Older Nurses and Midwives in the Healthcare Workplace

by

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Publications arising from the research

Manuscript 1 Stage 1 (Phase 2)

Older nurses and midwives in the workplace – A scoping review

Julie Denton, David Evans, Qunyan Xu

Collegian Journal Volume 28, Issue 2

First published: September 2020

Manuscript 2 Stage 2

Being an older nurse or midwife in the healthcare workforce – A qualitative descriptive study

Julie Denton, David Evans, Qunyan Xu

Journal of Advanced Nursing Volume 77, Issue 11

First published: 13 July 2021

Manuscript 3 Stage 3

Managers' perception of older nurses and midwives and their contribution to the workplace – A qualitative descriptive study

Julie Denton, David Evans, Qunyan Xu

Journal of Advanced Nursing Volume 79, Issue 2

First published: 14 November 2022

Manuscript 4

Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study

Julie Denton, David Evans, Qunyan Xu, Rachael Vernon

Journal of Advanced Nursing Volume 80, Issue 5

First published: 27 November 2023

Summary

Traditionally, nurses and midwives anticipated retiring in Australia at 65; however, since 2023, the official retirement age has increased to 67 years. There was a discussion of raising the age to 70 years (Australian Government Department of Human Services (AGDHS), 2014/15). Older nurses and midwives are described as conscientious and agreeable, with a strong work ethic, and such that their experience and knowledge are of immense value to the healthcare workforce (Fackler, 2019). They are often viewed as more proficient than their younger colleagues (Hatcher et al., 2006; Ryan et al., 2017). Being perceived as experienced and knowledgeable is especially important at a time when the shortage of skilled nurses and midwives is well documented (Haddad & Toney-Butler, 2020; Johnstone, 2022; World Health Organization (WHO), 2020). Age-related challenges often prevent older nurses and midwives from performing their duties effectively (Ang et al., 2016; Clendon & Walker, 2016a).

This research aims to understand how age-related challenges affect older nurses and midwives' contribution to the healthcare workforce and what if any interventions and support policies are available to enhance their working lives. Previous research has focused on the older cohorts of patients or clients accessing health services rather than older nurses or midwives in the healthcare workforce. A small number of studies identified older nurses and midwives in the workplace, but few elicit the views of this cohort from their own perception.

To explore how age-related challenges affect older nurses and midwives in the workplace a qualitative descriptive design was selected. The research was undertaken in three sequential stages, collecting one type of data first, which then informed the next stage/stages of the research. This method facilitated triangulation of the data whereby the findings from one stage could be used to elaborate on another stage by cross referencing the data, ensuring the findings were more comprehensive and reliable, which strengthened the overall credibility of the outcomes (Cameron, 2014). Phase 1 of Stage 1 explored the literature available on older nurses and midwives in the workplace. Phase 2 of Stage 1 was a scoping review of 31 papers focusing on nurses' and midwives' age-related challenges and the support strategies available for them to remain in the workforce. Based on the belief that reality is constructed by individuals in their natural contexts (Guba & Lincoln, 1994) a naturalistic paradigm framework was used

for Stages 2 and 3 qualitative descriptive research methodology. After receiving human ethics approval from the University of South Australia, for Stage 2, nurses, and midwives who self-identified as older were recruited and interviewed. They were asked to describe their experiences as older workers in the healthcare workplace. The data were thematically analysed and reported. To have an outsider's perspective for the research, following the identical methodology framework, Stage 3 involved recruiting and interviewing healthcare managers who supervise older nurses and midwives. They were asked their perceptions about older nurses and midwives and their contribution to the workplace. These data were also thematically analysed and reported.

Overall, this research found older nurses and midwives encountered many age-related challenges in the workplace but received limited support. In addition, the term 'older' represented a broad age range of older nurses and midwives. The research concluded that due to the broad age range of nurses and midwives identifying as older many will be in the workforce for some time. It is therefore necessary to consider individual support strategies and how education of healthcare managers on recognising age-related challenges may facilitate appropriate support to be given, as necessary.

Declaration

I declare that:

This thesis presents work carried out by myself and does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; to the best of my knowledge, it does not contain any materials previously published or written by another person except where due reference is made in the text; and all substantive contributions by others to the work presented, including jointly authored publications, are clearly acknowledged.



Signature: Julie Denton

6th September 2024

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In particular, I would like to thank the nurses, midwives and healthcare managers who shared their stories. You generously gave up your time to speak with me and without your invaluable stories this research would not have been possible.

Chapter 1: Introduction to the thesis

1.1 Introduction

Chapter 1 introduces the research undertaken and how this research is presented throughout the thesis. In parallel with the ageing population and the ageing workforce, the nursing and midwifery workforce is also ageing. Traditionally, it was assumed nurses and midwives would leave the workplace when they reached a recognised retirement age. In the past retirees could access the Australian aged pension benefits at 65 years of age; however, since 2023, the retirement age has been raised to 67 years (Australian Government Department of Human Services (AGDHS), 2014/15). This is significant for ageing nurses and midwives who are working in demanding clinical healthcare roles. This research was conducted to explore the experiences of older nurses and midwives working in the Australian healthcare workforce to learn how they manage age-related challenges. Data was collected from nurses and midwives, self-identifying as older, and healthcare managers in the workplace.

1.2 Motivation of the research

This research was motivated by my personal experience of working in a busy perioperative environment. Due to the shortage of available subsidiary staff, such as orderlies or attendants, to assist with lifting patients and moving heavy equipment, the nurses and midwives were required to perform additional clinical duties on a daily basis. I noticed how constant manual tasks were beginning to significantly impact our physical health and wellbeing. Prolonged exposure to these additional tasks led to musculoskeletal injuries, back pain, and joint problems, which affected the ability of many of us to perform regular duties without notable discomfort. Some of the older nurses and midwives required leave to recover. Resources and workplace support provided by the healthcare system seemed insufficient to ensure our continued involvement in the workplace. I questioned how many ageing nurses and midwives

across Australia were in the same position and whether there were any support strategies in place. As a registered nurse, I was closely associated with this topic, my role as a researcher is outlined in Chapter three (3.10). See also, Appendix 9 Personal Reflection. There was added concern because the Australian Government announced a possible increase in the age of pension eligibility in the 2015–2016 Budget Report, from 67 to 70. I worried, because many older nurses and midwives may leave the profession without adequate resources and support, exacerbating an ongoing shortage of skilled nurses and midwives (United Nations Population Fund (UNPF), 2021; World Health Organization (WHO), 2020).

1.3 Significance of the research

The ageing of the world's population has seen a rise in the prevalence of older nurses and midwives in the healthcare workplace (United Nations Population Fund (UNPF), 2021; World Health Organization (WHO), 2020). A nurse or midwife will age during an average working career, changing from a young healthcare worker to an older one. Research into older nurses' and midwives' experiences in the workplace is vital for several reasons. The International Council of Nurses states:

> The demand on healthcare systems has increased drastically in the past year, but countries have not been able to meet the increasing needs with a corresponding increase in the nursing workforce. (International Council of Nurses (ICN), 2021, p. 3).

By exploring the stories of older nurses and midwives, we can identify issues and possible solutions to help them remain in the workplace, thereby creating a more inclusive and diverse workforce. Understanding the experiences of older nurses and midwives working in healthcare may inform strategies to assist them to remain in the workforce, thus providing a source of experienced workers to assist with addressing the skill shortage in the healthcare industry (United Nations Population Fund (UNPF), 2021; World Health Organization (WHO), 2020).

1.3.1 The older nurse and midwifery workforce

In Australia it is common for nurses and midwives to work well past the traditional retirement age of 65 to 67 years (Schofield et al., 2017). A 2024 report shows that 48.8% of practising nurses and midwives in Australia were aged 40 to 69 years, and a further 15.2% were in the 35 to 39 age group (Nurse and Midwifery Board of Australia, 2024). According to the literature, this 35 to 39 age group will soon be classified as

older workers (Austen et al., 2016; Bishop, 2013; Clendon & Walker, 2013; Duffield et al., 2014; Graham et al., 2014; Stichler, 2013; Topa et al., 2016; United Nations (UN), 2015; Utriainen et al., 2016). The 'older' group comprises a significant percentage of practising nurses and midwives who are often more experienced and can provide valuable mentorship and support by sharing their knowledge and skills with younger and/or less experienced nurses and midwives (Fackler, 2019; Ryan et al., 2017).

Irrespective of the number of nurses and midwives in the workforce, there is a recognised worldwide shortage of skilled nurses and midwives (United Nations Population Fund (UNPF), 2021; World Health Organization (WHO), 2020). According to a report from the International Labour Organisation (2022), by 2030 there will be a further shortfall of 13 million nursing and midwifery personnel worldwide. Because older people are more likely to become ill and need hospital care, there will be a higher demand globally for the delivery of age-related healthcare (United Nations (UN), 2019). One solution to mitigate this issue would be putting resources in place to retain the knowledgeable and skilled older nursing and midwifery workforce, who have a long employment history and should be considered a valuable asset to healthcare organisations to provide safe, quality patient care (Fackler, 2019; Ryan et al., 2017).

1.4 Rationale for the research

The global population is experiencing a significant demographic shift, characterised by an increase in the proportion of older individuals (United Nations (UN), 2015). This phenomenon presents various challenges and opportunities for different sectors, including healthcare. Nurses and midwives, who form a critical part of the healthcare workforce, are also ageing (Australian Institute for Health and Welfare (AIHW), 2022). Understanding the specific age-related experiences that older nurses and midwives may encounter in the healthcare workforce is crucial to ensure appropriate mitigation processes are implemented, and an effective and highly skilled workforce can be sustained.

1.5 Research aim

As established by Brikci and Green (2007), identifying an appropriate research question is the first step in any study, so, based on my declared area of interest, the question I posed for this research was:

What are the experiences of older nurses and midwives who continue to work in the clinical healthcare environment as they age?

1.5.1 Organisation of the research design

A qualitative descriptive methodology informed by naturalistic inquiry paradigm (Frey, 1994) was used to address the research question (Cameron, 2014). Naturalistic inquiry paradigm was chosen in order to explore older nurses and midwives' experiences of the healthcare workforce, allowing their individual experiences to emerge. It facilitated an understanding of the participants' stories as they unfolded during the interviews. Naturalistic inquiry allowed a flexibility in data collection and analysis that was ideal for this qualitative descriptive research, facilitating a thick description of the participants' experiences rather than quantifying it.

This qualitative descriptive research was undertaken in three sequential stages. The findings of each stage informed the next stage.

Stage 1 was completed in two phases. In Phase 1 a broad review of literature identifying the experiences of older nurses and midwives was undertaken. In Phase 2 a scoping review was completed to identify the enablers, barriers and challenges older nurses and midwives encounter in the healthcare workplace, and the organisational support strategies required for them to remain in the healthcare workforce.

In Stage 2, nurses and midwives who self-identified as older workers in Australian healthcare were recruited. Being asked to self-identify as 'older' was based on the inconsistency of understandings of what is classified as older. They were interviewed about their experiences of being an older nurse or midwife employed in the healthcare workplace. Stage 3 focused on healthcare managers, who were recruited from across Australia and interviewed to explore their perceptions about older nurses and midwives' contribution to the healthcare workplace. Obtaining the healthcare managers' perception was important to this research as they have the potential to influence the experiences older nurses and midwives in the workplace. A detailed explanation of the methodology and methods used in each stage of the research process is provided in Chapter 3: Research design and methods (pp. 34).

1.5.2 Structure of the thesis

There are seven chapters in this thesis, each dealing with a specific aspect of the research process. Figure 1 (below) depicts the thesis structure and how each stage and phase of the research is presented. The chapter descriptions are summarised in section 1.6.

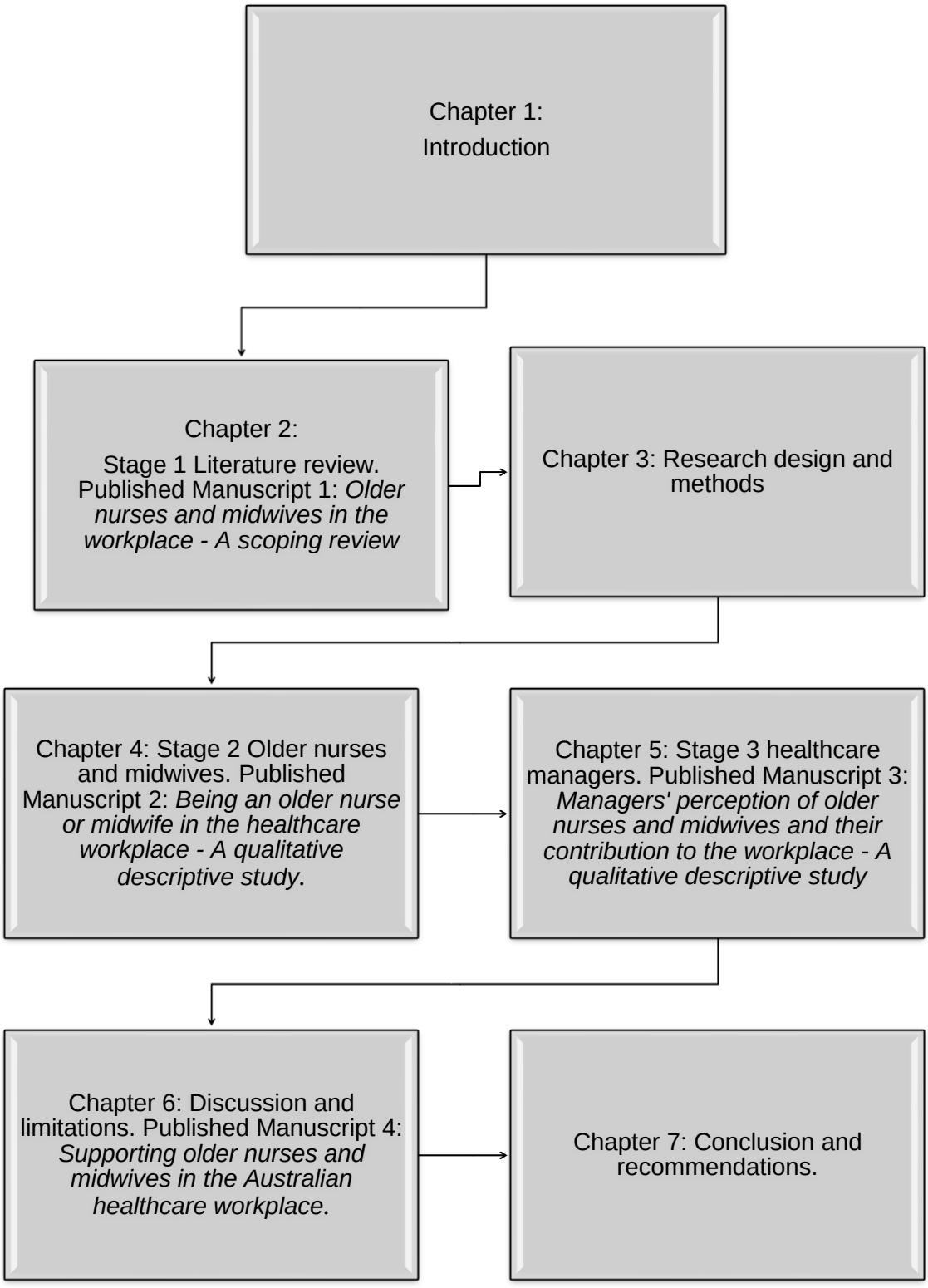


Figure 1: Structure of the thesis

Published manuscripts are presented in chapters two, four, five and six. The co-authorship contributions of the researcher's supervisors are provided in the authorship

declaration (see Appendix 1). Approval to reproduce published articles and documents was given (see Appendix 2).

1.6 Summary of chapters

Chapter 1: Introduction

Chapter 1 presents the overview of the thesis and contextual background of the research. This chapter highlights the relevance and importance of older nurses and midwives in the Australian healthcare workplace and to the global healthcare industry, based on contemporary literature. My personal experiences as an older nurse in a busy perioperative area are described, and their contribution to my interest in the topic being explored.

Chapter 2: (Stage 1) Literature review

Chapter 2 presents a broad review of literature (Phase 1) relating to older nurses and midwives. A background to the research from a broad literature search is presented in this chapter. The socio-political context of an older global population, the ageing process and how this affects the nursing and midwifery cohort is presented. Importantly, chapter 2 summarises the findings from Stage 1 (Phase 2), a scoping review that was published as a manuscript titled *Older nurses, and midwives in the workplace: A scoping review*. The chapter describes the data collection methods, the collation of data and the analysis of findings of the scoping review.

Chapter 3: Research design and methods

Chapter 3 explains the qualitative descriptive design used to undertake this research. A description of Stage 1 (Phase 2) scoping review methods is provided, followed by an explanation of the qualitative descriptive methodology for Stages 2 and 3. The participant inclusion and exclusion criteria, the recruitment strategies and ethical considerations are outlined. The choice of semi-structured interviews, the data collection method using an interview guide, the interview venue, and the consenting process are described. The transcription of interview data, and how analysis was undertaken, are also explained.

Chapter 4: (Stage 2) Older nurses and midwives

Chapter 4 presents the results from the Stage 2 data collection, the interviews with older nurses and midwives. This chapter incorporates the published manuscript *Being an*

older nurse or midwife in the healthcare workplace – A qualitative descriptive study. During this stage, nurses and midwives who self-identified as older were interviewed to gain an understanding of their experiences of working in the healthcare workplace.

Chapter 5: (Stage 3) Healthcare managers

Stage 3 of the research investigated how healthcare managers perceive older nurses and midwives. The results are presented in Chapter 5. The published manuscript *Managers' perception of older nurses and midwives and their contribution to the workplace – A qualitative descriptive study* is included in this chapter. This stage explored how managers viewed older nurses and midwives and their contributions to the workplace, adding another dimension to our understanding of the experiences of the older nurses and midwives in the workplace.

Chapter 6: Discussion and limitations

Chapter 6 discusses the findings by triangulating data from each stage. The methodology for triangulating the data in Chapter 6 involves comparing and analysing the findings from multiple sources: the scoping literature review and interviews with older nurses and midwives, and the interviews with healthcare managers. Analysing the data derived from each stage highlights the different stakeholder perceptions and by triangulating these results provides a deeper understanding of the context. The published manuscript *Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study,* is included in this chapter, followed by the acknowledged limitations.

Chapter 7: Conclusion and recommendations

Chapter 7 presents the conclusion to the research on older nurses and midwives in the workplace. Recommendations for older nurses and midwives to continue working and for their healthcare organisations to support them are made.

1.7 Conclusion to Chapter 1

The introduction chapter provides an overview of the background and structure of this thesis. The significance of the research was outlined, and chapter 1 describes why it was important to undertake this study and understand the perception of older nurses and midwives and their contribution to Australian healthcare workplaces. Chapter 2 will present the Phase 1 literature review based on older, mature, or senior nurses and

midwives in the healthcare workforce, and the Phase 2 scoping review, comprising a published manuscript: *Older nurses and midwives in the workplace: A scoping review*.

Chapter 2: Literature review

This chapter contains material from a peer reviewed publication –

JD Denton, D Evans, Q Xu: Older nurses, and midwives in the workplace: A scoping review https://doi.org/10.1016/j.colegn.2020.06.004

2.1 Introduction

As the global workforce ages, older nurses, and midwives[1] in healthcare settings are becoming increasingly important in maintaining quality healthcare delivery (Fackler, 2019; United Nations (UN), 2019). However, the demographic shift to an ageing workforce poses unique challenges within the healthcare industry. Therefore, understanding older nurses' and midwives' experiences, contributions and needs is crucial for maintaining a resilient and effective healthcare system (World Health Organization (WHO), 2020). Any research starts with discovering existing knowledge (Peters et al., 2015; Snyder, 2019); therefore, a preliminary search of available literature on the global ageing population was undertaken (Stage 1, Phase 1). Following the initial literature search a scoping review (Stage 1, Phase 2) was accomplished and a published manuscript (Manuscript 1) is presented in this chapter, titled *Older nurses and midwives in the workplace: A scoping review*. This chapter will conclude with a summary of the key findings.

2.2 Search strategy

A structured search strategy was essential for conducting a literature review. To assist with a thorough search for relevant literature the following keywords were created. Each related to older nurses and midwives, their workplace, wellbeing, and workplace involvement:

> old, nurse, enrolled nurse, registered nurse, midwife or mature enrolled nurse or registered nurse, midwife or aged, aging, ageing, enrolled nurse, registered nurse or midwife, challenges, help, hinderance and health, retention of nursing staff, workforce, career, and intent to retire.

[1] Although this research frequently refers to older nurses and midwives only a few studies include midwives as a separate entity.

Relevant literature was highlighted when the keywords appeared somewhere within the paper, study or article, either in the title, abstract or content. To retrieve appropriate resources related to older nurses and midwives the keywords were entered into the following online databases:

> Cumulative Index to Nursing and Allied Health Literature, Medline – Ovid, Embase, Scopus, Ageline, Joanna Briggs Institute Evidence Based Practice Database and Google Scholar

Professional health, government and organisational websites were also searched to increase the comprehensiveness of the literature search. The websites of Nursing and Midwifery Boards and Nursing and Midwifery Councils from Australia, the United States, New Zealand, Canada and Europe were searched. Published and unpublished online literature (grey literature), such as government and technical reports, informal communications, or industry newsletters were examined. The detailed methods, search strategy, inclusion and exclusion criteria for the stage one literature review are further expanded in Chapter 3. Research design and methods.

2.3 Socio-political context

Having good health and favourable living conditions allows people to remain healthy well into old age (World Health Organization (WHO), 2022). As a result, many people are living longer, leading to an ageing population in many countries (United Nations (UN), 2015). Several health-related and socioeconomic factors have contributed, such as the rising levels of infrastructure development, a decrease in fertility rates and declining births (Hazan & Zoabi, 2015; Vollset et al., 2020). A decline in mortality due to better healthcare, effective disease control, and successful vaccination programmes means people are living longer (World Health Organization (WHO), 2015). Therefore, the number and proportion of older persons aged 60 years or over is increasing in most countries and this trend is projected to continue well into the future (Organisation for Economic Co-operation & Development (OECD), 2019b; Ritchie & Roser, 2019). By 2030, one in every six people worldwide will be 65 or older; by 2050, that number will double (World Health Organization (WHO), 2022). Australia is following a similar trend, where people aged 65 and over are predicted to make up 21% to 23% of the total population by 2066, compared to 16% in 2020 (Australian Bureau of Statistics, 2017). The ageing population has significant global economic and social repercussions (United Nations (UN), 2019).

2.3.1 The impact of an ageing population

Because birthrates are declining in many countries, organisations must increase participation rates among those 65 and older to maintain employment levels (Barrett, 2015). The ageing of the population may complicate a government's efforts to maintain the intergenerational contract that pays pensions and health insurance for retirees through current workers' taxes. If people retire from the workforce, there is a far-reaching impact because fewer people between 20 and 64 years of age are available to fill the workforce gap (Barrett, 2015; Vollset et al., 2020). To avoid a downturn in economic growth governments may need to increase taxation or cut spending to support the ageing population (Vickerstaff, 2010). An ageing population is not all daunting because, due to improvements in health services, advances in medical science, improved living conditions and better education, older people continue to enjoy moderately good health, and many do want to remain active and engaged in their later years (Boychuk-Duchscher & Cowin, 2004; Commonwealth of Australia, 2015a). Therefore, more people are prolonging their working years well past the traditional retirement age, which in Australia is 67 (Commonwealth of Australia, 2015b; Sewdas et al., 2017). Consequently, as the world population has aged there has been a noticeable increase in the age structure of the people in the workforce (World Health Organization (WHO), 2015).

2.4 The older worker

It is clear from the literature that the terms older, aged or mature for a worker are not easy to define. Chronological age was a commonly used measure to identify and describe this demographic; however, there is a wide discrepancy in what constitutes 'older' in the literature. A report from the Australian Bureau of Statistics (2010b) 'Older people and the Labour Market' classified the older worker as 55 or older, while a paper from the Australian Human Rights Commission (2010) 'Age Discrimination Exposing the hidden barrier for mature age workers,' identified 45 as the age the worker became older or mature. This age was based on previously reported complaints about ageism and ageist comments in the workplace. Through the Age Discrimination in Employment Act, the Equal Opportunity Commission of the United States of America identified the term 'older worker' to apply to workers over 40 ("The Age Discrimination in Employment Act.," 1967; Neumark, 2009). The United Nations claimed an older worker was over 65 (United Nations (UN), 2019). According to many international and

Australian studies, the older age group starts at 45 or 50 (Austen et al., 2016; Bishop, 2013; Clendon & Walker, 2013; Duffield et al., 2014; Graham et al., 2014; Stichler, 2013; Topa et al., 2016; Utriainen et al., 2016). In a study of information technology personnel, Duncan and Loretto (2004) found that some respondents identified people as young as 35 as older. The findings from a survey conducted by McCarthy et al. (2014) stated workers were considered to be older from a much younger chronological age of 28. Therefore, in terms of age, older workers are not a homogenous group, as was first believed. Defining the 'older worker' according to Australian Bureau of Statistics (2010a) criteria or according to the age group of a population may bring different understandings about what represents an older worker.

2.5 Retaining older workers in the workplace

Older workers often bring valuable skills, expertise and institutional knowledge to the workforce, which can positively impact the performance of organisations. Extending working lives has been suggested to take advantage of older workers' knowledge and experience and meet the demand for a skilled workforce (Barrett, 2015). The literature has shown that extending working lives can improve productivity and economic growth (Australian Bureau of Statistics, 2010b; Organisation for Economic Co-operation & Development (OECD), 2019a). Additionally, working longer can contribute to an individual's financial wellbeing, allowing them to have a more secure retirement (Australian Government Department of Jobs and Small Business, 2018; Wilson et al., 2020). The Organisation for Economic Co-operation and Development (OECD) member nations saw the critical benefit of retaining older workers and initiated changes to early retirement practices (Organisation for Economic Co-operation & Development (OECD), 2006). Member countries were advised to take steps to help older people remain employed in the workforce by introducing anti-ageing employment legislation and make changes to the age of qualifying for a government aged pension payment. Governments were also advised to encourage industries to abolish age-related discrimination and remove age barriers within their organisations to urge older people to remain in the workforce (Appannah & Biggs, 2015; Organisation for Economic Co-operation & Development (OECD), 2006; Schofield et al., 2017; United Nations (UN), 2015). The Australian Federal Government abolished compulsory retirement in response to the Commonwealth Public Service Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001. The Age Discrimination Act 2004

followed in 2004. Eventually, legislation was proposed to change the retirement qualifying age for non-government industries in the 2014–2015 federal government budget. The legislation passed and was eventually put into action in July 2017. The age-pension qualifying age in Australia was gradually increased to 67 by July 2023 (Australian Government Department of Human Services (AGDHS), 2014/15). As a result, many Australians who had previously reached 65 were no longer eligible to apply for the aged pension; therefore, there was a need for many to continue working. To encourage employers to consider and support mature workers, a report from the federal budget of 2018–2019 saw the Australian Government allocating funding to help increase employment participation for older workers who were classified as 45 and over (Commonwealth of Australia, 2018). After a successful pilot programme, organisations were encouraged to develop initiatives involving mature aged employment through collaborative partnerships (Australian Government, 2022).

Some members countries of the OECD have responded to this type of initiative. With the mandatory age of retirement gone in the United Kingdom as recently as the 2023 budget, a policy for supporting workers over 50 was introduced. The midlife metric income opportunities trust unit (MOT) ratio payments from the Department for Work and Pensions (DWP) were increased to ensure more people received the best financial, health and career advice. They can participate in a new type of apprenticeship involving retraining. The pension tax-free allowance was to be increased from £40,000 to £60,000 to prevent professional older workers such as doctors from leaving the workforce for tax-saving reasons (United Kingdom Government, 2023). In Europe, the United Kingdom, Denmark, France, Germany and the Czech Republic became part of a study, *Creating longer, more fulfilling work lives* (Chartered Institute of Personnel and Development (CIPD), 2016). Although it concluded there was no ‘one-size-fits-all’ solution to support and retain older workers, it was found that every employer needed to develop multifaceted methods to foster an age-diverse employee profile. Keeping older workers in the workforce beyond traditional retirement age has seen the workforce age considerably (Bal et al., 2015; Wainwright et al., 2018). However, as older people continue to work for a wage many benefits may arise (Baxter et al., 2021).

2.5.1 Social and economic benefits

2.5.1.1 Countries

Having fewer people in the workforce supporting a larger ageing population can put economic strain on governments through the high demand for welfare payments, assistance with housing, and social support (Bloom et al., 2011; Lin & Cui, 2021). The government's welfare expenditure relating to age pensions may become unsustainable as the population ages. Still, this can be addressed by supporting older workers to stay employed (Organisation for Economic Co-operation & Development (OECD), 2015).

Employed older workers contribute to government revenue through taxation payments (Gusmano & Okma, 2018; Parliament of Australia, 2018; World Health Organization, 2015). Thus, by raising the retirement age the economic and social costs of supporting older people who are not employed might be eased. Retaining older workers in the workforce can benefit a country's broader economy and society, and have the added benefit of harnessing their experience (Australian Human Rights Commission, 2021).

2.5.1.2 Older persons

Engaging in the workforce makes older people feel connected and purposeful (Waddell & Burton, 2006; World Health Organization (WHO), 2002). In addition to allowing them to age with dignity, remaining in the workforce correlates positively with good physical and mental health and often fulfils social needs (Modini et al., 2016; Schofield et al., 2017). The workplace can serve as a social hub for many people, as it is common for older workers to form close relationships with their colleagues, thereby reducing isolation and loneliness (Heisler & Bandow, 2018; Waddell & Burton, 2006). The literature highlights that by maintaining workplace routines and continuing to undergo cognitive challenges, conditions such as depression and cognitive decline are known to be reduced (Carlstedt et al., 2018). People enjoy being productive, are intellectually challenged, and often engage in higher levels of physical activity, which in turn promotes good health, and people who continue working are generally more optimistic about their lives (Taylor, 2019). Continuing to work also provides more financial security leading up to retirement (Sewdas et al., 2017; Wilson et al., 2020).

2.5.1.3 Employer organisations

Organisations report how they value the expertise and knowledge of older workers and through information transference and mentorship programmes prepare a succession plan

for younger colleagues (Heisler & Bandow, 2018; Sewdas et al., 2017). The literature demonstrates that organisations can increase diversity in the workplace by bringing together different views and perspectives through a broad age range of employees. New younger employees can gain experience and knowledge through being mentored by older workers. These experiences may help them develop practices that support them to stay until they too become older workers (Dahlke & Hunter, 2022; Hatcher et al., 2006; Helaß et al., 2022). Retaining older workers assists in maintaining an appropriate skill mix and can reduce financial costs associated with recruitment and training of new employees (Australian Human Rights Commission, 2021).

2.6 The ageing process

Ageing as a biological process is unique to everyone. A person goes through a series of physical, cognitive, and emotional changes throughout their life, beginning at birth. Noticeable age-related changes occur within the body from age 40 to 45, becoming more evident in the following decades (Amarya et al., 2018; Schofield et al., 2008; World Health Organization (WHO), 2022). While the greying of the hair or wrinkles on the skin reflect the changes visually, specific transformations also challenge the older person, with deterioration of bone density and muscle mass occurring (Delloiacono, 2015; Tomas et al., 2017). Muscle strength declines, mobility issues develop, dexterity and strength gradually reduce, especially in the hands and fingers which can generally limit one's ability to lift weighty objects or manoeuvre equipment. There is also an increased possibility of injury related to loss of musculoskeletal strength (Delloiacono, 2015; Phillips & Miltner, 2015). Additional age-related health issues such as weight gain, experiencing persistent pain, or developing chronic disorders are not uncommon (Amarya et al., 2018; Beard et al., 2016). Older people may also begin to experience sensory changes. Their vision deteriorates, making small print harder to read, especially under poor illumination (Swenor & Ehrlich, 2021) and there can be a loss of hearing acuity. Which, aside from difficulty hearing colleagues, means telephone conversations can sometimes become undecipherable (Cassarly et al., 2020).

As people age, their circadian adaption to sleep deprivation is also decreased. This can be a significant issue if a person's reaction time is reduced, or they find it difficult to manage life and work events or stresses because of sleep deprivation. For nurses or midwives who work rostered shifts, varied sleep patterns and schedules may create

significant challenges to their wellbeing and ultimately safety to practice (Hood & Amir, 2017).

2.6.1 Nurses and midwives and the process of ageing in the workplace

Older nurses and midwives often face unique health and safety challenges, especially those related to the demanding environments in which they generally work. Although older nurses and midwives may experience the age-related challenges identified above, there are often other contributing factors related to the environment in which they are employed. As a result of shift work and prolonged hours, many older nurses and midwives also suffer from increased tiredness and fatigue (Bishop, 2013; Gabrielle et al., 2007; Muller et al., 2013).

Older nurses and midwives may have difficulties keeping up to date with the constant technological and environmental changes, especially when not given adequate opportunities and time to update their skills (Andrews et al., 2005; Ang et al., 2016; Clendon & Walker, 2015). Older nurses and midwives are often not valued in their workplace for their years of experience (Hatcher et al., 2006). At times older nurses and midwives may experience emotional anxiety associated with age-related changes and the realisation of advancing age (Ryan et al., 2017). Organisations often do not understand an ageing workforce; therefore, provisions are not made for this event (Clendon & Walker, 2015; Gabrielle et al., 2007; Letvak, 2005). The challenges described have led to many older nurses and midwives leaving the healthcare workplace prematurely (Ang et al., 2016; Clendon & Walker, 2016a; Harrington & Heidkamp, 2013).

Although, generally, older people in good health are respected, those who are not may be looked down on and because of their physical failings they are sometimes viewed as a burden (Sokolovsky, 2009). This viewpoint can create difficulties in a healthcare work environment. Due to age-related challenges, older nurses and midwives may be perceived negatively by their colleagues if they cannot fulfil their work duties effectively (Ang et al., 2016; Soer et al., 2012). A feeling of isolation and exclusion may ensue, which can harm their mental health and wellbeing. A negative perception of older nurses and midwives can also lead to discrimination based on age, influencing decisions surrounding recruitment, hiring, training, advancement, general treatment, retention, and retirement (Bal et al., 2011). Due to the nature of this study and its focus

on older nurses and midwives in the workplace, the possibility of an ageist attitude towards older workers warrants further explanation (Malinen & Johnston, 2013).

2.6.2 Ageism

Ageism is discrimination based on age, and thus older workers are more likely to be subjected to stereotyping and discrimination; it often occurs due to society's preconceived notions and stereotypes about ageing (Oude Hengel et al., 2019; World Health Organization (WHO), 2021). The impact of ageism on workplaces is apparent and must be recognised when building an inclusive and equitable environment (Naegele et al., 2018). Ageism is a term first described by Butler (1969, p. 243) as a systematic stereotyping of people based on age:

> Ageism reflects a deep-seated uneasiness on the part of the young and middle-aged, a personal revulsion to and distaste for growing old, disease, disability, and fear of powerlessness, "uselessness," and death.

Butler was not the first to identify a widespread contempt for older people, as these attitudes have deep roots in global history. In the past, those who could no longer contribute to the community were often cast aside and left to die (Achenbaum, 2015). These days, a prevalent assumption in the definition of ageism is that society views the older age group as a distinct group with its own characteristics (Ayalon & Tesch-Römer, 2018). This view is often fuelled by misconceptions driven by the taunting language used. Descriptions such as *elderly, old, senior* or *having a senior moment* and even referring to an older cohort as a *Boomer*[2] or the *grey tsunami* are repeatedly used (World Health Organization (WHO), 2021). Using adjectives such as old, elderly or senior evokes stereotypes of older people as frail, dependent, and well past their prime. Older workers often face unique challenges in the workforce, there is concern that older nurses and midwives are treated differently in the workplace, relating to their age and their assumed limited workability (Andrews et al., 2005; Austen et al., 2016; World Health Organization (WHO), 2015). The literature demonstrates there may be an assumption that older nurses and midwives are no longer valuable to the workplace and may be considered poorer-quality employees, especially when there is a relationship between being older and a negative social identity (Chenoweth et al., 2014; Clendon & Walker, 2015; Fragar & Depczynski, 2011). Older nurses and midwives are often

[2] Boomers refer to those born 1946 to 1964 post World War Two. Smola, W., & Sutton, C. D. (2002). Generational differences- revisiting generational work values for the new millennium. *Journal of Organizational Behavior, June 2002, 23*(4), 363–382. https://doi.org/10.1002/job.l47

perceived as less competent than younger staff, believing their years of experience and skill level are not of value (Ang et al., 2016; Chenoweth et al., 2014). There is also the assumption that due to their age, older nurses and midwives will likely be leaving the workforce soon and, therefore, they are deemed to be a poor investment when considering further education and promotion (Parry et al., 2017; Petery et al., 2020). There is the danger of generational prejudice that can sometimes pit nurses and midwives against one another, when older nurses and midwives are stereotyped as less productive and less adaptable than their younger colleagues (Cox et al., 2018; Gendron et al., 2024; Petery et al., 2020). Reported instances of bullying towards older nurses and midwives have also been found (Gabrielle et al., 2007; Wray et al., 2008). A failure to consider individual differences by over-generalising, and treating older people, old age and ageing stereotypically, can occur. However, the broad age range of the definition of 'older' means there is a likelihood that ageism can occur anywhere on the older age spectrum (Australian Human Rights Commission, 2010; Desmette et al., 2008).

2.6.3 Supporting older nurses and midwives

As long as people are experiencing better health and living conditions as they age, they will have a longer life (Australian Institute for Health and Welfare (AIHW), 2015). Waddell and Burton (2006) found that continuing employment is beneficial to a person's overall health. Older nurses and midwives wish to continue contributing to the healthcare workforce for many reasons, such as allowing themselves longer to prepare for a sustainable retirement to have financial stability (Sewdas et al., 2017; Sousa-Ribeiro et al., 2022; Wilson et al., 2020). Social needs can be met through forming connections with colleagues (Bartram et al., 2014) and the satisfaction of improving the lives of others through providing care (Uthaman et al., 2015).

The literature shows that older nurses and midwives are experienced and knowledgeable (Clendon & Walker, 2016a; Fragar & Depczynski, 2011; Harris et al., 2010) they have generally had years of practice to refine their clinical skills and wisdom, making them invaluable resources for younger/less skilled colleagues. Specific knowledge of policies and practices can be obtained through organisational information (Lammintakanen & Kivinen, 2012) but it is the older nurses and midwives who deeply understand the healthcare workplace through their own experiences (Fackler, 2019; Reinhardt et al., 2020). Their decades of clinical knowledge and skills can influence the mentoring of

younger/less skilled colleagues and enhance the healthcare team's overall proficiency when providing care. Szalmasagi (2018) described experienced nurses as 'key workers' for healthcare, confirming how important this older cohort should be to the healthcare industry.

Another point to consider when solving the health workforce shortage is how recruiting international healthcare workers could be appealing. Using other countries as a source of nurses and midwives will, however, create problems for those countries in maintaining their own nursing and midwifery workforce, compounding the worldwide shortage of nurses and midwives. This practice can exacerbate healthcare disparities in the countries being recruited from, leaving them with a critical shortage of skilled healthcare workers. Ethically, it raises concerns that if lower-income nations are exploited for their skilled workforce, their own healthcare needs will be neglected. Furthermore, it contributes to a 'brain drain', depriving these countries of the nurses and midwives they need to improve their health systems (Borji, 2023). Age-related biases and lack of career advancement opportunities can impact older nurses and midwives' job satisfaction and retention. By recognising that older nurses and midwives are a valuable asset to the healthcare industry (Ryan et al., 2017) implementing strategies to retain and empower them can contribute to creating the more inclusive and effective healthcare system needed to meet the increased demands of age-related healthcare in the future (Amarya et al., 2018; Schofield et al., 2008; World Health Organization (WHO), 2022).

Maintaining a skilled workforce that can meet the projected growth in healthcare demand may become untenable if support for their challenges is not addressed (United Nations (UN), 2019; World Health Organization (WHO), 2020). More funding, resources and healthcare workers will be needed to meet the increase in healthcare demands of an ageing population. The literature shows how governments must invest more in the health sector and create more sustainable delivery models, which will increase the costs to maintain healthcare organisations (The Centre for Health Economics (CHE), 2020). In addition to increased funding and resources, the healthcare industry will require a diverse range of healthcare workers to meet the growing demands due to the ongoing shortage of nurses and midwives (United Nations Population Fund (UNPF), 2021; World Health Organization (WHO), 2020). Older nurses and midwives are a source of skilled workers who can ensure the smooth

functioning of healthcare facilities, and therefore can play a crucial role in providing quality patient care (Fackler, 2019; Reinhardt et al., 2020).

Losing this skilled older group may negatively impact the quality of healthcare delivery (Fackler, 2019; Haddad & Toney-Butler, 2020; Johnstone, 2022; Marc et al., 2019; Reinhardt et al., 2020; World Health Organization (WHO), 2020). For some time, there has been considerable discussion about supporting older healthcare workers. A symposium, *The Ageing Workforce: Challenges for the Health Care Industry Workforce,* was held in the United States in 2012 (Harrington & Heidkamp, 2013). The symposium examined the challenges an ageing workforce poses for the healthcare industry and offered strategies to support mature healthcare workers to encourage them to remain in the industry. A more recent report from Buchan et al. (2020), *Ageing well. Policies to support older nurses at work,* also stated that support should be available for all healthcare workers, focusing on an awareness of the challenges older healthcare workers encounter in the workplace.

2.7 The scoping literature review

2.7.1 Introduction

After completing the broad literature review (Stage 1, Phase 1), a scoping review of the literature was chosen for Stage 1, Phase 2, to provide a comprehensive overview of the vast body of literature on older nurses and midwives in the workplace. A scoping review is useful for mapping the existing research and identifying gaps in the literature. A scoping review can incorporate a range of study designs and types of evidence, including quantitative, qualitative and mixed methods studies (Peters et al., 2015). The scoping review methodology is described in the published, peer reviewed manuscript *Older nurses and midwives in the workplace: A scoping review* and is described in further detail in Chapter 3: Research design and methods (pp. 32–58).

By identifying key concepts, sources and knowledge gaps in a specific field, the scoping review design provided an overview of the volume, nature and characteristics of primary research. This type of review is essential for informing future research, policy and practice by synthesising broad evidence and highlighting areas that require further investigation (Arksey & O'Malley, 2005; Munn et al., 2018). Therefore, a scoping review design provided the appropriate methods to review the literature related to older nurses and midwives in the workplace.

As there was an ambiguity over how to define ‘older’ (United Nations (UN), 2019) the scoping review sought studies involving nurses and midwives referred to as older, mature or senior, and not necessarily of a specified age. Studies involving workplace policies and practices that supported older nurses and midwives’ wellbeing and continued involvement were also sought. A preliminary literature review of studies relating to older nurses and midwives was used to develop guiding questions to scope the literature.

The scoping review methods are outlined below in the published manuscript *Older nurses and midwives in the workplace: A scoping review* and described further in Chapter 3: Research design and methods (pp. 34). The review was guided by the questions:

1. What challenges do older nurses or midwives encounter in the workplace?
2. What organisational strategies are available to support them?

Following defined inclusion and exclusion criteria, 31 primary research papers were selected to analyse and report on.

During a scoping review, any existing literature can be considered a source of information (Peters et al., 2015). However, specific sources such as opinion papers were excluded but additional articles for potential inclusion were found through a comprehensive search of their reference lists. Exploring the subject of older nurses and midwives revealed a broad scope across various databases. Ultimately, primary studies were chosen as they are a source of research material that contains original data that had only been evaluated or interpreted by the author. The published manuscript is presented below.

2.7.2 Published Manuscript 1, Stage 1 (Phase 2)

Older nurses and midwives in the workplace: A scoping review.

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Older nurses and midwives in the workplace: A scoping review

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ABSTRACT

Background: Ageing workers are the fastest growing sector of the labour force. Older nurses and midwives encounter many challenges in the workplace and strategies are needed to support them to ensure successful working lives and improved workplace efficiency.
Aim: This scoping review aimed to identify challenges older nurses and midwives encounter in the workplace and the organisational support strategies required for them to remain in the workforce.
Methods: Utilising a five-step scoping review framework, review questions were developed, a comprehensive search was undertaken, collected data was analysed using content analysis. Thirty-one studies were included in the review.
Findings: Challenges specific to older nurses and midwives were identified: physical difficulties, tiredness, fatigue, treatment differences, lack of respect and lack of educational or promotional opportunities. Strategies were suggested by participants to support them at work, such as wellness programs, redeployment, flexible hours, support networks, recognition of knowledge and experience, improved workplace ergonomics, and ongoing education. However, there was very little evidence that organisational support strategies were available in the workplace.
Discussion: Challenges for older nurses and midwives within the workplace were clearly addressed within the literature. While support policies have been advocated by older nurses and midwives, the review highlights the lack of evidence about how to best support them to continue to work to capacity.
Conclusion: Evidence shows the labour force is ageing and older nurses and midwives face challenges specific to their age, but further research is warranted to better understand which strategies will support them in the workplace.

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Summary of Relevance
Problem or Issue
The nursing and midwifery workforce is ageing. Supporting older nurses and midwives to work to their full capacity is beneficial to the workplace and may overcome the predicted future nurse shortage. However, little is known about organisational support strategies required to support them at work.
What is Already Known
Older nurses and midwives face different challenges to those encountered by younger workers and require different modes of support.
What this Paper Adds
This paper identifies the common challenges faced by older nurses and midwives and highlights the lack of evidence of workplace support strategies.

1. Introduction

Population ageing is having an impact on the age profile of the workforce (Commonwealth of Australia, 2015) and this is reflected in the nursing and midwifery profession. Older nurses and midwives are delaying retirement, making them the largest rising group of the health workforce in Australia (Collins & Collins, 2006; Nursing and Midwifery Board of Australia, 2016). They continue to work for financial reasons, the camaraderie of working with others, working for pleasure or are just not ready to retire (Andrews, Manthorpe, & Watson, 2005; Graham et al., 2014; Valencia & Raingruber, 2010). Adding to this, the Australian government has developed strategies for keeping older persons in the workforce. These strategies included eradicating compulsory retirement at the age of 65 years, increasing the qualifying age to receive an aged pension and encouraging workplace policies to limit discrimination against older workers (Parliament of Australia, 2001, 2010). These changes enable workers to remain in paid employment past the traditional retirement age (Commonwealth of Australia, 2004).

As the number of older nurses and midwives grow, there are increasing reports describing age related challenges such as phys-

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ical limitations, diminished vision and hearing acuity, increasing tiredness and fatigue (Keller & Burns, 2010). Moreover, Hatcher, Bleich, Connolly, O'Neill-Hewlett, and Stokley-Hill (2006, p. 13) report older nurses often face negative assumptions about their abilities and feel undervalued or exploited in their workplace (Gabrielle, Jackson, & Mannix, 2007). It is often presumed they are unable to learn new technology or update skills, are slower, less driven and less productive (Ang et al., 2016). There are also indications of an ageist workplace culture (Clendon & Walker, 2016a), with discrimination toward older people being reported in nursing and midwifery workplaces (Letvak, 2003; Stokowski, 2008).

Most countries are experiencing growth in the number and proportion of older people and it is anticipated by 2050, 23% of the population will be over the age of 65 years (Australian Institute for Health and Welfare, 2015; United Nations (UN), 2015), resulting in a considerable increase in future care needs (Austen, Lewin, Ong, & Sharp, 2016; Clendon & Walker, 2016a). Older nurses and midwives are knowledgeable and experienced and replacing this older group will be costly (Hatcher et al., 2006; North, Leung, & Lee, 2014). Therefore, supporting this mature workforce can be an effective strategy to help meet future care needs (Australian Nursing & Midwifery Accreditation Council, 2014).

2. Review aim

The aim of this review was to identify challenges older nurses and midwives encounter in the workplace and organisational strategies required to support them to continue to work.

3. Methods

A scoping review as outlined by Arksey and O'Malley (2005) was chosen to provide a broad framework to map key challenges and strategies relating to older nurses and midwives in the workplace (Arksey & O'Malley, 2005; Daudt, van Mossel, & Scott, 2013). The construction of review questions was informed by a population, concept and context (PCC) mnemonic (Joanna Briggs Institute et al., 2015). Critical appraisal of methodological quality was not undertaken as generally scoping review is designed to provide an overview of existing evidence regardless of quality (Joanna Briggs Institute et al., 2015; Tricco et al., 2016).

This scoping review consisted of five stages.

Stage 1: Identifying the review question

The following questions were developed to guide the scope of available data.

1 What challenges do older nurses or midwives encounter in the workplace?
2 What organisational strategies are available to support them?

Stage 2: Identification of relevant studies

A PCC approach was used to provide a framework to guide the search strategy. The search focused on papers containing keywords related to the PCC elements. Keywords comprising old* nurse en-rn/midwife or mature nurse en-rn/midwife or ag* en-rn/midwife, challenges/help/hindrance and health, retention of nursing staff, workforce, career and intent to retire. Consultation with a university academic librarian was undertaken to ensure a comprehensive literature search. Primary research papers were retrieved from the following electronic data bases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline – Ovid SP, Embase, Scopus, Ageline, Joanna Briggs Institute EBP Database and Google Scholar. Health industry websites, nursing boards and councils from Australia, United States, New Zealand, Canada and Europe were also searched. Reference lists from retrieved papers were also examined for additional data.

Stage 3: Study Selection

Because there is ambiguity about what age a nurse or midwife can be considered older, this scoping review called for studies if the nurses or midwives were identified as older or referred to as mature and not necessarily of a specified age group. Retrieved papers were cross-checked for eligibility against the following inclusion and exclusion criteria and papers were included if they addressed the topic (Arksey & O'Malley, 2005; Dijkers, 2015).

Inclusion criteria

- Population: Enrolled nurse, Registered Nurse or Registered Midwife referred to as older or mature.
- Year of publication range: 2000–2017.
- Methodology: Published primary research or reports from research, government or workforce organisations.
- Context: Healthcare.
- Language: English.
- Concept: Challenges/Support Strategies

Exclusion criteria

- Studies focusing only on nursing assistants, paid carers or auxiliary nurses.

The screening process was conducted with a three-step process. A total of 1477 papers were found, duplicates and irrelevant papers were removed. Abstracts were scanned then sorted for relevance. Full texts were read and assessed for eligibility and 31 final studies were included in the review (Fig. 1).

Stage 4: Charting the data

Guided by Arksey and O'Malley (2005), a data collection form was created. Details of the author's name, publication date, title of journal, volume number, edition and pages and the study aim, design/methodology, population, setting, data source, outcome measures and results were recorded. This form served as a record of data for the scoping review.

Stage 5: Collate, summarise and report the data

Using content analysis the extracted data from Stage 4 were summarised, analysed and narratively synthesised (Arksey & O'Malley, 2005; Graneheim, Lindgren, & Lundman, 2017).

4. Findings

Thirty-one studies comprising 17 qualitative, seven quantitative, six mixed methods and one randomised controlled trial were included in the review. Studies were conducted in eight countries, nine from Australia, 10 from United States, five from the United Kingdom, three from New Zealand, and one each from Singapore, Germany, Spain and Finland. Study participants were from large acute care hospitals, medical centres, community services, national health services, aged care facilities and national nursing organisations, both rural and metropolitan. Registered nurses, enrolled nurses, midwives and nursing managers with ages ranging from 40 to 62 years were involved in the studies.

5. Challenges

According to the 31 studies, five challenges were identified for older nurses and midwives in the workplace. Challenges identified were physical difficulties, tiredness and fatigue, being treated differently, lack of respect and lack of opportunities. See Table 1 in Supplementary material for summary of challenges.

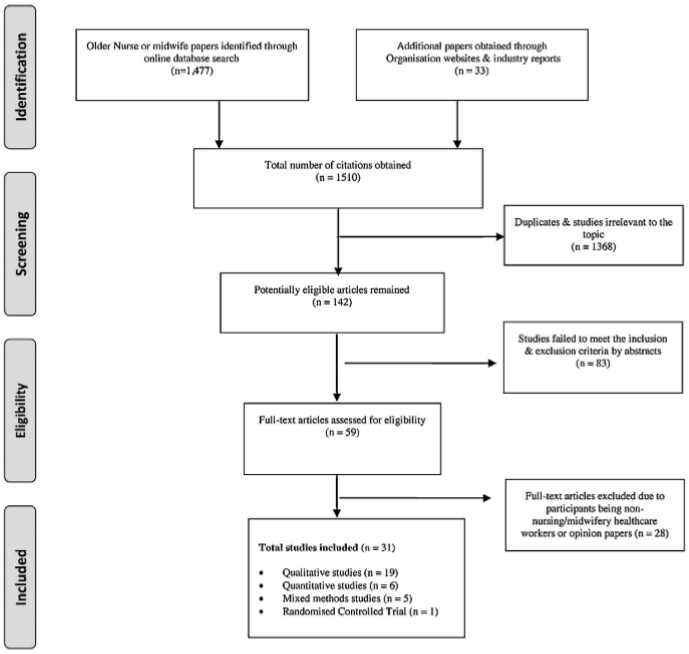


Fig. 1. PRISMA flow diagram.

5.1. Physical difficulties

Physical difficulties relating to the ageing body were reported as the most frequent challenge for older nurses and midwives. Nine studies highlighted mobility impairment as being the most difficult challenge affecting participation in manual handling situations such as lifting patients, moving equipment, walking, standing or sitting for long periods (Ang et al., 2016; Clendon & Walker, 2013, 2016a; Durosaiye, Hadjri, & Liyanage, 2016; Fragar & Depczynski, 2011; Friedrich, Prasun, Henderson, & Taft, 2011; Graham et al., 2014; Letvak, 2005; Spiva, Hart, & McVay, 2011). Four studies identified loss of hearing acuity and changing vision (Ang et al., 2016; Clendon & Walker, 2013; Fragar & Depczynski, 2011; Gabrielle, Jackson, & Mannix, 2007).

Studies reported older nurses and midwives experiencing a decline in their physical capacity due to high physical work demands (Clendon & Walker, 2016a; Durosaiye et al., 2016; Mion et al., 2006; Muller et al., 2013; Spiva et al., 2011; Wray, Gibson, Stimpson, & Watson, 2007). One study participant said:

> *I find the busy & heavy workload harder to manage. I am more easily injured & my back gets sore more quickly (*Clendon & Walker, 2016a*, p. 1069).*

Poorly designed environments can also be challenging. Participants from one study agreed their work environment was not very accommodating for the older nurse. One said:

> *I think that on the wards, they're also—they're not particularly well designed, are they? You've got small rooms. So, you've got a commode and you've got to get out of this room and through this door, and that's all right when you've got a bit of brute force, but I'd say as you get older!* (Durosaiye et al., 2016, p. 98).

Poorly designed environments can impact on older nurses' and midwives' capacities to continue working if they are experiencing age-related decline in their physical capacity (Durosaiye et al., 2016).

5.2. Tiredness and fatigue

Tiredness and fatigue were common challenges that older nurses and midwives experienced at work. Twelve studies identified tiredness and fatigue were due to sleep deprivation, extended shift times, heavy patient loads and increased patient acuity (Bishop, 2013; Duffield et al., 2014; Durosaiye et al., 2016; Fragar & Depczynski, 2011; Gabrielle et al., 2007a, 2007b; Graham et al., 2014; Kirgan & Golembski, 2010; Letvak, 2005; Mion et al., 2006; Muller et al., 2013; Spiva et al., 2011). One participant said:

> *I worry every day I come to work if I am going to be able to make it through the 12 hours. Patients are sicker and more demanding. My body is getting old, but my mind is still sharp. But after a few 12- hour shifts, my mind can get slow. I will retire when I feel I am no longer safe for the patients* (Kirgan & Golembski, 2010, p. 36).

There were concerns from older nurses and midwives about continuing to care for heavy patient loads:

> *Caring for six patients makes a busy day and you're on your feet the whole time except for when you have a break. It gets tiring and sometimes becomes an obstacle.* (Spiva et al., 2011, p. 5)

Two studies reported recovery between shifts proved more difficult due to ageing, particularly after night shift (Durosaiye et al., 2016; Gabrielle et al., 2007b):

> *I need more rest. I'm doing those 12-h shifts. I'm absolutely exhausted when I come home. I suffer because of lack of sleep, I have to do 50%-night shift. It takes me two days to recover after I've finished. I'll not be staying at this job because of the night shift* (Gabrielle et al., 2007b, p. 320).

Three studies identified excessive tiredness contributed to sleep disorders, exhaustion or even burnout (Duffield et al., 2014; Gabrielle et al., 2007b; Letvak, 2005). Persistent fatigue may affect work capacity creating further challenges for older nurses and midwives.

5.3. Treated differently

Different perceptions of performance expectations for older nurses and midwives led to differing treatment at work. Interpersonal conflicts developed from the perception that older nurses and midwives were not 'pulling their weight' (Mion et al., 2006). One study reported discrimination or bias was evident between the different generational groups because of systematic stereotyping of people who were older (Kovner, Brewer, Ying, & Djukic, 2007). Six studies identified clear differences in attitudes between generations, creating a lack of collegiality and teamwork (Ang et al., 2016; Durosaiye et al., 2016; Kovner et al., 2007; Mion et al., 2006; Spiva et al., 2011; Warburton, Moore, Clune, & Hodgkin, 2014). A participant stated: *"My manager asks me all too often when am I going to retire"* (Letvak, 2003, p. 53). Another stated:

> *I was so angry when I was told to give other people a chance. Please don't discriminate on older staff. Because now that our children are grown up, we have so much time that we can do something for the department* (Ang et al., 2016, p. 6).

There were reports of workplace bullying. One participant said: *"It hurts me, and I feel really bad"* (Gabrielle et al., 2007a, p. 87). Another stated:

> *Our manager. She's a bit of a bully.. . bullies usually have their little hierarchy . . . It shouldn't happen that way. We're supposed to be colleagues and some [nurses] act like [other nurses] are subordinate* (Gabrielle et al., 2007a, p. 87).

A participant reported assistance was being withheld:

> *Some nurses, they're not understanding towards other nurses, and. . . they don't help them, and that does have an impact on your health.. . The usual response, from most [nurses]. . .not everyone. . .is that they see you [needing help] and they just pretend they don't see you.* (Gabrielle et al., 2007a, p. 88)

These statements highlight the existence of ageism (Gabrielle et al., 2007a) discouraging older nurses and midwives to continue working.

5.4. Lack of respect

Older nurses experienced a lack of acceptance and recognition for their years of practice according to eight studies (Ang et al., 2016; Clendon & Walker, 2016a, 2016b; Fragar & Depczynski, 2011; Gabrielle et al., 2007b; Letvak, 2003; Voit & Carson, 2012; Warburton et al., 2014).

> *Some of the younger nurses think I don't have any sense. They don't even think I have enough smarts to take a temperature* (Letvak, 2003, p. 51).

Younger nurses are being recruited in preference to older experienced nurses (Voit & Carson, 2012). The status and value of older nurses and midwives to the workplace has diminished (Fragar & Depczynski, 2011; Gabrielle et al., 2007a; Voit & Carson, 2012). There is a common concern that older nurses' experience was not being valued by organisations (Ang et al., 2016; Fragar & Depczynski, 2011; Gabrielle et al., 2007b; Letvak, 2003; Voit & Carson, 2012; Warburton et al., 2014). One study asked 534 older nurses to respond to the phrase: *I feel valued at work,* 63.5% indicated they did not feel valued (Ang et al., 2016, p. 6). A study conducted over six hospital locations reported management did show appreciation of their older workers' experience, however, only one participant from across all the six study locations reported receiving actual positive feedback from their manager (Letvak, 2003).

5.5. Lack of opportunities

The lack of ongoing education and promotional opportunities were issues highlighted in the literature. According to six studies, maintaining competence for practice was challenging due to the shortage of opportunities to engage in continued professional development (Andrews et al., 2005; Ang et al., 2016; Clendon & Walker, 2016a; Durosaiye et al., 2016; Wray et al., 2007; Wray, Aspland, Gibson, Stimpson, & Watson, 2008). Although older nurses and midwives need access to education to update their skills, one study found they accessed less Continuing Professional Development (CPD) than younger cohorts. For example, the study reported that 73% of participants 50 years and over were not given the opportunity for CPD within the past two years compared to only 27% of their under 50-year-old colleagues (Wray et al., 2007). Five studies reported promotional opportunities were often withheld, discouraged or not presented due to the perception career advancements for older workers were limited by their remaining years in the workforce (Andrews et al., 2005; Clendon & Walker, 2016a; Gabrielle et al., 2007b; Kovner et al., 2007; Letvak, 2005). There was a view that older nurses and midwives were a bad investment for promotion due to impending retirement. One study participant stated:

> *A manager suggested that I had a 'short shelf life' in terms of applying for a particular job and implied that I wouldn't be chosen over a younger person for the same job* (Clendon & Walker, 2016a, p. 1069).

Emerging from the studies was an indication advancement within the profession was limited by the age of the nurse or midwife.

6. Strategies

Seven support strategies for older nurses and midwives were identified. They werewellness programs, redeployment to less physical roles, flexible work hours, support networks, recognition of skills and experience, workplace ergonomics and provision for ongoing educational opportunities. These strategies were suggested by participants, but findings from the studies indicate there is little evidence of implementation of strategies by organisations.

See Table 2 in Supplementary material for a summary of support strategies.

6.1. Wellness programs

To maintain health, fitness and improve functional capacity, wellness programs were proposed to support older nurses and midwives. Self-care strategies were identified as being necessary

for older nurses and midwives (Bishop, 2013; Clendon & Walker, 2016a; Gabrielle et al., 2007b), and 10 studies reported that providing appropriate breaks between shifts would help maintain mental, emotional and physical well-being (Andrews et al., 2005; Ang et al., 2016; Clendon & Walker, 2013; Duffield et al., 2014; Gabrielle et al., 2007a, 2007b; Muller et al., 2013; Palumbo, Wu, Shaner-McRae, Rambur, & McIntosh, 2012; Utriainen, Kyngäs, & Nikkilä, 2016; Valencia & Raingruber, 2010). Introducing task specific functional tests for older workers (Durosaiye et al., 2016) and consultation with older nurses and midwives were suggested to address any health challenges that may affect their work capacity (Fragar & Depczynski, 2011). To improve older nurses' and midwives' endurance and to generate positive work environments, the introduction of fitness and healthy living programs within work times were proposed (Gabrielle et al., 2007b). One study evaluated the impact of a three-day caring based program for older nurses on their level of work engagement (Bishop, 2013). Interviews with participants pre- and post-program indicated their work engagement had improved. Another study evaluated a 15-week Tai-Chi wellness program for older nurses. Although the program was only offered for a short duration, the study was found to be cost effective, improved workplace productivity and supported workers positively (Palumbo et al., 2012).

6.2. Redeployment

To address physical challenges encountered in the workplace, 12 studies suggested older nurses and midwives be redeployed to sedentary roles and lighter duties (Clendon & Walker, 2016a; Duffield et al., 2014; Durosaiye et al., 2016; Gabrielle et al., 2007b; Kirgan & Golembski, 2010; Kovner et al., 2007; Letvak, 2005; Mion et al., 2006; Spiva et al., 2011; Voit & Carson, 2012; Warburton et al., 2014; Wray et al., 2008). Four studies suggested the need to create less physically demanding roles to retain older nurses' knowledge and skills in the workplace (Duffield et al., 2014; Durosaiye et al., 2016; Kirgan & Golembski, 2010; Mion et al., 2006). Two studies reported less physically demanding positions such as patient educator and admission and discharge nurse were already available for older nurses and midwives (Mion et al., 2006; Spiva et al., 2011).

6.3. Flexible hours

To enable older nurses and midwives to remain at work, 12 studies suggested organisational support for a reduction in work hours, job sharing or staggering start and finish times as part of flexible work practices (Andrews et al., 2005; Clendon & Walker, 2013, 2016a, 2016b; Gabrielle et al., 2007b; Graham et al., 2014; Harris, Bennett, Davey, & Ross, 2010; Kirgan & Golembski, 2010; Spiva et al., 2011; Valencia & Raingruber, 2010; Warburton et al., 2014; Wray et al., 2008). There were reports that flexible and part time hours were already available for all staff, but Andrews et al. (2005, p. 304) stated greater availability was necessary to support the older workers. One study (Clendon & Walker, 2016b) reported a formal 'flexible hour' policy was in place, another study (Harris et al., 2010) reported flexible hours were dependent on what type of role a person was engaged in and therefore were not available to all staff. Participants from this study had suggested the culture of nursing appeared to discourage flexible working arrangements.

6.4. Support networks

Two studies suggested encouragement was needed through organisational support networks to maintain older nurses and midwives presence in the workplace (Utriainen et al., 2016; Wray et al., 2007). Fifteen of the 31 studies identified organisational support as an important factor for retention of older nurses and midwives through fostering positive interpersonal relationships. Six studies suggested encouraging staff to work together as a team with the sharing of work responsibilities, knowledge, concepts and objectives (Bishop, 2013; Durosaiye et al., 2016; Gabrielle et al., 2007b; Spiva et al., 2011; Utriainen et al., 2016; Wray et al., 2007). One study suggested promoting a support network by allowing older nurses and midwives to work in areas that are familiar to them (Clendon & Walker, 2016a). Two studies suggested that cultivation of social interaction between older nursing and midwifery staff members would increase job satisfaction and create a sense of belonging (Duffield et al., 2014; Kirgan & Golembski, 2010). Five studies recommended effective communication from all levels (Fragar & Depczynski, 2011; Gabrielle et al., 2007b; Topa, Guglielmi, & Depolo, 2016; Utriainen et al., 2016; Warburton et al., 2014) and one study recommended offering an individual workplan for older nurses and midwives (Clendon & Walker, 2013).

6.5. Recognition

Participants from 11 studies suggested valuing older nurses and midwives, to recognise their experience and skill by allowing their voices to be heard in decision making (Andrews et al., 2005; Ang et al., 2016; Duffield et al., 2014; Fragar & Depczynski, 2011; Friedrich et al., 2011; Graham et al., 2014; Kirgan & Golembski, 2010; Kovner et al., 2007; McDonald, Mohan, Jackson, Vickers, & Wilkes, 2010; Mion et al., 2006; Spiva et al., 2011). Four studies suggested the introduction of mentoring programs to ensure the transfer of knowledge to younger and less experienced colleagues (Ang et al., 2016; Clendon & Walker, 2015; Friedrich et al., 2011; McDonald et al., 2010). A six-month mentoring program that paired older nurses and midwives with younger colleagues to help develop, strengthen and maintain their personal resilience to help them continue in their career, found the older nurses and midwives felt more valued at work during this program (McDonald et al., 2010).

6.6. Workplace ergonomics

Eleven studies recommended workplace ergonomic revisions to reduce time pressure and physical work stressors (Andrews et al., 2005; Ang et al., 2016; Clendon & Walker, 2013, 2016a; Durosaiye et al., 2016; Gabrielle et al., 2007b; Kirgan & Golembski, 2010; Muller et al., 2013; Spiva et al., 2011; Topa et al., 2016; Wray et al., 2007). Two studies suggested older nursing and midwifery staff should be given the opportunity to have input into environmental planning for future projects (Clendon & Walker, 2016a; Spiva et al., 2011). Strategies to streamline work environments may support older nurses and midwives in the workplace.

6.7. Ongoing education

Support for older nurses and midwives to maintain their practice competence by updating skills through Continuous Professional Development (CPD) was suggested to be important in six studies (Andrews et al., 2005; Durosaiye et al., 2016; Spiva et al., 2011; Warburton et al., 2014; Wray et al., 2007, 2008). Recognising that the learning needs of older nurses and midwives may differ from younger colleagues, one study recommended training sessions specifically focused toward older nurses and midwives (Wray et al., 2008). Support from organisations for access to CPD was important for supporting older nurses and midwives at work.

7. Discussion and implications

This scoping review highlighted that older nurses and midwives encounter a range of challenges at work. Some challenges arise as

part of the biological ageing process, such as tiredness and fatigue, loss of hearing and visual impairment. Other challenges are related to conditions in the workplace, such as being treated differently to younger workers, lack of respect, limited opportunities for professional development and being considered a poor investment for promotion. While older nurses and midwives have called for support to help them continue to work to their full capacity, there is only limited information in the literature about what this support should entail. Current suggestions about the nature of support strategies include wellness programs, redeployment, flexible work hours, support networks, better recognition of their contribution at work, access to education to maintain professional competence and improved workplace ergonomics. But the effectiveness of these strategies for supporting older nurses and midwives at work is not known.

In many countries there are increasing numbers of older workers continuing in employment, and an ageing population is reflected in the nursing and midwifery workforce in Australia (Commonwealth of Australia, 2015). This scoping review raises concerns about how workplaces support the wellbeing and professional practice of older nurses and midwives. The World Health Organisation defines "a healthy workplace to be the one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of workers" (World Health Organisation, 2010, p. 2). This requires consideration of the psychosocial, work environment and personal health resources in the workplace. Comparing the findings of this review against this definition suggests that workplaces are not always healthy environments for the older nurse or midwife. The physical challenges highlight the difficulties faced by older workers in the demanding healthcare environment (Fitzgerald, 2007). Poor sleep, exhaustion and fear of injury may exacerbate the challenges (Gabrielle et al., 2007b). One of the important implications to emerge from this scoping review is the need for greater recognition of the difficulties faced by older nurses and midwives and the need for appropriate organisational support for older workers. As part of this, workplace managers should have the education and skills needed to support an older health workforce. More broadly, there is a need for policy to protect the rights of older people who remain in the workforce, to foster healthier workplaces for all workers.

This scoping review highlighted the challenges for older nurses and midwives to maintain their competence for practice because of a lack of education and professional development opportunities. Considerable education and development support are provided for nurses and midwives starting out in the profession and graduate programs are universally accessible. However, there are fewer opportunities for older workers. Therefore, another implication from the findings of this review is the need for education and continuing professional development for older nurses and midwives. In addition, given that their learning needs may differ from younger colleagues, programs that focus on the needs of older workers are required (Wray et al., 2008).

The review highlights the lack of evidence about strategies to support older nurses and midwives. Support policies have been advocated by older nurses and midwives, and 26 of 31 studies included in this review reported strategy suggestions from participants. However, there was only limited information regarding specific support currently directed toward these older workers. In the absence of effective support strategies at workplaces, older nurses and midwives must continue to endure the challenges reported in this review. Research has shown these challenges decrease workers' job satisfaction (Harvie, Sidebotham, & Fenwick, 2019; Kagwe, Jones, & Johnson, 2019; Karlsson, Gunningberg, Backstrom, & Poder, 2019) and undermines their performance and productivity (Sagherian, Clinton, Abu-Saad Huijer, & Geiger-Brown, 2017). There is a need for workplaces to offer more support for older nurses and midwives to help them to continue to work safely and effectively. It is recommended that older nurses and midwives be involved in the development of support policies to help ensure they are of benefit for workers and workplaces. As previously noted, the major finding of this review is the need for more research into strategies that will support older nurses and midwives to continue working as they age and also promote the concept of the healthy workplace for all workers.

Finally, findings suggest that in some workplaces older nurses and midwives are viewed as a poorer worker compared to their younger colleagues. There is a view that they should move on from the ward to less demanding roles (Durosaiye et al., 2016). The limited opportunities available for older nurses and midwives also suggest they are sometimes not considered to be good investment for the workplace. This suggests a lack of understanding of the benefits to be gained from supporting older nurses and midwives at work and a need to re-think how these older workers can contribute to the workplace in health care. Further research is needed into how older nurses and midwives are valued in the workplace and to investigate strategies that will support them at work and challenge the outdated stereotypes about the capacity, value and contribution of older workers.

8. Limitations

Caution is needed when considering the findings of this scoping review because of limitations in the review method. The review was limited to English language publications, so may not include all the potential research on the topic. There was inconsistency across studies in defining at what age a person should be considered an older worker, and some studies included relatively young nurses and midwives. Therefore, another limitation of the review is that it included studies with a broad range of ages and treated participants as a homogenous population. The review used a relatively narrow timeframe for including research (2000 to 2017) to help ensure relevance of findings to current professional practice. Therefore, this strategy may have resulted in relevant studies being excluded from the review. Finally, the scoping review did not undertake the final optional stage of stakeholder consultation proposed by Arksey and O'Malley (2005), because the review was part of a larger study that involves interviews with older nurses and midwives, and with workplace managers.

9. Conclusion

Older nurses and midwives experience a range of challenges at work related to the physical process of ageing and to the workplace environment. However, current evidence about how best to support them at work is limited. The findings of this review highlight the need for more education and professional development opportunities for older nurses and midwives, and better support to help them to continue to work to capacity. To help ensure healthy workplaces for all, it may be time to re-think the role and contribution of the older workers and to challenge the outdated stereotypes about older workers that still exist in health care workplaces.

Ethical statement

Ethics approval was not required for this Scoping Review of literature.

Conflict of interest

None.

CRediT authorship contribution statement

Julie Denton: Conceptualisation, Investigation, Data curation, Formal analysis, Methodology, Writing -Original draft, Review and editing, Visualisation. David Evans: Supervision, Validation, Review and editing. Qunyan Xu: Co-Supervision, Validation, Review and editing.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:https://doi.org/10.1016/j.colegn.2020.06.004.

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2.8 Gaps in the Literature

Many nurses and midwives encounter age-related challenges in the workplace. The scoping review (Stage 1, Phase 2) identified that the literature primarily focused on the challenges experienced by older nurses and midwives. The existing studies involving older nurses and midwives tended to be specific to age-related challenges, work ability, retirement intentions or general health. Resilience to ageing challenges has been researched (Ang et al., 2016; Clendon & Walker, 2016a). Older nurses and midwives' health and workability have been assessed (Austen, 2016; Clendon & Walker, 2013; Gabrielle et al., 2007b). A comparison of work attitudes between older and younger workers has been investigated (Kovner et al., 2007), and factors impacting retention in the workplace for older health workers have also been investigated (Warburton et al., 2014). Much of the existing literature did not fully highlight the holistic experience of functioning as an older healthcare worker.

Healthcare managers contribute to the experience older nurses and midwives have in the workplace, but their perception of the contribution older nurses and midwives can make to the healthcare sector has not been included in the previous studies. Given the significant national and international focus on the nursing and midwifery workforce and the role of older nurses and midwives in the workforce, it was evident that further research was required. This research explores a gap in the contemporary literature of older nurses and midwives from the perceptions of older nurses and midwives and healthcare managers who practice in healthcare workplaces across Australia.

2.9 Summary of Findings

The scoping review examined the extent of evidence regarding the challenges older nurses and midwives face at work and the organisational structures that support them. The scoping review findings identified several challenges:

- Physical difficulties often became more pronounced with age, affecting the ability of older nurses and midwives to perform tasks that required significant physical effort (Ang et al., 2016; Bishop, 2013; Clendon & Walker, 2016a).
- Some older nurses and midwives find sustaining the same work pace and productivity more challenging throughout their rostered shift, and tiredness and

fatigue were identified as significant issues (Duffield et al., 2014; Durosaiye et al., 2016; Graham et al., 2014).

- Claims of being treated differently than younger workers (Andrews et al., 2005; Ang et al., 2016).

Age-based discrimination manifested in various ways, from subtle biases to overt preferential treatment of younger colleagues.

- A lack of respect for older nurses and midwives' experience and knowledge was a related issue that many encountered because, despite their extensive knowledge and skills, older nurses and midwives reported that their expertise was undervalued or ignored (Ang et al., 2016; Fragar & Depczynski, 2011).

- Fewer opportunities for education and promotion were described as compounding the challenges older nurses and midwives faced (Clendon & Walker, 2016a; Wray et al., 2008).

Support strategies for older nurses and midwives were relatively limited and primarily implemented on a trial basis (Bishop, 2013; Spiva et al., 2011; Wray et al., 2008). Many strategies were proposed

- Wellness programmes to maintain health and fitness
- Redeployment to less physical roles
- Flexible work hours
- Support networks
- Recognition of skills and experience
- Improved workplace ergonomics
- Provision of ongoing educational opportunities

2.10 Conclusion to Chapter 2

Chapter 2 has provided the broad background to this research and situates the thesis within the contemporary context. The global ageing population has been described, and its potential impact was presented. Set against this trend, keeping older workers in the workplace longer is proposed as one solution to support the increased health demands of an ageing population. The challenges that older workers, including older nurses and midwives might encounter were introduced. A synopsis of the Stage 1 (Phase 2) scoping review of primary studies has been presented. In 2023 most Australian nurses and midwives were between the ages of 40 and 60 (Nursing and Midwifery Board of Australia, 2023) meaning many would be considered older workers, based on the literature (Austen et al., 2016; Bishop, 2013; Clendon & Walker, 2013; Duffield et al., 2014; Graham et al., 2014; Stichler, 2013, Topa et al., 2016; Utriainen et al., 2016). The limited provision of ongoing support strategies has been identified. Therefore, further research is warranted. Chapter 3 Research design and methods will expand on the methodology and methods used for Stage 1 literature review.

Chapter 3: Research design and methods

3.1 Introduction

This chapter introduces the overarching research approach and the theoretical framework for selecting a qualitative descriptive research design, which was undertaken in three sequential stages. The research aims and objectives will be articulated, informing the choice of methods and analysis. The literature review (Phase 1) and scoping review methods noted in chapter 2 are detailed in this chapter. (3.5 Research design and 3.6 Research methods). Chapter 3 also presents the qualitative methods used to explore older nurses' and midwives' experiences in the workplace with the different stakeholders. The methods used for recruitment, data collection and data analysis are detailed. For further clarification, research design, methods and data analysis are included in each publication. This chapter will conclude by noting the ethics approval and discussing the ethical considerations related to this research.

3.2 Research approach

The advancement of knowledge and development of any society is fundamentally driven by research that allows us to uncover new insights, challenge existing paradigms and solve complex issues systematically (Islam, 2023). To comprehensively understand the experiences of older nurses and midwives in the workplace, it was essential to choose the most appropriate research paradigm and design (Anderson, 2010). Naturalistic inquiry paradigm was chosen to allow a deeper understanding of the data without outside manipulation of the research findings. In conjunction with the naturalistic approach a qualitative descriptive design was chosen for stages 2 and 3 which provided a mechanism for straightforward summary of data collected directly from the participants themselves. As noted by Cameron (2014) data triangulation, where findings from one stage of the data analysis can be used to validate or elaborate on the findings of another stage of data analysis, leads to richer and ultimately more robust conclusions. Each stage of data collection and analysis informed the next stage of this research.

3.3 Research aims and objectives

This research aimed:

1. To explore the experiences of an older nurse or midwife working in healthcare.
2. To explore healthcare managers perceptions of older nurses and midwives and the contribution they make to the healthcare workforce.
3. To identify interventions or strategies for older nurses and midwives in Australian healthcare workplaces to support them.

A well-defined research question was necessary to provide a clear focus on the topic (Brikci & Green, 2007). The overarching research question for the three stages of research is:

What are the experiences of older nurses and midwives who continue to work in the clinical healthcare environment as they age?

3.4 Theoretical framework

Any methodical research is said to be informed by a series of clear views and values that shape how the research is approached (Lincoln & Guba, 1985; Tavakol & Zeinaloo, 2004). A naturalistic inquiry paradigm was chosen in order to explore older nurses and midwives in the healthcare workforce without preconceptions of what their experiences would be. The naturalistic paradigm is valuable in qualitative research, using observations, interviews and surveys to gather data where the goal is to capture the depth and richness of human experiences (Beuving & de Vries, 2014; Frey, 1994; Lincoln & Guba, 1985; Tavakol & Zeinaloo, 2004). It allowed understanding of the participants' stories as they unfolded during interview. Naturalistic inquiry permitted a flexibility in data collection and analysis and provided a framework for understanding reality and generating knowledge based on the belief that reality is constructed by individuals in their natural contexts (Guba & Lincoln, 1994). Considering both the characteristics and stimulating nature of human experience, the naturalistic paradigm provides a valuable lens for understanding social phenomena and can produce useful insights into real-world experiences, which can generate more naturally valid findings (Frey, 1994; Moschkovich, 2019). A naturalistic researcher becomes the research instrument by interacting directly with the research participants to understand their experiences in their natural context without artificially manipulating variables (Salkind, 2010). Lincoln and Guba (1985) developed a naturalistic inquiry paradigm of fundamental beliefs to use as research building blocks:

1. *Multiple realities are constructed that are holistic and inductive by collecting information about different events and their relationships from different points of view*. Collecting information from diverse sources (nurses, midwives and healthcare managers) allowed for a more comprehensive understanding of events and their relationships. Interviewing older nurses, older midwives and healthcare managers helped uncover perceptions and biases that may not have been apparent from a single point of view.

2. *The knower (inquirer) and known (object of enquiry) are interactive and inseparable. Both have experiences that can influence the outcomes*. The researcher's (the knower) own experiences can shape the perception and interpretation of the information collected, affecting the inquiry outcomes. The researcher's experiences as an older nurse provided a unique lens for understanding and interacting with the known (the participants). However, the experiences could have brought biases, beliefs and prior knowledge that may have affected how the information was analysed and understood, ultimately shaping the construction of multiple realities.

3. *Only time and context-bound working hypotheses (idiographic statements) are possible. A relationship between the participant's knowledge of events is not based on a generalisation of information*. Idiographic or individual statements are tailored to the person's unique circumstances. While they may be accurate for one person, they may not apply to someone else. Additionally, the relationships between different individuals can be affected by various factors, including their workplaces, backgrounds and life experiences.

4. *All entities are in a state of mutual simultaneous shaping, so it is impossible to distinguish causes from effects. It is often impossible to create a research design in any definitive way before the research is undertaken; therefore, qualitative methods are more adaptable because they are responsive to and flexible to the many mutually shaping effects and significance patterns discovered*. Choosing a qualitative method for this research enabled the ability to explore the subtleties of a situation and identify patterns and connections that may not be visible through traditional methods such as quantitative research. Qualitative methods can better

uncover an entity's underlying dynamics because they are responsive to the changing nature of the situation. Multiple perceptions were able to be considered.

5. *Inquiry is inherently value-bound, and the existing values of the researcher will be recognised as part of the inquiry process*. The phrase 'Inquiry is inherently value-bound, and the existing values of the researcher are recognised as part of the inquiry process' means that when conducting research, the researcher's personal values, beliefs and biases inevitably influence the process and outcomes.

A naturalistic inquiry framework helped develop a deeper understanding of how older nurses', older midwives' and healthcare managers' perceptions are reflected in their responses. There is a need to acknowledge that, even though this process ensures the research was conducted transparently and ethically, complete objectivity was impossible, as the researcher's own perception could potentially play a role in shaping the research outcomes (See Appendix 9).

3.5 Research design

A three-stage research process explored the experiences of older nurses and midwives in the workplace. This is illustrated in Figure 2 (below).

3.5.1 Stage 1 (Phase 2): Scoping literature review

After a broad literature review on older nurses and midwives in the healthcare workplace was carried out (Stage 1, Phase 1), to determine the scope of the body of literature and map available evidence about the challenges and workplace support strategies older nurses and midwives encounter, a scoping literature review was undertaken (Stage 1, Phase 2).

A scoping review was particularly suitable for examining this topic and the literature related to workforce issues because it provides a framework that facilitates a comprehensive overview of existing contemporary research. Key concepts, types of existing evidence and gaps in the literature were able to be identified and collated (Colquhoun et al., 2014; Munn et al., 2022).

3.5.2 Stages 2 and 3: Qualitative description

As previously noted, a qualitative descriptive design was chosen for Stages 2 and 3 to collect, analyse and interpret the data gleaned from older nurses, midwives and

healthcare managers. Qualitative description is used when a straight description is needed, and it is helpful to find out who, what and where events occurred and for participants to describe their experiences in the healthcare workplace in their own words (Anderson, 2010; Brikci & Green, 2007; Neergaard et al., 2009; Sandelowski, 2000). Not all data can be reduced to numbers, as in a quantitative design, which is the tool for understanding and explaining various phenomena through numerical data and statistical analysis (Mays et al., 2005); therefore, a qualitative descriptive design was chosen. A qualitative descriptive approach to data collection and analysis allowed the older nurses' and midwives' experiences in the workplace to emerge and themes in the data to be identified (Brikci & Green, 2007).

Findings from Stage 1 informed the development of Stage 2 interview questions. Stage 1 and the preliminary findings from Stage 1[3] informed the development of Stage 3's interview questions. Summary findings from each sequential stage were collated and triangulated during the final analysis to obtain the conclusions in response to the research questions. Triangulating data from multiple stages allowed for a robust analysis of the experiences of older nurses and midwives in the healthcare workplace. By comparing and cross-referencing findings from each stage, the researcher could ensure the reliability and validity of the conclusions, enhancing the overall credibility of the research (Brikci & Green, 2007).

[3] Due to the sequential nature of Stages 2 and 3, only preliminary findings from Stage 2 were available to guide Stage 3 questions.

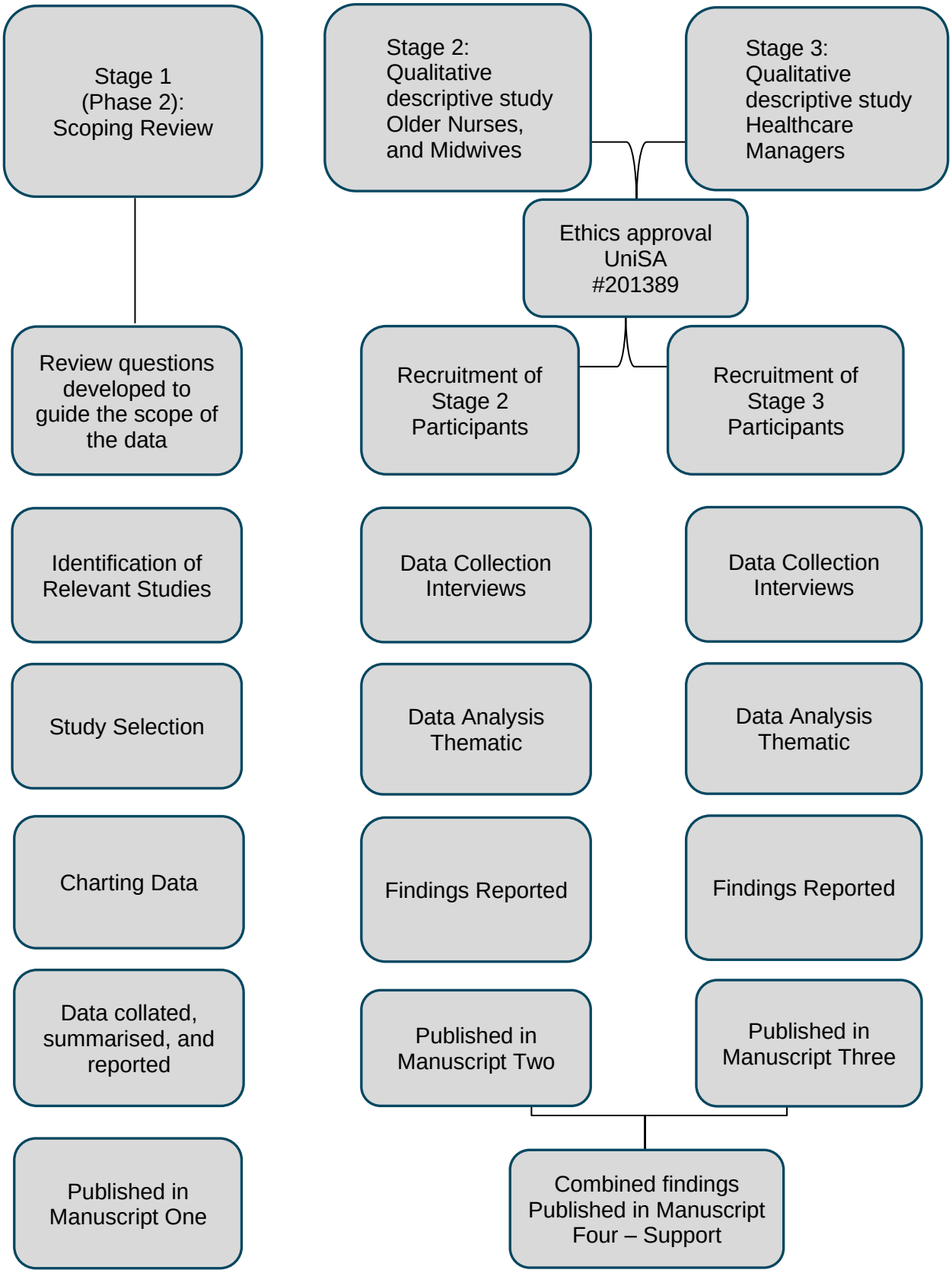


Figure 2: The three-stage research process

3.6 Research methods

3.6.1 Stage 1: Literature review and scoping review

The methods for scoping review are described in the publication *Older nurses and midwives in the workplace: A scoping review* (Denton et al., 2020) (presented above in Chapter 2, pp. 22–29). This chapter will expand on the methods. A scoping review draws from a broad question to examine, map and identify information, and will show what has already been done in the field of the study (Colquhoun et al., 2014). Scoping reviews are structured similarly to systematic reviews (Joanna Briggs Institute et al., 2015). While systematic reviews focus on well-defined questions where specific study designs can be identified, scoping reviews address broader topics where various study designs may be appropriate (Arksey & O'Malley, 2005; Munn et al., 2018). A scoping review also has fewer restrictions with inclusion criteria than a systematic review (Arksey & O'Malley, 2005; Noble & Smith, 2018; Peters et al., 2015). A protocol for the scoping review was established before literature searching began to ensure transparency and rigour. Establishing a protocol or plan before searching the literature provided a clear roadmap for the entire review process. It helped ensure that the review was conducted in a systematic and consistent manner, reducing the risk of bias, and increasing the reliability of the findings. Additionally, having a protocol in place helped to streamline the review process and allowed for better organisation and documentation of the search strategy and inclusion/exclusion criteria (Peters et al., 2015). Although Mays et al. (2001) first named the scoping review (Dijkers, 2015), it was Arksey and O'Malley (2005) who proposed a five-phase methodological framework to identify and map existing evidence when undertaking a scoping review. Therefore, the protocol was developed following the five-phase framework of Arksey and O'Malley (2005).

***Phase 1 – Identify the research question*:** Develop appropriate research questions to assist in the comprehensive literature search on older nurses and midwives in the workplace.

This scoping review was conducted to gain a deeper insight into the literature concerning older nurses and midwives. To ensure the information from the studies was extracted in a systematic, transparent manner that allowed us to determine what was to be researched, who was being researched, and where they came from a Population, Concept, Context (PCC) framework from Peters et al. (2015) was used to form the

review questions and inform the search strategy – see Table 1 (below). This framework can guide the construction of clear and meaningful objectives and edibility criteria for a scoping review (Pollock et al., 2023).

Table 1: The elements of a Population, Concept, Context (PCC) framework

PCC element	Definition
Population	Important characteristics of participants: age, topic, and other qualifying criteria.
Concept	The core concept examined by the scoping review is to be clearly articulated to guide the scope and breadth of the inquiry. Such as including details pertaining to elements that would be detailed in a standard systematic review, i.e. interventions and/or phenomena of interest and/or outcomes.
Context	May include cultural factors such as geographic location and/or specific racial or gender-based interests. Context may also encompass details about the specific settings.

(Adapted from Chapter 11, The Joanna Briggs Institute Reviewers Manual 2017)

Outlined in the Population, Concept and Context framework, characteristics of the type of studies and the participants to be considered for inclusion was a starting point to forming the scoping review questions. A preliminary search of available online literature found older nurses and midwives were often challenged by age-related conditions in healthcare workplaces. This issue guided the design of the Stage 1 (Phase 2) scoping review questions:

1. What challenges do older nurses or midwives encounter in the workplace?

2. What strategies are available to support them in the workplace?

Phase 2 – Identify the relevant studies: Search for published and unpublished studies using online databases, websites and reference lists of relevant studies.

An essential stage of any scoping review is to find relevant papers and determine the extent to which literature should be included (Chen et al., 2015). Primary research was desired since it contained original data and analyses appropriate for this type of research (Centre for Reviews and Dissemination (CRD), 2009; Peters et al., 2015). It was important to have an appropriate method for searching online and for selecting the best

results, so keywords relating to the research topic were created to enable search engines, scholarly databases and library catalogues to match the query (Corrin et al., 2022). The following keywords were used:

> old, nurse, enrolled nurse, registered nurse, midwife or mature enrolled nurse or registered nurse, midwife or aged, aging, ageing, enrolled nurse, registered nurse or midwife, challenges, help, hinderance and health, retention of nursing staff, workforce, career, and intent to retire.

All were entered into the following electronic databases:

> Cumulative Index to Nursing and Allied Health Literature, Medline – Ovid, Embase, Scopus, Ageline, Joanna Briggs Institute Evidence Based Practice Database and Google Scholar.

Consultation with an academic librarian is common for early research candidates (Warburton & Macauley, 2014); therefore, a University of South Australia academic librarian was consulted to help refine the search strategies. There was a considerable amount of online literature relating to nurses and midwives, so to ensure relevant papers were not missed, the librarian assisted with setting up an online database auto-alert through Ovid Medline and the Ovid nursing database. An email was received by the researcher each time an appropriate paper was flagged for review and possible inclusion.

To increase the comprehensiveness of the literature search relating to older nurses and midwives, health websites relating to nursing and midwifery boards and nursing and midwifery councils from Australia, the United States, New Zealand, Canada and Europe were also searched for reports. Health websites were selected based on their relevance to nursing and midwifery. The criteria included the websites' authority and credibility, and the availability of reports and information specifically related to older nurses and midwives. Published and unpublished online literature (grey literature), such as government and technical reports, informal communications, or industry newsletters, were also explored – see Table 2 below.

Table 2: Online websites

Online website	Web address
American Nurses Association	https://www.nursingworld.org/
Australian Government	http://www.australia.gov.au
Australian Bureau of Statistics	http://www.abs.gov.au
Australian Government Department of Human Services	http://humanservices.gov.au
Australian Government Department of Health	http://www.health.gov.au/htt
Australian Government Department of Health and Aged Care	https://www.health.gov.au/resources/collections/australias-future-health-workforce-reports
Australian Institute of Health and Welfare	http://www.aihw.gov.au
Australasian Faculty of Occupational and Environmental medicine	https://www.racp.edu.au/about/college-structure/australasian-faculty-of-occupational-and-environmental-medicine
Australian Health Practitioner Regulation Agency	https://www.ahpra.gov.au/
Canadian Nurses Association	https://www.cna-aiic.ca/en/home
National Institute of Labour Studies	https://fac.flinders.edu.au/communities/e4ec6fd4-781c-4af3-8c76-755cab172445
Nursing and Midwifery Board of Australia	https://www.nursingmidwiferyboard.gov.au/
Nursing Council of New Zealand	https://www.nursingcouncil.org.nz/
Grey Literature Report	https://www.nyam.org/library/collections-and-resources/grey-literature-report/
Organisation for Economic Co-Operation and Development	https://www.oecd.org/
Royal College of Nursing United Kingdom	https://www.rcn.org.uk/
United Nations	https://www.un.org/en/
World Economic Situation and Prospects	https://www.un.org/en/development/desa/policy/wesp/wesp_current/2014wesp_country_classification.pdf
World Health Organization	https://www.who.int/

***Phase 3 – Select studies*:** Use inclusion and exclusion criteria to identify relevant studies from the retrieved citations.

Based on the study population, concept and context created for this study, inclusion and exclusion criteria were developed. By comparing the retrieved citations with the predetermined eligibility criteria, eligible studies could be identified for the scoping review (Meline, 2006).

3.6.1.1 Inclusion criteria

P *Population*: Enrolled Nurse, Registered Nurse or Registered Midwife referred to as older or mature

C *Concept:* Challenges/Support Strategies

C *Context:* Healthcare workplaces

Year of publication range: 2000–2017

Type of article/report: Published primary research or reports from research, government or workforce organisations

Language: English

3.6.1.2 Exclusion criteria

To ensure studies outside of the scope of this research topic were not included in the literature search an exclusion criterion was created.

Studies focusing exclusively on allied health workers, nursing assistants, paid carers, or auxiliary nurses were excluded.

The eligibility criteria enabled the researcher to define which studies would be included and which would be excluded. To summarise selected papers for possible inclusion in the analysis, a Preferred Reporting of Items for Systematic Reviews and Meta-Analysis (PRISMA) flow diagram was followed (Peters et al., 2015). The visual representation of the PRISMA screening process is provided in Published Manuscript 1 in Chapter 2 (pp. 22–29) but is repeated below (Figure 3) for referral.

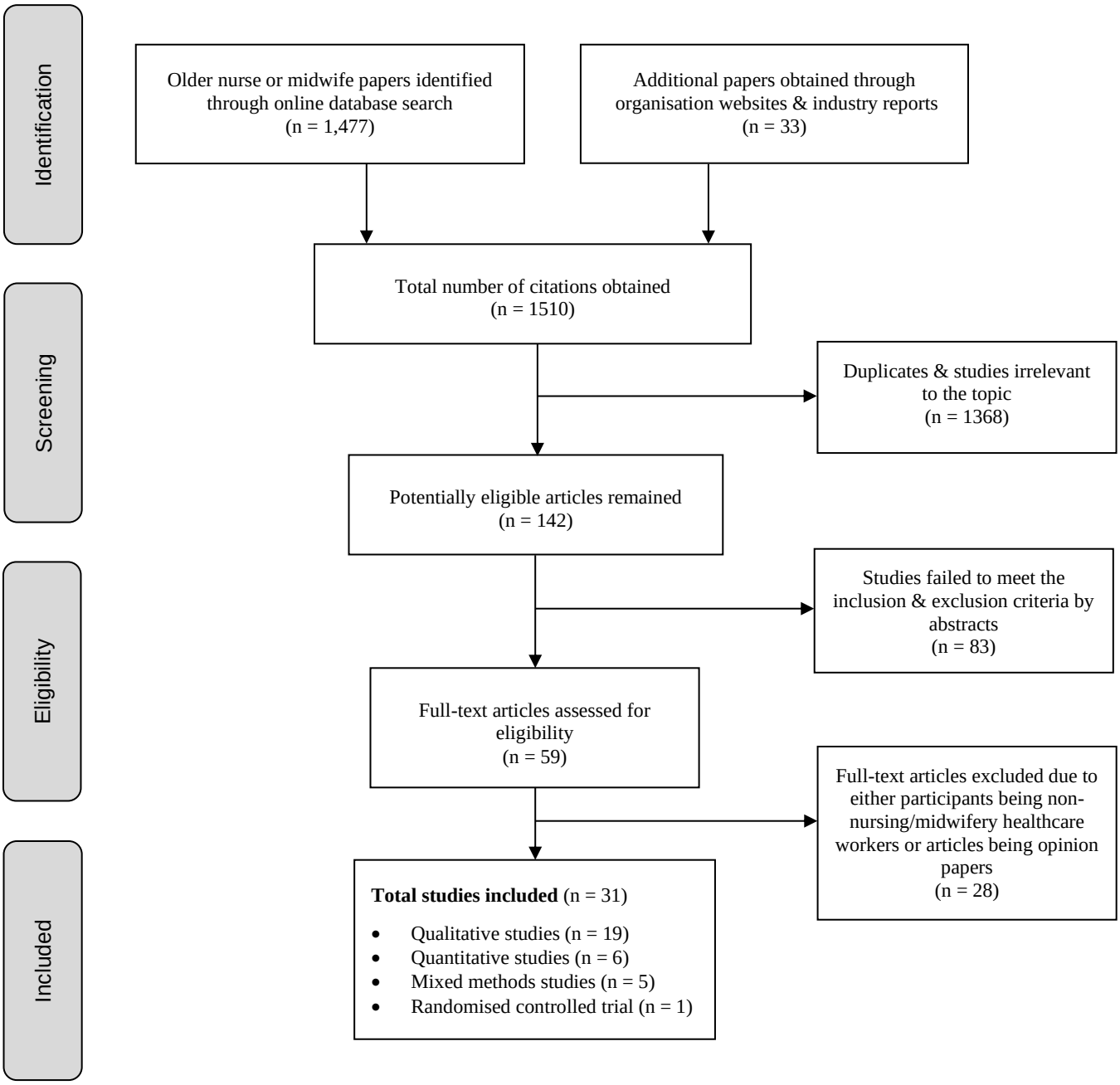


Figure 3: PRISMA flow diagram

(Adapted from Joanna Briggs Reviewers' Manual 2015: Methodology for JBI Scoping Reviews)

Reporting on the decisions for potential inclusion at every stage of the scoping literature review made the selection process transparent. There is a record of the number of papers at each step in the process. After retrieving the papers, they were cross-checked against the inclusion and exclusion criteria for eligibility. Transparency in the selection process

was crucial as it allowed for accountability and reproducibility. By providing a clear record of the number of papers at each step and cross-checking against the inclusion and exclusion criteria, the researcher could ensure that decisions made for inclusion were unbiased and based on predetermined criteria, enhancing the reliability and validity of the scoping literature review. At this stage of the research, papers were included if they addressed the research questions about older nurses and midwives in the workplace, resulting in 31 suitable papers. The studies encompassed four research designs from eight countries, as shown in Table 3 (below).

Table 3: World distribution of scoping review papers

Country	Number	Research design	Number
United States	n = 10	Qualitative	n = 17
United Kingdom	n = 5	Quantitative	n = 7
Australia	n = 9	Mixed methods	n = 6
New Zealand	n = 3	Randomised controlled trial	n = 1
Finland	n = 1		
Germany	n = 1		
Singapore	n = 1		
Spain	n = 1		

***Phase 4 – Charting the data*:** Arksey and O'Malley (2005) suggest recording the extracted data from each paper using a standardised tool. A data collection form was designed for this research. All papers were assessed, and of the 31 primary studies those that proved the most relevant to the research were entered onto a dedicated profile document outlining the selected paper's characteristics, which were then summarised. As a result of the combined study profiles, data was collated efficiently, and information could be compiled effectively. The process allowed the researcher to quickly identify patterns, trends and gaps in the literature, making it easier to draw

meaningful conclusions and make informed decisions based on the compiled information. It also saved time and effort by providing an easy way to refer to the summary table for a comprehensive overview of each paper's characteristics. In the dedicated profiles, the characteristics of each paper were carefully analysed and summarised. Information such as the research methodology, sample size, data collection techniques and key findings was included. By compiling this information in a structured and organised manner, a comprehensive understanding of the studies, and easy comparison, was possible. The key elements were contrasted. Therefore, common themes, patterns and gaps were identified in the literature, ultimately enhancing the quality and reliability of the conclusions drawn.

***Phase 5 – Collate, summarise and report the results*:** Record a summary for each included study in table form. Present the key findings in summary.

All 31 primary studies were included in the final analysis, and data were combined into a single summary table (see Appendix 3). The summary table enabled a simple comparison of each study outcome, helping to answer the research questions:

1. What challenges do older nurses or midwives encounter in the workplace?
2. What strategies are available to support them in the workplace?

There is an optional sixth phase of the Arksey and O'Malley (2005) model – *Consultation with practitioners and consumers.* This phase was not necessary for this research.

An analysis following Arksey and O'Malley (2005) guidelines began. The challenges older nurses and midwives experience in the workplace and workplace strategies offered as support were starting to be identified. The findings were developed into a simple challenges (see Appendix 4) and support strategy table (see Appendix 5). The challenges and support table allowed a complete data analysis, and the findings were reported in the publication *Older nurses and midwives in the workplace: A scoping review* (Denton et al., 2020), presented in the previous chapter. Comparisons were possible due to the consistency of reporting the findings from each reviewed paper, allowing for the identification of contradictions, similarities and gaps in the literature.

3.6.1.3 Rigour: Stage 1 literature review

Rigour is essential when performing a scoping review of the literature. Following the research protocol, a methodical reporting criterion was followed to ensure the reliability of the scoping review process (Arksey & O'Malley, 2005; Peters et al., 2021). The process of searching and selecting the literature for the scoping review involved multiple steps to ensure comprehensiveness and reliability. Using clearly defined questions and establishing the rationale for the research provided a framework to explore the breadth of the topic, identify gaps, and examine the types of evidence available of the challenges and support for older nurses and midwives in the workplace. Various databases were meticulously searched using the predefined inclusion and exclusion criteria, as well as specific keywords, to ensure consistency in the search strategy. As mentioned, consultation with an expert academic librarian was also employed to ensure relevant literature was not overlooked. Grey literature was also included in the search to capture a wide range of sources. Data extraction was carried out uniformly using a tool developed for the purpose. A narrative summary was created for each study, and then data was collated for thematic analysis. The PRISMA guidelines were followed to ensure a transparent reporting of the review process and findings. These rigorous methods helped to ensure that the scoping review provided a comprehensive synthesis of the available evidence.

3.6.2 Qualitative description (Stage 2 and Stage 3)

3.6.2.1 Introduction

A qualitative descriptive study aims to describe events in a straightforward manner (Sandelowski, 2000). A study of this type can benefit researchers seeking to discover the who, what and where of events that occurred (Anderson, 2010; Brikci & Green, 2007; Neergaard et al., 2009; Sandelowski, 2000). Qualitative descriptions help to describe events in everyday language. Therefore, this method was ideal for exploring the experiences of older nurses and midwives in the healthcare workforce. It enabled an understanding of the perceived realities as seen through the eyes of the older nurses, midwives and healthcare managers when they described details of their workplace experiences (Milne & Oberle, 2005). Qualitative description has been increasingly applied to explore health issues. Spiva et al. (2011) used this methodological approach with a primary study, *To investigate older nurses practising bedside nursing and identify ways to continue bedside practice*. Voit and Carson (2012) chose a qualitative

descriptive methodology for their study, *To explore perceived opportunities for and the barriers to implementing flexible strategies to engage older nurses in Northern Territory workforce after they resign from fulltime work.* These studies brought together, analysed and reported on older nurses in answer to their research aim, and the recorded interview details were reported.

The methods used for conducting the Stage 2 qualitative descriptive study are outlined in the published article *Being an older nurse or midwife in the healthcare workplace – A qualitative descriptive study* presented in Chapter 4 (pp. 63–73). The methods used for conducting the Stage 3 qualitative descriptive study are outlined in the published article *Managers' perception of older nurses and midwives and their contribution to the workplace – A qualitative descriptive study* presented in Chapter 5 (pp. 77–86). Further description for each stage has been included in this chapter.

3.6.2.2 Recruitment methods

The recruitment for Stages 2 and 3 took place concurrently between November 2018 and October 2019. During each stage, a target number of 50 nurses and midwives, and 20 healthcare managers was set. These targets were met.

3.6.2.3 Stage 2 recruitment method

The research required nurses and midwives to share their experiences in the healthcare workplace. Since participants in the scoping literature review of primary papers were of varying ages, there was no consensus on a uniform cut-off age for defining an 'older' worker; therefore, an inclusive definition was adopted for Stage 2. When recruiting nurses and midwives, they were asked to self-identify if they viewed themselves as older workers. It was necessary to define the target population's characteristics; therefore, inclusion-exclusion criteria were created.

3.6.2.4 Stage 2 inclusion criteria

1. Currently listed as a registered or enrolled nurse or a registered midwife with the Australian Health Practitioner Regulation Agency.
2. Currently employed within Australia as a nurse or midwife.
3. Self-identify as an older worker.

There were no exclusion criteria.

3.6.2.5 Stage 3 recruitment method

The target group was managers working in Australian healthcare facilities supervising older nurses and midwives. This study invited healthcare managers who coordinate unit and staff administration to participate. For this study, a manager was someone in a supervisory or charge position, irrespective of their official position. Inclusion-exclusion criteria were created for this stage.

3.6.2.6 Stage 3 inclusion criteria

1. A healthcare manager in any type of healthcare facility within Australia.
2. Actively working in Australian healthcare.
3. Supervising older nurses or midwives.

There were no exclusion criteria.

A purposive sampling strategy was adopted to ensure that the research on older nurses and midwives in the workplace was conducted with participants who had specific knowledge and experiences relevant to being an older nurse or midwife or a healthcare manager in the Australian healthcare system. This approach allowed for targeted data collection and provided a comprehensive understanding of perceptions about older nurses and midwives (Brikci & Green, 2007; Robinson, 2013).

From now on, the methods used for Stages 2 and 3 will be described together. An account was set up on the SurveyMonkey platform, asking interested nurses, midwives and healthcare managers to complete an initial survey (see Appendix 6). The information was also promoted via a dedicated X (formally Twitter) account and a Facebook page: Older Nurses and Midwives in the Workplace. Additional recruitment was achieved through the Australian Nursing and Midwifery Association's (ANMF) online journal and Facebook page. Snowball sampling also proved productive when participants informed their colleagues. A further 16 participants contacted the researcher either because they saw the recruitment flyer in the Australian Nursing and Midwifery Association's online journal or because colleagues suggested they also participate. The survey was completed by 175 people; 121 were not included as they did not meet either criteria, or they did not respond to the initial information email. Each person who was not eligible was sent a polite email explaining why. Four did not leave their contact details, so they were automatically excluded. Fifty-four respondents were then emailed

an information sheet briefly describing the research process. A detailed information sheet explaining the entire research process was sent to anyone who responded to the initial information email (see Appendix 7). Sending the information sheet to respondents was central to providing them with a clear understanding of the research process, ensuring transparency and promoting informed consent. It also helped to establish a level of trust between the researcher and the nurses, midwives and healthcare managers, encouraging a positive research experience for everyone involved. Fifty nurses and midwives who self-identified themselves as older, and 20 healthcare managers, were ultimately included in the research.

3.6.2.7 Data collection

Clarifying and reporting the key concepts from the scoping review helped shape and guide the data collection and analysis during the qualitative descriptive stages. Data collection through interviews is one of the most common qualitative methods (Dicicco-Bloom & Crabtree, 2006; Peters & Halcomb, 2015). Therefore, interviews were proposed to collect data for Stages 2 and 3. The type of interview technique would set the direction of the data collection method. The interview method was chosen from a nominal, structured or semi-structured format.

Nominal interviews are ideal for discussing issues and prioritising ideas in a group setting (Jones, 2004). Everyone has an equal opportunity to contribute.

Structured interviews are planned around a list of questions in a pre-set order. Identical questions are posed to each participant, allowing for little scope for further information, but a direct comparison of answers can be achieved (Nor Rashidi et al., 2014).

Semi-structured interviews: Semi-structured interviews do not begin with preconceived ideas. Open-ended questions allow for further discussion depending on the participant's response. Additional questions can be instantly modified to delve deeper into topics of interest throughout the interview (Gill et al., 2008).

This research used semi-structured questions as the data collection method for the interviews as they are flexible and therefore valuable in research areas where depth of understanding and context are crucial (Barroga & Matanguihan, 2022; Dicicco-Bloom & Crabtree, 2006). Open ended questions were posed to the older nurse, midwife and healthcare managers and, if needed, the researcher was able to expand on their response

with additional inquiries. The goal was to produce rich data clarifying their perceptions and understanding of their experiences.

Before Stages 2 and 3 data collection began, pilot interviews were conducted to establish whether the guiding semi-structured questions were clear, logical and understandable. The evaluation of these practice sessions highlighted any necessary modifications to the questions (Gill et al., 2008). The pilot interviews were not included in the overall analysis.

3.6.2.8 Stages 2 and 3 interviews

Recruitment resulted in a broad distribution of participants across Australia. A single interview was scheduled with each nurse and midwife who self-identified as older, and with healthcare managers, at a mutually convenient time. With the help of a daily and monthly calendar, it was possible to keep track of interview appointments and communicate with those across Australia according to their state's time. This was important as there are differing timelines across the country. Therefore, most interviews were conducted via telephone. Only five face-to-face interviews were organised and took place in suitable settings free of distractions. The locations were negotiated with the participating individuals. Although telephone interviews were expedient, non-verbal clues, such as facial expressions and body language may have been missed. In order to reduce any potential misunderstandings, the researcher clearly articulated each question, paused regularly during the interviews and checked participant understanding and responses. Recruitment and interviews for Stages 2 and 3 ran simultaneously, and to obtain data specific to each group they were asked different questions tailored to their roles as nurses, midwives or healthcare managers. The researcher first obtained the participant's verbal consent to record the interview, and their response was written down. Each interview session was approximately 45 to 60 minutes and began with introductions and a discussion of the purpose of the research. Participants were asked about themselves then guided through a series of semi-structured questions using everyday language with a neutral context. Semi-structured questions had a flexibility in their structure, allowing for a balance to the interview. Allowing participants to elaborate and expand on their experiences enabled any additional aspects that arose to be explored and discussed. The aim was to create a safe place for the participants to express their opinions without fear of criticism or scrutiny; therefore, establishing a neutral and conversational environment during interviews was essential, so the

participants could feel at ease and more inclined to share their experiences openly. The topic on their experiences as older nurses or midwives, or perceptions as healthcare managers, could be discussed not as if they were being scrutinised but simply in conversation. Fostering an understanding by encouraging open dialogue led to a deeper appreciation of the diverse perceptions of older nurses and midwives in the workplace (Dicicco-Bloom & Crabtree, 2006; Sandelowski, 2000a). The interviews commenced with easily answerable questions about the participants' demographics. The general demographic questions involving the participant's life and career opened the dialogue, and then the predetermined focused questions were introduced (Bryman & Cassell, 2006). Keeping the interviews open-ended ensured a rewarding collection of data (Gill et al., 2008).

3.6.2.9 Stage 2 demographic questions

- Date of birth – age
- Designation or title
- Years working as a nurse or midwife
- Type of basic nurse training, i.e. Hospital-based, University, Technical and further education facility (TAFE)
- Country in which training was undertaken
- Type of health facility employed
- Clinical area
- Have you recently changed your employment status?
- If yes, for what reason?

3.6.2.10 Stage 2 semi-structured questions

- When did you consider yourself an older nurse/midwife?
- Was there a specific event surrounding this realisation?
- Have you experienced any age-related physical or cognitive changes that have impacted your ability to perform your work duties?
- As an older worker, are there any differences in how you are treated compared to others?
- As an older worker, have any adjustments or changes been made to your work duties, work rosters or workplace responsibilities?

- As an older worker, do you receive preferential treatment or advantage compared to other people in your workplace?
- What motivates you to continue practising nursing/midwifery?
- Do you have any strategies that you use to help you complete your work duties?
- Does the workplace have any strategies to support you in remaining at work and completing your work duties?
- Is there anything else you want to tell me about being an older nurse/midwife in the workforce?

3.6.2.11 Stage 3 demographic questions

- Designation or job title
- Years as a workplace manager overseeing older nurses/midwives
- Type of health facility employed
- Clinical area employed

3.6.2.12 Stage 3 semi-structured questions

- When does a nurse or midwife become an older worker?
- What is the contribution of the older nurse/midwife to the workplace?
- Does the contribution of the nurse or midwife change as they become an older worker?
- Are there aspects of the workplace different for the older nurse/midwife compared to the younger group?
- Are any workplace opportunities available to older nurses or midwives that differ from other workers?
- Have any adjustments or changes been made to work duties, work rosters or workplace responsibilities of older nurses and midwives?
- Do older nurses or midwives receive preferential treatment or advantage compared to other people in the workplace?
- Does your organisation offer support or strategies to assist older nurses/midwives perform their roles?

As qualitative interview questions are typically revised and reformulated continuously (Barroga & Matanguihan, 2022), and the older nurses, midwives and healthcare managers were encouraged to elaborate on any issues that emerged from their own words, the interview questions were adjusted accordingly. Adapting the interview

questions ensured that each was explicitly tailored to the interviewee, allowing for a more in-depth exploration of the research topic, leading to a higher quality of data and a better understanding of the topic being studied. Using this approach allowed for rich data to be collected, improving the validity and reliability of qualitative research.

3.7 Data analysis

To analyse and interpret the data effectively the researcher transcribed the recorded interviews verbatim. In reading the transcripts of the interviews, key themes and patterns were beginning to be identified. Thematic analysis was chosen for this qualitative research into older nurses and midwives in the workplace as it is versatile and works well with the data collection methods used for this research. In thematic analysis, patterns (themes) within data are identified, analysed and reported. It organises and describes data sets in detail (Braun & Clarke, 2013). This process is part of coding and categorising the data, looking for recurring ideas, and drawing meaningful conclusions based on the older nurses', midwives' and healthcare managers' responses. Organising and describing data sets in detail is crucial in thematic analysis as it allows researchers to understand the research topic comprehensively (Maher et al., 2018).

Identifying key themes and patterns involved carefully examining the transcripts and systematically analysing the data. This process looked for common words, phrases and ideas across multiple interview transcripts, as well as noting any unique perceptions that arose. By organising the data into meaningful categories, the researcher could gain a deeper understanding of the older nurses', midwives' and healthcare managers' experiences and perceptions, drawing valuable conclusions from the interviews. This level of detail also enhanced the credibility and transparency of the research findings, ensuring that the interpretation of the data is thorough and reliable (Johnson et al., 2020). To better understand the results, data sets from older nurses and midwives were analysed independently from those of the healthcare managers.

Braun and Clarke (2006) suggest following a six-phase process to interpret the data collected from the participants. The thematic analysis process begins from the time of data collection, when the researcher searches the data for patterns of meaning and issues of possible interest. The endpoint is the reporting of the content and meaning of patterns (themes). Once the researcher identifies the patterns and issues of interest in the data, the next step in the thematic analysis process is to code the data, organising it into

categories or themes. This was followed by the process of searching for connections and relationships between these themes, and finally, interpreting and reporting the findings to provide a comprehensive understanding of the data.

The six phases are:

Phase 1 – Familiarisation of the data

The transcribed data were read and reread to identify preliminary patterns within the data. The effort invested in personally transcribing the audio recordings paid off because it provided valuable insights for the initial phases of analysis and aided in the development of a comprehensive grasp of the data. The meticulous attention to detail required for data transcription made it easier to read closely and use interpretive abilities while analysing the data.

Phase 2 – Generating initial codes

Familiarising with the transcribed data, similar features were identified, and a code was created to organise them into meaningful groups. Coding involved labelling and organising data to identify and relate different themes.

Phase 3 – Search for themes

A search for patterns or themes occurred to capture something important from the coded data, and further refinement created sub-themes in some of the groups. Each similar group of coded data was recorded in a separate document. Specific codes were then grouped to form an overarching theme.

Phase 4 – Reviewing themes

Each transcription was reviewed and compared to the codes to ensure a relationship between data sets and codes. Then, every data set was reviewed again to ensure nothing relevant was missed. The completed data sets were examined again to confirm that the themes and interpretations were reliable.

Phase 5 – Defining and naming themes

This phase identified the essence of each theme and defined it. Accurately capturing the essence of each theme is crucial in thematic analysis as it ensures that the findings and

interpretations accurately represent the data and themes do not overlap. Naming each theme allowed the researcher to communicate the main concepts identified during the analysis and enabled a deeper understanding of the topic.

Phase 6 – Producing the report

The findings from the themed data sets were recorded in narrative form in the publication *Being an older nurse or midwife in the healthcare workplace – A qualitative descriptive study* (Denton et al., 2021), which is presented in Chapter 4 (p.54) and *Managers' perception of older nurses and midwives and their contribution to the workplace – A qualitative descriptive study* (Denton et al., 2022), which is presented in Chapter 5 (pp. 77–86). Data extracts were embedded within the narrative that illustrated the older nurses', midwives' and healthcare managers' stories.

The data collection and analysis for Stages 2 and 3 were identical and, therefore, Stage 3 is not repeated in this chapter.

3.8 Rigour: Stages 2 and 3

The requirements of reliability, replication and validity are generally associated with quantitative research; therefore, in qualitative research, rigour is more of a way to establish trust in the findings of the study by using consistency in the methods to generate an accurate representation of the participant's perception (Maher et al., 2018). Other research team members independently coded a sample of interview transcripts, and the results were contrasted and compared with the thematic analysis conducted by the primary researcher. This process aided in establishing validity in the findings (Lincoln & Guba, 1986). The research team held regular meetings to discuss the research process and to ensure the findings were credible and grounded in the data analysis (Graneheim & Lundman, 2004). By being guided by Lincoln and Guba's (1985) naturalistic inquiry paradigm, all data were manually documented, thereby, creating an audit trail. Constant audit trails in the data collection process helped ensure transparency by providing a detailed record of every step taken. This allowed for the tracing and verification of data sources, analysis techniques and conclusions, thus enhancing the reliability, replication and validity of the research findings. By incorporating these strategies, the rigour of the studies was enhanced, ensuring that the findings were credible, transferable, dependable and confirmable. Consistency in

qualitative research is crucial because it helps to establish trustworthiness in the findings. When consistent methods and approaches are used throughout the study, it ensures that the data collected and the interpretations made are reliable and accurate (Johnson et al., 2020). The consistency applied to this research allowed for the replication of the study, as other researchers could follow the same methods and potentially obtain similar results, thus enhancing reliability, replication and validity.

3.9 Ethical considerations: Stages 2 and 3

Ethics approval was obtained to adhere to ethical principles and to protect the dignity, rights and welfare of research participants. All healthcare disciplines acknowledge the ethical nature of research. Ethical ideas are ingrained in formal research inquiry procedures and methodologies. Ethics approval was obtained from The University of South Australia Human Research Ethics Committee, Application ID: 201389 (see Appendix 8).

> Those persons who willingly consent to serve as participants in research ought to be respected and revered for their contributions to the advancement of nursing science. (Milton, 2013)

The older nurses, midwives and healthcare managers participating in this research had the right to know who could access their data and how it would be used. Throughout contact, they were treated with respect and dignity to uphold their rights and welfare. The research's purpose, risks and benefits were explained to each participant, with an assurance there was an option to withdraw at any time before the actual interview commenced. If they proceeded, there were two weeks from the interview date to withdraw their consent, being secure in the fact their data would not be included in the final analysis. No older nurse, midwife or healthcare manager withdrew their consent to be included in the research. Verbal consent to be interviewed was obtained from each participant before proceeding. Because each interview was audio recorded, consent to record was also discussed and obtained. All participants agreed to be recorded. To safeguard the privacy and confidentiality of each participant, anonymising their identity using pseudonyms was done at the time of interview data transcription. All participants were invited to review their own transcripts, no participant accepted this opportunity however several requested access to the published manuscripts. Each request was actioned. To reduce the possibility of emotional risk to older nurses, midwives and healthcare managers during the interview process, the contact information for

appropriate counselling services was included in the information sheets. (See Appendix 7).

3.10 Role of the researcher

Reflexivity as a researcher is central to the credibility of naturalistic inquiry (Lincoln & Guba, 1982). When undertaking this qualitative descriptive research, I played an active role as a recorder of information. As I interacted with the research participants and analysed the collected data, I recognised how my own experiences and similarities in nursing background could potentially impact the findings. I implemented strategies to ensure I was committed to honesty and transparency throughout the research process. I recognised I had an ethical and moral responsibility to the research participants to convey their stories accurately. I engaged in reflection and journalling throughout the research process and consciously compartmentalised my own opinions, assumptions, and biases. Additionally, I regularly sought confirmation of analysis and findings from my supervisory team. (See Appendix 9).

3.11 Strengths and limitations: Stages 1, 2 and 3

The Stage 1 (Phase 2) scoping review involved systematically searching and analysing various databases to identify relevant studies on older nurses and midwives. This comprehensive approach allowed for a thorough examination of the existing literature, ensuring a wide range of perspectives and findings to be considered. The strengths of this methodology lie in its ability to map the breadth of available evidence and identify key knowledge gaps for future research. A scoping review was a valuable tool because it rapidly mapped the key concepts underpinning the research and by adopting thorough transparency could allow replication of the search strategy (Munn et al., 2018; Peters et al., 2015). Detailed documentation enabled others to replicate the details, thereby increasing the reliability of the findings. Therefore, choosing a scoping review for this research was valuable as it enabled the discovery of the breadth of existing literature available on older nurses and midwives in th**e** workplace. However, there were limitations to a scoping literature review. Due to the broader focus of a scoping literature review, the review could be missing some important papers due to database selection. The included studies varied widely in their methodology, quality and context; therefore, analysis of the findings could be seen as superficial. Papers written in a language other than English could hold relevant information but were excluded from

selection (Pham et al., 2014). The inclusion criteria were broad; therefore, the papers may have been prone to selection bias. A scoping review does not typically involve critically appraising the included studies, which can affect the overall reliability of the findings (Peters et al., 2015). Despite these limitations, the scoping review played a crucial role in identifying gaps in the literature and informing the research direction for Stages 2 and 3 of the research.

During qualitative descriptive studies, the researcher can impose subjective interpretations of the participants' words when describing their experiences. The participants were given a voice, but the researcher interpreted and reported the data (Bradshaw et al., 2017). As Lincoln and Guba (1985) stated when developing the naturalistic inquiry paradigm, *Knower [inquirer] & Known [object of enquiry] are interactive & inseparable*. Both the researcher and the participant have experiences that can influence outcomes. The limitation is that qualitative description is not interpreted based on existing theories or knowledge; therefore, only a descriptive summary is given. The findings were context-based and may not be generalised to settings other than a healthcare workplace. Patterns or themes can be provided, but explaining underlying mechanisms or causal relationships may be missed. Despite these limitations, qualitative descriptive research remains valuable for gaining a nuanced understanding of specific phenomena, especially when a straightforward descriptive account is needed (Sandelowski, 2000).

3.12 Conclusion to Chapter 3

This chapter outlined the methods employed in the three sequential research stages of exploring the experiences of older nurses and midwives in the workplace. Stage 1 (Phase 2) was a scoping literature review, while Stages 2 and 3 were qualitative descriptive studies. Initially, the chapter outlined the methods used for searching the broad literature (Stage 1, Phase 1) on older nurses and midwives, then introduced the methods for scoping the relevant literature for Stage 1 (Phase 2). This review established a foundation for the continuation of the research by analysing findings from 31 studies relevant to the review questions. The literature review helped identify gaps in the current knowledge and informed the research questions and objectives for Stages 2 and 3. The qualitative study methodology for Stage 2 and Stage 3 is presented. The methods used for recruitment in each stage are outlined, including inclusion and

exclusion criteria and participant selection processes. In conclusion, the methods employed in this research provided a comprehensive understanding of older nurses and midwives by presenting valuable insights into their experiences. Chapter 4 will present the Stage 2 qualitative descriptive study of older nurses' and midwives' experiences in the healthcare workforce.

Chapter 4: Stage 2 – Older nurses and midwives

This chapter contains material from a peer reviewed publication –

JD Denton, D Evans, Q Xu: Being an older nurse or midwife in the healthcare workplace – A qualitative descriptive study

10.1111/jan.14964

4.1 Introduction

The findings of the Stage 2 research, 'Being an older nurse or midwife in the healthcare workplace', are presented in this chapter. The desire to make a positive impact on a patient's or client's life, their passion for caring for others, and the sense of fulfilment they receive from witnessing their patient's or client's improvements are just a few of the factors that drive older nurses and midwives to continue working (Duffield et al., 2014; Graham et al., 2014). Additionally, the supportive and close-knit nature of the nursing and midwifery community often provides a strong sense of camaraderie and support, further fuelling their dedication to their profession (Graham et al., 2014). The Stage 1 (Phase 2) scoping review of the literature found that older nurses and midwives experience several challenges in the workplace. Physical difficulties often became more pronounced with age, thereby affecting the ability of older nurses and midwives to perform tasks that required significant physical effort (Ang et al., 2016; Bishop, 2013; Clendon & Walker, 2016a). Some older nurses and midwives found sustaining the same work pace and productivity more challenging throughout their rostered shift, and tiredness and fatigue were identified as significant issues (Duffield et al., 2014; Durosaiye et al., 2016; Graham et al., 2014). Claims of being treated differently than younger workers were common (Andrews et al., 2005; Ang et al., 2016). The scoping review also identified gaps in the literature specifically related to older nurses' and midwives' broader workplace experiences and support needs.

To address the identified gaps in the literature, Stage 2 of the research explored how older nurses and midwives perceive their experiences as older workers in healthcare. Nurses and midwives self-identifying as older were recruited to share their stories about their experiences in the workplace. The narratives were collected, collated and thematically analysed using Braun and Clarke's (2013) qualitative descriptive

framework (Braun & Clarke, 2006; Maher et al., 2018; Wolcott, 1994). Aiming to present a balanced analysis of the experiences shared by the older nurses and midwives, each voice was respected and represented equally (Sandelowski, 2000). Qualitative description was chosen for this research, not to reveal the truth (Milne & Oberle, 2005) but to generate an understanding of the older nurses' and midwives' workplace experiences. These findings are published in the peer reviewed manuscript *Being an older nurse or midwife in the healthcare workplace – A qualitative descriptive study*, presented below (see section 4.3).

4.2 Stage 2: Participant profiles

Fifty nurses and midwives participated in the research. Nurses and midwives self-identifying as older were aged between 45 and 74, with the majority in the 60 to 64 age range. A summary of older nurses' and midwives' demographic factors is displayed in Table 4 (below). Table 4 demonstrates the diversity within the participant sample.

Table 4: Stage 2 older nurses' and midwives' demographics

Designation	Registered Nurse (RN) Registered Midwife (RM) Enrolled Nurse (EN) Advanced Practice Nurse (APN) Registered Nurse & Midwife (RN/RM)	n = 37 n = 2 n = 4 n = 1 n = 6
Gender	Female Male	n = 47 n = 3
Location	New South Wales (NSW) Victoria (Vic) Queensland (Qld) Tasmania (Tas) South Australia (SA) Western Australia (WA) Northern Territory (NT) Australian Capital Territory (ACT)	n = 6 n = 7 n = 11 n = 2 n = 20 n = 1 n = 1 n = 2
Healthcare setting	Regional / Remote Metropolitan Mental Health Community Country Health Facility Aged care Other / Specialist Clinic	n = 18 n = 14 n = 9 n = 3 n =1 n = 5
Age range	45–49 50–54 55–59 60–64 65–69 70–74	n = 1 n = 8 n = 13 n = 22 n = 3 n = 3

The majority of participants were registered nurses (n=37) with dual registered nurses and midwives (n=6) being the second most common cohort. Whilst participants identified as being employed across all Australian jurisdictions, the majority were from South Australia (n=20) and working in regional or remote healthcare settings. While a summary of older nurses' and midwives' demographic characteristics is useful in

providing an overview of participants' profiles and appropriate when word-limit in the published manuscript is a constraint, the richness contained in the individual older nurses' or midwife's profiles are lost in the process of summary. For this reason, individual participants' responses to the questions: why nurses and midwives viewed themselves as older; why they chose to remain in the healthcare workforce; and whether their organisation supported them, are included verbatim in Appendix 7.

4.3 Published Manuscript 2: Stage 2

Being an older nurse or midwife in the healthcare workplace – A qualitative descriptive study

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ORIGINAL RESEARCH:
EMPIRICAL RESEARCH – QUALITATIVE

JAN WILEY

Being an older nurse or midwife in the healthcare workplace– A qualitative descriptive study

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Abstract

Aim: To explore the experiences of being an older nurse or midwife employed in the healthcare workplace.

Design: A qualitative descriptive study.

Method: Semi-structured interviews were conducted with nurses and midwives who self-identified as older workers. All Australian states were represented and given recruitment was undertaken nationally, most interviews were conducted via telephone. Data were collected between November 2018 and October 2019. Audio recordings were transcribed verbatim and then thematically analysed.

Results: A total of 50 nurses and midwives were recruited, aged between 46 and 74 years. Three themes were identified. Ageing body: Being an older worker meant increased fatigue and physical changes affecting their ability to function at full capacity. Youth focus: For many, being an older worker was about being viewed as a poor-quality worker, with limited access to education and promotional opportunities because of their age. Wise worker: For a small number of older nurses and midwives, it was about being valued and respected for their knowledge, experience and skills.

Conclusion: Participants self-identifying as older nurses or midwives represented a wide age range. Spanning across the age spectrum, many experienced fatigue, physical changes or loss of value to the workplace which often impacted on their working lives. The findings contributed to an understanding about what it is to be an older nurse or midwife in terms of how their contribution is regarded and valued by others in the workplace.

Impact: This study highlighted there is a need for support of older nurses and midwives in managing age-related fatigue and physical changes. It also suggests consideration of a wise-worker model as a means to recognize the important contribution that older workers can offer.

KEYWORDS
ageing workforce, healthcare, midwife, nurse, nursing, older worker

1 | INTRODUCTION

In most developed countries, the nursing and midwifery workforce is ageing (Graham & Duffield, 2010; Sherman et al., 2013) and this event is projected to continue well into the future (Organisation for Economic Co-operation and Development (OECD), 2013; United Nations (UN), 2019). Despite ageing of the workforce, workplaces are often organized on the idea that everyone is young, so fail to

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understand the needs of older workers (Ang et al., 2016; Clendon & Walker, 2016a; Durosaiye et al., 2016). While it is recognized that nursing and midwifery are physically demanding professions (Durosaiye et al., 2016; Fitzgerald, 2007), there is a little understanding about the type of support needed by older nurses or midwives to remain in the workforce (Bishop, 2013; Clendon & Walker, 2013; Spiva et al., 2011; Utriainen et al., 2016). There is even less information about what it is to be an older worker in healthcare. This paper reports the findings of a study that used a qualitative descriptive methodology to explore the experiences of being an older nurse or midwife in the healthcare workplace.

2 | BACKGROUND

There have been changes to the qualifying age for accessing pension benefits in many countries and with the retirement age varying internationally, although commonly between 65 and 67 years (Organisation for Economic Co-operation and Development (OECD), 2019) many older workers are remaining in the workforce (Auerbach et al., 2014; Schofield et al., 2017). The nursing and midwifery workforce mirror this trend (Fitzgerald, 2007; Graham & Duffield, 2010; Sherman et al., 2013), making older nurses and midwives the largest rising group in the health workforce (Bishop, 2013; Kwok et al., 2016; Ryan et al., 2019).

Older workers may experience age-related physiological changes that can impact on their workplace performance when deterioration of their musculoskeletal system causes associated pain and physical limitations, especially when undertaking manual tasks (Delloiacono, 2015; Ryan et al., 2017). Age-related decline in vision or hearing acuity can also cause problems (Amarya et al., 2018; Ang et al., 2016; Lin et al., 2012) and reports of menopausal-linked weight gain for female older workers (Delloiacono, 2015; Stichler, 2013) or chronic disorders such as arthritis can negatively impact on the older nurses and midwives' ability to function at full capacity (Heiden et al., 2013; Stichler, 2013). These age-related physiological changes can be exacerbated by the busy healthcare environment (Fitzgerald, 2007), resulting in increased physical and mental fatigue. A qualitative study by Durosaiye et al., (2016) found some older nurses and midwives needed longer recovery times between rostered shifts. However, the literature about how age-related changes impact on the work performance of older nurses and midwives is limited. There is also little information about the work performance of older nurses and midwives in different healthcare settings.

In addition to the physical challenges, older workers are often subject to age-related stereotypes at the workplace (Malinen & Johnston, 2013) and older nurses and midwives are often perceived to be less productive than their younger colleagues or are seen to be of less value because they are unable to learn new technology, are less agile, slower, less driven and less productive (Chenoweth et al., 2014; Clendon & Walker, 2015; Ryan et al., 2017). There is evidence of a lack of respect for the experience and knowledge of older nurses and midwives that devalues their worth in the workplace (Ang et al., 2016; Gabrielle et al., 2007b; Voit & Carson, 2012; Warburton et al., 2014). These beliefs about older workers frequently create ageist attitudes that can be linked to poor treatment, horizontal violence and bullying (Gabrielle et al., 2007a; Longo, 2013; Wray et al., 2008). Opportunities for training and career advancement can be limited because of age (Chenoweth et al., 2014; Clendon & Walker, 2016a; Fragar & Depczynski, 2011; Moseley et al., 2008). However, Hatcher et al., (2006) found that older nurses and midwives can be more productive, committed, motivated, adaptable, resourceful, confident and competent, and that their knowledge and experience enabled them to mentor younger colleagues.

3 | THE STUDY

3.1 | Aim

The aim of this qualitative descriptive study was to explore the experiences of being an older nurses or midwife employed in the healthcare workplace.

3.2 | Design

A qualitative descriptive methodology was chosen for the study because it provided an uncomplicated process to uncover and understand workplace experiences gained directly from the point of view of older nurses and midwives employed in healthcare (Caelli et al., 2003; Sandelowski, 2000). The qualitative descriptive method provided a framework for acquiring and recording the narration of participants' recollection of events in their own language. A qualitative descriptive method stays closer to the original data through an uncomplicated sorting and coding approach that allows easy acceptance and understanding of the data when describing the acquired information (Neergaard et al., 2009; Sandelowski, 2000).

3.3 | Setting

To broadly explore older nurses and midwives' experiences in the workplace beyond local policies and practices, recruitment was from a wide range of clinical settings across many different health workplaces located in metropolitan, regional and remote areas of all Australian states .

3.4 | Participants

There is no consensus in the literature about the age when a nurse or midwife becomes an '*older worker*'. McCarthy et al., (2014) reported a mean age of 52.4 years, but also acknowledged the older age range could vary between 40 and 75 years. To address the ambiguity about the age when people become '*older*', this study recruited nurses and

midwives who considered themselves to be an older worker. The inclusion criteria were as follows:

- Currently listed as a registered or enrolled nurse or a registered midwife with Australian Health Practitioner Regulation Agency,
- Currently employed in Australia as a nurse or midwife, and
- Considered themselves to be an older worker.

To ensure a broad sample of participants and settings, there were no exclusion criteria. Purposive and snowball sampling strategies were used, and recruitment occurred throughout Australia between November 2018 and October 2019. This study was promoted via a dedicated Facebook page and Twitter account, and through the distribution of study flyers by a national professional body. Given the gender distribution of older nurses and midwives (Kelly, 2010), most participants were female (See Table 1).

3.5 | Data collection

Data were collected using semi-structured interviews with most conducted via telephone because participants were recruited from across Australia. A scoping literature review on the challenges older nurses and midwives encounter in the workplace (Denton et al., 2020) informed the development of the interview questions that were used as a topic guide to enable 'conversations with a purpose' (Sandelowski, 2010). Questions focused on what it is to be an older person in the workplace, the challenges, opportunities and treatment. Everyday language and neutral context were used so that the researcher could be flexible during the interview process and expand on any issues arising from the participants' own words (Dicicco-Bloom & Crabtree, 2006; Doody & Noonan, 2013). The open-ended method ensured participants were able to actively communicate their own story to the researcher (Bryman & Cassell, 2006). Pilot interviews were conducted to ensure the questions made sense and were refined as needed (Brikci & Green, 2007). To orientate the participant to the interview, general demographic questions were asked prior to the chosen semi-structured format. Each interview was audio recorded and transcribed verbatim into a computer word processing program by the first author. To ensure anonymity, participants were assigned pseudonyms during transcription.

3.6 | Ethics

Approval for this study was granted by the University of South Australia Human Research Ethics Committee. No. 201389. Participation was voluntary and consent for interviews and audio recording was obtained prior to commencement. Participants were assured of confidentiality, at no time were they or their organization identified. Appropriate counselling services were available for those in need.

TABLE 1 Participant demographics.

Discipline		
Registered Nurse (RN)	74%	n = 37
Registered Midwife (RM)	4%	n = 2
Enrolled Nurse (EN)	8%	n = 4
Advanced Practice Nurse (APN)	2%	n = 1
Registered Nurse and Midwife (RN/RM)	12%	n = 6
Gender		
Female	94%	n = 47
Male	6%	n = 3
Location		
New South Wales (NSW)	12%	n = 6
Victoria (Vic)	14%	n = 7
Queensland (Qld)	22%	n = 11
Tasmania (Tas)	4%	n = 2
South Australia (SA)	40%	n = 20
Western Australia (WA)	2%	n = 1
Northern Territory (NT)	2%	n = 1
Australian Capital Territory (ACT)	4%	n = 2
Clinical setting		
Acute Care / Emergency Department	14%	n = 7
Midwifery Suite	6%	n = 3
Mental Health / Community	24%	n = 12
Peri-Operative / Procedure Suite	26%	n = 13
Multiple Clinical Areas	12%	n = 6
Education	4%	n = 2
Private Health Clinic	6%	n = 3
Aged Care / Rehabilitation / Palliative Care	8%	n = 4
Age range		
45–49	2%	n = 1
50–54	16%	n = 8
55–59	26%	n = 13
60–64	44%	n = 22
65–69	6%	n = 3
70–74	6%	n = 3
		n = number

3.7 | Data analysis

Thematic analysis was used to analyse, organize and describe the interview data, which helped understand the topic by identifying patterns across the data sets (Braun & Clarke, 2006; Caelli et al., 2003). Analysis of data was undertaken using the six-phase framework proposed by Braun and Clarke (2006) and the data sets were independently assessed by the co-authors and subsequent consensus was achieved (Graneheim & Lundman, 2004). The six analysis phases are described below.

3.7.1 | Phase 1 – Familiarize yourself with the data

The transcribed data were read and reread to identify preliminary ideas in the data.

3.7.2 | Phase 2 – Generate initial codes

After becoming familiar with the transcribed data, similar features were identified and given an initial code to organize common elements into meaningful groups.

3.7.3 | Phase 3 – Search for themes

To capture something important from the coded data, a search for patterns or themes occurred and further refinement created subthemes in some of the groups and then certain codes were grouped to form an overarching theme.

3.7.4 | Phase 4 – Review themes: Two levels

The coded data extracts were then reviewed again to ensure nothing relevant was missed; then to ensure validity of themes and accuracy of the meanings, the entire data sets were reviewed again.

3.7.5 | Phase 5 – Define and name themes

This phase identified the essence of each theme and defined what and why the theme is of interest to the study. To ensure validity, all co-authors reviewed the data.

3.7.6 | Phase 6 – Produce the findings report

The findings from the themed data sets were recorded below in narrative form.

3.8 | Rigour

To ensure a rigorous process in addressing the research aim, a methodological framework was followed to acquire and record the accounts of participant's own experiences in straightforward descriptive data (Sandelowski, 2000). All members on the research team undertook independent coding of a sample of interview transcripts and the outcomes were compared and contrasted (Lincoln & Guba, 1986). As data analysis proceeded, regular meetings were held by the team to reflect and discuss the emerging findings to ensure they were credible and grounded in the data (Graneheim & Lundman, 2004).

4 | FINDINGS

A sample of 50 older nurses and midwives were recruited across Australia, from a variety of clinical settings (See Table 1). The average age of participants was 57 years, with ages ranging from 46 to 74 years. The pension qualifying age in Australia at the time of the study was 66 years and five participants were of this age or older. When asked why they thought they were an older worker, as expected, most participants reported it was because of their age. However, some participants said it was because they worked with younger colleagues, were told by others at work they were older or self-perceptions of ageing (Levy, 2009) such as seeing their own greying hair or wrinkles or because of the length of time they had been employed in healthcare.

Three themes relating to being an older nurse or midwife were identified. The first was *'Ageing Body'* which related to fatigue and when age-related physical changes impacted on their ability to work effectively. The second theme, *'Youth Focus'* concerned decreased respect and value of the older nurse or midwife to the workplace and the different treatment they received. The third theme *'Wise-worker'* focused on the positive aspects of being an older nurse or midwife in the workplace.

4.1 | Ageing body

The theme Ageing Body focuses on age-related changes faced by participants working in the physically demanding environment of healthcare. Fatigue was associated with busy workplaces, working long hours and interrupted sleep patterns. The second aspect of Ageing Body was the physical changes relating to the development of arthritis and diabetes for some of the participants; for others, it was reduced vision when glasses were required for reading.

4.1.1 | Fatigue

Fatigue was reported by many of the participants in the study. Jean (60 years) became *"rapidly fatigued"*, Jessica (57 years) said *"I tire more easily"* and Lily (53 years) said *"I used to be able to work for 3 days in a row and it was fine, I can't do that anymore"*. A contributing factor to the increased level of tiredness and exhaustion was the busy nature of the role a nurse and midwife as many participants spoke of experiencing difficulties when working long shifts with heavy workloads. Sandra (60 years) said the fast pace required at her health facility was tiring, *'You've got to be thinking constantly, so mentally and physically it's very draining'*. Hannah (53 years) said *'I can't physically keep up with that sort of job anymore'*. Leah (61 years) stated interrupted sleep affected her *'I had to see a GP and get taken off night duty, my recovery time was way out of proportion'*. Jean (60 years) spoke of experiencing broken sleep, especially with on-call responsibilities.

> Reaching the age of 60, I am becoming more fatigued from work than I use to, over a period of 3 ½ weeks I had call-in 5 times overnight. I don't get over it in a day, it takes me a week to get over extra call ins especially if they disrupt my sleep.

Other participants reported how it took them longer to recover between shifts and many said they were exhausted at the end of their workday. Zoé (62 years) described her post work states, *'I do a shift and my head is just full of everything and I am exhausted'*, and Darcy (64 years) said *'I was really exhausted and feeling vulnerable because I was so exhausted'*.

4.1.2 | Physical changes

Many participants spoke of working with the physical changes related to their ageing body, such as loss of vision or hearing acuity. Others reported age-related arthritis, several have developed mature onset diabetes and one participant suffered from Parkinson's disease and another had a recent diagnosis of the autoimmune disorder Sjogren's syndrome. These physical changes impacted on their ability to work effectively. Grace (56 years) spoke of her diagnosis of psoriatic arthritis that reduced her capacity to work, *'Bending and doing general ward work is really difficult'*. Audrey (58 years) had difficulty moving around the ward and Sam (70 years) could no longer use the stairs because of his osteoarthritis affecting his left knee. Joy (68 years) underwent two total knee replacements and said, *'If someone collapses on the floor, I can get down, but I wouldn't be that comfortable doing it'*.

Changes in hearing and vision also impacted on the capacity of the older nurses' and midwives' ability to work. Gabby (74 years) said her loss of hearing acuity was causing difficulties in the workplace, if people did not speak to her directly then conversations were missed. Many participants spoke of their deteriorating vision, Amelia (56 years) said *'my eyesight has started to affect me in the last couple of years'* and she now has difficulty when trying to read the tiny writing on vials or priming an intravenous line. Marie (50 years) said during emergencies, having to stop to put glasses on was a problem:

> Wearing glasses for reading in a busy resuscitation when you've got to check drugs and read what you are giving, and give it in a quick duration, you've got to find your glasses and you put them down because you have to do something else and it's a real pain in the arse basically. I definitely find that although it's such a small thing, it can have a big impact.

Twenty of the 50 participants stated that they suffered from some form of pain, most commonly in their back or feet. Anna (52 years) said, *'Stuff hurts. You ache, you get sore and lifting is harder'*. Penny (58 years) had developed back pain over the last 6 months. Ava (63 years) said her pain was related to having *'what is called an older nurses' back'*. Natalie (62 years) said, her back and neck problems now give her pain; and Jack (62 years) said, *'I'm bloody tired and I get really sore bloody feet and legs'*.

In total, 42 of the 50 participants acknowledged they suffered increased fatigue especially when they were on their feet all day or experiencing interrupted sleep patterns. Many reported physiological changes and pain that made it difficult for them to perform certain tasks.

4.2 | Youth focus

Many participants believed that being an older worker in healthcare impacted negatively on how they were viewed and treated at work. According to Clendon and Walker (2016a, p. 1071), 'there is a perception careers are limit by age' and participants from this study believed they were treated differently to their younger colleagues in terms of a lack of opportunities for education or promotion.

4.2.1 | Being respected and valued

Several participants reported that their contribution to the workplace was not valued. One person said they were valued by the management but not valued or respected by younger colleagues. Eve (64 years) said her level of knowledge was never acknowledged or utilized *'I was treated more as a nuisance than help really'*. Vickie (51 years) stated *'I think it comes under the umbrella of being an older nurse and probably a bit of a has-been'*. Lucy (70 years) said she was often denigrated because of her age, and Marie (50 years) said older nurses were looked on as *'old school'*. Penny (58 years) said her workplace did not value older workers because they were nearing retirement, and therefore, do not have longevity. Lily (53 years) thought her opinion was valued when she was a younger person but not now: She said, *'When I was a fresh graduate people would ask my opinion, but now if I speak, people say, "oh whatever"'*. Gabby (74 years) said she was constantly having to prove herself value to the workplace:

> I feel I have to go that extra mile to prove I can do what I am doing. If I slacken off, they will think 'here we go, we are going to be carrying Gabby for another year or so'.

4.2.2 | Treated differently

Many participants reported that they were shunned by younger colleagues and treated differently in the workplace because of their age. Some found access to education and promotion opportunities more difficult. Sam (70 years) was disappointed, he was ostracized by the younger people and not included in social activities. Gabby (74 years) spoke of a younger colleague who constantly insisted that she cut back her hours. Marie (50 years) endured negative comments from younger colleagues about being slower and criticized

for *'assessing the situations and not just jumping in and doing'*. Hannah (53 years) felt snubbed because she was perceived as being obsolete:

> So many of the newer graduates would perceive me to be a hospital trained nurse so being seen as older and stupid. Also, I'm socially ostracised. Our workplace is toxic.

Several participants said when working with younger managers there was little consideration for them as older workers and they felt disadvantaged because of their age. Olivia (60 years) thought she was invisible to management who did not value her in the workplace and wanted her to hurry up and leave. Marie (50 years) said the management was young and identified with other young workers, *'They have such a youth focus. I would like more consideration for older workers'*. Amber (62 years) reported being forced into reducing her hours by a younger manager *'They wanted us* (the older staff) *to cut down our hours and give them to the younger ones. Our boss is in her thirties'* and Naomi (63 years) said others would often say to her, *'I think you would have retired by now. It's a bit insulting really'*. Ashlyn (60 years) thought she was overlooked for roles that were given in preference to younger colleagues. Olivia (60 years) reported being excluded, *'I am probably not given as much responsibility on the pretext of getting the younger ones up to high standard'*. Vickie (51 years) spoke of working with a younger management:

> They have such a youth focus culture; they think younger's better. It was hinted to me several months ago that they didn't want me, they wanted to employ someone younger.

Ashlyn (60 years), a mature entry graduate, stated she was told by a younger facilitator not to expect too much from her employment prospects.

> Well, at your age you would probably just appreciate getting a job, just be a nurse don't have any aspirations, just be comfortable being a nurse. Don't expect to be anything else.

Several participants reported being excluded from educational pursuits and denied promotion. Lily (53 years) found younger colleagues were quickly pushed through educational programmes before older workers and this preference hampered her opportunity for promotion. Jessica (57 years) said being an older nurse reduced her opportunities for engaging in ongoing educational programmes, even though they were relevant to her position. Jessica's manager said to her:

> What payoff are we going to get from sending you because you are 57, we are sending a younger colleague. We are liable to get a much greater return on our money and investment because she is younger.

Naomi (63 years) said, although many older colleagues wanted to continue studying, they were denied the opportunity in the workplace, but assistance to younger colleagues was eagerly given, *'They are offered all the bells and whistles, support for study, their study paid for and study leave in work time'*. Alexandra (58 years) stated:

> I don't have any opportunities left anymore because of my age. I am not even considered for promotion, education or anything. You are seen as a walking dinosaur.

Being treated differently was a common concern for the participants, and many spoke of their workplaces' failure to recognize their skills and knowledge; therefore, their contribution was not valued. Many also spoke of being denied opportunities for advancement through education or promotion, and some were asked to cut their hours or were told they should retire. Several spoke of being treated differently by younger managers and colleagues, and their value to the workplace was reduced because of exhibiting negative attitudes about their older workers.

4.3 | Wise worker

In contrast to the many negative commentaries, a small number of participants reported being respected at work and being treated well. Alice (58 years) said*'There is more respect for my generation. They really value knowledge and experience'*. Leah (61 years) was respected and appreciated, especially by younger colleagues, *'They showed me more respect and appreciated my opinion based on my expertise'*. Joy (68 years) said *'I am looked on as being the wise old woman, the person younger ones come to'*. Hannah (53 years) was told by younger colleagues *'You are the oracle; you are the go-to person'*. Charlotte (63 years) said being an older nurse, meant conversations from senior staff were more likely directed to her in preference to the younger people. Janet (69 years) was valued and supported by her organization and they did not want her to retire. She said, *'As an older worker I sometimes feel like an elder statesman'*. Audrey (58 years) described how her workplace and her younger colleagues valued her contribution, she felt like she could work until she was 100 years old.

Eve (64 years) reported:

> Just by the virtue of longevity you have a knowledge base that is outside of younger workers knowledge base. Your skills are different, so I guess you are treated different. Perhaps not treated with more respect but by a degree of deference.

For some, to be an older nurse or midwife meant they were given the opportunity to mentor junior colleagues. Ava (63 years) said older nurses acted as mentors and were formally paired with the younger staff members. Jack (62 years) said he is valued as an older nurse, especially when teaching less skilled colleagues. Pamela (60 years)

successfully applied for a promotion to clinical nurse saying her years of experience were recognized. Several participants spoke about inclusive workplaces with no difference in the treatment between generations. Ella (65 years) said:

> I don't feel discriminated against except perhaps in a positive way, there are advantages being an older nurse. I feel quite privileged, because of my level of experience basically I am really able to do what I want.

Janet (69 years) reported similar experiences of positive treatment at work:

> If I want to go to a conference, I can do it. I think they really value my input, in fact, I don't think, I know they do, and they are really appreciative and are supportive. I do feel extremely well supported.

5 | DISCUSSION AND IMPLICATIONS

The purpose of this study was to explore the experiences of being an older nurse or midwife in the healthcare workforce. As with the general older working population, major changes occur with ageing when engaged in work-related functions (Ilmarinen, 2001) and our participants revealed that, for many, being an older nurse or midwife was about work becoming more challenging due to fatigue, pain or a range of different age-related changes to their bodies. It was also about not being valued and respected as much as younger colleagues in the workplace, and about having fewer opportunities at work. Participants' stories suggest some workplaces do not consider older nurses and midwives to be a good investment, and that there is an expectation that they should retire soon to make room for younger workers. There was also a view that older workers should not expect too much from the healthcare workplace, and that they should be thankful that they have a job. But in contrast, for a small number of participants, being an older nurse or midwife was about being respected, having their contribution recognized, their experience valued, were considered a good mentor for less experienced workers and considered to be a wise worker. Participant stories highlighted the great differences that exist between some workplaces, in terms of how the contribution by older nurses and midwives is regarded and valued.

5.1 | Older workers

Definitions of older workers are ambiguous and there is no agreement about the age when a worker becomes an 'older worker' (Graham et al., 2014; Ng & Feldman, 2008). In this study, ages ranged from 46 to 74 years. Ng and Feldman (2008) suggest the age profile of workers in an organization will often determine the meaning of older workers, and that the views of who is an older worker may change over time as more people continue to be engaged in employment as they age. This highlights the importance of context with ageing, and how the workplace profile can help define the meaning of older worker.

The complexity of definitions adds to the challenge of developing strategies to support older workers because the needs of a worker aged 46 years will differ from those of a 74-year-old worker. As more older people remain in the workforce, the lack of clarity about who are the older workers in an organization will become more critical. It will be impossible to identify a single age for older workers, so organizations must recognize that age-related changes at work unfold over many years. Organizations should have strategies in place that support all workers on the trajectory towards becoming an older worker. However, identifying older workers is not without risks because while it allows support strategies to be offered, it also identifies those workers as 'older', so may expose them to the negative age-related stereotypes and poor treatment identified by this study.

5.2 | Older nurses and midwives

Consistent with previous research, this study found fatigue to be the most common challenge for participants (Ang et al., 2016; Bishop, 2013; Clendon & Walker, 2016a, 2016b; Durosaiye et al., 2016; Fragar & Depczynski, 2011) and long shifts and heavy workloads contributed to the fatigue. Often older nurses and midwives required a longer time to recover, especially when poor sleep patterns exacerbated the problem. These findings are consistent with previous research like Ang et al., (2016) and Chenoweth et al., (2014), who found increasing workloads contributed to difficulties for older nurses and midwives, and Fragar and Depczynski (2011) reported that these challenges were impacting on their ability to manage in the workplace. This highlights the concerns about the challenges faced by older nurses and midwives as they age, which will become more critical as nurses and midwives continue to remain in the workforce for a longer period (Graham & Duffield, 2010; Ryan et al., 2017). This is not a new problem, for there is substantial literature about the difficulties faced by all older workers (Bosma et al., 2020). Despite awareness in the international literature and the attempts to develop frameworks of support for older healthcare workers (Harrington, 2013), the problem still exists and little progress seems to have been made to support older nurses and midwives in the busy healthcare workplace. The findings from this study highlight the need for workplace strategies to better support older nurses and midwives and it is not clear why there has been little progress, other than older nurses and midwives are still not seen as a good investment for healthcare.

5.3 | Youth focus

Another important finding of this study was what appears to be a youth focus for workplaces. Participants believed they were not

valued or respected by the organization as much as their younger colleagues, some found accessing education and promotion more difficult because of their age. There was also pressure for some participants to step aside for younger workers or were seen to have past their *'use-by date'*. Findings suggest many workplaces viewed older workers as poorer quality workers, not as proficient or as productive as younger workers, therefore, a poorer investment for the healthcare organization. This finding is similar to other reports in the literature. Qualitative studies by Fragar and Depczynski (2011) and Gabrielle et al., (2007a) found older workers were often not valued as highly as younger workers, especially when managers relied on their own views about the qualities of a worker. Principi et al., (2015) explored Human Resource managers' perception of older workers and found younger workers were appreciated more for their hard qualities such as physical health and stamina, willingness to learn, new technology skills and creativity in preference to the soft qualities of older workers such as loyalty, management skills, social skills, reliability, ability to cope with stress and flexibility. Other studies reported a perception that older nurses and midwives were unappreciated by the workplace; therefore, diminishing their value at work (Ang et al., 2016; Clendon & Walker, 2016a; Fragar & Depczynski, 2011; Voit & Carson, 2012).

5.4 | Wise worker

A small number of participants reported positive workplace experiences of being seen to be a wise worker. For this group, their experience and knowledge were valued in the workplace. Their opinion was sought by others and they were invited to be mentors for younger colleagues. There is less information in the nursing and midwifery literature about valuing older workers. However, Mion et al., (2006) reported that organizations could benefit from valuing older nurses due to their commitment and historical knowledge. Some workplaces have practices that enable and facilitate the contribution by older workers. This 'wise-worker' model of practice is one that should be promoted by all healthcare workplaces to ensure the knowledge and skills of the profession are passed from one generation to the next. However, currently, this seems to be uncommon in the healthcare environment.

5.5 | Strengths and limitations

While previous qualitative studies by Clendon and Walker (2013); Fackler (2019) and Fragar and Depczynski (2011) explored older nurses and midwives in healthcare, this research focused on specific aspects of working lives; this study took a broader look at the experiences of being older nurses or midwives in the healthcare workplace, therefore, was able to capture some of the positive aspects of being an older worker. Unlike previous research, this study did not use a predetermined older age range to define 'older' as perception about growing older is very personal (Westerhof & Wurm, 2015). The age range of self-identified older worker was found to be wide. Together, the study to highlight that age-related challenges can start relatively early for nurses and midwives on the trajectory towards becoming an older worker.

Although an ageing workforce is a global issue, the study was undertaken in one country, Australia. Experiences of being an Australian older nurse and midwife might not be transferrable to other countries due to the differences in healthcare systems. Younger workers were not included as a comparison group in this study, so it is not possible to determine if the issues raised by older nurses and midwives were unique for that cohort of workers. It is, therefore, possible that some of the issues identified may be a concern for workers of all ages.

Participation of the study was voluntary, therefore, might have attracted more older workers with negative workplace experiences at work, and thus, may exaggerate the negative aspects of being an older worker and not fully capture the range of positive experiences encountered by older workers in healthcare. This study used a process of self-selection for older workers, which resulted in a broad range of participant ages (from 46 to 74 years). Therefore, findings may have been quite different if participation had been limited to a sample of workers of a specific age group. Finally, although the results were analysed, being a qualitative study, the findings could be influenced by the researcher's personal experiences and knowledge.

6 | CONCLUSION

This study explored what it is to be an older nurse or midwife in the busy healthcare environment. Participants' stories revealed that for many being an older worker was about work become more difficult because of fatigue, pain and a range of age-related changes to their bodies. Some were not valued and respected as much as their younger colleagues and had fewer opportunities at work. In contrast to negative stories, the contribution of some older nurses or midwifes was valued by the workplace and their experience and knowledge were respected, suggesting that the 'wise-worker' model of practice and valuing the experience of older workers should be encouraged at healthcare workplaces to ensure the knowledge and skills of the profession are passed from one generation to the next. Findings of this study highlight the need for more research, particularly about strategies to enable older workers in healthcare to continue to contribute to the workplace.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHOR CONTRIBUTION

Julie Denton: Conceptualization, Investigation, Data curation, Formal analysis, Methodology, Writing – Original draft, Review

and editing and Visualization. David Evans: Supervision, Validation, Review and Editing. Qunyan Xu: Co-Supervision, Validation, Review and editing. All authors agreed on the final version.

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4.5 Stage 2 Summary of findings

As described in Chapter 3: Research design and methods, part 3.7 (p55) to ensure the anonymity and confidentiality of participants, individual participants were allocated a pseudonym known only to the researcher. This pseudonym was used throughout the

data collection, analysis, discussion and reporting processes. The study found that the majority of participants revealed a range of unique experiences in the healthcare workplace. Many identified that they experienced age-related challenges such as:

- increased tiredness and fatigue
- changes to their hearing and visual acuity
- development of chronic health disorders such as arthritis and how these impede their physical abilities
- youth focus
- being treated differently to younger colleagues leading to a lack of opportunities for ongoing education and promotion.

Although, some older nurses and midwives were confident that their knowledge and experience was valuable to their workplaces, most reported experiencing negative perceptions of their abilities, believing that they were viewed and treated differently from younger workers. When questioned, participants mainly stated their healthcare organisations did not offer support strategies for age-related challenges. (See Appendix 7).

4.6 Conclusion to Chapter 4

Older nurses and midwives described how they had more to offer the workplace if their skills were acknowledged and utilised. In contrast to a negative experience, a small number of older nurses and midwives said they experienced a positive recognition of their knowledge and skills in their workplace. Their experience and knowledge were respected, acknowledged and utilised, and they were often valued as ‘wise workers’ or ‘elder statesmen’. There appears to be a divergence in views and experiences of the participants in relation to their experiences in the workplace where some indicated they were respected, and others perceived they were not. The Stage 2 findings highlighted the need for more research into older nurses and midwives in the workplace, particularly about strategies to assist them to continue to contribute to healthcare delivery. Chapter 5 (Stage 3) will present the perceptions of healthcare managers in relation to the contribution older nurses and midwives make to the healthcare workplace.

Chapter 5: Stage 3 – Healthcare managers

This chapter contains material from a peer reviewed publication –

JD Denton, D Evans, Q Xu: Managers' perception of older nurses and midwives and their contribution to the workplace: A qualitative descriptive study

10.1111/jan.15494

5.1 Introduction

Chapter 5 presents the results of Stage 3 of the research**.** To understand healthcare managers' perceptions of older nurses and midwives and how they view the contributions they make to the healthcare workplace individual interviews were conducted. The interviews were audio recorded with consent and the data were transcribed. The transcriptions were thematically analysed to uncover the common themes which are presented in the published manuscript *Managers' perception of older nurses and midwives and their contribution to the workplace – A qualitative descriptive study* is presented below (see section 5.3). Gaining the managers' perceptions as an outsider allowed for a more comprehensive understanding of the challenges and contributions that older nurses and midwives bring to the healthcare workplace. A conclusion rounds off this chapter.

5.2 Stage 3: Participant profiles

Workplace managers coordinate patient and clinical care along with unit and staff management, and they are responsible for their healthcare environment by managing and observing staff activity (Cohen, 2006; Storch et al., 2013). Therefore, they were an ideal cohort to share their perception of older nurses and midwives and their contribution to their workplace. Healthcare manager participants were recruited from a variety of clinical settings in rural and metropolitan healthcare facilities. Having managers from a broad demographic range also enriched the understanding of experiences of older nurses and midwives by exploring the outsider's perception. A summary of Stage 3 participants' roles, location and clinical areas are outlined below in Table 5.

Table 5: Stage 3 healthcare managers' demographics

Role or position	Exec Officer / Director of Nursing/Midwifery Nurse Unit Manager Clinical Manager / Clinical Nurse Specialist	n = 5 n = 12 n = 3
Location	• New South Wales (NSW) • Victoria (Vic) • Queensland (Qld) • Tasmania (Tas) • South Australia (SA) • Western Australia (WA) • Northern Territory (NT)	n = 4 n = 5 n = 4 n = 1 n = 4 n = 1 n = 1
Healthcare location	• Regional/Remote • Metropolitan • Regional • Not specified	n = 2 n = 5 n = 11 n = 2
Healthcare facility	• Acute care • Aged care • Community care • Mental health services • Other	n = 12 n = 2 n = 2 n = 2 n = 2

As depicted in Table 5, most healthcare manager participants identified as middle management. They were broadly distributed in jurisdictions across Australia. The managers' perceptions of older nurses and midwives and their contribution to the workplace varied. Each manager had their own story to tell regarding when a nurse or midwife becomes older, what their contribution to the workplace is, and whether there are different aspects for older nurses and midwives when compared to younger staff. A detailed summary can be found in Appendix 10. Each healthcare manager made a positive statement about the contribution older nurses and midwives make to the healthcare workplace. They also acknowledged the experience, knowledge, reliability, resilience, critical thinking and life skills that older nurses and midwves contribute to

the workforce. One participant stated, “older nurses and midwives possess both institutional and professional knowledge”.

5.3 Published Manuscript 3: Stage 3

Managers’ perception of older nurses and midwives and their contribution to the workplace – A qualitative descriptive study.

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EMPIRICAL RESEARCH - QUALITATIVE

JAN WILEY

Managers' perception of older nurses and midwives and their contribution to the workplace—A qualitative descriptive study

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Abstract

Aims and Objectives: The aim of this study was to explore healthcare managers' perceptions about older nurses' and midwives' and their contribution to the workplace.

Design: A qualitative descriptive methodology.

Method: Twenty healthcare managers working in Australia participated in semi-structured interviews. Data were collected between April 2019 and April 2021. Interviews were recorded, transcribed and then analysed using thematic analysis.

Results: All healthcare managers said older nurses and midwives contributed to the workplace through their experience and knowledge. Managers viewed them as a different type of worker and while there were some positive aspects to this, it was mostly negative. Although managers identified a broad age range for the older nurses or midwives, there was a common perception that if they were no longer able to perform their duties, they should leave the workforce.

Conclusion: Healthcare managers' perceptions towards older nurses and midwives are mostly negative, and their understanding of older workers' contribution is contradictory and poor. These negative views co-exist with the lack of agreement on who is the older worker, which explain the reluctance of healthcare organizations to invest in their older workforce. Future research is needed to better understand the unique contribution of older nurses and midwives in healthcare and how they can be supported at work.

Impact: The global ageing population will result in a rise in complex age-related health issues and will require an experienced and knowledgeable workforce. Given the greater experience of older nurses and midwives they are an important part of the health workforce. Yet managers' perception of the contribution by older nurses and midwives were often negative. The findings of this study highlight the need for organizational change so that the contribution of older nurses and midwives is recognized and supported by managers.

KEYWORDS
ageing workforce, healthcare, manager, midwife, nurse, older workers

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1 | INTRODUCTION

The world population is ageing, and many older workers remain in the workforce (Appannah & Biggs, 2015; United Nations [UN], 2019). Older nurses and midwives are also continuing to work (United Nations Population Fund (UNPF), 2021; World Health Organisation (WHO), 2020). While the older nurses and midwives can be valued by their managers for their experience and knowledge, they often encounter unfavourable opinions about their ability to contribute fully to the demanding healthcare workplace due to their age (Kleissner & Jahn, 2020; Ryan et al., 2017). There is little research on how older nurses and midwives are perceived by healthcare managers. This paper explores managers' perception about their contribution to the workplace.

2 | BACKGROUND

The implications of population ageing on healthcare systems are twofold. On one hand, with an ageing population, there is a projected rise in healthcare demand due to the complexity of age-related health issues (United Nations (UN), 2019; World Health Organisation (WHO), 2020). On the other hand, despite being in a physically demanding healthcare environment, many older nurses and midwives choose to stay in the workforce even though they may experience age-related challenges (Durosaiye et al., 2016; Organization for Economic Co-operation & Development [OECD], 2019; Schofield et al., 2017). The nursing and midwifery workforce appears to be growing in many countries, however, forecasts suggest this growth will be insufficient to meet the rising healthcare demands (United Nations Population Fund (UNPF), 2021; World Health Organisation (WHO), 2020). Retaining older nurses and midwives are recognized as one important strategy to help meet the increased demands of healthcare organizations (Fackler, 2019, Markowski et al., 2020). However, the negative perceptions about older nurses and midwives may hinder efforts to support and retain this group of workers.

2.1 | Managers of older nurses and midwives

Managers have the responsibility for staff organization (United Nations Population Fund (UNPF), 2021; World Health Organisation (WHO), 2020). Managers' perceptions about older nurses and midwives are important because they influence the older workers' work experiences (Garcia-Sierra & Fernandez-Castro, 2018). Older workers are more productive when a manager creates a supportive work environment (Salmela et al., 2017), however, managers often have negative opinions about older nurses and midwives, resulting in different treatment in the workplace (Ryan et al., 2017). Research suggests they are sometimes bullied for being slow workers (Clendon & Walker, 2016), or denied access to ongoing education and promotion (Ang et al., 2016; Durosaiye et al., 2016). Some older nurses and midwives have reported they are being asked to leave the workplace to make room for younger colleagues (Clendon & Walker, 2016; Denton et al., 2021). The literature reinforces the impact that managers' perceptions can have on older workers.

2.2 | Older nurses and midwives in healthcare

Many older nurses and midwives cannot remain in the workforce because they struggle to cope with age-related physical challenges such as increased tiredness and fatigue, mobility impairment or onset of chronic diseases (Ang et al., 2016; Clendon & Walker, 2016). They experience stereotypical behaviour towards them where they are seen as outdated, irrelevant or limited in work output and their experience and knowledge are often not respected (Clendon & Walker, 2016; Durosaiye et al., 2016; Ryan et al., 2017). So, support from managers becomes a significant factor for retaining them in the workforce (Ericson-Lidman & Ahlin, 2017; Harrington, 2013). Previous literature has focussed predominately on older nurses and midwives' perception about their workplace challenges. However, there has been little exploration of how healthcare managers perceive older nurses and midwives and their contributions to the workplace. These managers' perception of older nurses and midwives is important if healthcare workplaces are to better support and retain older experienced workers.

3 | THE STUDY

3.1 | Aim

The aim of this study was to explore healthcare managers' perception of older nurses and midwives and their contribution to the workplace.

3.2 | Design

A qualitative descriptive methodology informed by Sandelowski (2000, 2010) was used to acquire and record the narration from managers. Qualitative description stays nearer to the primary data through a simple sorting and coding approach. It allows the participant's information to be communicated in their own language, which permits simple acceptance and understanding (Caelli et al., 2003; Neergaard et al., 2009).

3.3 | Participants

Healthcare managers who co-ordinate unit and staff administration in Australia were invited to participate in this study. A broad sampling strategy was adopted that sought to recruit managers from all health settings so that perceptions about older nurses and midwives in Australian healthcare could be widely explored. For the purpose of this study, a manager referred to a person in a supervisory or

charge position irrespective of their designated role. Inclusion criteria were as follows:

- Healthcare manager in any type of healthcare facility in Australia.
- Self-identifying as actively working in healthcare.
- Supervising older nurses and/or midwives.

A dedicated Facebook book page and Twitter account were created to promote the study. A professional nursing and midwifery organization provided further promotion. The recruitment occurred between April 2019 and April 2021. Snowballing and purposive sampling strategies were also adopted.

3.4 | Data collection

Data were collected using a semi-structure interview in person or via telephone due to the wide geographic distribution of participants. Semi-structured interviews enabled 'conversations with a purpose', allowing the interviewer to be flexible, and expand on any point raised from the participant's own words (Doody & Noonan, 2013; Sandelowski, 2010). Interview questions were informed by a scoping review and a previous study that involved interviews with older nurses and midwives (Denton et al., 2020; Denton et al., 2021). An interview was arranged at a mutually convenient time and each manager was asked:

1. When does a nurse or midwife become an older worker?
2. What is the contribution of the older nurse and midwife to the workplace?
3. Are there aspects about the workplace that are different for the older nurse and midwife compared with the younger group?
4. Does the contribution of the nurse or midwife change as they become an older worker?

The interviews were audio recorded and transcribed verbatim by the first author. To maintain anonymity, the researcher assigned pseudonyms to all managers prior to transcription.

3.5 | Ethics

This study was granted approval by the University of South Australia Human Research Ethics Committee (no. 201389). Participation was voluntary and prior to commencement, consent for interviews and audio recording was obtained. Participating managers were assured of confidentiality that they nor their organization would not be identified.

3.6 | Data analysis

To explore patterns and themes in the responses from managers, thematic analysis proposed by Braun and Clarke (2006) was used to analyse the data. A staged approach was followed in the coding of data. (1) Reading and marking the interview transcripts aided familiarization of the managers' responses to the questions. (2) Recurring topics were assigned primary codes. (3) The primary coded data were searched for common themes. (4) A re-examination of the datasets occurred to ensure nothing relevant was overlooked and to ensure validity of themes and accuracy of the meanings. (5) Principal themes were then formed. The essence of each theme was identified, defined and named (Table 1).

3.7 | Rigour

To address the research aim and to ensure a rigorous process, a straightforward methodological framework was followed for acquiring and recording participant's own experiences using uncomplicated descriptive data (Sandelowski, 2000). A broad sampling strategy was used to recruit participants from a range of different healthcare settings and locations to help capture a variety of managers' perceptions about older workers. Independent coding of a sample of interview transcripts was undertaken by all members on the research team and the outcomes were compared and contrasted (Camfield, 2019). As analysis proceeded, to ensure emerging findings were credible and grounded in the data, regular meetings were held by the team to review the data, reflect and discuss the results (Graneheim & Lundman, 2004; Johnson & Rasulova, 2017). The written report was completed in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

4 | FINDINGS

Twenty managers responded to the recruitment process. All participants were included in the analysis of data (Table 2).

The interviews with managers captured different views about older nurses and midwives in the healthcare workplace. Based on the data collected, four themes and two sub-themes were identified.

- More than just age
  - Chronological age
  - Capacity to work
- Different type of worker
- Past their prime
- Experience and knowledge

4.1 | More than just age

The first theme was about how managers identified older nurses and midwives. Findings of the study show that older workers were mostly commonly recognized by their chronological age, but also their capacity to do the nursing or midwifery work.

TABLE 1 Data analysis

Question	Expressions	Primary code	Theme
1. When does a nurse or midwife become an older worker?	Their age and physicality decline Being older was to be somewhere in their 60s because a lot them have limitations in that age group Their body starts giving out and physically falling apart	Age Physicality Limitations Inability to fully function Can they do the work?	More than just age Sub themes Chronological age Capacity to work
2. What is the contribution of the older nurse and midwife to the workplace?	They have that knowledge base and life experiences. Especially in a ward with a lot of younger people but you know that voice of reason and leadership and education. A lot to offer—a lot of prior knowledge and skills—Experience/Global knowledge Experienced, wealth of knowledge Older nurses have the experience and because they are more mature, they have good decision-making skills, and they are very reliable	Knowledgeable Life experience Leadership Educator Knowledgeable Skilled Experience Global knowledge Knowledgeable Experienced Mature Reliable Know what they are doing	Experience and knowledge
3. Are there aspects about the workplace that are different for the older nurse and midwife compared with the younger group?	They have different skills to the younger nurses They become older when they cannot hack the pace of the younger ones Older nurses challenged by IT with the younger ones it is usually just second nature Less flexibility in their willingness to take on new challenges	Skills are different Do not work as well as the young Not as tech savvy Inflexible Different to the young ones	Different type of worker
4. Does the contribution of the nurse or midwife change as they become an older worker?	Past their best when they reach their 50s, as people in their 40s are still able to function When you reach 60 you are not able to perform as well as when you are in 30 or 40s, so tend to be relegated to the side They get overlooked for in charge roles Older nurses and midwives were on their 'way out' and new applicants would not be employed if they were over 50 years old	Past their best at 50 Pushed aside Past consideration Nearly gone Not useful anymore	Past their prime

4.1.1 | Chronological age

Managers often referred to chronological age when identifying older nurses or midwives, but it was obvious there was no precise age when a worker became older. Some managers considered nurses and midwives in their 60s to be older, because they were of a different generation. Fern said, 'I guess 60 is an age where things are changing a little bit.' Other managers said that being older was someone reaching retirement age. Lucinda said:

> I think that when they get to 58 years generally, because when you get to that age you have to consider in the next 10 to 15 years people are going to retire.

However, workplace expectations about retirement have changed, Greta spoke of retirement goal posts progressively moving over the years. Previously, workers from their mid-50 to 60 years were classified as older, but due to the changes in retirement policy, older workers were currently 60–70 years old. Two managers said being older was someone in their 40s and another said to be older was someone from 35 years upwards. Based on these perspectives about age, it is apparent that the term 'older' applies to a wide range of different ages when describing older nurses and midwives in the workplace.

4.1.2 | Capacity to work

Managers also considered a nurse's or midwife's physicality as a factor when determining who was older. Some managers stated there are often age-related health problems or physical changes for workers which develop in their 50s. Bridgit said being older was: 'When they

TABLE 2 Participant demographics

	n
Role of participants	
Exec Officer/Director of Nursing/midwifery	5
Nurse Unit Manager	12
Clinical Manager/Clinical Nurse specialist	3
Workplace settings	
Metropolitan	5
Regional	11
Rural/Remote	2
Not specified	2
Type of healthcare facility	
Acute care	12
Aged care	2
Community care	2
Mental health services	2
Other	2
Australian State/Territory	
New South Wales	4
Victoria	5
South Australia	4
Western Australia	1
Queensland	4
Tasmania	1
Northern Territory	1

reach their 50s, as people in their 40s are still able to function.' Phoebe said: 'Being older was reaching 55 years, as by their 60s, their body starts giving out and physically falling apart. Managers spoke of identifying an older nurse or midwife when the ageing process restricted their capacity to work. Isolde said: 'Being older was to be somewhere in their 60s because a lot them have limitations in that age group.' Physical decline can affect a nurse's or midwife's performance, and this can influence how they are viewed in the workplace. Greta said:

> Once women hit 50, they are hitting menopause and undergoing physiological changes and with men, they are at a higher risk of heart disease. When you reach 60 you are not able to perform as well as when you are in 30 or 40s, so tend to be relegated to the side.

Age-related physical changes and fatigue can also make it increasingly difficult for older nurses and midwives to cope in the busy healthcare environment and this contributed to them being viewed as an older worker. Micaela said:

> The ageing process takes a lot out of their bodies and they are not capable of doing fulltime work on a ward that is really heavy.

Managers thought older workers struggled with the busy pace of the healthcare environment.

Layla said:

> Some of the older nurses when they are on the run all day, they struggle with that physical side of the work.

Isolde found older nurses and midwives 'become a little slower in thinking and work output' and Kiera said they tend 'to become more tired, fatigued and jaded'. So being 'older' was considered to be more than just age, it also involved their capacity to work.

4.2 | Different types of worker

The second theme was about how managers considered older nurses and midwives' workplace contributions to be different when compared with younger colleagues. While there were some positive aspects to the perceived difference, most aspects were negative. Isolde said, 'they think differently so they appear to be quite different'. Some managers believed older workers had a poorer understanding of technology. Greta said, 'with the younger ones it is usually just second nature.' Callista said:

> Some of them are finding working a computer quite challenging. If you ask, 'are you reading your emails?' Some of them will say they don't know how to do it.

There was also a perception that older workers were reluctant to take on new tasks. Kiera said, 'There is less flexibility in their willingness to take on new challenges'. Additionally, managers said the older nurses and midwives had received training in a hospital setting, and therefore had a different approach to healthcare when compared with their younger colleagues. Isolde said:

> Even with years of experience, learning through a different style from the university stream, a lot of them have got limitations in that older age group.

There was a common perception among the managers that older nurses and midwives were slower workers. Layla said, 'They become older when they can't hack the pace of the younger ones'. Managers also said they struggled with new technology and had a different approach to healthcare, so were often overlooked for higher duties. Isolde said:

> Their work output is definitely less, they take more time to do what a younger nurse does, the more vibrant nurses

Community services manager Odette said:

> We have so much IT these days and I think sometimes the older nurses are a little bit challenged by this. We have some nurses taking computers out to the homes, whereas the older nurses are not that keen. The willingness of the older nurse to make a change from what they are used to doing is not always there.

However, when compared with younger colleagues, Calista said, 'Hospital trained nurses are valuable, show more resilience, have good basic training, and good critical thinkers'. Fern said older workers, 'are more committed, engaged and less distracted'. Genevieve thought older nurses and midwives 'are more committed to work and give 100%, and that the younger workers were more about 'work life balance'. Micaela said:

> Older nurses have a strong sense of duty and responsibility to the organisation, their colleagues and to their patients. They have been in the workforce a long time and are hardworking, responsible and have different skills to the younger nurses. They are reliable, they are going to turn up and do the job they are paid to do.

Although there were some positive commentaries about older workers, it was perceived by most managers that the workplace contributions of older nurses and midwives were not as valuable as those of younger workers.

4.3 | Past their prime

The third theme is about how different the workplace is for older nurses and midwives. The managers' perceived older nurses and midwives to be struggling to cope with the busy workload and thought they were past their prime. They believed the older workers often had an unrealistic view about how busy the healthcare workplace was and failed to appreciate it was a busy environment with little flexibility in the work roles. The older nurse or mid-wife struggling with their work tasks were seen to be past their usefulness. Charmaine said:

> A lot of people still struggle to accept the fact that it is a 24/7 role' and those that struggle with attendance are in the older range of the workforce.

Isolde said, 'obviously as they get older their body is not as it used to be' so they have to be truthful about their own level of fitness. Odette said:

> We are very mindful if they are starting to feel the effects of getting older, got aches or memory is not so good. They need to be honest about what their capabilities are.

Managers said individuals who were struggling with workplace challenges could be encouraged to consider change if they were prepared to step outside their comfort zone. Micaela said:

> There is probably opportunity for staff to look around for other jobs that aren't so heavy, but you know nursing is still fairly structured around set hours and there is not a lot of flexibility.

Due to this limited flexibility of healthcare workplaces, managers said many older nurses and midwives were not given the option to redeploy to a less demanding area or change their role. Gemma said, everyone does the same job regardless of age:

> If they want to do lighter duties, they need to leave the ward. There is not an option to reduce the duties. You do not get to do a different workload just because you are an older nurse.

Some managers said there was an attitude in their organization that the older workers should retire because they were too old for the healthcare workplace. Calista said, 'They get overlooked for in-charge roles' and Allegra said older nurses and midwives were often not considered for promotion with comments such as 'Oh, do you really want to do this job at this stage in your life?' This suggests the busy workplace was not older worker friendly and often not conducive to them remaining in their job. Kylie said:

> Older nurses and midwives were on their 'way out' and new applicants would not be employed if they were over 50 years old.

Despite the common view that older nurses and midwives should leave if they could not do their job, many were unable to leave the workforce. Fern said:

> Staying is often related to life circumstances rather than to age. Financially they need to work, or they work because they enjoy the work itself.

Moving to a different healthcare workplace was not always successful. According to Odette, when some older workers moved to community nursing thinking it will be a steppingstone to retirement, they are disappointed:

> Some of the older nurses really struggle to retire because I think it is more the financial side of things. They are worried because the work becomes too much and some of the older staff just find that exhausting. It's quite a shock for some to realize they are working just as hard in the Community as they would be in an aged care facility or hospital.

Another manager noted that older nurses and midwives who enjoyed their work did not want to leave healthcare. Phillipa said:

> I have a couple of nurses who have no intention of retiring. We will be taking them out in a 'box'.

4.4 | Knowledge and experience

The fourth theme was in contradiction to the commentary above, in that managers valued the older nurses and midwives' changing contribution due to their knowledge and experience gained over the years. They recognize that older experienced workers make an important contribution to healthcare. Isolde thought older workers 'have a wealth of knowledge or experience'. Keira said they have 'knowledge and skills that never tire'. They often became mentors and guides for younger colleagues. Gemma said:

> They become a 'go to' person, someone who is experienced, someone who gives advice to other people.

Iris had similar views about experienced older workers:

> They are the 'valuable rocks,' the 'go to' person. They've got it altogether because they have been around for a long time.

Allegra recognized older nurses and midwives to be 'the ones with practical knowledge that the younger ones do not have'. One manager said they had a comprehensive knowledge of the healthcare environment and were recognized to have a 'gut feeling' or 'intuition'. Iris said, 'these people know what they are doing'. Kylie said: 'They have life skills and experience which helps them make the right decision, especially with patient care'. Phillipa said:

> We need to acknowledge they have a lot of skill and knowledge and it takes some time to hand that over, you can't lose people and bring in new people and expect them to be at the same level.

Despite positive commentary about experience and knowledge, this contribution by older workers did not seem to be well utilized in many workplaces. The common perception seemed to be that older nurses and midwives were just waiting for retirement, which limited their usefulness in the workplace. This highlights the complexities for older nurses and midwives in healthcare, and the contradiction that exists between being having great experience while also being past their prime.

5 | DISCUSSION

This study sought to determine how managers perceived the contribution to the workplace of older nurses and midwives. As managers sought to identify older nurses and midwives they looked beyond age, it was also the older worker's capacity to work. Consistent with earlier studies, when age was used to classify a worker as being old, there was little agreement on what that age should be (Austen et al., 2016; Harris et al., 2018; Utriainen et al., 2016). This ambiguity about who are the older workers in healthcare is of concern, because if workplace practices are to be modified to better support older workers, then it is critical to know who are the target population (Buchan et al., 2020; World Health Organisation (WHO), 2020).

The managers in this study perceived older nurses and midwives differently to younger workers. Some managers acknowledged the positive attributes of older workers, saying they were hardworking, more resilient, less distracted, committed, engaged and more reliable. They were also perceived to be critical thinkers with a practical knowledge that was gained through years of experience. This view is supported by the literature which suggests older nurses and midwives are valuable to the organization because of their reliability, skills and experience (Clendon & Walker, 2016; Fackler, 2019; Ryan et al., 2017). But most often in this study, managers perceived older nurses and midwives negatively. They were often perceived as slower, inflexible, resistant to change and producing less output than younger workers. Their contribution to the workplace was seen to be limited, so they were often not considered for promotion or education opportunities. There was a view among managers, that because older nurses and midwives were approaching retirement, so they were not a good investment for the organization. This negative perception corresponds to earlier studies which reported older nurses and midwives were becoming tired more easily due to shift work and heavy patient loads therefore, were seen as slow workers who do not 'pull their weight' (Ang et al., 2016; Kirgan & Golembski, 2010; Spiva et al., 2011). While managers recognized the positive attributes of older workers, their different skills sets do not appear to be utilized in the workplace. Instead, older nurses and midwives were often considered to be a second-class worker compared with the younger more 'vibrant' workers.

Managers said the older nurses and midwives were often overlooked for senior roles or were not considered for promotion because they were past their prime. One manager said she asked older workers, 'do you really want to do this job at this stage in your life'? This is similar to previous findings where many older nurses and midwives were found to experience a lack of respect, diminished workplace value and were viewed as a poor investment for ongoing education or promotion due to their perceived impending retirement (Voit & Carson, 2012; Warburton et al., 2014). Ang et al. (2016) reported that it was common for older nurses and midwives to be asked when they were going to retire and Clendon and Walker (2016) reported older nurses and midwives had a short 'shelf life' and would not be chosen over a younger person for the same job. These negative perceptions about older workers have important implications for a workforce that continues to age, and this will likely add to the challenges that are faced by older nurses and midwives. Despite managers' negative perceptions about older nurses and midwives, managers recognized

experience is the older workers most important contribution. Many other reports in the literature suggest more experienced workers are needed to ensure high-quality care (Fackler, 2019; Reinhardt et al., 2020; Ryan et al., 2017). Therefore, older nurses and midwives should be considered key workers for the healthcare workplace (Szalmasagi, 2018) because they carry the knowledge, skills and traditions of the profession. However, findings suggest many managers tell older nurses and midwives to retire, despite their considerable knowledge and experience. In a small number of workplaces, the older nurse and mid-wife are seen as the 'wise worker' of healthcare (Denton et al., 2021). In these workplaces, older nurses and midwives said their managers valued their contribution because they were considered to be more committed and less distracted than the younger workers (Clendon & Walker, 2016; Denton et al., 2021). This contradicts the common view from this study that older nurses and midwives are past their prime. However, positive attributes of older nurses and midwives are often ignored (Dahlke & Hunter, 2022; Ryan et al., 2017) and negative perceptions may discourage healthcare organizations from implementing workplace change to better utilize the knowledge and skills of older nurses and midwives. These findings highlight contradictions that exist in healthcare workplaces, that older nurses and midwives are seen as both an asset and a poor investment by managers. This explains the reluctance of organizations to invest in the older workforce in healthcare.

6 | STRENGTHS AND LIMITATIONS

While the participation of 20 healthcare managers from a broad range of locations and settings allowed the different perceptions about older nurses and midwives to be explored, a larger more diverse sample with greater representation from rural and specialty services may result in different findings. Although the characteristics of gender, age, ethnicity, clinical specialty or background were not taken into account all managers involved participated voluntarily in this study and some may have become interested in the topic because they were older workers themselves. Therefore, their perception about older nurses and midwives may have been influenced by their own experience as an older worker. Mindful that ageing of nurses and midwives in the workplace is a global issue, this study was limited to one country. Due to the healthcare variations when compared with other countries, a manager's perception of older nurses and midwives in Australia might not be in accord with other healthcare systems.

7 | CONCLUSION

The findings of this study highlight the contradictions that exist in healthcare about older nurses and midwives, managers recognize their experience and knowledge, but also view them as a poor investment because of their age. Managers' perceptions about older workers in this study were mostly negative. However, some managers recognized that older nurses and midwives were more committed and engaged, and less distracted while at work. Managers also recognized the greater experience and skill that older workers had to offer the workplace. But the negative perceptions about older nurses' and midwives' contribution to the workplace were far more prevalent than the positive views. These negative views help explain the reluctance of organizations to invest in their older workforce in healthcare. It also highlights the need for more research to better understand the unique contribution of older nurses and midwives in healthcare and how they can be supported to continue to contribute.

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All authors have agreed on final version. Julie Denton: Conceptualization, investigation, data curation, formal analysis, methodology, writing—original draft, review and editing, visualization. David Evans: Supervision, validation, review and editing. Qunyan Xu: Co-Supervision, Validation, review and editing.

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- **Rapid online publication in five weeks:** average time from final manuscript arriving in production to online publication.
- **Online Open:** the option to pay to make your article freely and openly accessible to non-subscribers upon publication on Wiley Online Library, as well as the option to deposit the article in your own or your funding agency's preferred archive (e.g. PubMed).

5.5 Stage 3 Summary of findings

Consistent with the published literature healthcare managers had difficulty defining the 'older' age range. Despite various definitions: an older nurse or midwife's chronological age; their capacity to do the work; and how different from younger colleagues they were. The following themes emerged:

- Older nurses and midwives were seen as less adaptable to change and less technologically proficient than younger colleagues.
- Older nurses and midwives were perceived to be a different type of worker, slower and with less capacity to work in busy environments.
- Older nurses and midwives were perceived to be past their prime when their contribution to the workplace was limited as they struggled with busy workloads.
- Older nurses and midwives positively contribute experience, knowledge, reliability, resilience, critical thinking and life skills to the workforce.

5.6 Conclusion to Chapter 5

Chapter 5 presented Stage 3, a qualitative descriptive study exploring the healthcare managers' perception of older nurses and midwives and their contributions to the healthcare workplace. The findings of Stage 3 showed contradictory perceptions towards older nurses and midwives. Healthcare managers demonstrated a poor understanding of older nurses' and midwives' challenges. Although some healthcare manager participants said they appreciated older nurses and midwives' dedication and commitment, they generally perceived them negatively. Some healthcare managers believed older nurses and midwives should consider leaving the workforce if they cannot meet the physical job demands, as it would be unfair to young nurses and midwives if they offered supportive opportunities for the older cohort. Generally, the healthcare manager participants did not consider supporting this older cohort of staff as essential to maintaining a skilled workforce. The contradictory perceptions about older nurses and midwives highlight the need to better understand their contribution and support needs. Chapter 6 presents a discussion of the findings from each stage of this research on older nurses and midwives in the workplace. The published manuscript *Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study*, is also presented.

Chapter 6: Discussion and limitations

This chapter contains material from a peer reviewed publication –

JD Denton, D Evans, Q Xu, R Vernon: Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study

10.1111/jan.15965

6.1 Introduction

This chapter presents the findings from the triangulation of three stages of research exploring the experiences of older nurses and midwives in Australian healthcare. Identified themes that are core to the experiences of working as an older nurse or midwife in the workplace are discussed in relation to existing contemporary literature. Through this process, an in-depth and more broad understanding will be achieved regarding the research question:

What are the experiences of older nurses and midwives who continue to work in the clinical healthcare environment as they age?

In this chapter the common themes identified across the three stages of the qualitative descriptive sequential research are clarified. The Stage 1 (Phase 2) scoping review of the literature explored workplace challenges and support strategies for older nurses and midwives. Stage 2 explored experiences of being an older nurse or midwife in the healthcare workplace using a qualitative descriptive methodology and Stage 3, using the same methodology and methods, explored healthcare managers perceptions about older nurses' and midwives' contributions to the workplace. Support for older nurses and midwives is discussed, with the findings presented in this chapter as a published manuscript: *Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study* (pp. 98–112). The chapter concludes with the strengths and limitations of the research.

The findings data from Stage 2 (Phase 2), the scoping review, Stage 2, qualitative description interviews with nurses and midwives, and Stage 3, healthcare managers' perceptions of older nurses and midwives and their contribution to the workplace, were triangulated. Data triangulation combines multiple viewpoints on the same topic (Arias Valencia, 2022; Carter et al., 2014). An unde rstanding of older nurses' and midwives'

experiences could be gained by integrating their independent viewpoints. The knowledge gained from identifying similarities and differences across the research stages provided a broad knowledge base for addressing the research question and made the findings more likely to be relevant. The findings are integrated below.

6.2 Older nurses and midwives

Across the literature, there is unanimous agreement about the ageing of the world's population and the subsequent ageing workforce. However, individual ageing can occur at different rates and in various ways (Heiden et al., 2013; Spirduso et al., 2005) and the findings from the Stage 1 (Phase 2) scoping review and Stages 2 and 3 qualitative description research found that there is not a consistent definition of 'older' and it can refer to a wide range of chronological ages. The Stage 1 (Phase 2) scoping review studies had predetermined age ranges to target specific study groups for their research. Each of the 31 studies defined 'older' to be from 40 to 70. Because of this undefined older age range in stage 1, the older nurses and midwives recruited for stage 2 were asked to self-identify themselves as older. Their ages ranged between 45 and 74. The healthcare managers were also asked what they perceived as an 'older' nurse or midwife. They identified an age range extending from 40 to 60. Although multiple age ranges were revealed across the three stages of the research, there was considerable overlap between the identified age ranges. However, one healthcare manager said a nurse or midwife aged 35 could be classified as older. In summary, this research highlights the difficulty in determining who is an older nurse or midwife.

As stage 2 nurses and midwives were asked to self-identify as older, they were asked why they classified themselves in this group. The main reason they gave was their chronological age: *'It was when I reached 60'*. Healthcare managers were asked when they perceived a worker to be older, and generally chose chronological age as well. However, being older was based on more than chronological age, with many nurses, midwives and managers identifying older to be due to changes in their appearance, physical decline, working with younger colleagues or the belief they were poorer workers when compared to younger colleagues. The indicators of being older were identified by older nurses and midwives when they spoke of noticeable changes to their health and physical and cognitive decline: *'Turning 50 and going through menopause made me feel older'*. Some (n=4) said being older was because of their appearance

when they see themselves in a mirror: *'I see the wrinkles on my face and the grey hair'.* One participant said it was all the indicators together: *'Menopause, reaching 60 years, going grey, things hurt more and I'm more fatigued'.* Others self-identified as older because they were working with younger colleagues: *'The people I work with are the same age as my children'.* Stage 3 healthcare managers noted that older age was more likely to be related to an older nurse or midwife's capacity to work: *'Older is not age-related necessarily, but rather the capacity to do the job'*, and '*Being older is when the body starts giving out'.* Therefore, the physicality and functional limitations of a nurse and midwife were commonly expressed as a key factor identifying who was older.

The diverse identifiers of 'older' reflect the highly variable individual ageing processes. In contrast to the perception that the term 'older' can refer to people who are frail and incapable of contributing (Jonson, 2013), many older nurses and midwives in their 40s or 50s constitute a generation of the 'younger' older and, therefore, can play a vital role in the healthcare workplace for many years to come. Therefore, the perception that older nurses and midwives may be grey-haired, wrinkled and frail is entirely inaccurate (Egdell et al., 2018). Because of this, no single identifier for defining who is older can be considered.

Nurses and midwives in their 40s who can be identified as older may present age-related challenges that are often unlike older nurses and midwives nearing retirement. They can have different experiences, physical capabilities, and career goals from those in their 60s or 70s. Including nurses and midwives in their 40s and 50s in the older category may lead to premature labelling, contributing to stereotyping and ageism. In comparison some nurses and midwives who are in their late 60s or 70s may still be physically active, highly competent and contribute significantly to the workplace, while others in that same 'older' older age range may experience age-related cognitive and physical challenges. Though categorisation of who is older maybe useful at the population level, categorisation of who is older at an individual level requires more caution, due to the implications of ageism and underestimation of the worker's contribution. The different perceptions of the definition of 'older', such as chronological age, appearance, physical changes and changes in work performance to identify older workers in this research made it difficult to categorise each identifier for older nurses and midwives individually, and any support for this group would need to be planned with a complete understanding of individual differences. The differences in

perception of ‘older’ emphasises the subjective nature of defining ‘older workers’ in the healthcare workplace. Therefore, contribution to the workplace should be distinguished from chronological age. The heterogeneous nature of the older nurse and midwife highlights the need for flexible and inclusive approaches to ageing in the workplace.

6.3 Challenges

The overarching aim of this research was to explore the experiences of older nurses and midwives working in healthcare, and age-related challenges were found to be a major part of the experience. The challenges are divided into personal challenges, those that are generally to do with individual ageing, and workplace challenges, those related to the workplace environment.

6.3.1 Personal challenges

Older nurses and midwives face personal challenges related to the general impact of ageing (Bishop, 2013) and these challenges were reported across all three stages of this research. The first major age-related challenge was the increased sense of fatigue and tiredness. The Stage 1 (Phase 2) scoping review described how many older nurses and midwives experienced increased fatigue often leading to exhaustion: ‘*I just feel exhausted every evening when I get home’* (Andrews et al., 2005). This was contributed to by experiencing sleep deprivation, extended shift times, heavy patient loads, and increased patient acuity (Duffield et al., 2014). ‘*I worry every day I come to work if I am going to be able to make it through the 12 hours’* (Fragar & Depczynski, 2011). Stage 2 older nurses and midwives said that as tiredness and fatigue increased more time was needed to recover from rostered shifts: ‘*I used to be able to work for three days in a row, and it was fine, I can’t do that anymore’.* In Stage 3 healthcare managers described age-related fatigue as one reason for an older nurse or midwife’s inability to cope with the busy workload.

Evidence from the Stage 1 (Phase 2) scoping review found many participants had concerns about overcoming the challenge of working in demanding healthcare roles when age-related physical difficulties such as the loss of physical strength, declining vision and hearing acuity, generalised aches and pain, and the development of chronic health conditions such as diabetes or arthritis, were experienced (Ang et al., 2016; Clendon & Walker, 2016a; Durosaiye et al., 2016). Age-related mobility impairment was identified as the most challenging factor affecting participation in manual handling

situations such as lifting patients, moving equipment, walking, standing, or sitting for long periods (Fragar & Depczynski, 2011; Graham et al., 2014; Kirgan & Golembski, 2010). The physical age-related changes to the body made the demands of working in healthcare increasingly exhausting, making remaining in the workforce more difficult for some older nurses and midwives (Duffield et al., 2014; Durosaiye et al., 2016). '*I find the busy and heavy workload harder to manage. I am more easily injured, and my back gets sore more quickly'* (Clendon & Walker, 2016a). Stage 2 older nurses and midwives also shared how age-related physical changes to their bodies affected their working lives. They described experiencing increasing pain levels as a personal challenge they had to contend with: '*Stuff hurts. You ache, you get sore, and lifting is harder'.* One older nurse was quite succinct when they said, '*I am bloody tired and get really sore feet and legs'.* Stage 2 older nurses and midwives said because personal age-related challenges often impacted their ability to function, they were frequently perceived as second-class workers by their managers. There was an awareness among the Stage 3 healthcare managers that older nurses and midwives who were experiencing physical changes were finding it difficult to work in high demand clinical areas: '*When they are on the run all day, they struggle'.*

6.3.2 Workplace challenges

Challenges originating from the workplace environment were common. The Stage 1 (Phase 2) scoping review identified workplace challenges more often related to an ageist culture than an evaluation of individual skills and knowledge (Clendon & Walker, 2016a; Letvak, 2003). According to the scoping review of the literature, older nurses and midwives were stereotyped and judged based on their chronological age and were often deemed poorer workers who are unable to contribute fully to the workplace (Gabrielle et al., 2007; Mion et al., 2006). Stage 1 (Phase 2) older nurses and midwives reported a lack of respect for experience and knowledge (Ang et al., 2016; Clendon & Walker, 2016a; Warburton et al., 2014), and their methods were often perceived as outdated (Kovner et al., 2007). They were often treated differently when compared to younger colleagues. Because of the assumption they have a short time remaining in the workplace, limited opportunities for ongoing education or promotion were common (Ang et al., 2016; Fragar & Depczynski, 2011; Gabrielle et al., 2007). Wray et al. (2008) established that when compared to younger colleagues, older nurses and midwives had fewer opportunities for training and professional development. The older

nurses and midwives who experienced a lack of opportunities for education could not maintain competence for practice, which frequently affected their career advancement (Ang et al., 2016; Gabrielle et al., 2007; Graham et al., 2014; Valencia & Raingruber, 2010). According to the Stage 2 findings, older nurses and midwives reported how their careers were limited by age. Negative assumptions about their abilities and productivity were typical and often younger colleagues were given preference over them for ongoing educational and promotional opportunities: '*I don't have any opportunities left anymore because of my age'.* Stage 2 older nurses and midwives reported how the workplace did not value their opinion and they would have to prove their worth. In addition, those who received their nursing education through a hospital training programme said they were perceived as no longer being able to contribute to the healthcare workplace efficiently: '*They perceive me as a hospital trained nurse and, therefore, seen as older and stupid'*. The Stage 3 healthcare managers associated education through a hospital training programme with older nurses and midwives having a different approach to healthcare when compared to their younger colleagues. There was a perception that these older nurses' and midwives' abilities were limited, no matter how experienced they were.

The lack of respect and value was a common workplace challenge experienced by older nurses and midwives. Believing they were viewed as unnecessary burdens on the healthcare system, older nurses and midwives often felt undervalued in the workplace (Ang et al., 2016; Clendon & Walker, 2016a; Fragar & Depczynski, 2011; Gabrielle et al., 2007 2007). '*Management has no idea and is so far removed; the organisation does not value the older nurse'.* They reported being shunned by younger colleagues who would not recognise their experience: '*You are seen as a walking dinosaur'.* Older nurses and midwives who said they were not respected and valued in the workplace were not asked to mentor or educate younger/less skilled colleagues: *'I'm treated more as a nuisance than help'.* According to three Stage 1 (Phase 2) studies, not being valued or appreciated in the workplace often led older nurses and midwives to experience guilt and frustration (Ang et al., 2016; Clendon & Walker, 2016a; Fragar & Depczynski, 2011). The Stage 3 healthcare managers who considered older nurses and midwives to be '*past their use by date'* said they were not considered valuable to the organisation: *'They are slower workers; their output is definitely less'*. This lack of value was heightened when the manager was of a younger generation than the older nurse or midwife. A Stage 2 participant said, '*They have a youth-focused culture; they think*

younger's better'. Most notably, one Stage 3 manager admitted that younger nurses and midwives were recruited in preference to those older and experienced: '*They were on their way out, and new applicants would not be employed if they were over 50'*; reinforcing the Stage 1 (Phase 2) finding of challenges often being related to an ageist culture rather than an evaluation of individual experience and knowledge (Clendon & Walker, 2016a; Letvak, 2003).

It was evident in the literature that understanding new technology was another workplace challenge that older nurses and midwives experienced (Spiva et al., 2011; Valencia & Raingruber, 2010): '*We have been smothered with computers and printers, and I am just overwhelmed at the thought of using them'* (Andrews et al., 2005). Experiencing difficulties with new technology created a perception that older nurses and midwives were slower and less productive than younger colleagues (Chenoweth et al., 2014; Clendon & Walker, 2016a). Stage 3 healthcare managers said older nurses and midwives often had a poor understanding of technology: *'Some of them find working on a computer quite challenging'.* However, Stage 2 older nurses and midwives related this to not being given adequate workplace time and support to learn and update technological skills.

Stage 1 (Phase 2) and Stage 2 older nurses and midwives reported incidents of bullying, poor working conditions and a lack of managerial support, especially when it came to their changing needs as they aged (Durosaiye et al., 2016; Gabrielle et al., 2007; Harris et al., 2010; Spiva et al., 2011). A lack of flexibility in work hours was common when there was an assumption by organisations that older workers did not have children and, therefore, did not require consideration for flexible time (Clendon & Walker, 2016b; Friedrich et al., 2011; Harris et al., 2010). When the negative attitudes were unchallenged, further misunderstanding between management and differing age groups resulted (Kovner et al., 2007). Stage 2 older nurses and midwives described experiencing differences in the treatment between them and younger colleagues. One participant was asked to reduce their hours to allow younger colleagues to increase theirs: '*I am probably not given as much responsibility on the pretext of getting the younger ones up to high standard'.* Some were asked when they were going to retire from the workforce. Stage 3 healthcare managers said those older nurses and midwives who were challenged by the workplace often had an unrealistic view of how busy healthcare can be. So, if older nurses and midwives were struggling to cope and perform

at their full capacity, their contribution to the workplace was perceived not to be as valuable as those of younger workers, '*the more vibrant ones'.* Many healthcare managers stated that older nurses and midwives should retire if they were struggling: '*If you want to do lighter duties, you need to leave the ward'.*

Stage 3 healthcare managers were more likely to perceive the older nurses' and midwives' personal age-related challenges as inconvenient, especially when they could not work to full capacity. The managers were prone to concentrate on older nurses' and midwives' physical capabilities rather than their value as skilled staff members, disregarding how they could be a resource for knowledge. Younger colleagues may be discouraged from valuing older nurses and midwives' experience, impacting team cohesion in providing quality patient or client care. The age-related challenges experienced by older nurses and midwives could be a catalyst for the loss of value of their contribution to the healthcare workplace.

6.4 Contribution to the workplace

The older nurse and midwife enjoys continuing to contribute to the care of others (Fackler, 2019). Remaining in the workforce brings them social contact and working for a wage, allowing them to make their own life choices (Duffield et al., 2014). Although the Stage 1 (Phase 2) scoping review studied older nurses and midwives in the workplace, the contribution older nurses and midwives bring to the workplace was limited, based on the 31 studies reviewed. Friedrich et al. (2011) found that older nurses and midwives valued their ability to make unique contributions to the workplace by sharing their expertise, teaching younger nurses, and assisting patients and clients to improve by recognising subtle changes in their condition. The value of older nurses' and midwives' contributions through the eyes of managers in the literature was not found, although one study suggested that the opinions of experienced older nurses and midwives could be of value in organisational decision making (Kirgan & Golembski, 2010). Stage 2 older nurses and midwives said that with their years of experience and knowledge, they bring invaluable knowledge and experience to the workplace. They have a deep understanding of patient and client care that the younger nurses and midwives might lack: '*Just by the virtue of longevity you have a knowledge base outside of a younger workers knowledge base'.* Playing a crucial role in providing quality care and the ability to mentor younger/less skilled colleagues was clear. However, older

nurses and midwives reported that their contribution to the workplace by mentoring was rarely utilised and appreciation for their contribution to their organisations was limited. In contrast to this lack of respect and value, some older nurses and midwives were appreciated and were viewed as 'wise workers'. They welcomed being the 'go to' person and were happy to contribute through mentoring and educating younger/less skilled colleagues. One Stage 2 older participant said, *'I sometimes feel like an elder statesman'.* Stage 3 healthcare managers recognised the knowledge and experience older nurses and midwives possess, but this research generally found that older nurses' and midwives' contributions were mainly undervalued and not respected.

6.5 Supporting older nurses and midwives

The challenges experienced by older nurses and midwives were well documented in the Stage 1 (Phase 2) literature (Ang et al., 2016; Clendon & Walker, 2016a; Durosaiye et al., 2016). The general impact of ageing and the stereotyping of older nurses and midwives in the healthcare workplace were highlighted. Therefore, providing support for them in the workplace is core to shaping older nurses' and midwives' experiences in the workplace. Support for older nurses and midwives was explored during each stage of this research. However, there was limited acknowledgement from the healthcare managers that nurses and midwives were ageing, and that many may require support to help them continue to contribute fully. The Stage 1 (Phase 2) studies which explored how older nurses and midwives coped with age-related challenges in the workplace suggested support strategies for them rather than identifying existing assistance at an organisational level. Therefore, implementation of support strategies was limited (Ang et al., 2016; Durosaiye et al., 2016 2016). Analysis of the support findings from the Stage 1 (Phase 2) scoping review was generally specific to certain aspects of older nurses and midwives' working environment and conditions, such as Palumbo et al. (2012), who reported on a feasibility study of a wellness programme for older nurses. Clendon and Walker (2016b) studied nurses over 50 and their perception of flexible working hours. According to the Stage 2 older nurses and midwives, when they spoke of overcoming age-related challenges, they must independently manage them as best as possible or simply accept the suggestion from healthcare managers they should consider retiring. Stage 3 healthcare managers said it was not their responsibility to support older nurses and midwives in the workplace and if they cannot perform in their roles efficiently then they should leave. Policies and practices that recognise and

accommodate the complex realities of ageing in the workforce were reinforced by the support strategies suggested through each research stage and are presented in the following, Published Manuscript 4: *Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study*.

6.6 Published Manuscript 4

Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study.

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EMPIRICAL RESEARCH QUALITATIVE

JAN WILEY

Supporting older nurses and midwives in the Australian healthcare workplace—A qualitative descriptive study

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Abstract

Aim: To explore support strategies for older nurses and midwives in Australian healthcare workplaces.

Design: A qualitative descriptive study.

Method: Participants were 50 older nurses and midwives and 20 healthcare managers recruited from a broad range of Australian healthcare settings. Data were collected using semi-structured interviews from November 2018 to April 2021. The interviews were recorded, transcribed and thematically analysed.

Results: The limited number of identified sedentary roles and inequitable distribution of workload responsibilities were identified as constraints that impact the provision of workplace support for older nurses and midwives in healthcare settings. Three major themes were identified: Workplace support, Personal support and Doing more. A small number of participants reported support was available at work, but most said there was not. Of the reported strategies some were offered exclusively to a cohort that met an age criterion, while others were open to all staff regardless of age. Personal support strategies were employed outside of the workplace while others used strategies during working hours. Doing more related to suggestions about how organizations could do more to support older nurses and midwives at work.

Conclusion: Support mechanisms like adjustments in workload, employment fraction, practice location, upskilling and wellness programs in workplaces are limited. To facilitate retention and support older nurses and midwives in the workforce, health workplaces should consider implementing support mechanisms that can be tailored to the individual needs of the nurse or midwife over the life course of their career.

Impact: The findings of this study highlight the lack of support for many older nurses and midwives in Australian healthcare workplaces, emphasizing the need for further research into innovative practices on how to better support healthcare staff as they age.

Reporting Method: This study adhered to the COREQ reporting method.

Patient or Public Contribution: No patient or public contribution.

KEYWORDS
ageing workforce, healthcare, manager, midwife, nurse, support strategies

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1 | INTRODUCTION

As the world's population ages, many countries struggle with a shortage of nurses and midwives in the face of increasing healthcare demands. Therefore, older nurses and midwives are becoming increasingly important in healthcare delivery (United Nations, 2019; World Health Organisation, 2020, 2021). Of the various stages in the life course of a nurse or midwife's career, it is the older worker who is often recognized as the one with valuable experience and knowledge. They play an important role in providing quality care at all levels of healthcare delivery (Reinhardt et al., 2020). However, many do face challenges associated with age-related physical and cognitive limitations or chronic health concerns which can restrict their participation in the workforce (Ang et al., 2016; Padilla et al., 2021). A previous study explored the workplace challenges experienced by older nurses and midwives (Denton et al., 2021), but little is known about workplace support from their own perspective. To better understand how those requiring strategies are supported in the Australian healthcare workplace this qualitative descriptive study was conducted with older nurses, older midwives and healthcare managers.

2 | BACKGROUND

Within the healthcare sector, nurses and midwives account for more than 50% of the current worldwide shortage of health workers (United Nations Population Fund, 2021; World Health Organisation, 2020) and this shortage was clearly highlighted by the Covid-19 pandemic (Johnstone, 2022). Older nurses and midwives who have a long work history are often considered an excellent resource for skilled advice (Fackler, 2019). Although, due to physical limitations or chronic health conditions associated with ageing, they may be restricted in their ability to work in certain areas and as a result are often considered slower and less productive workers (Ryan et al., 2017; Uthaman et al., 2015). Older nurses and midwives may be subjected to ageist attitudes as a result of these assumptions (Helaß et al., 2022; Hidinger et al., 2022). Healthcare workplaces, however, could benefit from addressing the needs of older staff through strategies that support them to stay.

2.1 | Support

Workplace support is a concept frequently mentioned in the literature and proposed to achieve a range of different purposes. Such as assisting older workers to complete their duties, minimize physical burdens, remain healthy, stay motivated and be able to work for longer (Markowski et al., 2020; Soderbacka et al., 2020). For more than a decade, researchers have been actively exploring what healthcare workplaces could do to support older nurses and midwives to stay and help alleviate workforce shortage and continue to provide quality healthcare. Hatcher et al. (2006) made recommendations to support older nurses and midwives such as ergonomic and design changes, provide continued educational opportunities, demonstrate respect and value of older staff and train managers to understand and support them. Harrington and Heidkamp (2013) reported on a symposium *The Aging Workforce: Challenges for the Health Care Industry Workforce* that offered strategies that could be implemented for older nurses and midwives to reduce a decline in work performance associated with ageing. Ang et al. (2016) also suggested work processes and ergonomic changes were necessary. Buchan et al. (2020) proposed a 10-point plan to support older nurses and midwives in the workplace to help retain their expertise and address the workforce shortage for example by avoiding an age bias, providing flexible working, offering career development opportunities and providing retirement planning options. Researchers have found older nurses and midwives who were approaching retirement were willing to remain if workplace managers were supportive (Armstrong-Stassen et al., 2015). Workplace support through reducing their workhours, relocation to less demanding roles or helping them to transition to retirement were recommended (Macken et al., 2019). Many industries realizing the advantages of supporting older workers in terms of economic growth and knowledge retention have implemented age-friendly workplaces (Appannah & Biggs, 2015). In the past, an initiative for phased retirement programmes proved successful in the United States (Christensen & Pitt-Catsouphes, 2005). Five European countries have introduced shared partnerships between employers and employees aimed at retaining older workers (Chartered Institute of Personnel and Development (CIPD), 2016). Australia has introduced career transition and employment programmes for mature age workers as part of its programmes to support older workers (Australian Government, 2022). Support for older nurses and midwives could be provided through recognition and respect for experience leading to mentoring opportunities according to Chen and Gardiner (2019) and Nurmeksela et al. (2023) suggest individual and flexible rostering arrangements.

Although an age-friendly environment is important in nursing and midwifery (Uthaman et al., 2015) according to Montayre et al. (2023), the implementation of workplace support is slow for older nurses and midwives. Using self-care strategies has been suggested as an achievable way to remain in the workplace. Clendon and Walker (2016) propose older nurses and midwives could care for themselves by developing an awareness of their own personal boundaries and monitoring their physical activities. In similar studies, Ferreira et al. (2015) and Babiarczyk and Sternal (2022) found that nurses and midwives who ensured they had adequate sleep, a healthy diet and maintained physical fitness were key factors in supporting themselves to continue to deliver quality patient care. Nursing and midwifery are physically and mentally demanding professions (Steege et al., 2015). Therefore, extending older nurses and midwives' working lives by addressing their workplace challenges through strategies that support them is an important strategy to retain them in the workforce, maximizing their skills and knowledge (Organisation for Economic Co-operation & Development (OECD), 2019).

3 | THE STUDY

3.1 | Aim

To explore support strategies for older nurses and midwives in Australian healthcare workplaces.

3.2 | Design

The present study is part of a larger project exploring the experiences of *Older nurses and midwives in the Australian healthcare workplace* from the perception of older nurses, older midwives and healthcare managers (Denton et al., 2021, 2022). A qualitative descriptive method was used to provide a straightforward process for interviewing older nurses, midwives and healthcare managers to obtain and record recollections of events about workplace support in their own language. The qualitative descriptive approach uses simple sorting and coding methods to accurately describe collected data, which makes them easier to accept and understand (Kim et al., 2017; Sandelowski, 2010).

3.3 | Setting

Participant recruitment was not restricted to any particular clinical setting or geographical region of Australia. As a result, a wide-ranging representation from various clinical settings across Australia was achieved in this study. Metropolitan, regional and remote healthcare facilities were represented in the findings. Participants identified as working in acute medicine, mental health, community, aged care or a specialist health clinic at the time of data collection. This allowed for a broad understanding of the support of older nurses and midwives in the workplace.

3.4 | Participants

Older nurses and midwives as well as healthcare managers currently employed within an Australian healthcare facility were invited to participate in the present study. As the definition of older is ambiguous, nurses and midwives were asked to participate if they considered themselves to be older. Managers were included because they are not only responsible for meeting organizational objectives but also oversee the nursing and midwifery staff providing healthcare. Recruitment was achieved through a dedicated Facebook page, a Twitter account and advertising through a national professional body. Recruitment for the study was from November 2018 until April 2021. Full details of eligibility criteria are available in previous publications (Denton et al., 2021, 2022). To allow sufficient time for data analysis the authors decided to stop recruiting once 50 participants were reached for nurses and midwives and 20 for healthcare managers.

3.5 | Data collection

A single semi-structured interview was conducted with each participant. Nurses and midwives were asked about support for older workers in the workplace. Managers were not questioned about their individual policy-making authority within their roles but were asked if their organization provided support for older workers. Participants were interviewed in person or if geographically distant, by telephone. By employing a semi-structured interview model with neutral context and conversant language the researcher was able to adapt the interview questions as further matters arose (Doody & Noonan, 2013). A topic guide in the form of open-ended questions was informed by a previous scoping literature review (Denton et al., 2020). All interviews were audio recorded, then transcribed verbatim by the first author into an MS Word document.

3.6 | Ethics

The University of South Australia Human Research Ethics Committee granted approval for this study No: 201389. Participation was voluntary and consent for interviews and audio recording was obtained prior to commencement. Participants were advised of the availability of appropriate counselling services if speaking on this topic caused them distress. Pseudonyms were assigned to all nurses, midwives and managers during transcription to ensure anonymity.

3.7 | Data analysis

To explore patterns and themes the interview data were analysed using a thematic framework as described by Braun and Clarke (2006). To code the data, a 6 staged approach was used. (1) By reading and marking the interview transcripts, familiarization of the participants' responses on workplace support was achieved. (2) Primary codes were assigned to the recurring topics on support. (3) A search for common themes was conducted on the primary coded data. (4) To ensure the validity of themes and accuracy of interpretations, the data sets were re-examined to ensure no relevant information was overlooked. (5) Following this stage, principal themes were identified. Every theme was characterized and named according to its essence. (6) The results of the themed data sets are presented in the following narratives.

3.8 | Rigour

To ensure a rigorous process was followed in addressing the research aim, a qualitative descriptive methodology as described by Sandelowski (2000) was used to explore the understanding of support for older nurses and midwives at healthcare workplaces. Coding

of all transcripts was conducted by the first author, then a sample of transcripts was coded by all research team members and the results were compared and contrasted (Lincoln & Guba, 1986). To ensure the findings were credible and grounded in the data, regular meetings were held to discuss the transpiring findings (Graneheim & Lundman, 2004). The written report was completed in accordance with the Consolidated Criteria for Reporting Qualitative Research, COREQ (Tong et al., 2007).

4 | FINDINGS

A total of 50 nurses and midwives who self-identified as older participated in the study. Their ages spanned from 46 to 74 years. Twenty healthcare managers who were responsible for supervising older nurses and midwives were also recruited. Participants were from various clinical settings (see Table 1: Participant demographics). Based on the analysis of participant responses, three major themes and four subthemes were identified on the topic of support in the workplace for older nurses and midwives.

4.1 | Workplace support

The first theme was about the support provided by healthcare workplaces to older nurses and midwives. The participants discussed their different understandings of workplace support for meeting the unique needs of older staff.

4.1.1 | Supported

Workplace support was available for older staff, according to some study participants.

4.1.2 | Unsupported

Many older nurses, older midwives and managers reported support was not available in their workplace.

4.2 | Personal support

The second theme was about the variety of self-care support strategies that older nurses and midwives used to help them continue in the workforce.

4.2.1 | Self-support outside of the workplace

This sub theme addresses the techniques used by older nurses and midwives outside of working hours.

TABLE 1 (A) Older nurse and midwife demographics—50 participants and (B) Manager demographics—20 participants.

Demographics		*n*	Percent
(A)			
Designation	Registered Nurse (RN)	37	74
	Registered Midwife (RM)	2	4
	Enrolled Nurse (EN)	4	8
	Advanced Practice Nurse (APN)	1	2
	Registered Nurse & Midwife (RN/RM)	6	12
Location	New South Wales (NSW)	6	12
	Victoria (Vic)	7	14
	Queensland (Qld)	11	22
	Tasmania (Tas)	2	4
	South Australia (SA)	20	40
	Western Australia (WA)	1	2
	Northern Territory (NT)	1	2
	Australian Capital Territory (ACT)	2	4
Healthcare setting	Regional/remote	18	36
	Metropolitan	14	28
	Mental health/community	9	18
	Country health facility	3	6
	Aged care	1	2
	Other/specialist clinic	5	10
Age range	45–49	1	2
	50–54	8	16
	55–59	13	26
	60–64	22	44
	65–69	3	6
	70–74	3	6
(B)			
Designation	Nurse Unit Manager (NUM)	8	40
	Associate Nurse Unit Manager (ANUM)	2	10
	Director of Nursing (DON)	5	25
	Clinical Nurse Specialist (CNS)	2	10
	Other Nursing Managers in charge	3	15
Location	New South Wales (NSW)	4	20
	Victoria (Vic)	2	10
	Queensland (Qld)	4	20
	Tasmania (Tas)	1	5
	South Australia (SA)	4	20
	Western Australia (WA)	1	5
	Northern Territory (NT)	1	5
Healthcare setting	Regional/remote	9	45
	Metropolitan	4	20
	Mental health/community	2	10
	Country health facility	2	10
	Aged care	2	10
	Other/specialist clinic	1	5

4.2.2 | Self-support in the workplace

How older nurses and midwives support themselves during work hours?

4.3 | Doing more

The final theme related to suggestions about how organizations could do more to support older nurses and midwives at work.

4.4 | Workplace support

The theme of workplace support was a dichotomy as participants perceived some older nurses and midwives to be support whilst others were not. See Table 2: Support strategies and suggestions.

4.4.1 | Supported

Some participants stated there was workplace support available for older nurses and midwives and it was in the form of wellness programmes to support physical and mental health, for example, Tai Chi, meditation sessions or consultations with a dietician. Nurse Sophie said they had a wellness coordinator who arranged activities. However, all of the wellness programmes reported were stated to be available for all staff regardless of age, but older nurses and midwives were welcome to participate. According to some participants, older staff could have some autonomy over their work schedules through flexible roster arrangements, renegotiation of workhours or relocation to areas offering lighter duties but once again this was generally offered to everyone upon request. Nurse Holly said, '*We can reduce our hours and relocation is on offer*'. Nurse Ashlyn said they could redeploy to less physical jobs, however, this practice was reliant on availability, '*There are jobs available that are less physical, but they are limited. There is not an endless supply*'. Nurse Charlotte said, '*We can change workhours and have self-rostering*'. There was flexibility in work hours in some workplaces, Nurse Grace said:

> You can do flexible times, I'm not sure if you would be able to do it forever. If you were only able to commit to half of your contracted hours for a certain time, I think the manager would sit down with you and have a discussion about the reality of being able to meet your commitments.

To help with the physical workload, participants also described individualized adjustments to duties such as not being assigned heavy patient workloads. Manager Bridgit said:

> You can't give them the acuities; you have to give them the medium range, because they don't seem to cope with the patients who are too heavy or too acute.

Nurse Ella said there were opportunities to share the workload, '*There is some mentoring and co-working with younger colleagues*'. Manager Layla said,

> You can't change the duties, but if they were struggling with their energy levels or back injury or whatever else it was possible to have an Admin Day to recover.

According to Manager Greta as a form of support, older nurses and midwives were given the option to decline participation in after hour events.

> Nurses and midwives over 60 years were exempt from on-call duties. They can do it if they choose to, but it is not a requirement.

Planning for retirement was also considered a form of workplace support for older workers. Nurse Dawn said, '*Our organisation does have a transition to retirement where you can talk to your manager about working less hours*'. Some workplaces provided older workers with information about retirement. Manager Micaela said:

> We had someone from our HR Department last week talking about planning for retirement at this organisation and they did talk about reducing hours and using long service leave to make up pay.

Participants explained what support was for older nurses and midwives. Examples of support were participation in wellness programmes, renegotiation of workhours, flexibility in rostering, relocation, exemption of certain duties and transition to retirement. Many participants perceived these strategies were offered to all staff including older employees, while others were exclusively offered to older staff, for example, transition into retirement and exemption from on call duties after reaching a certain age.

4.4.2 | Unsupported

Participants were asked if there were specific strategies used in the workplace to help older nurses and midwives complete their duties through adjustments or changes to their duties or working rosters. Amongst the older nurses and midwives, many said they were generally treated the same as younger staff and expected to perform the same duties. Manager Keira said, '*There are not any particular considerations made based on age*'. Nurse Luke said, '*There is no support, and everyone is treated the same regardless of age*'. Manager Isolde said there was the opinion that older staff were '*Too old and should not be in the workforce*'. so, support is irrelevant. Nurse Jean said there was no understanding from management of how age-related decline in physical strength and fatigue can affect older workers:

TABLE 2 Workplace support strategies.

Older nurses and midwives		
Personal strategies	**Workplace support strategies**	**Suggested workplace strategies**
Do you have any personal strategies that you use to help you complete your work duties?	*Does your workplace offer support or strategies to assist older nurses and midwives to perform in their roles?*	*What workplace strategies would you like in place as support for older nurses and midwives?*
Try to walk, swim or do Pilates to de-stress a little bit Also, run a social media page for Primary health nurses	It is very much a team approach. I think there is a lot of talk between team members as to how we deal with certain things	Promote team approach
I am in brilliant health and I am pedantic about adequate sleep, but I need to adopt own strategies and reduce my hours	Absolutely not	Need to adopt own strategies and reduction hours
I run 3 ks daily 40–50 ks bike ride on weekends 50–60 swimming laps 3 times per week	No, but they need me	
Bike riding Try to disappear at the end of the day and find jobs where I can sit down Reduce activities to allow energy for work	No	Any strategies I do myself
I keep active playing tennis I use the stairs at work Keep my weight down If I put on extra kilos really impacts on how I feel at the end of the shift		Type of work we do will impact on those who do not keep fit Need specific psychiatric facilities for patients, to not put them in general medical wards
Stay well hydrated Work alternative days so able to rest in between	Not aware of any	Can offer appropriate roster but probably will be available for everyone
Aware of body positioning when at work Monitor my core strength and stay fit	None-specific	To have a fatigue policy in place
Horse riding, walking the dog and going to the gym	Not that I'm aware of—no. There is nothing in place for older workers	I think it would be nice to just occasionally to have someone say, "how are you going—are you all right?"
I use the stairs	Redeployment to less physical jobs is available, but limited not an endless supply	
Very good at self-care Yoga	Nothing formal	Offer space for people to learn and update vital clinical skills
None really	There really aren't any opportunities	
Try to keep fit and healthy physically outside of work Stay up to date at work by attending workshops and updating skills	Can reduce hours & redeployment on offer	
Through managing own health issues Sleep apnoea adult-onset asthma Weight gain	None	Reduced turnover of staff through sound professional policies and value staff at every level
Use a lot of humour because of the type of work we do On my day off I have my bridge and I have a regular day off (5th day) to enable me to do a couple of things I enjoy doing—that's how I manage it	We have a transition to retirement programme, and you can talk to your manager about • Being able to reduce hours or • Choosing your hours Available for all staff though No specific support for older staff—management usually just pushes them to leave	The ability to work part-time and perhaps shorter hours Not an 8-h shift but perhaps a 5-h shift More flexibility in the rostering model They could look at the shift work component and look at the rostering and provide a bit more flexible rostering arrangement Provide the older staff the opportunity not to have to work those short shift changes—I think that impacts on everybody's capacity but more so the older nurses—the capacity to bounce back is limited
Have alternative Wednesdays off they are supportive of that	Strategies developed within the team, a lot of mentoring and some co-working but available for everyone	Flexibility around transition to retirement able to go part time/cut down hours

TABLE 2 (Continued)

Older nurses and midwives		
Personal strategies	**Workplace support strategies**	**Suggested workplace strategies**
Ask for assistance at work Use aids and try not to do too many repetitive tasks	Not specific	Acknowledgement older workers have different sets of skills Do not demonize older people because they are older and do not have the physical abilities of 18 year old (no ageism)
Self-care is a priority where I work	Can do flexible times The manager will communicate about commitments so hours can be reduced But available to everyone	Encourage people to have more regular leave
I ride a bike and walk the dog; my peers and I ride together	No, not at all	Supported rostering to allow relief in between shifts rather than one day off and all that sort of thing A need to be recognized with ages of retirement—it cannot go any further than 67 Probably need to sit down with everyone and do mini mentals before we get a retirement package
Meditation, swimming & walking	Hospital organized meditation course available for all staff	To recognize our skills
Sharing the load although could create a problem for someone else	No	Policy that allows an 8-h break after an after-hours call in
Have a transition to a retirement plan	Not obvious	It certainly would not hurt to have some workforce person touch base with you to say "what can we do to help you here"
In my downtime I ride my E-bike Engage in family activities like going to the movies Socialize with friends	There is a reliever so breaks can be taken but this is for everyone. Actually, need to defy management just to look after yourself	An 8-h break after call-in should be part of EB. Too much manually handling, patients and equipment. Therefore, need assistance i.e.: an orderly
Take one day at a time	Nothing available other than asking you to stay on or just presuming we will	Changes should be made to enable older staff to stay rather than tossing them out the door
Yoga regularly & no more shift work	Management is not aware of issues older workers have and are out of touch	It would be good if we could mentor younger ones
Remain positive	Do not believe they have any Gone to $10^{1/2\text{-h}}$ night shifts that have impacted staff—age has not been taken into consideration	Just see us acknowledged and valued more
Maintain a level of fitness	Treated the same age does not enter into it	To be a bit pickier about the roster
Eat well and sleep well. Carry a notebook Cannot do this job in isolation and need support of my family	Able to change shift hours Self-rostering but for all staff	Have shorter shifts available for older workers. 3–4 h Love and support older staff and show respect for their knowledge
	Nothing specific for older nurses Only have the potential to cut down hours	Help older nurses with learning technology
Swim regularly	Not that I have come across	It is not so physically demanding here
Wiser as you get older, able to pace yourself a bit better	I think their strategy is to give you a clear role and support you to do it	Have clear and respectful discussions about what's happening Ask why certain things might be difficult and how that can be resolved Those very productive discussions are enough for me
Need to get fit again	No facility is all about saving money as they cut shifts	To stop being on call. Need more staff consultation
Walking A bit of gym and to help cognitively still study	I do not believe I have received anything exactly or any consideration	A difficult one because I do not really expect it I guess going back to what I said—technology would be the only thing—support around that

(Continues)

TABLE 2 (Continued)

Older nurses and midwives		
Personal strategies	**Workplace support strategies**	**Suggested workplace strategies**
Take holidays, playing with grandchildren and musical theatre	There is a wellness coordinator who tries to organize activities for all staff and older workers are welcome	Mentorship program—I have tried to initiate but get laughed at Employ health assistants but not in place of nurses just as extra pairs of hands to help with the heavy-duty stuff
I wear more padding in my shoes to combat long periods of standing Take the stairs	There is mentoring but not an organizational programme just people willing to teach	
I just keep moving Been to the physio but very bad at doing exercises and maintaining fitness	No	Age-based sliding scale on-call roster
I do not work full-time anymore and have admin days to relieve the physical burden	There is an organizational wellness programme such as afterhours Yoga classes, but they are for everyone on staff	Need to be shown more respect
	No structure in place unless forced due to personal health issues	There should be a pathway or option to try something that's not so hard on the older body Have a plan in place for oncoming younger nurses and midwives
I walk my dog	Not really, I have brought up things at meetings about how heavy workload is, but nothing has been done	
Healthcare managers	**Available workplace support**	**Suggested workplace strategies**
	Does your organization offer workplace support or strategies to assist older nurses and midwives to perform in their roles?	*What workplace support strategies would you like to see in place for the older nurses and midwives?*
	Plenty for younger people with childcare issues They do not need anything in place	
	Nothing specific Pregnant staff get preference as they will come back after birth	
	Nothing specific to older workers	More support for older workers to step into education roles
	Only with a doctor's certificate for example to excuse them from night duty. This is available for everyone	Acknowledge older staff have lots of skills and knowledge. It takes some time to hand that over, you cannot lose people and bring in new people and expect them to be at the same level
	Not for older staff They usually get overlooked for in charge roles Extra courses for the computers for anyone who needs help	Recognize their experience Encourage exchange of skills and knowledge
	No specific support but organization supportive of all workers	A programme for transition to retirement would be beneficial
	No opportunities, they are near retirement and 'on their way out'	No one should get preferential treatment
	Treated all the same	To do lighter duties is not an option They all do the same job regardless of age
	Offered extra support courses for updated technology but, not given promotional opportunities	Should be easier to get into education with more desk work

TABLE 2 (Continued)

Healthcare managers	Available workplace support	Suggested workplace strategies
	Nothing official	Wellness programs/ergonomic changes—Soft work surfaces/cushioned workstations
		Specific rostering for older workers
	Opportunities available across the board	Treat them equally
	Wellness programme for all staff	Be able to have a break when necessary
	No consideration for older workers	If you cannot do the work, then do not come here
	Nurses over 60 years do not have to do on-call	Need to foster a better culture and attitude for all workers
	HR department talked about 1. Superannuation and planning for retirement stuff 2. Reducing hours. Using long service leave to make up your pay 3. Programmes around planning for retirement We have concessions to gym membership for all staff	
	Only with a doctor's certificate for example to excuse them from night duty. This is available for everyone	Do more on how to exit service through training for retirement
		Employ manual handlers to help with workload
	Nothing specific for older workers	More support for them to step into education roles

> There are no support strategies at work but the pressure to keep up is very high. We are having to defy management just to protect ourselves from injury.

When asked if workplace support was available for older nurses and midwives many used phrases such as '*Absolutely not*' or '*No, not at all*' and '*The organisation has never considered it*'. Nurse Jeanette said, '*There is no support they just presume we will stay*'. Nurse Amber said, '*Any support I do for myself*'. Nurse Sandy said, '*There is no support structure in place unless it's forced due to personal health issues*'. Nurse Ava said, '*If you can't do your job, they don't want you*'. Manager Kylie said there was no support for older nurses and midwives, '*Everyone is treated equally in the workplace*'. Nurse Zoe said:

> There is nothing available. I have mentioned things at meetings about how heavy the workload is, but nothing is done.

Nurse Sam's challenges were also attributed to a lack of respect for experience. He said:

> I am disappointed older nurses are denigrated. I don't think we get enough support from management and so it's harder for me as a nurse that has been around a long time.

Several managers could not understand the need for support for older nurses and midwives. One said, '*They don't need support*' another said it was not their responsibility to support older staff who could not perform adequately in their role. Manager Kylie said there was no support as they were '*on their way out of the workforce*'. Manager Lucinda said, '*No strategies are offered and if you can't do the job then don't come here*'. Manager Greta said:

> Generally, we are not supportive of older workers who are not managing as well as when they were in their 30s or 40s. When they reach 60, they tend to be relegated to the side.

Manager Micaela said:

> They should not get preferential treatment; they just have to be capable to do their job or as older staff they could take the opportunity to look around for other jobs that aren't so heavy.

Manager Isolde said, '*There is nothing officially in place for older workers but whatever should become available has to be available to all staff*'. Manager Allegra said, '*It would be seen as favouritism if lighter duties were offered to only older nurses or midwives*'. Manager Gemma said:

> They all need to do the same job regardless of age. If you want to do lighter duties, you need to leave the ward. There isn't an option to reduce the duties. You don't get to do a different workload just because you are an older nurse.

Although many managers said offering support based on age would be seen as favouritism, some younger groups were considered for flexible arrangements. Manager Isolde said:

> We have temporary rostering agreements with people who have childcare issues and that sort of thing, we don't have anything specific for older people it would be seen as favouritism.

And Manager Bridgit said:

> Pregnant staff get support in preference to the older ones because these are coming back after their maternity leave whereas the older ones don't. You want to look after that person who is pregnant.

The stories told by older nurses, older midwives and healthcare managers suggest specific workplace support for nurses and midwives was not a common practice in Australia. Adjusting work duties based on older age was discussed as a workplace support strategy. Managers indicated supporting older workers by reducing workloads could be perceived as favouritism, so whatever support was provided to older staff, should be provided to all. By contrast, some younger groups were identified as being supported with flexible work arrangements but older staff, who could not manage as well as when they were younger, were not so well supported.

4.5 | Personal support

The second theme relates to personal strategies employed by older nurses and midwives. Maintaining a level of fitness was paramount for many older nurses and midwives to help cope with fatigue from the demanding workloads and to help manage any age-related decline in their abilities. Some support methods were used during their free time while others were employed during work hours. See Table 2: Support strategies and suggestions.

4.5.1 | Self-support outside of the workplace

Older nurses and midwives spoke of self-care strategies they used outside of work hours to help them continue working. Participation in regular exercise programmes was popular with many saying it reduced their stress and increased their energy levels. Nurse Leah said, '*I've been doing yoga on a regular basis for 3 years to help me manage working night duty*'. Nurse Isabelle said, '*I swim and walk*'. Nurse April rides her horse and goes to the gym. Other participants said cycling, walking their dogs, going to the gym, running or playing tennis helped them to maintain their fitness levels. Ensuring adequate sleep and maintaining a nutritional diet provided additional support for some. Nurse Amelia said: '*I keep my weight down as if I put on extra kilos it really impacts on how I feel at the end of my shift*'. Nurse Alexandra said, '*I make sure I get a lot of sleep*'. Nurse Amber stays strong by reducing her interests outside of work, '*There was a need to reduce my social activities just to remain fit for work*'.

Older nurses and midwives created boundaries between work and life, providing an opportunity to recuperate from working. Winding down at the end of the day was important to Nurse Grace who said, '*When I leave work, I don't take work with me*'. To overcome increased tiredness, Nurse Jean said, '*I use up accumulated extra leave to overcome my fatigue*'. Nurses Ella and Dawn both said they take regular days off, and Nurse Amy said, '*I work alternative days to rest in between*'. Nurse Sophie takes regular holidays. Meditation supported Nurses Colleen and Isabelle to relax and stay focused. Nurse Lucy said she remains positive and Nurse Jeanette said she '*Just takes one day at a time*'.

4.5.2 | Self-support in the workplace

Personal strategies were also used by older nurses and midwives to support themselves during work hours. Nurse Alexandra said when at work, '*You have to adopt your own strategies to keep going*'. Nurse Natalie said to complete her duties she '*Just keeps moving*'. Nurse Anna said she is aware of her body position and core strength when manually handling patients and equipment. To reduce fatigue and risk of injuries in the workplace, Nurses Eve and Gabby ask for assistance, use lifting aids and try not to do too many repetitive tasks. Nurse Ivy said, '*Sharing the load helps, although that could create a problem for someone else*'. Nurse Dawn finds humour helps support her at work, '*I use a lot of humour just because of the type of work we do*'. Nurse Olivia uses more padding in her shoes to combat long periods of standing. When Nurse Amy is working, she '*Stays well hydrated*'. Nurse Amber said, '*At the end of the day I look for jobs where I can sit down*'. Nurse Naomi said she just paces herself at work and Nurse Lily said, '*I just fake it until I make it*'.

These findings demonstrate that older nurses and midwives actively support themselves in a variety of ways in both the workplace and at home. Some engage in fitness programmes to give them the energy to continue working or they have strategies to help them relax and recover. Others use strategies during the workday to support them to meet the demands of their job. The older nurses and midwives who participated in this study identified they were taking responsibility for their own health and wellbeing and modifying actions at work to fulfil work duties.

4.6 | Doing more

The third theme highlights strategies proposed by some older nurses, older midwives and managers about how workplaces could do more to

support older nurses and midwives in the workplace. Amongst the participants in this study transferring to roles with less physical demand was suggested. Manager Odette said, '*There should be more sedentary roles for older workers*'. Nurse Sandy said she would like '*A pathway or option to try something that's not so hard on the body*'. Manager Gemma said, '*There could be more desk jobs available.*' Manager Bridgit said there should be '*More support for older workers to step into education roles*'.

Several suggestions focused on fatigue management. Many nurses and midwives suggested job sharing and shorter shifts to manage heavy workloads. Managers Isolde and Kiera also proposed flexible roster changes to allow part-time and shorter shifts for older staff. '*There should be specific rostering for older staff*'. Several nurses and midwives suggested a workplace fatigue policy to ensure adequate breaks between shifts were taken. Referring to on-call responsibilities, Nurse Ivy suggested:

> A policy is needed that allows an 8-hour break after an after-hours call in as opposed to finishing at 5.30 am and expected to start work again at 7 in the morning.

Nurse Penny suggested older staff should not be involved in the after-hours on-call roster at all. To maintain physical and mental wellness, regular leave should be encouraged according to some participants. To avoid fatigue, Manager Layla said: '*They should have a break as necessary*'. Manager Lucinda agreed with Nurse Sophie who said, '*Employ health assistants as extra pairs of hands to help with the heavy duties*'.

Having access to a physical wellbeing programme within the workplace and ergonomic changes were suggested by several participants. Manager Iris suggested introducing workplace wellness programmes and ergonomic changes such as softer work surfaces and cushioned workstations.

Opportunities for older staff to access a transition to retirement programme were suggested by many participants. Nurse Ella said, '*We need flexibility around transition to retirement to be able to go part-time*'. Manager Phoebe said:

> The organisation needs to do more on how older nurses and midwives exit from the healthcare service and prepare them for retirement.

Manager Genevieve said:

> A programme into retirement would be beneficial to encourage a better work life balance with education on how to accept the change with cutting down their hours.

Several participants suggested support for older nurses and midwives should include respecting their knowledge and experience. Nurses Sophies and Vickie said ageist comments were often made towards them. '*There is a shift in how you are perceived as you age*'. Nurse Marie said:

> Ageism is a problem; we are definitely considered slower. The younger ones are pushed through education programmes before us. They think younger is better and it isn't always.

Manager Isolde said: '*They need to be given respect for their net worth*'. Therefore, supporting older staff through respecting and demonstrating more consideration toward them was suggested. Exchanging skills and knowledge through mentoring programmes was suggested by Nurses Allegra and Calista. Manager Phillipa said supporting older staff to impart their knowledge would benefit everyone:

> Acknowledge the older staff have lots of skill and knowledge. It takes some time to hand that over, you can't lose people and bring in new people and expect them to be at the same level.

The suggestions from older nurses, midwives and managers were similar in terms of how older staff could be supported in the workplace.

5 | DISCUSSION

The purpose of this qualitative study was to explore how older Australian nurses and midwives are supported in the healthcare workplace from the perceptions of older nurses and midwives themselves and healthcare managers. The varying levels of perceived workplace support for older staff observed in the present study are consistent with recent literature, such as Buchan et al. (2020) 10-point plan or Nurmeksela et al. (2023). As suggested, older nurses and midwives should be offered flexible working opportunities tailored to their specific needs. Mentorship roles could be developed and transition to retirement programmes should be more accessible.

It was evident that some participants from this study only perceived workplace support to be when it was provided specifically to older nurses and midwives using an age criterion. Reported workplace support included being allocated lighter duties, not having to assume on-call duties if over 60 or being offered a transition to retirement programme. In contrast, other participants considered workplace strategies as those that can be accessed by all staff including older nurses or midwives, such as wellness programmes or involvement in flexible rostering schedules. The different participant interpretations of what constitutes workplace support may have contributed to many of the participants concluding that workplace support for older staff was not available, unnecessary or irrelevant.

The purpose of an healthcare workplace support policy is to enable older nurses and midwives to age well, stay active and remain in the workforce (Buchan et al., 2020). To extend their working lives, some participants suggested workplaces could develop more sedentary roles. Sirisub et al. (2019), said the best way to prolong work life and productivity is to allow staff to work to their own capability. To help older staff remain in the workforce participants suggested a flexible roster with shorter or part time shifts which concurs with Cleaver et al. (2022).

Flexible rostering could also be an approach for those older nurses and midwives requiring transition to retirement (Macken et al., 2019).

This study identified a perceived lack of workplace support that may be related to the workforce constraints and barriers when offering support to older nurses and midwives. In the Australian health industry, there are too few sedentary roles or support staff to accommodate older staff wishing to reduce their working hours or change their role (Roche et al., 2015). Another barrier to offering support may be based on a nurse and midwife's age. Highlighted by a manager's statement, '*We are not supportive of older staff who are not managing as well as when they were in their 30s or 40s*'. As a result of ageism according to Clendon and Walker (2016), older nurses and midwives may leave the workforce contributing to staff shortages. However, specific support for older nurses and midwives could undermine the equity principle in the workplace. '*It would be seen as favouritism if lighter duties were only offered to older nurses or midwives*'. There is also a disparity, for example, when offering a less physical educational role to older staff might be seen as reverse ageism, but a transition to a retirement programme is likely not to be seen as such.

Although there are barriers for workplaces to implement support strategies, older nurses and midwives who participated in this study clearly identified taking responsibility for their self-care to overcome age-related challenges. Participants reported using methods such as exercise programmes away from the workplace or sharing workloads while in the workplace.

This finding is consistent with current literature espousing the benefits of self-care and taking responsibility for oneself to ensure health and well-being (Ferreira et al., 2015; Waris Nawaz et al., 2020). However, studies on the effectiveness of self-care strategies were limited (Babiarczyk and Sternal (2022). Therefore, further research into the types and effectiveness of self-care strategies could be recommended.

This study found that older nurses and midwives were asking workplaces to do more for them specifically. Supporting older staff should be considered as part of supporting a healthcare worker over the life course of their career. For example, a pregnant staff member may struggle with the physical aspects of the workload and need to be allocated lighter duties. Conversely, if an older staff member is not coping with the physical workplace demands they may be given the responsibility of mentoring a less skilled colleague (Montayre et al., 2023). This approach is underpinned by the understanding that each stage of a health worker's career has its own unique challenges (Price & Reichert, 2017). The findings demonstrate that support should allow for individual circumstances to be taken into account as older staff may have different challenges. Not all older nurses and midwives require support at a physical level with some just requesting an updating of clinical skills or a transition to a retirement programme. Others may require physical support such as reduced or shorter shifts, adequate break times or relocation. Because the ageing process varies among individuals, Fackler (2019) concluded managers should have an appreciation of how to evaluate older nurses and midwives individual needs for support and the best way to support them. Older nurses and midwives represent a large percentage of the health workforce and this statistic is predicted to increase, hence, older nurses and midwives make a significant contribution to the delivery of health care. Therefore, it is vital that workplaces and older staff are co-contributors in addressing the challenges experienced by older staff to ensure older staff can remain and contribute to quality healthcare delivery (Fackler, 2019; Reinhardt et al., 2020). Depending on the older nurse or midwife's individual circumstances, support could be implemented to prolong their working life, or to prepare them for exiting from the workforce.

6 | STRENGTHS AND LIMITATIONS

A strength of the study was that data were collected from broad geographical and clinical settings in Australia which allowed us to capture a wide range of views on supporting older nurses and midwives. Another important strength was the collection of views from older nurses and midwives and healthcare managers further contributed to developing a more accurate account of workplace support for older nurses and midwives. Although support for older nurses and midwives is a global issue, this study was limited to health services in Australia. It is acknowledged that this study included a small cohort of participants relative to the overall nursing and midwifery population in Australia. The support needs for older nurses and midwives in other countries may differ from what is reported in Australia and this may limit the transferability of findings however commonalities of themes and strategies may be relatable. Although a rigorous research method was followed there is an awareness that the first author's own healthcare workplace experiences may influence the study's findings and conclusion.

7 | CONCLUSION

Based on the findings of this study many older nurses and midwives demonstrate they take responsibility for maintaining their own work health balance and fitness for practice. They also demonstrate that can and do make a significant contribution to the health workforce and healthcare delivery. However, appropriate support mechanisms such as adjustments in workload, flexible employment fractions, opportunity to change practice location, staff wellness programs and tailored professional development or upskilling were limited or absent in many workplaces. It is recommended that to facilitate retention and support of older nurses and midwives in the healthcare workforce, healthcare workplaces should invest in the implementation of support mechanisms that can be tailored to the individual needs of the nurse or midwife over the changing life-course of their career.

AUTHOR CONTRIBUTIONS

All the authors agree on the final version of this manuscript. Julie Denton: Conceptualization, Investigation, Data curation, Formal analysis, Methodology, Writing – Original draft, Review and editing, Visualization. David Evans: Supervision, Validation, Review and

editing. Qunyan Xu: Co-supervision, Validation, Review and editing. Rachael Vernon: Co-supervision, Validation, Review and editing.

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6.7 Summary of findings

Older nurses and midwives have worked through many phases of their careers, and they are identified as a valuable part of the healthcare workforce that should be retained by creating a workplace culture that values their contributions (Gabrielle et al., 2007). However, workplace challenges for nurses and midwives increase as they age due to age-related changes that may impact their ability to perform certain activities (Amarya et al., 2018). Ang et al. (2016) concluded there is a need to develop support strategies tailored to meet the needs of older nurses and midwives. The literature has shown support from healthcare organisations is consistent in terms of resources, communication, reinforcement, and encouragement to assist older nurses and midwives in maintaining their health and wellbeing; physical, mental and emotional (Hamill, 2018; Waris Nawaz et al., 2020 2020; World Health Organization (WHO)). The nursing and midwifery participants (Stage 2) have reported a lack of recognition of the contribution they make to the healthcare workplace. They suggested workplace support strategies were often dependent on them determining and implementing personal support strategies. These strategies included making time for themselves through setting work/life boundaries. Older nurse and midwife participants noted they were more likely to maintain self-care by engaging in physical activity programmes, ensuring adequate rest, and taking time off to support themselves. Seeking support from colleagues and managers was identified, however, most participants said support was a foreign concept within their organisations. They noted concern about the lack of resources and adequate support systems for older nurses and midwives in the healthcare environment which in turn poses a significant risk to retention of a highly skilled workforce.

6.8 Conclusion to supporting older nurses and midwives

There are two ways older nurses and midwives can be supported. Organisational-guided practices providing resources, ensuring effective communication, workforce reinforcement, and social support, which would enable older workers to maintain and improve their wellbeing (Hamill, 2018). Secondly, individuals can maintain reasonable physical, mental and emotional health by practising self-care strategies (Waris Nawaz et al., 2020). Older nurses and midwives also requested that their organisations recognise their experience and knowledge and allow them to contribute to the workplace by utilising these skills. One approach could be through mentorship and knowledge-sharing programmes to support the development of younger colleagues. Addressing the

reported youth focus reported to be surrounding a healthcare workplace would ensure older nurses and midwives' contribution was valued, thereby creating a workplace culture that prioritises wisdom and skill. Our study with older nurses, midwives, and healthcare managers revealed limited workplace support for older Australian nurses and midwives.

Comparing the research findings from each stage shows little change has been made regarding supporting older workers in healthcare Stage 3 healthcare managers recognised older nurses' and midwives' skills and knowledge, but generally did not respect or value their contribution. Some said supporting older nurses and midwives was not their problem, and it would look like favouritism if they were seen to single out this specific group: '*They should not get preferential treatment; they just have to be capable of doing their job'.* A better understanding of the ageing workforce is needed by healthcare organisations to provide adequate support and maintain quality healthcare delivery (Clendon & Walker, 2015; Gabrielle et al., 2007; Letvak, 2005).

6.8 Limitations of the research

Scoping reviews of literature and qualitative descriptive designs are valuable research methodologies; however, they present with specific limitations. There is a personal attachment to the topic of older nurses and midwives; therefore, there may have been the potential to impose my own experiences and biases on data interpretation. Refer to Appendix 9.

6.8.1 Stage 1

A scoping review is an effective method for exploring and mapping current evidence and by choosing a scoping review over a systematic review, the breadth of the studies was greater than the depth. Although this may provide a wide-ranging view of existing literature through the online search for relevant primary studies, the quality of those selected may not have been high and may not have included a rigorous assessment of the quality of the selected studies. The review was limited to English language publications, so may not have included all the potential research on the topic. A broad range of ages were included in the studies and participants were treated as a homogenous group although some were relatively young. Various methodologies were used in the 31 primary papers chosen.

6.8.2 Stages 2 and 3

The research protocol was followed by using a naturalistic inquiry framework to collect data from older nurses and midwives and healthcare managers. The methods employed were consistent with gathering qualitative descriptive data through the use of inclusion criteria and semi-structured interviews, thereby providing a consistent and transparent data trail for analysis. There are limitations to using qualitative methodology, such as a representative sample might not have been achieved due to the non-probability sampling strategies used in qualititative research. The three-staged research involved 50 older nurses and midwives and 20 healthcare managers; however, as the sample size is very small and not representative of the population of healthcare managers or older nurses and midwives, generalisation of the findings may not be transferable. A larger sample representing all types of healthcare facilities and clinical areas might have yielded a more expansive conclusion. The qualitative descriptive method of collecting data through interviews was focused on a straightforward description of the participants' experiences rather than exploring deeper theoretical or interpretive insights. Due to the wide distribution across Australia of participants, most interviews were conducted via telephone, therefore, a chance to observe body language and facial expressions was not possible. As previously described in 3.6.2.8 the researcher acknowledged these potential limitations and implemented strategies to ensure participant understanding, and the accuracy and validity of the interview data. Noting the researcher's own perceptions and personal experiences may have the potential to influence data analysis a reflective approach was used throughout the duration of the research process. Consistency through checks and validation of data analysis was undertaken by the supervisors of this research. (See Appendix 9). Although ageing of the nursing and midwifery workforce is a global event this research was only conducted in Australia; therefore, the findings from exploring the experiences of being an older nurse or midwife may not transfer to other countries or settings. Stage 2 did not use a predetermined basic age for classifying 'older' by recognising that ageing is an individual process (Heiden et al., 2013; Spirduso et al., 2005). This resulted in the inclusion of nurses and midwives self-identifying as older who might have been excluded from the research if a pre-determined age range was applied. This research did not compare the experiences of older nurses and midwives to a younger cohort to determine if their experiences as older workers were unique to them.

6.9 Conclusion to Chapter 6

Chapter 6 discussed the findings from triangulating data from the three-stage research and arrived at common themes across these stages. The themes identified across the three stages of the qualitative descriptive sequential research found that older nurses and midwives experience age-related challenges and that they seek a supportive workplace to help compensate (Ang et al., 2016; Austen et al., 2016; Clendon & Walker, 2016a).

One of the most interesting findings was how identifying as older can begin at a relatively young age, which shows the wide distribution of nurses and midwives in this group. Some of the 'younger' older workers who reported experiencing age-related challenges will most likely have them get worse if they remain in the workforce until the retirement qualifying age of 67 (Australian Government Department of Human Services (AGDHS), 2014/15). Reports of personal challenges such as increasing tiredness and fatigue were described and how physical changes to their body often affected their ability to participate in certain workplace tasks. These challenges led to a perception that older nurses and midwives were not fully valued by their organisations. Workplace challenges, such as an ageist culture, contributed to a lack of opportunities for ongoing professional development and promotional opportunities.

Healthcare managers' perception of older nurses and midwives was often related to their workability. One of the main challenges they reported experiencing was invalidation of their years of experience and acquired knowledge. Although managers reported how older nurses and midwives were experienced, most did not value them for their years of experience and therefore would not utilise their ability to mentor younger/less skilled colleagues. Older nurses said they had difficulties with new technology and computer use, however there was a lack of support from healthcare managers who appeared to have no consideration for their needs. Often any challenges older nurses and midwives experienced were looked upon as inconvenient by the managers. If they were seen to be challenged by the busy workloads, then they were past their prime and on their way out of the workforce. A lack of workplace support was common; therefore, many older nurses and midwives implemented personal strategies to help them cope with the demanding workload. Others said they may need to leave the workforce prematurely. Many of the workplace strategies to support older nurses and midwives were suggested during Stages 1 and 2, such as flexible shift options,

redeployment to a more appropriate work environment, and support networks. Although older nurses and midwives suggest specific support tailored to their needs, many of these strategies were available to all staff. Healthcare managers showed little understanding when dealing with this older cohort.

The strengths and limitations to each research stage were discussed. A conclusion to and recommendations from this research are presented in Chapter 7.

Chapter 7: Conclusion and recommendations

7.1 Introduction

This research was conducted to explore the experiences of older nurses and midwives working in the Australian healthcare workforce to learn how they manage age-related challenges. This chapter presents summary conclusions, implications, and recommendations from the research. A sequential three-stage research approach was used to investigate the experiences of older nurses and midwives who continue to work in the clinical healthcare environment as they age. The data was collected in three-stages: a scoping review of the literature, interviews with older nurses and midwives, and interviews with healthcare managers who work with older nurses and midwives. Through this comprehensive sequential three-stage approach, valuable insights into the experiences of older nurses and midwives in the workplace were elicited. Findings were collated and themed. Recommendations were made for key stakeholder groups, older nurses and midwives, healthcare managers and workplaces, and for future research.

7.2 Summary

Older nurses and midwives may experience a range of challenges in the healthcare workplace related to the physical process of ageing and working in a demanding clinical environment. The research findings demonstrate the challenges older nurses and midwives may experience due to age-related physical changes to their bodies and increased levels of fatigue. A lack of respect for their knowledge and experience may arise, resulting in them being denigrated for being an older worker or believing that they need to work harder to prove the value of their contribution. Throughout this research suggestions and strategies to support older nurses and midwives in the workplace have been highlighted, however despite these strategies being articulated there is little evidence that mechanisms that support older nurses and midwives to remain in the workforce have been adopted.

7.2.1 Older nurses and midwives

This research found that older nurses and midwives comprise an ambiguous, undefined, heterogenous demographic. The perceptions of what constitutes an older nurse or midwife can encompass vastly different age ranges and physical capabilities. The

perceived older age group ranges from those nearing retirement to those who may still have many years left in the workforce.

7.2.2 Challenges

Older nurses and midwives experience workplace challenges due to the age-related changes to their health and associated physical decline. Increased tiredness and fatigue or the development of chronic disorders are common reasons that impede their physical function. The loss of physical function contributes to them not being able to maintain their capacity to manage their workload compared to when they were younger. The challenge of being perceived as an older or slower member of the team was common. A reported youth focus within the workplace resulted in some older nurses and midwives being excluded from opportunities, such as ongoing education or promotion, due to the view that they were 'past their prime'. Older nurses and midwives identified that they were often unable to update their skills, especially when it came to new healthcare technologies. This research identified a perceived lack of respect and value for older nurses and midwives and their knowledge and experience, many of whom felt they were having to prove their worth to the workplace.

7.2.3 Contribution

Stage 2 found a limited appreciation of older nurses and midwives' contribution. There was a perception for some older nurses and midwives that they were valued and recognised as 'wise workers' in the workplace. However, negative perceptions about the contribution of older nurses and midwives to the workplace were far more widespread than positive ones. Healthcare managers' understanding of the contribution older nurses and midwives make to the workplace is contradictory and poor. While they acknowledge the importance of the older nurses and midwives' knowledge and experience, they perceive older nurses' and midwives' contributions to the workplace to be less when compared to younger nurses and midwives.

7.2.4 Workplace support

There are significant findings to demonstrate the importance of implementing support strategies for older nurses and midwives in the workplace. Throughout the research, whilst many workplace support strategies are suggested, only some older nurses and midwives receive support in the workplace. These are mainly limited to strategies available for all staff, such as flexibility in rostering and redeployment. There is a poor

understanding among healthcare managers that support is required for older nurses and midwives, and a perception that every worker is to be treated equally and that if they are unable to perform at full capacity they should leave the workforce. Guiding older nurses and midwives towards retirement was one specific support strategy suggested by healthcare managers, but this is perceived as a way more to remove those under-performing from the workplace. It was identified that older nurses and midwives are generally reliant on self-care strategies to keep them in the workforce.

7.3 Implications

If older nurses and midwives are forced to leave the workforce due to limited understandings of age-related challenges and the absence of appropriate support mechanisms, several implications could arise.

The lack of flexible work arrangements and an agreed definition for what constitutes 'older' means one older nurse or midwife might experience different challenges, experiences, career trajectories and levels of contribution to the workplace from another. Some older nurses and midwives experience age-related challenges at a chronologically young age and wish to remain in the workforce for more than a decade. However, without workplace flexibility to support their age-related challenges many may feel compelled to leave the workforce prematurely, further exacerbating the shortage of skilled nurses and midwives in the healthcare workforce.

Healthcare managers' failure to recognise the workplace challenges experienced by older nurses and midwives and the absence of workplace support strategies may mean that older nurses and midwives who experience age-related challenges may leave the workforce. Therefore, the mentoring and sharing of their valuable knowledge and experience with less skilled and experienced colleagues will not occur. The loss of this important contribution to the intergenerational mentoring, collaboration and learning could impact the development of the nursing and midwifery workforce of the future.

Supporting older nurses and midwives has emerged as one of the most critical priorities, not only for creating inclusive and diverse workplaces but also for leveraging the unique perspectives and knowledge of the older demographic. In the absence of workplace support strategies, older nurses and midwives are left with maintaining self-

care support strategies or leaving the workforce entirely, thus exacerbating the skill shortage.

If older nurses and midwives perceive they are to be forced from the workforce, the resulting knowledge gap may impact the quality of care and outcomes.

7.4 Recommendations

The findings from this research contributes to filling a gap in contemporary literature in relation to this topic. Personal age-related challenges experienced by older nurses and midwives such as loss of physical strength, increased tiredness and fatigue, declining vision and hearing acuity, generalised aches and pains, and the development of chronic health conditions, need to be considered. The research found older nurses older nurses and midwives were participating in a variety of self-care activities to help them cope with fatigue from age-related challenges. By understanding the challenges and needs of older nurses and midwives, healthcare managers can create targeted interventions that address the specific needs of this demographic, ultimately enhancing their wellbeing and job satisfaction. Based on the findings of this research, recommendations include:

- implementation of flexible work options
- provision of tailored professional development
- access to tailored health and wellness programmes
- access to career development opportunities
- access to support networks
- fostering interpersonal relationships / team building
- access to phased retirement options.

By addressing the unique needs of older nurses and midwives in a workplace that caters to different older age groups, healthcare organisations can promote a sustainable and supportive work environment that benefits both older nurses and midwives and the quality of patient and client care. There is value in supporting older nurses and midwives in the workplace by considering factors such as workload and the older nurses and midwives' physical and mental health. Healthcare organisations can implement support strategies such as:

- education for healthcare managers to recognise the age-related challenges of older workers
- designing succession plans to ensure transference of knowledge
- creating opportunities to redeploy to less physical roles
- conducting a feasibility study to determine specific support for older nurses and midwives, accommodating a wide range of 'older' ages
- improving workplace design and ergonomics.

To retain knowledgeable and experienced nurses and midwives in the workforce, providing support strategies that are tailored to the individual is essential. This could be achieved by introducing organisational directed health and wellness assessments to identify age-related challenges. The findings from this research contribute to filling a gap in contemporary literature in relation to this topic.

7.5 Concluding remarks

In conclusion, based on the findings of this research, the experiences of older nurses and midwives in the health workplace were mainly negative. Age-related challenges and lack of respect for their knowledge and experience dominate their responses. Specific workplace support is mostly non-existent and available support strategies were generic and offered to all staff. The older nurses and midwives identified they were responsible for their wellbeing through self-care strategies. The implications of these identified challenges may ultimately result in the loss of a knowledgeable and experienced workforce, which is counterproductive when retaining skilled nurses and midwives is critical to maintaining a quality healthcare workforce. Further research into the possible constraints the Australian healthcare industry encounter when introducing support policies to specifically target older nurses and midwives should be undertaken.

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Appendices

Appendix 1: Statements of authorship

Stages 2, 3 and 4

a. *Being an older nurse or midwife in the healthcare workplace – A qualitative descriptive study.*

b. *Managers' perception of older nurses and midwives and their contribution to the workplace – A qualitative descriptive study.*

c. *Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study.*

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Manuscript 1 – Scoping literature review

University of South Australia

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Contribution to the Paper Brief description of your work in this publication	Conceptualisation; Investigation; Data Curation; Formal analysis; Methodology; Writing - original draft; Review and editing; Visulisation.	
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Manuscript 3 Stage 3

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Certification	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.
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Stage 1

A. Published Manuscript 1: *Older nurses and midwives in the workplace – A scoping review*

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Appendix 3: Stage 1 (Phase 2) collated summary table

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
1	Andrews Manthorpe Watson (2005) *Employment Transitions for Older Nurses: A Qualitative study*	United Kingdom – National Health Service	Qualitative Cross sectional interviews n=84 nurses / n=18 key stakeholders. The main leads and executives who directly influence nursing policy. Thematic analysis of data	50+ Financial reason to stay	-Technological changes causing stress -Difficult to maintain competence -Exhaustion	<u>*Workplace strategies*</u> -Flexible working hours -Maintain career paths -Improve pay -Pay attention to older nurses' mental & physical needs -Older nurses need to feel they are being valued -Research & redesign workplace to alleviate heavy work loads
2	Ang Hussain Uthaman Adenon Chiang Ong Fong Ostbye (2016)	Singapore – Large Healthcare Cluster – consisting of tertiary care acute hospitals, specialised centres, community hospitals, primary care clinics.	Mixed method Sequential exploratory study Phase 1: Quantitative / Questionnaire n=890 nurses surveyed n=534 nurses responded	50+	-New technology difficult to some working with computers -Difficulty with shift work -Lack of training opportunities with preference shown to younger staff -Visual or hearing difficulties	<u>*Workplace strategies*</u> -Address intergenerational issues -Address emotional issues -Work processes & environments -Tailor the changes to different: Care environments Nurse ranks Ethnic backgrounds

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	Challenges faced by older nurses in Singapore: a mixed method study		Phase 2.: Qualitative / in-depth interviews n=30 nurses		-Manual handling difficulties -Physical pain -Weight problems -Frustration with negative perceptions of their ability to perform -Guilt over not being able to perform tasks -Manpower shortages	
3	Austen Jefferson Lewin Ong Sharp (2016) *Work ability, age, and intention to leave aged care work*	Australia Aged care	Quantitative Online Survey n=6,867 surveys released n=3,945 respondents n=2,721 used in study A work ability index (WAI) created for each one	Age range – 45–49 50–54 55+ Also referred to as mature aged. Low WAI more likely to leave workforce	Work ability of mature age women workers measured using WAI WAI not necessarily associated with age	<u>*Workplace strategies*</u> Develop retention strategies targeting staff with low WAI
4	Bishop (2013) *Work engagement of older registered*	USA Florida Centre for Nursing	Mixed method/ Quantitative Work & wellbeing survey Qualitative / n=17	45+ Referred to as older	Retreat focused on caring relationships with: Oneself, Work colleagues, Patients & families.	-Develop ways to know oneself -Use care theories for self, colleagues, patients and families -Enhance teamwork by allowing staff to share goals & develop

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	nurses: the impact of a caring based intervention		RNs with 5 years bedside practice attended 3 days retreat off site Focus groups reviewed – 30 days post retreat then again at 60 days post n=16 RNs		Overall work engagement increased after retreat	positive interpersonal relationships to work together as a team
5	Clendon Walker (2016) *The juxtaposition of ageing and nursing: The challenges and enablers of continuing to work in the latter stages of a nursing career*	New Zealand Nurses from New Zealand Nurses Organisation (NZNO) Nurses working in District Health Boards	Stage 1.: Anonymous survey –n=5,683/ respondents n=3,273 RNs, ENs, NPs Qualitative/free text Quantitative /Numerical data Thematic analysis Stage 2: Focus groups/interviews n=46 Stage 3: Qualitative /Explorative descriptive study	50+ Ageism in employment not been well explored in nursing literature	-Busy & heavy workloads -Physically demanding environments -Workplace not understanding -Older workers' learning needs, therefore, reluctant to engage in ongoing education -Difficulty with technology <u>*Health & Wellbeing*</u> -Fatigue & tiredness -Loss of dexterity & strength -Back ache -Work related injuries -Arthritis -Diminished hearing	<u>*Personal strategies*</u> -Maintain health & fitness -Self-care & acknowledge impact of ageing and seek early support -Encourage taking on challenges & self-efficacy -Work in familiar supportive surroundings -Reduction in hours -Self-choice is essential <u>*Workplace strategies*</u> -Social support -Flexible work hours -Change to job roles offered -Adjust environment

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
					-Sense of guilt associated w/letting colleagues down -Cognitive aspects <u>*Career*</u> -Feel they are unlikely to be reemployed if they leave	
6	Clendon Walker (2013) *The health of nurses aged over 50 in New Zealand*	New Zealand Nurse members of the New Zealand Nurses Organisation (NZNO)	Qualitative self-reported health study Online survey n=5,683 Respondents: 2,781 RNs 263 ENs 28 MWs 19 NPs Quantitative analysis Both numerical and free text data were obtained.	50+	-Physical job -Exhaustion -Tiredness and soreness -Eyesight changes -Arthritis -Nurses working in physically demanding areas higher on pain score	-Change to casual/ flexible hours -Management to consider staff work/life balance -Ensure safe staffing levels -Ensure appropriate skill mix -Offer of individual work plans

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
7	Clendon Walker (2016) *Nurses aged over 50 and their perceptions of flexible working*	New Zealand Employees of district Health Boards New Zealand	Qualitative 5 Focus groups/Individual interviews n=46 participants n=43 RNs, n=1 EN n=1=NP > 10 years employment with current employer Study framed with positive ageing approach	50+ 1.Taking education pathway opportunities 2.Described plans or lack of for retirement 3.Described nature of nursing how it has become imbedded in their lives	-Unrealised attempts to achieve flexible working hours -Limited access to recreational leave -Health -Lack of respect for their opinions -To leave nursing is hard	-Financial advice -Make formal career plan -Prepare for retirement both financially & emotionally -Embed career plan into organisational policy -Offer opportunities to move older nurses into roles that recognise their skills & experience -Mentoring, education & quality roles
8	Duffield Graham Donoghue Griffiths Bechel-Findlay Dimitrelis (2015) *Why older nurses leave the workforce and the implications of them staying*	Australia Members of NSW Nurse & Midwifery Board (Currently the Nursing and Midwifery Board of Australia)	Sequential approach: Quantitative Follow-up with interviews but paper focused on quantitative phase. RNs Respondents n=459, Excluded n=107, Remaining n=352	45+ Mean age 55.2 Mean proposed retirement age 61.7 Ageing workforce Government changes to retirement policy – 67 reality / may need to be 70 to qualify	*Participants asked reasons for leaving* -Financial -Health -Superannuation benefit -Optimal tax benefit -Marital status / partner retiring -Other unspecified	-Consider nursing role changes -Make use of experience & knowledge -Enhance job satisfaction -Create positive work environment -Empowering initiatives -Foster social interaction -Create sense of belonging -Eliminate workplace bullying

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
			Descriptive analysis of data	Employers will lose valuable staff with experience & knowledge therefore need to consider work & workplace		
9	Durosaiye Hadjri Liyanage (2015) *Identifying Challenging Job and Environmental Demands of Older Nurses within the National Health Service*	United Kingdom NHS employees	Qualitative / multi-level exploratory 1. Managers interviewed: n=10 Then completed a questionnaire via intranet email 2. Focus group: Practising nurses with 20 years' experience n = 6 Thematic analysis of data	Age range not specified but referred to as older nurses Health issues key to remaining at work Many state they would retire if made to work in wards	-Mental & physical demands high -Heavy workload -Lack of ongoing learning opportunities -Lack of cohesive -Different staff each shift Concerned about: - Not being as quick with tasks -Clinical errors due to possible cognitive changes -Sleep deprivation – tiredness -Hearing loss -Poor ward design / environmental demands	-Move staff to more sedentary roles -Team collaboration -Introduce job or task specific functional tests -Offer continuous professional development
10	Fragar	Rural Australia –	Qualitative	50+	-Work tasks becoming more difficult	-Possibility of producing older workers' resource booklet

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	Depczynski (2011) *Beyond 50. challenges at work for older nurses and allied health workers in rural Australia: a thematic analysis of focus group discussions*	Nurses and Allied Health workers Community health, aged care, general wards, sterilising departments, midwifery, emergency, health service management & 10% other professionals	Contact via email and staff notice boards Focus groups / Workshops RNs, MWs, ENs, Allied healthcare workers N=80 Thematic analysis of data		-Deteriorating vision -Manual handling difficulties -Reduced strength hands & fingers -Tiredness from shift work -Midwives in particular suffer strain from continuous bending and leaning over beds -Emotional distress -Arthritis	-Health service taskforce to examine study findings and implement area wide policy & practice solutions -Health service can consult older workers in addressing challenges
11	Friedrich Prasun Henderson Taft (2011) *Being a seasoned nurse in active practice*	USA 500 bed medical centre in Springfield, Illinois	Qualitative / grounded theory / semi-structured interviews Phase 1 – Identify influences that led nurses 62 y + to continue active practice n=13 RNs Phase 2 – Asked nurses approaching retirement age what	62+ Nurses stay because of love of nursing and camaraderie	-Lack of flexibility in working rosters -Heavy physical workloads	-Need to retain older nurses to meet current and future nursing shortages -Less physical challenges -Reduced pressure roles -Mentoring roles

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
			influences decision making about retirement n=12 RNs			
12	Gabrielle Jackson Mannix (2007) *Older women nurses: health, ageing concerns, and self-care strategies*	Australia Acute public hospitals and Community facilities New South Wales (NSW)	Qualitative Conversational-style semi-structured in-depth interviews RNs n=12 Transcribed & Thematically analysed	40–60 Average age 47	-Neglecting self -Aches & pains -Pain aggravated by nursing duty -Physical and emotional exhaustion -Tired all the time -Older nurses tend to ignore their problems at work / neglect themselves -Live with pain	-Need to care for self as they age -Actively revise work strategies -Limit exposure to hard physical work -Reduce hours -Move to less physically demanding duties -Refuse to do over time or extra shifts -Rest & recuperate in between work shifts -Flexible rostering -Tailored exercise programmes -Address future nursing shortage -Managers need to recognise changing health needs of older workers
13	Gabrielle Jackson	Australia	Purposive participant enlistment	40–60	-Feelings of not being cared for	-Help each other

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	Mannix (2007) *Adjusting to personal and organisational change: Views and experiences of female nurses aged 40–60 years.*	Acute care facilities & community health settings	Feminist Qualitative study n=9 RNs, n=3 RMs, n=12 Interviews audio taped & analysed thematically	*Reasons for leaving* Stress, tiredness and health fears Chronic pain	-Physical changes 'The body is wearing out' -High level of injuries -Organisations having difficulties in adapting to ageing changes in workforce -Burnout due to a perception of a lack of support from management & younger colleagues -Ageist beliefs -Bullying -High stress levels -Feel disheartened & exploited -Chronic pain -Poor nursing conditions	-Appreciate contribution of older nurses -Fair working conditions
14	Graham Donoghue Duffield Griffiths (2014) *Why do older RNs keep working?*	Australia	Quantitative 3 Postal surveys / questionnaires of RNs 45 and over via the annual Registration Board 1. Mature Age Workers	45+ Ranging from 50 to 76 mean age 55.2 *Reasons for remaining* I need the income Good working relationships Work is interesting	-Shift work -Lifting -Emotional stress -Physiological changes – loss of strength, vision, hearing & memory	-A stronger sense of collegiality and autonomy needs to be fostered so the older nurse feels valued and respected

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
			Questionnaire (MAWQ) 2. Job Descriptive Index 3. Job in General Scale Only MAWQ results described in this study. RNs n= 211 Clinical Specialist RNs n=60 Nurse management n=62 Nurse educators n=11 Advanced RNs, Management, Educators Statistic Mann-Whitney U test	Relative job security Location of the job Feel work is valued Able to balance work and family Superannuation provisions Conditions are favourable (study, leave; flexibility) Ability to move between locations and departments Career path & training provided		
15	Harris Bennett	United Kingdom	Quantitative survey Qualitative	45+	-Nature of nursing poses a challenge to the	-Address future nursing shortage

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	Davey Ross (2010) *Flexible working and the contribution of nurses in mid-life to the workforce: A qualitative study*		Semi-structured interviews n=34 nurses / 3 carers 2 x focus groups n=5 nurses at each Individual telephone interviews n=17 managers	Against a backdrop of shortage of skilled nurses in London	implementation of flexible working -Perceptions of the availability of flexible working different -Required to compensate for flexible working colleagues -The implementation of flexible working may be creating an inflexible workforce -Managers required to balance competing needs of individuals	-Implementation of flexible working -Organisations can develop policies that may encourage older nurses to remain in workforce & therefore retain skills & experience
16	Kirgan Golembski (2010) *Retaining an ageing workforce by giving voice to older and experienced nurses*	USA Baptist Health System	Qualitative Focus Groups (Chief nursing officer present) RNs n=48 one-on-one interviews RNs. n=4	55+ Conclusion*:* Older and experienced nurses need to be seen as assets not liabilities	-Not appreciated -Not respected -Job inflexibility -Heavy workload -Difficulty recovering from heavy work demands	*Appreciation:* -Offer fewer working hours -Increase paid time accrual -Offer discounts (cafeteria, gift shop). -Give appreciation meals, priority parking, verbal gratitude *Respect:* -Take opinions into consideration

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
						-Recognise nurses' knowledge and expertise (ask them to act as mentors) *Flexibility:* -Create unique roles -Use flexible schedules, fewer hours -Do not require commitment to a schedule -Phase retirement *Work environment:* -Decrease patient-to-nurse ratio -Increase staff levels to help cope with patient acuity -Decrease paperwork, less redundancy *Socialisation:* -Offer support group -Hold townhall meetings with nursing leadership -Offer classes on relevant issues, retirement planning, coping with ageing -Create opportunities for group interactions

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
17	Kovner Brewer Cheng Djukic (2007) *Work attitudes of older RNs*	USA 29 states Metro	Questionnaires 2 rounds of mailed surveys 1 year apart Survey 1. RNs <50 n=1061 >50 n=845 Survey 2. <50yn=734, >50y n=614 n=1348 responded to both survey questionnaires Not all RNs employed at time of study	2 Groups Comparing work attitudes of 1.RNs <50 2.RNs >50 Shortage of RNs, by 2020 more than 40% will be over 50 and heading for retirement	-Older RNs think there are fewer job opportunities for them than for younger RNs -Clear difference in attitudes by different age groups -Older RNs are less likely to be in good or excellent health	-Redesign the role of older RNs. -Could serve as clinical resources and provide consultation to less experienced nurses. -Efforts to maximise the contributions of older RNs -Attract RNs working outside nursing back into the nursing workforce -Recruiting many retired RNs to re-enter nursing.
18	Letvak (2003)	USA	Qualitative / Initial contact via telephone call	55–62 My manager asks me all too often when am I going to retire. I think my experience	-Ageing nursing workforce -Stress from working in conflict with younger nurses -Less respect from younger colleagues, patients, and families	-Opportunities to share knowledge -More respect from management -Address work hours and salary

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	The Experience of Being an Older Staff Nurse		Followed with face-to-face interview Staff nurses n=11	intimidates her. She may have the degree, but I have the experience and skills and the nurses look up to me. I am gold in her pocket, and she does not see it that way.	-Pay inequity	
19	Letvak (2005) *Health and safety of older nurses*	USA 2 south-eastern states	Quantitative Conceptual framework survey RNs n=300 surveys Returned n=308 State 1 n=162 State 2 n=146 Analysed using SSPS 10.1	50+ Median age 57.2 More attention must be given to retaining these experienced nurses. Efforts must be made to improve job attributes which impact health, especially high job demands. Research must be conducted which will provide healthcare organisations specific strategies to strengthen the environments in which nurses work.	*Health concerns* -Job related injuries -Higher levels of physical/mental health disorders than norm -Sleep disorders -Exhaustion -Musculoskeletal disorders -High job demands -Low job control -Employers ill-prepared for ageing workforce	-Job redesign -Improvements in workforce -Provide safe work environments for nurses -Minimum staffing levels -limits on mandatory overtime -Nursing administrators educated about direct association between management practices and nurse safety -Resources provided for creation of environments that minimise errors and increase nurse safety
20	McDonald	Australia	Qualitative	40–70	-High demands of work environment	-Work-life balance – think about themselves & needs for

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	Mohan Jackson Vickers Wilkes (2010) *Continuing connections: the experiences of retired and senior working nurse mentors*	l	Semi-structured interviews Senior or nurse educators n=12 15 mentoring partnerships were established 6-month study period	Younger & less experienced nurses benefit from interacting with those more experienced	-Constant changes to workplace require wide range of professional capabilities	physical, mental & emotional wellbeing given high demands of work environment -Mentors proved to be excellent resource of knowledge, creation, and management for the mentees -Mentoring programme viewed as potential antidote for current nursing problems -Promote high standards of practice/work in multi-generational nursing teams -Improve staff retention
21	Mion Hazel Cap Fusilero Podmore Szeda (2006) *Retaining and Recruiting Mature Experienced Nurses*	USA Metro Health Medical Centre (MHMC) Cleveland Ohio	Qualitative / exploratory study – 2 step process Invitations to nurses with minimum 2 years n=48 n=26 staff nurses responded 4 x focus groups	46–73 Groups 1–3 22–29 Group 4 MHMC has public employment retirement system Retention strategies in place but not older nurse specific	-Nursing shortages & loss of highly skilled workers due to ageing of workforce -Potential conflict due to differences w/younger nurses -High physical demands -Physical challenges – less energy -Perception of youngers thinking older nurses not 'pulling weight'	-Education regarding age diversity and benefits to all -Staff must value and carve out roles for older nurses -Programmes to enhance generational co-operation -Ensure clear communication pathways among nurses & administration

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
			5th focus group Managers n=7		-Reality of age-related diseases -Ageing spouses & parents	
22	Muller Weigl Heiden Herbig Glaser Angerer (2013) *Selection, optimization, and compensation in nursing: exploration of job-specific strategies, scale development, and age-specific associations to work ability (SOC)*	Southern Germany University hospital	Mixed method Qualitative Semi-structured interviews n=17 Audio taped after participant approval Analysis of Qual. Data 3 months after interviews Quantitative / n=953 Surveys n=438 respondents Designation of nurses not specified	45+ Mean age 57 No generally accepted criterion to define older nurse Upmost importance to maintain & promote work ability of nurses as it is a precondition to stay healthy & capable in job until retirement age	-Ageing workforce -Increasing demand for delivery of healthcare -Intense physical demands – lifting & bending -Intense information processing -Shift work is stressful -Nurses have less job control than other jobs	-Address conditions of work environment -Enlarge job control -Reduce time pressure & physical work stressors -SOC training to focus on individual compensation strategy that allows counterbalance -Selection, optimisation, and compensation (SOC) training to identify and develop strategies to deal with job stressors for the older nurse
23	Palumbo Wu Shaner-McRae Rambur	USA University of Vermont Academic Medical Center	Randomised control trial Direct patient care female staff	49+	-Baby boomers & future nurse shortages -Is a workplace wellness programme cost effective?	-Cost of replacing control staff during absent days outweighed the cost of the experienced Tai Chi instructor

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	McIntosh (2012) *Tai Chi for older nurses: A workplace wellness pilot study*		2 x Groups n=14 (7 in each group) Group 1 – 15-week Tai Chi programme once a week & daily at home (At least 4 days/week) Group 2 – Control – No Tai Chi All participants were female	Feasible to evaluate Tai Chi as a workplace wellness intervention The Tai Chi group did show larger improvements than the control group on all measures – but sample size was small		-Cost effective to offer wellness programmes
24	Spiva Hart McVay (2011) *Discovering ways that influence the older nurse to continue bedside practice*	USA South-eastern USA Integrated healthcare system	Qualitative descriptive approach Purposive sampling RNs involved in direct patient care n=18	55+	-Physical & mental changes associated with ageing -Increased acuity & patient load -Constant changes -Time constraints	-Enhance work environment – unit physical layout -Technology education -Staffing levels -Support & Teamwork -Opportunities -Consistent patient: Nurse ratio

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
25	Topa Guglielmi Depolo (2016) *Effort-reward imbalance and organisational injustice among aged nurses: a moderated mediation model*	Spain Madrid & Basque Country 4 large hospitals	Correlational survey Two tier study – 6 months apart Contacted unspecified healthcare workers n=530 Questionnaire T1 n=360 respondents T2 n=259 respondents Secret code to match participants Matched n=255 ERI model	45+	-Unspecified health issues -Imbalance of workers commitment to reward -Over commitment as a coping strategy for older nurses leading to sick leave	-Create healthy working environments -Provide transparency with organisational decisions -Balance effort/reward ratio
26	Utriainen Kyngäs Nikkilä (2009)	Finland University Hospital Northern Finland	Glaserian grounded theory study Nurses with 3 years' hospital experience working 3 shifts n=21 4 x Open interviews	45–55	-Climate at work related to feelings and emotions - Feelings about doing well and doing good things -What evokes wellbeing at work? Reciprocity 2-way process *Nurse* ↔ *Nurse*	-Having social dealings & togetherness are notable aspects -Share work tasks, information & thoughts, co-operate & help each other. -Consider each individual's ways of being, respecting his/her thoughts & actions -Be allowed to show emotions – joy, sorrow, laughter, crying.

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
			4 x daily diary entries recorded focusing on same themes as interviews Second phase 4 x interviews Open data collection forms n=9		*Nurse ↔ Patient*	-Do what is right for patient -Provide best care -A feeling of awareness of doing well through patient's wellbeing -Receiving personal praise from patients & relatives
27	Valencia Raingruber (2010) *Registered nurses' views about work and retirement*	USA	Qualitative Individual phenomenological interviews Female RNs n=16 2 Groups 31–49 n=8 50–65 n=8	31–49 50–65 Both groups expressed that concern about changing benefits and financial security kept them working. The younger nurse group valued working for autonomy and respect, camaraderie with peers, providing for their families, and because their parents influenced retirement perceptions. The older nurse group valued working to	-Technology, electronic medical records, -Equipment changes are upsetting & challenging -Concern about staying healthy prompting nurses to consider retirement	-Nursing workforce participates in financial planning -Offer regular group in-services about the unique benefits provided by the employer -Reduced hours / part-time employment -Provide avenues to promote wellness & healthy habits -On a regular basis, nurses should take time to reflect on their own values, life situation, and plans for retiring or continuing their career.

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
				connect with patients and families		
28	Voit Carson (2012) *Retaining older experienced nurses in the Northern Territory of Australia: a qualitative study exploring opportunities for post-retirement contributions*	Australia Northern Territory	Qualitative Descriptive Nurses n=6 Managers n=9 Recruited by email	50+	-Baby Boomers -Ageing workforce -Nurse shortages -Currently recruiting – a move to offer more nurse places for younger people -Lost knowledge when older nurses leave -Nurses felt they were not acknowledged for years of expertise	-Prepare formal engagement framework that could influence older nurses to remain -Create research positions in hospital or Department of Health -Act as Territory representatives promoting jobs to prospective staff
29	Warburton Moore Clune Hodgkin (2014) *Extrinsic and intrinsic factors impacting on the retention of older rural healthcare*	Australia Rural Northern Victoria	Qualitative phase of 2-part study Participants n=17 Nurses n=13 Allied Health workers n=4	55+ Family influences intention to retire & Health	-Lack of feeling valued -Workload pressures – increasing demand for documentation -On call -Heavy physical/emotional workload -Lack of physical resources -Financial pressures – not in a position to retire	-Reduce administrative clerical duties – outsource -Open communication with managers -Support networks -Older workers more opportunity for flexible work hours, less physically demanding tasks

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
	workers in the north Victorian public sector: a qualitative study				-Fear of losing job as they get older -Lack of alternative workplace rurally -Interpersonal conflicts	-Access to quality professional development opportunities
30	Wray Aspland Gibson Stimpson Watson (2008) *"A wealth of knowledge": A survey of the employment experiences of older nurses and midwives in the NHS*	United Kingdom	Postal survey to nurses in the NHS n=2610 distributed n=510 returned Total after errors removed n=510	Age range not specified but 62.1% were >50	-Staff shortages ->50 had fewer continuing professional development opportunities than <50 -Discrimination -Work related illnesses	-Acknowledging the valuable contribution older nurses and midwives make -Address the needs of older nurses and midwives through CPD/return to practice initiatives -Making flexible working options more available -Allow older nurses and midwives to move to less stressful areas of practice
31	Wray (2007) Employment experiences of older nurses and midwives in the NHS	United Kingdom	Qualitative Purposive sampling 27 Interviews via telephone	>50 80% <50 20%	-Lack of opportunities & availability of training -Constant changes to procedure – stressful -Work demands – constant heavy workloads -Staffing levels	-Access to training & CPD -Address:- Changes Workload & work demand Resources Stress Morale

Number	Author / year	Location / study setting	Research design / sample set	Age range / researcher's notes	Challenges	Suggested support strategies
			Nurses n=21 Midwives n=2 Health visitors n= 2 School nurse n=1 Matron n=1		-Funding cuts/hospital financial constraints	-Agenda for change (AFC) need a supportive management team -Staff contact with patients should be significant proportion of day.

Appendix 4: Stage 1 (Phase 2) strategies summary table

Author	Wellness programmes	Redeployment	Flexible hours	Support networks	Recognition	Workplace ergonomics	Ongoing education
Andrews et al. (2005)	✓		✓		✓	✓	✓
Ang et al. (2016)	✓			✓	✓	✓	
Austen et al. (2016)							
Bishop (2013)	✓			✓			
Clendon & Walker (2013)	✓		✓			✓	
Clendon & Walker (2016)a	✓	✓	✓	✓		✓	
Clendon & Walker (2016)b			✓	✓			
Duffield et al. (2014)	✓	✓		✓	✓		

Author	Wellness programmes	Redeployment	Flexible hours	Support networks	Recognition	Workplace ergonomics	Ongoing education
Durosaiye et al. (2015)	✓	✓		✓		✓	✓
Fragar & Depczynski (2011)	✓			✓	✓		
Friedrich et al. (2011)					✓		
Gabrielle et al. (2007)a	✓						
Gabrielle et al. (2007)b	✓	✓	✓	✓		✓	
Graham et al. (2014)			✓		✓		
Harris et al. (2010)			✓				

Author	Wellness programmes	Redeployment	Flexible hours	Support networks	Recognition	Workplace ergonomics	Ongoing education
Kirgan & Golembski (2010)		✓	✓	✓	✓	✓	
Kovner et al. (2007)		✓			✓		
Letvak (2005)		✓					
Letvak (2003)							
McDonald et al. (2010)					✓		
Mion et al. (2006)		✓		✓	✓		
Muller et al. (2013)	✓					✓	
Palumbo et al. (2012)	✓						

Author	Wellness programmes	Redeployment	Flexible hours	Support networks	Recognition	Workplace ergonomics	Ongoing education
Spiva et al. (2011)		✓	✓	✓	✓	✓	✓
Topa et al. (2016)				✓		✓	
Utriainen et al. (2009)	✓			✓			
Valencia & Raingruber (2010)	✓		✓				
Voit & Carson (2012)		✓					
Warburton et al. (2014)		✓	✓	✓			✓
Wray et al. (2008)		✓	✓				✓
Wray et al. (2007)				✓		✓	✓

Appendix 5: Stage 1 (Phase 2) challenges table

Author	Physical difficulties	Tiredness & fatigue	Treated differently	Lack of respect	Lack of opportunities
Andrews et al. (2005)	✓		✓		✓
Ang et al. (2016)	✓		✓	✓	✓
Austen et al. (2016)					
Bishop (2013)	✓	✓			
Clendon & Walker (2013)	✓				
Clendon & Walker (2016)a	✓			✓	✓
Clendon & Walker (2016)b				✓	
Duffield et al. (2014)	✓	✓			
Durosaiye et al. (2015)	✓	✓	✓		✓

Author	Physical difficulties	Tiredness & fatigue	Treated differently	Lack of respect	Lack of opportunities
Fragar & Depczynski (2011)	✓			✓	
Friedrich et al. (2011)		✓			
Gabrielle et al. (2007)a		✓		✓	✓
Gabrielle et al. (2007)b	✓	✓	✓		
Graham et al. (2014)		✓			
Harris et al. (2010)					
Kirgan & Golembski (2010)		✓			
Kovner et al. (2007)			✓		✓
Letvak (2005)		✓			✓
Letvak (2003)			✓	✓	

Author	Physical difficulties	Tiredness & fatigue	Treated differently	Lack of respect	Lack of opportunities
McDonald et al. (2010)	✓				
Mion et al. (2006)	✓	✓	✓		
Muller et al. (2013)		✓			
Palumbo et al. (2012)	✓				
Spiva et al. (2011)	✓	✓	✓		
Topa et al. (2016)					
Utriainen et al. (2009)					
Valencia & Raingruber (2010)					
Voit & Carson (2012)			✓	✓	
Warburton et al. (2014)			✓	✓	

Author	Physical difficulties	Tiredness & fatigue	Treated differently	Lack of respect	Lack of opportunities
Wray et al. (2008)					✓
Wray et al. (2007)					✓

Appendix 6: Stage 2 initial recruitment questionnaire

Distributed via *Surveymonkey*

OLDER NURSES AND MIDWIVES IN THE WORKPLACE

This project has been approved by the University of South Australia Human Ethics Committee No. 201389.

Question 1.
In Australia are you – please indicate all that are applicable
o A Registered Nurse
o An Enrolled Nurse
o A Registered Midwife
o A Workplace Manager of Older nurses or Midwives

Question 2.
Are you currently employed within Australia?
o Yes
o No

Question 3.
Do you agree to participate in an interview relating to your experiences in the workplace?
o Yes
o No

Question 4.
In which state / territory are you located?

o South Australia
o Western Australia
o Queensland
o New South Wales
o Victoria
o Northern Territory
o Australian Capital Territory

5.
Please leave your contact email address and additional information will be sent to you.

Appendix 7: Stage 2 participant information sheet

Older Nurses and Midwives in the Workplace

Researcher

Julie Denton – RN PhD Candidate

What is the study about?

As a result of healthier lifestyles people are living longer, and many are motivated to continue being active and engaged in work. Anti-ageing employment legislation and changes to the aged pension qualifying age means more people are choosing to remain in paid work making older workers the fastest growing sector of the labour force. Nowhere is this ageing trend more apparent than in nursing. Consequently, Australia now has an older nursing and midwifery labour force, and this older workforce is projected to remain well into the future.

What is the purpose of this study?

The purpose of this study is to investigate the experiences older nurses or midwives encounter in the workplace. To gain knowledge and understanding of how their workplace role is viewed, how they self-manage their working lives and what strategies are used by their organisation to support them.

Who are the participants of the study?

If you are an older nurse or midwife who is currently employed in the metropolitan or rural Australian workforce, then you are eligible to participate.5

What does participation involve?

If you agree to be in this study, you will be invited to participate in a single interview. The interview will be arranged for a time and place that is convenient for you. This can be in person at a face-to-face meeting if distance allows or via secure telephone. The interview will be conducted by the researcher [Julie Denton] and will last 45 to 60 minutes. Each interview will be recorded with permission, to ensure the information is accurately transcribed. You are invited to offer your point of view about being an older

[5] Stage 3 Managers information page differed slightly from Stage 2. If you work as a manager in an Australian metropolitan or rural health organisation and have older nurses or midwives you are responsible for in the workplace, then you are eligible to participate.

nurse or midwife in the workplace. You will be asked to share your perspective on working as an older nurse or midwife. By sharing your experiences of the challenges, you meet and any organisational support you may receive in your workplace to enable you to continue working. It is with purpose, the transcribed records from each interview will be included in a qualitative study exploring the older nurse and midwife in the workplace.

What are your rights in this study?

Participation in this study is voluntary and you are free to withdraw up until two weeks after the interview, therefore your data will not be included in the analysis. The researcher will take every care to ensure that your responses are kept confidential and that you or your employer are not identified in the process of reporting on the research. When speaking of issues surrounding your workplace emotional discomfort or stress may occur during the interview process. You will be advised of counselling services available to you to discuss further and directed to counselling services, such as Your health matters | Nurse and Midwife Support https://www.nmsupport.org.au/ or alternatively State or site-specific Employee Assistance program [EAP].

Transcription of your interview will be sent to you for verifying. The researcher is happy to provide you with a summary of the findings of this study upon completion if requested.

What are the benefits of this research?

While you may not benefit personally from participating in this research, the information generated may make an important contribution to a better understanding of the older nurse and midwife in the healthcare environment and be a factor to their continuance in the workplace.

Data Storage

Data will be stored securely in an electronic format in the School of Nursing and Midwifery research data storage area, using a password protected University of South Australia computer, and password protected laptop. Your interview may contain sensitive personal information and only the researcher and supervisors will have access to this data. Upon completion data will be stored in anonymous format using pseudonyms instead of participants' names and organisation. At no time will

participants or organisation be identified in publications, presentations, or reports. Personal results will remain confidential, unless required by law.

Data will be stored for the required 5 years before being destroyed [with the permission of the Head of School].

If you have any questions

If you have questions or would like to discuss this further, please contact me, Julie Denton by email or telephone, or my principal supervisor David Evans.

Researcher: Julie Denton
Personal details deleted

Principal Supervisor: Assoc. Prof. David Evans
Co-Supervisor: Dr. Andie Xu

and Mr. Rob Bonner industry advisor

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this committee, Tel: Information removed

Thank you

Julie Denton RN. OR Cert. Grad. Dip [Nurs. Ed] MN [Nurs. Ed]
PhD Candidate
University of South Australia
Clinical and Health sciences
Centenary Building
City East Campus
North Terrace
Adelaide SA 5000

Appendix 8: Stages 2 and 3 ethics approval

From: no_reply@unisa.edu.au <no_reply@unisa.edu.au>
Sent: Sunday, October 28, 2018 5:48 PM
To: *Personal details deleted*
Cc: Human Ethics <humanethics@unisa.edu.au>
Subject: Human ethics: Application approved

Dear Applicant,

Re: Ethics protocol "The Older Nurse or Midwife in the Workplace." (Application ID: 201389)

Thank you for submitting your ethics protocol for consideration. Your protocol has been considered by the E3 Committee Review Group.

I am pleased to advise that your protocol has been granted ethics approval and meets the requirements of the National Statement on Ethical Conduct in Human Research. You may now commence your research.

Please regard this email as formal notification of approval.

Ethics approval is always made on the basis of a number of conditions detailed at http://www.unisa.edu.au/res/forms/docs/humanresearchethics_conditions.doc; it is important that you are familiar with, and abide by, these conditions. It is also essential that you conduct all research according to UniSA guidelines, which can be found at http://www.unisa.edu.au/res/ethics/default.asp

Please note, if your project is a clinical trial you are required to register it in a publicly accessible trials registry prior to enrolment of the first participant (e.g. Australian New Zealand Clinical Trials Registry http://www.anzctr.org.au/) as a condition of ethics approval.

Best wishes for your research.

Executive Officer
UniSA's Human Research Ethics Committee
CRICOS provider number 00121B

This is an automated email and cannot be replied to. Please direct your query to humanethics@unisa.edu.au.

Appendix 9: Personal reflection

Choosing a research topic was simple. Shaped by my personal experiences as an older nurse and my increasing awareness of the challenges I experienced working in the healthcare sector. I chose to focus my research on older nurses and midwives in the healthcare workplace. It was evident to me that long rostered shifts, extended periods standing in the operating room and on-call roster commitments were taking a toll on my life and my fellow older colleagues. Due to this perception, I began to think about our experiences as older workers employed in physically demanding environments. I questioned how older nurses and midwives generally managed to keep themselves motivated and were they supported by the healthcare sector. I decided to explore this topic further. I began reading any literature available including searching organisational and government websites on age, workplace discrimination, retirement patterns, and the growing trend of an ageing workforce. This led me to enquire about undertaking formal study into the older nurses and midwives' experiences they encountered in the healthcare workforce. The research journey began officially in April 2018. I was not worried about the workload, just a little overwhelmed about all the new information I was to learn as a PhD candidate. I took advantage of any educational opportunity presented through the University. These helped me grasp the idea I would succeed. To begin, a scoping literature review to seek information about the workplace challenges and available support from their organisations older nurses and midwives was undertaken. The outcome found little research on this specific topic, so I wanted more information from people currently employed. I interviewed older nurses and midwives to ask them about their experiences and what support is available. There was further discussion involving my supervisors about how older nurses and midwives were perceived in the workplace by their managers and did they perceive their contributions to be different from those of younger workers. Therefore, a second study group was recruited to be interviewed. Healthcare managers who supervised older nurses and midwives were approached via social media and advertising with a professional nursing and midwifery organisation.

Beginning this research as an older registered nurse I could be considered an insider with common lived experiences to the older participants however, being aware of my close attachment to the topic I approached the research with a view that this research is about other people and their stories not my own. I believed I was first and foremost a

researcher. I remained neutral throughout each interview. My career nor experiences were never discussed. Although I often felt empathy and frustration on their behalf, I restrained myself from justifying their responses by not sharing nor agreeing with their stories. I did not talk about my own experiences. Reflecting on my manner during each interview, I looked for areas of improvement to help plan and develop possible changes to the next one. Although I had already left clinical practice at this stage, I was mindful that I could bring my perspective to the research which could have shaped how the collected data could be interpreted. However, I maintain the findings were grounded in data, I did not seek specific outcomes. I am confident that the findings authentically represent the participants' perceptions rather than my own preconceptions.

My writing style certainly changed from the early days to the final thesis. I began by summarising existing literature, repeating ideas and sometimes being quite verbose during the writing phase. Shaped by my increasing experience as a researcher, exposure to new concepts and ongoing development of critical thinking skills allowed for a deeper engagement of the collected data. As I gained more experience, my writing became more structured, the language changed with the use of an active voice. The application of a recognised referencing tool provided correct citations, my writing style became more polished and precise with each stage of the research and subsequent publications. The conclusions became more structured and succinct. Feedback from my supervisors and discussions with my peers played a significant role in the development of my research thesis. Constructive criticism helped identify areas for improvement and encouraged clarity and flow of the written text. As my research skills developed, I became better at preparing quality papers. As a result of receiving feedback from my supportive supervisors and responses to papers submitted for publication, I became aware of many opportunities to improve and clarify my work.

One of the most significant aspects of the research was being confronted by the personal stories of ageism many participants experienced in the workplace. Although most faced physical age-related challenges which I identified with, it was the impact of a youth focused attitude in the workplace that surprised me. I had underestimated how workplace culture could shape their experiences as older workers. On a personal level, this research made me more attuned to the biases older nurses and midwives could experience. I was impressed by their resilience and adaptability despite the age-related

challenges they faced. The older nurses and midwives displayed remarkable determination to remain in the workforce. In highlighting the workplace experiences of older nurses and midwives, I believe this research can contribute to a growing conversation about sustaining a skilled and knowledgeable healthcare workforce looking to the future. Completing this research journey has been enriching as the findings themselves. It has shaped me as a researcher and as a person, reinforcing my commitment to lifelong learning and the pursuit of knowledge. I now reflect on the broader issue of what began as a personal inquiry has expanded into research that has global interest. The published papers have been cited many times.

Appendix 10: Stage 2 participant profiles

1. Abigail	Abigail is a 58-year-old registered midwife, child, and community mental health nurse. Abigail began hospital training in Australia 40 years ago and now works as an in-practice nurse at a Western Australian metropolitan private general practice facility 60 hours a fortnight. Reason for identifying as older: Others consider people her age older. Reason for remaining: Passion for the work. Organisational support: No organisational support.
2. Alexandra	Alexandra is a 58-year-old registered nurse. Alexandra began hospital training in Australia 40 years ago and currently employed in the emergency department in a Queensland metropolitan public hospital 48 to 64 hours a fortnight. Reason for identifying as older: Alexandra's work colleagues are the same age as her children. Reason for remaining: Financial need. Organisational support: No but suggested flexible hours.
3. Alice	Alice is a 58-year-old registered nurse. Alice began hospital training 40 years ago in Australia and now works 80 hours a fortnight through a rural agency in Queensland over multiple clinical areas. Reason for identifying as older: Alice says she does not feel older until she looks in the mirror. Reason for remaining: Passion for the profession.
4. Amber	Amber is a 62-year-old registered nurse. Amber began hospital training in the United States of America 45 years ago and is currently employed in theatre at a public rural hospital in South Australia working 64 hours a fortnight plus on call. Reason for identifying as older: Her age and changing life views, younger people no longer feel the same way she does about things or quite have the same values. Reason for remaining: Financial need. Organisational support: No.
5. Amelia	Amelia is a 56-year-old registered nurse. Amelia began university training 12 years ago. Prior to this Amelia was an enrolled nurse educated through TAFE in Australia. She now works in general medicine and endocrinology at a major regional public hospital in Victoria working 56 hours a fortnight. Reason for identifying as older: Amelia says she feels older because she is older than others in her workplace. Reason for remaining: Financial need and love for the work.

6. Amy	Amy is a 53-year-old practice nurse. Amy began hospital training in the United Kingdom 34 years ago and is currently employed in a rural Queensland general practice. Amy has reduced her hours gradually over the last 6–7 years for health reasons. Reason for identifying as older: Working with younger nurses. Reason for remaining: Financial need. Organisational support: No.
7. Anna	Anna is a 52-year-old registered nurse. Anna began hospital training 33 years ago in Australia. Anna now works in theatre at a South Australian rural public hospital 64 hours a fortnight plus on call. Reason for identifying as older: Working with colleagues in their 20s that already have 5 years' experience. Reason for remaining: Financial need. Organisational support: No, but suggests fatigue policy, especially after a call-in.
8. April	April is a 63-year-old registered nurse. April began nursing as an enrolled nurse 43 years ago through a hospital-based training then attended university to become a registered nurse, both in Australia. April is now employed 72 hours per fortnight for Community Mental Health South Australia. Reason for identifying as older: She is over 60 years and other colleagues are so much younger. Reason for remaining: Financial need and love of the work. Organisational support: No but suggests more support from management.
9. Ashlyn	Ashlyn is a 60-year-old registered nurse. Ashlyn began university training in South Australia 8 years ago as a mature entry student. Ashlyn previously worked as an enrolled nurse and now is a registered nurse working 60 hours a fortnight in acute care at a South Australian metropolitan private hospital. Reason for identifying as older: Realising how old she was when becoming a registered nurse. Reason for remaining: Love for the profession. Organisational support: Redeployment options if positions available for all workers including those older.
10. Audrey	Audrey is a 58-year-old registered nurse / registered midwife. Audrey began hospital training in Australia 35 years ago. She is now employed as a clinical nurse at an NSW 800-bed regional public hospital working as a midwife in in the birthing suite and as a registered nurse in the emergency department. Reason for identifying as older: Appearance, wrinkles on her face and working with doctors and nurses her children's age. Reason for remaining: Love of the work. Organisational support: No but suggests opportunities to upskill.

11. Ava	Ava is a 53-year-old registered nurse. Ava began hospital training 36 years ago in Australia and is now employed in community health in Queensland, contracted to work 26 hours per fortnight but works between 26 to 50 hours. Reason for identifying as older: Her age. Reason for remaining: Financial need and love of the work.
12. Charlotte	Charlotte is a 63-year-old enrolled nurse. Charlotte began nursing 47 years ago in Australia and now employed in a rural public hospital in Queensland 72 hours per fortnight and recently changed from 9 shifts to 8 shifts a fortnight for work/life balance. Reason for identifying as older: Age and working with younger colleagues. Reason for remaining: Financial need. Organisational support: Reduction of hours available for anyone.
13. Claire	Claire is a 60-year-old registered nurse. Claire began hospital training 42 years ago in Australia and works in infection control at a Victorian rural public hospital 56 hours a fortnight but sometimes picks up extra shifts. Reason for identifying as older: Working with younger colleagues. Reason for remaining: Financial need and love the work. Organisational support: Wellness programme available for all.
14. Colleen	Colleen is a 56-year-old registered nurse and began training in 1981 in Australia. Colleen is currently a sessional casual tutor at a major university and also doing in-home community work for children with disability and complex care. Colleen's hours vary but a 38-hour work week is average. Reason for identifying as older: Turning 50, going through menopause, and working with a younger team. Reason for remaining: Financial need. Organisational support: Mentorship programme available to buddy older/younger colleagues together.
15. Darcy	Darcy is a 64-year-old registered nurse / registered midwife and in transition to retirement phase. When asked if she would like to be interviewed as a midwife, she stated she currently worked in the Northern Territory as a Maternal and Child Health nurse and not as a midwife. Ruth commenced her training in 1973, 46 years ago. Ruth's training was hospital-based in Australia. Reason for identifying as older: Her appearance, body changes, long working history and working with a younger team. Reason for remaining: Financial need. Organisational support: No.

16. Dawn	Dawn is a 58-year-old registered nurse. Dawn began her nursing education through a hospital training programme 42 years ago in Australia as an enrolled nurse and was then educated at university to become a registered nurse. She is currently employed by a community based mental health crisis team in Victoria working 64 hours per fortnight. Reason for identifying as older: Colleagues are the same age or younger than her children. Reason for remaining: Financial need. Organisational support: Transition to retirement programme available.
17. Ella	Ella is a 65-year-old registered nurse. Ella began hospital training 47 years ago in Australia and is now employed as a nurse consultant for metropolitan community mental health in South Australia, working 80 hours a fortnight. Reason for identifying as older: Working with nurses who were born after she started nursing. Reason for remaining: Love of the work. Organisational support: No but suggests strategies to be developed within team and increase the level of mentoring opportunities.
18. Eve	Eve is a 64-year-old registered nurse. Eve began hospital training 48 years ago in Australia and now works 24 hours a fortnight in theatre, recovery, and ward settings across various South Australian rural public hospitals. Reason for identifying as older: Difficulties with the physical challenges of the job. Reason for remaining: Enjoy the work. Organisational support: No.
19. Faith	Faith is a 54-year-old registered nurse. Faith began hospital training 35 years ago in Australia and now works for a nursing agency in New South Wales working 16 to 24 hours a fortnight in the clinical areas of acute care, recovery, intensive care, day surgery and mental health, preferring to work in metropolitan private hospitals. Reason for identifying as older: Her age and becoming more tired due to work. Reason for remaining: Love of the work.
20. Gabby	Gabby is a 74-year-old registered nurse. Gabby began hospital training 53 years ago in Australia and is now working in post-natal mental health at a major metropolitan public hospital in South Australia working 72 hours a fortnight. Reason for identifying as older: The opinion of others. People look at her as an ‘old relic’. Reason for remaining: Enjoy the work.

21. Grace	Grace is a 56-year-old registered nurse. Grace has been nursing for 38 years and her training was hospital-based in Australia. Grace works in Community Mental Health, working 72 hours per fortnight. Her work includes home visits and people also coming into the Clinic. Reason for identifying as older: Being on the other side of 50 years. Reason for remaining: Feels respected and valued and enjoys her work. Organisational support: Anyone can reduce hours.
22. Hannah	Hannah is a 53-year-old registered nurse also working in a management role but stated she would do the interview as a RN. Hannah began nursing 33 years ago after studying through an interstate college which is now a university. She works in a casual pool on average 77 hours per fortnight in the Emergency Department of a major metropolitan public hospital. Reason for identifying as older: Being a hospital educated nurse, therefore others perceive her as older. Reason for remaining: Financial need. Organisational support: No.
23. Holly	Holly is a 63-year-old registered nurse / registered midwife. Holly began hospital training 42 years ago in Australia and is currently employed 52½ hours per fortnight in a post-operative surgical ward at a South Australian metropolitan private hospital. Reason for identifying as older: Noticed differences between herself and younger university-educated staff. Reason for remaining: Financial need. Organisational support: All staff can reduce hours.
24. Isabelle	Isabelle is a 60-year-old nursing manager who chose to participate in this study as an older registered nurse. Isabelle began hospital training 43 years ago in Australia. Isabelle now works in cardiology at a New South Wales metropolitan public hospital 76 to 80 hours per fortnight. Reason for identifying as older: Length of time working. Reason for remaining: Social need. Organisational support: Meditation sessions for all staff but suggests management need to recognise older workers skills.
25. Ivy	Ivy is a 46-year-old female registered nurse. Ivy began university training 27 years ago in Australia and is currently employed in theatre at both a public and private hospital in rural South Australia. Ivy works 48 hours a fortnight publicly and 6 to 12 hours at a private hospital. Reason for identifying as older: Seeing Gen Y [aged between. 24 and 40 years] nurses moving into our workplace. Reason for remaining: Financial need. Organisational support: No but suggests policy to allow proper breaks after emergency call-ins.

26. Jack	Jack is a 62-year-old registered nurse. Jack began training 42 years ago in Australia. He now works as a casual in theatre at a major regional public hospital in Victoria. Jack is also employed through an agency. In total he works between 20 to 50 hours a fortnight. Reason for identifying as older: Noticing how much has changed in the workplace over the years. Reason for remaining: Financial need and the need to keep active. Organisational support: No but suggests help with workload.
27. Janet	Janet is a 69-year-old registered nurse. Janet began hospital training 51 years ago in Australia. Janet currently works 60 hours per fortnight as a ward management consultant and educator at a metropolitan private hospital in Victoria. Reason for identifying as older: Experience and length of time in the workforce. Reason for remaining: Enjoys the work. Organisational support: No.
28. Jean	Jean is a 60-year-old registered nurse. Jean began hospital training 42 years ago in Australia and now works in theatre at a rural South Australian public hospital 64 hours a fortnight plus on call. Reason for identifying as older: Reaching 60 years, menopause, hair going grey, increased fatigue and pain. Reason for remaining: Financial need. Organisational support: No but suggests support for highly physical demanding tasks.
29. Jeanette	Jeanette is a 55-year-old registered midwife. Jeanette began hospital training 32 years ago in Australia and now works 72 hours a fortnight in community health based at a Tasmania rural community health hospital. Reason for identifying as older: Too many birthdays and getting close to retirement. Reason for remaining: Financial need. Organisational support: No.
30. Jessica	Jessica is a 57-year-old registered nurse who resides in the Australian Capital Territory. Jessica is a Nursing Officer in the Royal Australian Navy. Jessica began working in a nursing home as a nurse assistant, then started her hospital-based nursing training in 1980 in Western Australia. Reason for identifying as older: Age and age-related health issues. Reason for remaining: Passion for the work. Organisational support: No.

31. Joy	Joy is a 68-year-old registered nurse / nurse practitioner. Joy began hospital training 48 years ago in Australia and is currently employed in acute care across multiple public facilities and the community in regional New South Wales. Joy works 80 hours a fortnight. Reason for identifying as older: Her age and working with younger colleagues. Reason for remaining: Financial need but also love of the profession. Organisational support: No but suggests succession planning.
32. June	June is a 60-year-old enrolled nurse. June began hospital training in Western Australia 43 years ago and now works as an inpatient's peri-natal mental health nurse at a public mental health facility in South Australia. June works 84 hours a fortnight involving 12-hour shifts. Reason for identifying as older: Her age and her aching body. Reason for remaining: Working keeps her young. Organisational support: No.
33. Katie	Katie is a 58-year-old enrolled nurse. Katie began hospital training 40 ago in Australia and now works in theatre at a Queensland rural private hospital 64 hours per fortnight. Reason for identifying as older: Working with younger colleagues. Reason for remaining: Financial and social need but also love of the profession. Organisational support: Experience valued.
34. Leah	Leah is a 61-year-old registered nurse. Leah began hospital training 43 years ago in Australia and now works 80 hours a fortnight at an Australian Capital Territory Mental Health Service in community psychiatry. Reason for identifying as older: Length of time nursing and working with younger colleagues. Reason for remaining: Passion for the work. Organisational support: No but would like more opportunities for mentoring.
35. Lily	Lily is a 53-year-old registered midwife. Lily was in the second wave of university-educated direct entry midwives in New Zealand 25 years ago. Now Lily works 64 hours a fortnight in the midwifery section at a rural public hospital in South Australia, although, her hours are often increased when necessary. Reason for identifying as older: Aware she is getting older. Reason for remaining: Loves working as a midwife. Organisational support: No.

36. Lucy	Lucy is a 70-year-old registered nurse. Lucy began hospital training 52 years ago in Australia and now works 64 hours per fortnight in a rehabilitation facility at a Queensland metropolitan public hospital. Reason for identifying as older: Her age and the length of time nursing. Reason for remaining: Enjoys the work. Organisational support: No but would like to be valued and acknowledged.
37. Luke	Luke is a 60-year-old registered nurse and registered midwife. Luke began hospital training 42 years ago in Australia and now works 80 hours a fortnight in midwifery. Luke is employed through a rural agency in New South Wales. Reason for identifying as older: His age. Reason for remaining: Love of the work. Organisational support: No but would like age to be considered when rostering.
38. Marie	Marie is a 50-year-old registered nurse. Marie began university training as a mature entry student in Australia 8½ years ago and currently works casually in emergency departments through a Queensland rural/remote agency averaging 80 hours a fortnight. Reason for identifying as older: Noticed other graduates were much younger. Reason for remaining: As a casual I can choose when to work, therefore, almost semi-retired.
39. May	May is a 57-year-old registered nurse. May began hospital training 27 years ago in Australia and now works in the gastrointestinal unit at a South Australian major metropolitan public hospital 56 hours a fortnight. May recently increased her hours when changing from being a casual employee to permanent. Reason for identifying as older: Exhausted at the end of her workday. Reason for remaining: Type of role and financial need. Organisational support: Everyone is able to self-roster but for older workers would like shorter shifts and respect for their knowledge shown.
40. Nancy	Nancy is a 60-year-old registered nurse. Nancy began hospital training 42 years ago in Australia and now works in a metropolitan private psychiatric and mental health facility in Queensland 64 hours a fortnight. Reason for identifying as older: Appearance, and longevity in the workplace. Reason for remaining: Working meets social needs. Organisational support: No.

41. Naomi	Naomi is a 63-year-old registered nurse. Naomi began hospital training 46 years ago in Australia and now works as a palliative care clinical nurse consultant in community health, aged care, and also acute care in rural New South Wales. Naomi works 64 hours a fortnight. Reason for identifying as older: Working with younger colleagues. Reason for remaining: Financial need. Organisational support: No and suggests more open communication from management.
42. Natalie	Natalie is a 62-year-old registered nurse. Natalie began hospital training 45 years ago in Australia and now works 50 hours a fortnight in theatre at a metropolitan private hospital in Victoria. Reason for identifying as older: Working with younger colleagues and being educated through a hospital training programme. Reason for remaining: Social need. Organisational support: No but suggests sliding scale on call roster.
43. Olivia	Olivia is a 60-year-old enrolled nurse. Oliva has been working 40 years but did not mention where she was educated. Olivia is currently employed in the general theatre anaesthetic department at a major metropolitan public hospital in South Australia working 48 hours a fortnight. Reason for identifying as older: Younger colleagues and people her age retiring. Reason for remaining: Financial need. Organisational support: No.
44. Pamela	Pamela is a 60-year-old registered nurse. Pamela began hospital training 42 years ago in Australia and now works 64 hours per fortnight in theatre at a metropolitan private hospital in South Australia having increased her hours from 2 to 4 days per week. Reason for identifying as older: Pamela said there was no real reason she considers herself older but wanted to participate in the research. Reason for remaining: Likes the work. Organisational support: Wellness programme for all staff but would like more respect shown for knowledge and experience.
45. Penny	Penny is a 58-year-old registered midwife. Penny qualified as a registered nurse in 1981 and as a registered midwife at the end of 1983. All of Penny's training was in England and nursing and midwifery training were both hospital-based being one of the last to finish hospital-based training. Penny works in a metropolitan private hospital, 52 hours a fortnight. Penny also has a casual contract with Country Health in a rural public hospital. She works in midwifery but explained that how their facility is operated they do everything in one space and does get seconded to the ward occasionally if they need some help. Reason for identifying as older: People ask, "when will you retire?" Reason for remaining: Financial need. Organisational support: No. Would like to stop older workers having to be on call and more open consultation between management and staff.

46. Sam	Sam is a 70-year-old registered nurse. Sam began hospital training 52 years ago in Australia and now works in community mental health in rural Queensland 80 hours per fortnight. Reason for identifying as older: The invention of technology makes him feel old as he does not have a firm grasp of it. Reason for remaining: Enjoys the work. Organisational support: No.
47. Sandy	Sandy is a 60-year-old registered nurse. Sandy began hospital training 40 years ago in Australia and now works in theatre at a major South Australian metropolitan public hospital 52 hours a fortnight. Reason for identifying as older: People her age are retiring. Reason for remaining: Financial need and love of the work. Organisational support: No but there should be avenues for less physical roles.
48. Sophie	Sophie is a 61-year-old registered nurse. Sophie began hospital training 43 years ago in Australia and now works 59 hours per fortnight in palliative care at a public regional hospital in Victoria. Reason for identifying as older: Age and level of experience. Reason for remaining: Passion for the work. Organisational support: Wellness activities for entire staff but suggests additional staff for heavy workloads and formal mentoring programmes.
49. Vickie	Vickie is a 51-year-old advanced practice nurse seeking endorsement as a nurse practitioner. Vickie has been working as a nurse for 36 years and was originally educated through a hospital training programme in Australia and then completed a post-registration baccalaureate, Master's degree and PhD, followed by a post-doctoral fellowship. Vickie is now completing another Master's degree to be upgraded to nurse practitioner. Vickie works in a Tasmanian private health facility in a private clinic environment approximately 60 hours per fortnight. Reason for identifying as older: Younger work colleagues. Reason for remaining: Financial need.
50. Zoé	Zoé is a 62-year-old registered nurse. Zoé has worked for 45 years, which includes an Australian hospital-based training. Now working in a Queensland rural Aged Care facility, 56 to 64 hours per fortnight. Reason for identifying as older: Age and impending retirement. Reason for remaining: Financial need. Organisational support: No.

Appendix 11: Stage 3 participant profiles

1. Allegra	Allegra is a Clinical Nurse Specialist, (CNS) however, she is currently relieving in a Nurse Unit Manager (NUM) 2 position in an acute regional health facility in New South Wales. An older worker's baseline age: >60 Contribution to workplace: Experience / wealth of knowledge. Different aspects for older workers when compared to younger staff: If demonstrate high skill set then highly respected but not respected by some younger colleagues at all. Not considered for promotion.
2. Annalise	Annalise is an Associate Nurse Unit Manager (ANUM) and has been in the position for 2 years. Annalise works in a Specialist Clinic situated in Launceston, Tasmania. An older worker's baseline age: >50 Contribution to workplace: A lot to offer with prior knowledge and skills. Different aspects for older workers when compared to younger staff: Older nurses and midwives choose to not take up offers.
3. Bridgit	Bridgit has been in the position of Associate Nurse Unit Manager (ANUM) for one year. Bridgit is employed at a major regional health facility in Victoria, in the clinical area of Endocrine, General medicine and Infectious diseases. An older worker's baseline age: Late 40s to early 50s Contribution to workplace: Clinical knowledge and experience. Different aspects for older workers when compared to younger staff: Do not usually give them heavy loads. Ward big / rooms far apart so physically demanding.
4. Callista	Callista is an After-Hours Nurse Manager and has been in the role since 2011 across two hospitals in Queensland. The first one, a 300-bed hospital, the second one where she is in a dual role in a clinical position as well as management. An older worker's baseline age: 40s Contribution to workplace: Life experiences / critical thinking ability / resilience. Different aspects for older workers when compared to younger staff: Get overlooked for in-charge roles. Older staff offered courses, e.g. technology updates, but not offered promotional opportunities.
5. Charmaine	Charmaine is a Director of Nursing (DON) for Surgical Services and Critical Care at a major metropolitan hospital in Queensland. Charmaine has been in the position 7 years. An older worker's baseline age: Depending on age and physical decline. Contribution to workplace: Experience / knowledge / reliability. Different aspects for older workers when compared to younger staff: N/A

6. Fern	Fern is Director of Nursing Midwifery Education Research & Training Alice Springs Hospital, Central Australia Health Service, Department of Health, Northern Territory Government. Fern accepted this higher position in 2020. An older worker's baseline age: 60 Contribution to workplace: Institutional and professional history. More committed and engaged. Life experiences. Different aspects for older workers when compared to younger staff: Age is not a barrier to promotion. Expectations are the same for everyone.
7. Gemma	Gemma is a Clinical Nurse Specialist (CNS) at a large regional public hospital in Victoria and has been in the Clinical role for three months but has been doing in-charge since a year out of her graduate year. Gemma works in the area of general medicine and infectious diseases. An older worker's baseline age: Someone experienced. Contribution to workplace: Experience to rely on past methods. Different aspects for older workers when compared to younger staff: There is not an option for lighter duties. All need to do the same job regardless of age.
8. Genevieve	Genevieve is the acting level 3, Unit Services Manager of Surgical Services, Renal and Chemotherapy areas at a South Australian country health facility. Genevieve has been in this role for 18 months and before was the level 2 manager for 7 years and previously a manager at a major regional hospital. An older worker's baseline age: Depends on the person Contribution to workplace: Professional and life experience. Different aspects compared to younger staff: Do not focus on older nurses and midwives only. Check on everyone.
9. Greta	Greta is an After-Hours Clinical Nurse Manager for Country Health Service, Western Australia and has been in this position for 5 years. An older worker's baseline age: 50 Contribution to workplace: Wealth of knowledge/ life skills. Different aspects for older workers when compared to younger staff: Younger nurses in contempt of older workforce.
10. Iris	Iris is a Director of Nursing (DON) at an acute hospital in Queensland. An older worker's baseline age: N/A Contribution to workplace: Experienced. Know what they are doing. Different aspects for older workers when compared to younger staff: No one is treated differently.

11. Isolde	Isolde is a Residential Services Manager in a 150 bed Aged Care facility in NSW and has been in this position for 2 years. An older worker's baseline age: 60 Contribution to workplace: Experienced, wealth of knowledge and different perspective. Different aspects for older workers when compared to younger staff: Older nurses think they are treated with disrespect.
12. Keira	Keira is a Nurse Unit Manager (NUM) and Service Development Manager for Community Health in New South Wales. Keira has been in this position for 10 years, working in community post-acute care. An older worker's baseline age: 50 Contribution to workplace: Experience/knowledge and skills that never tire. Possess core values and curtesy Different aspects for older workers when compared to younger staff: Tend to become more tired and jaded although still compassionate but fatigued.
13. Kirsten	Kirsten is the Director of Nursing (DON) in a regional health service in Victoria. Kirsten has been in this position for 8 years. An older worker's baseline age: 50 to 55 Contribution to workplace: Stability, more inclined to be patient centred. Different aspects for older workers when compared to younger staff: Specific IT classes to keep up with new computer programme. Flexitime if they want it. Available to everyone as necessary.
14. Kylie	Kylie is a registered nurse (RN) in charge at an aged care facility managing 120 chronic and acute patients in Queensland. Kylie has been in the position for two years but adds she has only recently graduated and stated there are 120 people with only one nurse. An older worker's baseline age: 45 to 50 Contribution to workplace: Life skills and experience. Different aspects for older workers when compared to younger staff: Older workers called 'Boomer' by younger staff. No opportunities as viewed as 'on their way out'.
15. Layla	Layla is Executive Officer and Director of Nursing (EO/DON) and because of remoteness also has hands-on clinical involvement at a remote healthcare facility in isolated Mallee, Victoria. Layla has been in this position for 13 years. Layla oversees two healthcare facilities. An older worker's baseline age: When they cannot 'hack the pace' of the younger ones. Contribution to workplace: Experience / knowledge and ability. Different aspects for older workers when compared to younger staff: Some struggle with the physical work pace / less IT savvy. Rostered administration days to recover if struggling. Can purchase leave or reduce hours.

16. Lucinda	Lucinda is a Nurse Unit Manager (NUM) in a medical ward at a regional hospital in South Australia. Lucinda has been in this position for many years and nursing for a total of 35 years. An older worker's baseline age: 58 – because in 10 to 15 years they will retire. Contribution to workplace: Knowledgeable / offer holistic patient care / team workers. Different aspects for older workers when compared to younger staff: City facilities preferring to employ younger nurses.
17. Micaela	Micaela's official title is After Hours Nurse Manager at a regional hospital in Central Victoria. Micaela has held the same title since 1996 and is not situated in a specific department but rather throughout the hospital. An older worker's baseline age: Not age-related but capacity to do job. Contribution to workplace: Experience / maturity / reliability / committed. Different aspects for older workers when compared to younger staff: No one should get preferential treatment really. You just have to be capable to do your job and realise they are not capable of doing the workload. Sometimes people do not understand that the ageing process takes a lot out of their bodies therefore, not capable of doing fulltime or working on a ward that is really heavy.
18. Odette	Odette is a Nurse Unit Manager (NUM) for Community Nursing and Palliative Care based in regional New South Wales. Odette covers many Community Health centres. Odette was appointed to the current role in 2007 and prior to that was at another Community House, in total she has been working as Nursing Unit Manager for approximately 15 years. An older worker's baseline age: 45 to 50 Contribution to workplace: Wealth of knowledge Different aspects for older workers when compared to younger staff: Everyone is treated the same. Same opportunities but younger nurses are a bit more proactive.
19 Phillipa	Phillipa is a Nurse Unit Manager (NUM) at a metropolitan perinatal mental health unit in South Australia. Phillipa has been in a managing position for 21 years. An older worker's baseline age: >60 Contribution to workplace: Wisdom / calmness / experienced. Different aspects for older workers when compared to younger staff: All treated same across board.
20. Phoebe	Phoebe is a nurse manager working with a metropolitan mental health service in South Australia. Although not specified, Phoebe said she has been in this position for several years. An older worker's baseline age: 50 to 60 – when the body starts giving out. Contribution to workplace: Knowledge and skills / mentoring / stability – know the language of nursing. Different aspects for older workers when compared to younger staff: Only when personally offered by management.