarchical Regression Analysis

n = 470

Predictors of Retirement Intentions	R	R²	Change R²	p
Personal Demographics	.40	.16	.16	.001
Age (.36)				
Psychological Well-being	.50	.25	.09	.001
Burnout (.19)				
Job Demands	.53	.28	.03	.001
Emotional demands (.13)				
Work overload (.10)				
Job resources	.53	.28	.00	NS
Social support	.54	.29	.01	NS
Job attitudes	.57	.33	.04	.001
Job involvements (-.19)				

Discussion

The findings reported herein on nurses' intention to retire were consistent with previous research, showing that "push" factors play a major role in this decision (Schultz, Morton, & Weckerle, 1998; Ineson, 2012). Nursing staff with greater intentions to retire were older, in poorer psychological and physical health, reported greater demands and fewer resources in their workplaces, had more negative work attitudes, and received lower levels of social support both at work and outside of work (see Tables 1, 2 and 3).

Making the nursing workplace environment more satisfying to nursing staff is likely to be challenging as nurses in several other countries have described their workplaces in negative ways while reporting high levels of job dissatisfaction and burnout (Aiken et al., 2001; Leiter & Laschinger, 2006). In addition, concerns about the quality of patient care should be noted since nursing staff job dissatisfaction and burnout have been shown to be associated with quality of care delivered (Aiken et al., 2002; Laschinger & Leiter, 2006; øvretveit, 2009; Vahey et al ., 2004).

Practical applications:

Workplaces can be changed to better accommodate the needs and abilities of older employees. Organizations can create age-friendly workplaces. Organizations can address age stereotypes and biases against older employees (Postuma & Campion, 2009). For example, Ilmarinen (2006) suggests three basic changes need to be made by organizations to address issues created by an aging workforce: managers and supervisors need to become more knowledgeable in age-related issues, changes need to be made to the nature of working life and flexible work arrangements, and changes need to be made to enhance the health of older workers. Some organizations can develop outstanding reputations as great places for older employees to work and also use this to attract other older employees. Ideally, both organizational policies and activities, along with national priorities and policies, need to emphasize the improvement in working life (Dolan, 2006; Vedina & Dolan, 2012)

Additionally, Stephanson (2004) suggests that with the right incentives, nurses would remain longer in their profession. She sees an improved work environment and higher compensation as central in these efforts. Positive work environments consist of adequate staffing, pay levels that reflect increased experience and specialty credentials, flexible schedules, shortened work weeks, the use of job sharing, support for non-nursing roles, an atmosphere of respect and valuing of nursing staff, nursing staff input to decision making, the ability to spend more time with patients, caring and visible nursing leadership, and modest adaptations being made for older workers.

Let us now consider implications for nursing staff and the health care sector. Hospitals and other employers of nursing staff. First need is to understand why encouraging nursing staff to continue working is an important organizational need and make a commitment to undertaking intervention initiatives with this as a goal. Interventions include the introduction of corporate wellness initiatives that improve employee health and well-being, creating a workplace that recognizes and rewards the contributions of older employees, reducing the levels of particular job demands that make work more difficult for older employees, and increasing levels of work engagement add organizational identification. The nature and quality of the jobs people do is central in this regard. Making scheduling accommodations such as part time work, working on the day shift, and working fixed as opposed to rotating shifts available to older employees but done in a fair way so as not to disadvantage younger employees are other possibilities. Our findings suggest three targets for increasing nurse retention by delaying retirement: supporting efforts to maintain their psychological and physical well-being, addressing debilitating job demands, and increasing their levels of work engagement.

Storey et al., (2009), specifically addressing older nursing staff, proposed flexible work arrangements, support for returning nurses and those caring for parents or children, career breaks and addressing possible pension concerns. In addition, Boumans et al., (2008), based on a study of older Belgian nursing staff; believe that workload reductions, addressing age stereotypes, and offering wider and enhanced opportunities for self-development, learning and change would be helpful human resource management initiatives. In parallel, both Parry (2008) and Wilson et al., (2008) advocate directly tackling job dissatisfaction through increasing nursing staff input in decision making, more support for education and career development opportunities, increasing levels of social support from supervisors and close co-workers, improving nurse-doctor relationships, having enough nursing staff and the right mix of nursing staff skills available. Increasing civility in nursing relationships with others, and offering incentives for nurses to return to practice.

Limitations:

Some limitations of this study should be noted to place the results in a wider context. First, all data were collected using self-report questionnaires raising he slight possibility of response set tendencies. Second, all data were collected at one point in time making it difficult to determine cause-effect relationships. Third, though the sample was large, it was not possible to determine its representativeness or a response rate given the data collection procedure employed. Fourth, the large sample size resulted in relatively small correlations and Bs reaching levels of statistical significance. Fifth, many of the nurse and work/organizational outcomes were themselves significantly correlated inflating the number of statistically significant relationships reported.

Future research directions:

Several promising research and intervention avenues follow from the findings of this research. Research needs to understand more about the family circumstances of nurses including responsibilities for children and aging parents, the financial situations of individual nurses in terms of their savings, housing mortgages and responsibilities for others. In addition, examining the effects of various types of work shift on the decision to retire is warranted. Furthermore, the financial situation of Spain has deteriorated considerably in the two years since this study was carried out. This may have reduced the interest in retiring among nursing staff among those fortunate enough to have kept their jobs. Finally, given the consensus that the nursing work environment typically is one associated with higher levels of nursing staff dissatisfaction and burnout, and both of these responses are associated with lower levels of patient care, the need for interventions that both increase the resources of nursing staff and reduce the level of debilitating job demands is warranted.

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