Editorial: The ageing nursing workforce: how can we avoid a retirement brain drain?

Nursing’s ageing workforce is the subject of increasing discussion and debate (Watson 2005, Lavoie-Tremblay et al. 2006). There are expectations of widespread retirements in the near future (Eley et al. 2007) and many areas and nursing specialties are threatened by the expected loss of large numbers of their workforce to retirement. This threat is true for clinical nurses (Halcomb et al. 2008), academic nurses (Kowalski et al. 2006) and nurse managers in metropolitan as well as rural and remote areas (Sullivan et al. 2008).

The nurses who are facing imminent retirement have taken much in their stride. They have lived their careers during a period of enormous change in nursing and health care. They have been called upon to meet challenges associated with changed expectations of patients and families and changes in the characteristics of communities. Greatly increased global migration has changed previously monocultural communities into very diverse communities. This is the generation of nurses who have had to manage ‘new’ infectious diseases, lifestyle-related diseases and a whole raft of superbugs. They have had to face up to complex ethical issues that were probably unimagined and unimaginable for previous generations of nurses, such as administration of euthanatics (Van Bruchem-van de Scheur et al. 2008) and various reproductive technologies. In many countries, this was the first generation of nurses who established discrete advanced nursing roles, the first doctoral programs in nursing, who led the development of programs of nursing research and pioneered the notion of an evidence base for nursing. They have dealt with almost unbelievable growth in technology, changes to the ways nurses are educated and changes to the ways the workforce is organised.

As a profession and a discipline, we stand to lose an enormous amount of our collective wealth of knowledge and wisdom in the loss of this generation to retirement. Indeed, the looming wave of retirement raises questions about the implications of such an exodus of experience, particularly at a time when nursing is already in a period of workforce pressure. As a very experienced generation withdraw from the workforce and enter retirement, there is a potential for a lack of depth of experience and knowledge at the bedside, in the classroom and in managerial positions.

There is an increasing body of literature that considers ways that healthcare organisations might delay retirement of staff and retain nurses in the workforce for periods beyond their expected retirement age. Various strategies have been identified, including the provision of options for reduced working hours, a focus on healthier work environments, specific incentive programs and programs in which work intensity can be alleviated, such as reducing patient load, with a corresponding reduction in pay (Cyr 2005, Lavoie-Tremblay et al. 2006). However, in addition to exploring strategies for delaying retirements, there is also a need to explore innovative ways of maintaining connections with this valued and valuable generation of nurses, during their retirement years.

So what are some of the options that nurses approaching retirement may feel some reluctance to surrender their status as a nurse. There may still be a desire to continue to contribute to nursing in some way. Particularly, if there were ways of contributing that are not unduly arduous or demanding.

Like La Ganga, it may be that many nurses approaching retirement may feel some reluctance to surrender their status as a nurse. There may still be a desire to continue to contribute to nursing in some way. Particularly, if there were ways of contributing that are not unduly arduous or demanding.

Is it timely for the profession to consider working to more widely establish networks of associations of retired nurses, who could be called on to assist in various ways and contribute to the ongoing development of the profession? A google search of ‘association of retired nurses’ and ‘retired nurses organisation’ brings up a smattering of listings, mainly in the USA. In addition to these, there is also an employment site called http://www.retirednurses.com, which is also North American and offers assistance for retired nurses.
who wish to return to nursing. However, overall there is very little, especially outside of the USA.

There are several possibilities and benefits that could arise from forming strong and widespread associations for retired nurses. These could represent an avenue for retired nurses who might wish to continue to have some involvement in nursing as well as a resource for nursing organisations and bodies who may need additional support with events and programs. Concerns are sometimes raised about the skills of new graduates and undergraduate nursing students and, when considering a potential pool of retired but very experienced nurses, the question of the potential for retired nurses to have a role within the education sector is raised. Is there a role for retired nurses in contributing to the clinical learning of undergraduate students? Could there be benefits for students of nursing to have some sort of facilitated connections with retired nurses? Could this be a way that these very experienced nurses could contribute to student learning and help in developing student understandings about what it is to be a nurse?

There is a scope for the development of mentoring relationships involving retired and working nurses. A group of researchers in Sydney (Australia) are undertaking multi-intervention work aimed at developing a more supportive workplace culture for nurses. One of the key interventions has been the recruitment of retired nurses to enter into mentoring relationships with working clinical nurses and midwives. Early evaluative data from this aspect of the project suggest that both partners have enjoyed these relationships and have experienced benefits from these associations. Although further research is needed, these early findings also suggest that these mentoring relationships with retired nurses may have unique benefits for overseas qualified nurses who often enter Australia with limited local social and professional resources (McDonald et al. 2008). These nurses in particular could benefit greatly from the holistic social and professional support of an experienced but retired local nurse mentor. Concerns are sometimes raised about difficulties with socialising newly graduated nurses into the work environment. Could this also be a group who could benefit from mentoring and support from a retired nurse?

Some literature raises the possibility of retiring nurses returning to the paid workforce in some capacity or other (Lavoie-Tremblay et al. 2006). Recently, in my own workplace, four of my colleagues retired from their positions; but, in relatively short time, all had returned to the workforce in various capacities, including providing cover for a person on extended leave and filling ‘special project’ positions including archival work and assisting with preparation of curricula. There could be real advantages in employing retired people for short-term contract work in areas such as research, education and other project or consultancy work. Retired people can represent an opportunity to get short-term workers who not only have extensive experience and knowledge, but also have the time and expertise to undertake work to a very high level.

The forthcoming predicted wave of retirements that nursing is imminently facing provides us with opportunities to explore innovative ways of continuing to engage with a generation of very experienced nurses. Although some evidence suggests that most retired nurses would not contemplate a return to clinical practice work (McIntosh et al. 2006), there are numerous other ways of continuing to engage with nursing and nurses. In considering the potential impact of a retirement ‘brain drain’ to nursing, it is worthwhile to consider the ways in which nursing could continue to benefit from the knowledge and contributions of a very skilled and experienced generation of retiring nurses.

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References


