This is the peer reviewed author accepted manuscript (post print) version of a published work that appeared in final form in:

Denton, Julie, Evans, David, Xu, Qunyan 2020 'Older nurses and midwives in the workplace: a scoping review', Collegian, vol. 28, no. 2, pp. 222-229

This output may not exactly replicate the final published authoritative version for which the publisher owns copyright. It is not the copy of record. This output may be used for non-commercial purposes. This version is licensed under a Creative Commons CC-BY-NC-ND 4.0 license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

The final definitive published version (version of record) is available at: https://doi.org/10.1016/j.colegn.2020.06.004

Persistent link to the UniSA Research Outputs Repository: https://researchoutputs.unisa.edu.au/11541.2/145272

General Rights

Copyright and moral rights for the publications made accessible in the UniSA Research Outputs Repository are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the persistent link identifying the publication in the UniSA Research Outputs Repository

If you believe that this document breaches copyright, please contact us and provide details. We will remove access to the work immediately and investigate your claim.

Older nurses and midwives in the workplace: A scoping review

Abstract

Background

Ageing workers are the fastest growing sector of the labour force. Older nurses and midwives encounter many challenges in the workplace and to support them, strategies are required to ensure successful working lives and improved organisational workplace efficiency.

Aim

This scoping review aimed to identify challenges older nurses and midwives encounter in the workplace and organisational strategies provided for them to support them in the workplace.

Methods

A 5-step scoping review framework was used, involving developing the review questions, undertaking a comprehensive search, collecting and analysing data using content analysis. Thirty-one studies were included in the review.

Findings

Challenges specific to older nurses and midwives included physical difficulties, tiredness, fatigue, treatment differences, lack of respect, lack of educational or promotional opportunities. Support strategies proposed by participants included support networks, wellness programs, flexible hours, redeployment, recognition of knowledge and experience, improved workplace ergonomics and ongoing education. Research evaluating organisational support strategies was scarce.

Discussion

Concerns surrounding this ageing workforce were clearly addressed within the literature. The challenges highlighted older nurses or midwives' personal difficulties when working and the external challenges encountered in the workplace but there is limited evaluation of support strategies.

Conclusion

Evidence shows the labour force is ageing and older nurses and midwives face challenges specific to their age, further research is needed to assess effective support for older nurses and midwives is warranted.

Key words: older; nurse; midwife; ageing health workforce; challenges; strategies

Summary of relevance

Issue

The nursing and midwifery population is ageing and will be required to work longer, but little is known about how they will manage into the future without support in place.

What is already known?

The workforce is ageing, older nurses and midwives may face different challenges to those encountered by younger workers and may require different modes of support.

What this paper adds

This paper reports the common challenges faced by older nurses and midwives and highlights the lack of evidence about workplace support strategies.

Introduction

Older nurses and midwives are delaying retirement making them the largest rising sector of the health workforce in Australia (Collins & Collins, 2006; Nursing & Midwifery Board of Australia, 2016). They may remain working for financial reasons, the camaraderie of working with others, working for pleasure or just not ready to retire (Andrews, Manthorpe, & Watson, 2005; Graham et al., 2014; Valencia & Raingruber, 2010). Adding to this, to slow the economic burden of welfare outlay for aged pension payments the Australian government developed strategies for keeping the older person in the workplace. Strategies included eradicating compulsory retirement for workers older than 65 years of age, increasing the qualifying age to receive an aged pension and encouraging workplace policies limiting discrimination against older workers (Parliament of Australia, 2001, 2010). These changes have enabled older nurses and midwives to be continually engaged in paid employment past the traditional retirement age (Commonwealth of Australia, 2004).

However, older nurses and midwives described age related challenges, including physical limitations, diminished vision and hearing acuity, and increasing tiredness and fatigue (Keller, 2010). Hatcher, Bleich, Connolly, O'Neill-Hewlett & Stokley-Hill, (2006, p. 13) found older nurses often face negative assumptions about their abilities and feel dejected or exploited in their workplace (Gabrielle, Jackson, & Mannix, 2007a). It is presumed they are unable to learn new technology or update skills, less agile, slower, less driven, less creative 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 (S. Letvak, 2003; Stokowski, 2008).

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). In Australia there is a predicted shortfall in the nurse workforce therefore, retention of older nurses and midwives is crucial for meeting future care needs (Austen, 2016; Australian Nursing & Midwifery Accreditation Council, 2014; Clendon & Walker, 2016a). Replacing

this skilled and experienced older group will be costly therefore it is prudent to support nurses and midwives to remain in the workforce as they age (Hatcher et al., 2006; North, Leung, & Lee, 2014).

Review Aim

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

Method

A scoping review as outlined by Arksey and O'Malley (2005) was chosen to provide broad framework to map key concepts of available evidence relating to older nurses and midwives in the workplace (Arksey & O'Malley, 2005; Daudt, van Mossel, & Scott, 2013). To assist with the eligibility of the literature, the search 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 the scoping review is designed to provide an overview of existing evidence regardless of quality (Joanna Briggs Institute et al., 2015; Tricco et al., 2016). However, all papers were informally assessed to ensure the method and reporting were appropriate for inclusion in the review.

Arksey and O'Malley (2005) propose a six-stage scoping review process.

Stage 1: Identifying the review question

The following questions were developed to guide the scope of available data (Arksey & O'Malley, 2005).

1. What challenges do older nurses or midwives encounter in the workplace?
2. What organisational strategies can be offered to support them in the workforce?

Stage 2: Identification of relevant studies

A PCC approach was used to begin a search for papers pertaining to an older nurse or midwife population. Arksey & O'Malley (2005) suggest using key words therefore the search focused on papers including old* nurse en-rn / midwife or mature nurse en-rn / midwife or ag* en-rn / midwife, challenges/help and hindrance and health, retention of nursing staff, workforce, career and intent to retire, within the context of older nurses and midwives from developed or developing countries still working in healthcare settings. To provide a thorough search, consultation with an experienced university academic librarian was undertaken to ensure comprehensive literature search. Primary research papers were retrieved from electronic data bases that included Cumulative Index to Nursing & 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 literature were also examined for additional data.

Stage 3: Study Selection

Literature was cross checked for eligibility against the following inclusion and exclusion criteria, papers were included if they addressed the topic (Arksey & O'Malley, 2005; Dijkers, 2015).

Inclusion Criteria

- Study Population: Enrolled nurse, registered nurse or registered midwife identifying as older or referred to as older or mature.
- Year of publication range: 2000 to 2017.
- Country of Origin: From developed or developing countries, according to World Economic Situation and Prospects (WESP) country classification (United Nations (UN), 2017).
- Methodology: Published primary research or reports from research, government or workforce organisations.
- Study Setting: Healthcare.
- Language: English.

Exclusion Criteria

- Studies focusing on nursing assistants, paid carers or auxiliary nurses only or literature referring to care for older patients or consumers.

The screening process was conducted with a 3-step process. After utilising the concept search words, 1,477 papers were found, duplicates and irrelevant papers were removed. Abstracts were scanned and sorted for relevance. Full texts were read and assessed for eligibility; 31 final studies were chosen.

See Figure 1 PRISMA chart.

Stage 4: Charting the Data

To inform the review questions a data collection form was created as guided by Arksey and O'Malley (2005) to provide a tool for data extraction. A data collection form allowed information relating to the study questions, publication details, aim, study design / methodology, population, setting, data source, outcome measures and results to be recorded.

Stage 5: Collate, Summarise and Report the Data

Data content relevant to the topic was summarised and common threads from the studies were aggregated using content analysis (Arksey & O'Malley, 2005; Graneheim, Lindgren, & Lundman, 2017). Data were summarised and a brief narrative on the findings from each study was collated.

Findings

Thirty-one studies comprising 17 qualitative, 7 quantitative, 6 mixed method and 1 randomised controlled trial were included in the review. Studies were conducted in 8 different countries, 9 from Australia, 10 the United States, 5 the United Kingdom, 3 New Zealand, 1 each Singapore, Germany, Spain and Finland. Participant recruitment in studies included rural and metropolitan large acute care hospitals, medical centres, community services, national health services, aged care facilities and national nursing organisations.

Registered nurses, enrolled nurses, midwives and nursing managers were amongst those included in the studies, with ages ranging from 40 years to 62.

Challenges

According to the 31 studies, seven challenges were identified for older nurses and midwives in the workplace. They were physical difficulties, tiredness and fatigue, being treated differently, lack of respect, constant changes and lack of educational and promotional opportunities. See Table 1 Challenges

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; S Letvak, 2005; Spiva, Hart, & McVay, 2011).

Four studies identified loss of hearing acuity and changing vision may have an impact on the ability for older nurses to cope in the workplace (Ang et al., 2016; Clendon & Walker, 2013; Fragar & Depczynski, 2011; Gabrielle, Jackson, & Mannix, 2007b).

Exacerbation of physical difficulties and decline in physical capability and endurance were reported to occur when older nurses and midwives were managing high physical work demands. Heavier workload pressures were reported to impede completion of work duties (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 ward as a work environment was not very accommodating to the older nurse.

One participant 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)

Working within a poorly designed environment whilst dealing with a decrease in physical function can impact the ability of the older nurse to continue working and may lead to further physical difficulties (Durosaiye et al., 2016).

Tiredness & Fatigue

Tiredness and fatigue were common challenges older nurses and midwives experienced in the workplace. Twelve studies identified tiredness and fatigue were due to sleep deprivation, extended shift times, heavy patient loads, and increased 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; S 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. One study participant stated:

> *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 time 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-hour 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; S Letvak, 2005). Persistent fatigue may affect work function capacity creating further challenges for older nurses and midwives.

Treated Differently

Different perceptions of performance expectations for older nurses and midwives led to differing treatment in the workplace, with interpersonal conflicts arising from the perception 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 are 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). Support and assistance being withheld with instances of bullying. One participant said: *''It hurts me, and I feel really bad''* (Gabrielle et al., 2007a, p. 87). Another said: "*My manager asks me all too often when am I going to retire"* (S. Letvak, 2003, p. 53). Another participant 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)

These statements give rise to the lack of encouragement for older nurses and midwives to remain in the workplace and to an existence of ageism (Gabrielle et al., 2007a).

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; S. Letvak, 2003; Voit & Carson, 2012; Warburton et al., 2014) Through a lack of understanding of the ageing workforce, older nurses' request for flexible hours and leave were often ignored. They may not have young families, but older workers may be caring for parents or a spouse at home, yet younger nurses were often given preference (Clendon & Walker, 2016b; Gabrielle et al., 2007a). Older nurses reported frustration over generalised negative perceptions of their ability to function: "*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."* (S. Letvak, 2003, p. 51) Younger nurses are being recruited in preference to older and experienced nurses (Voit & Carson, 2012). Older nurses and midwives' status and value to the workplace was diminishing (Fragar & Depczynski, 2011; Gabrielle et al., 2007a; Voit & Carson, 2012). The belief that older nurses' experience was not acknowledged and was undervalued by organisations was a common concern (Ang et al., 2016; Fragar & Depczynski, 2011; Gabrielle et al., 2007b; S. 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 compared to 26.2% who said yes (Ang et al., 2016, p. 6) highlighting older nurses were feeling undervalued in the workplace. Letvak (2003, p. 52) reported management did show appreciation of their older worker's experience, however, of the 6 different study locations only one participant reported receiving positive feedback from their manager.

Constant Changes

The challenge of constant changes in the workplace placed additional stress on older nurses and midwives as reported by 6 studies (Andrews et al., 2005; Ang et al., 2016; Clendon & Walker, 2016a; Spiva et al., 2011; Valencia & Raingruber, 2010; Wray et al., 2007). New computer technology, upgraded equipment, changes to health policies and documentation created challenges in the workplace for the older nurse who felt technology was advancing too quickly for them to update their skills.

A participant stated:

> *We are in constant change. Paperwork and policies change constantly. All of the changes make it hard to maintain our responsibilities and continue to provide excellent patient care.*
>
> (Spiva et al., 2011)

The view technology improves work practices was overshadowed by the frustration and lack of satisfaction as experienced by some older nurses in the workplace when they were unable to learn how to use it. One nurse stated:

> *Does all this change really help? I know they're trying to improve but the change is non-stop. There are people that say, "Well, keep up or get out." I've heard that. The amount of new technology makes me think about retiring.* (Valencia & Raingruber, 2010, p. 281)

Another said:

> *I think there are just too many changes. You get all these nursing classes that say to implement change in stages, so it can be assimilated. But here you change, and you change, and you change, and you change. It doesn't ever stop. This amount of change makes me think about retiring. Some degree of predictability in my job would keep me working.* (Valencia & Raingruber, 2010, p. 280)

Lack of Opportunities

The lack of ongoing education and promotional opportunities were issues highlighted by several studies. According to 6 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, Aspland, Gibson, Stimpson, & Watson, 2008; Wray et al., 2007). Although older nurses and midwives need access to education to update their skills one study found older nurses and midwives accessed less Continuing Professional Development (CPD) than younger cohorts with 73% of participants 50 years and over not been given the opportunity for CPD within the past 2 years whereas only 27% of under 50-year-old colleagues had missed out on CPD activities within the same time period (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; S Letvak, 2005). The perception is 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 in the workplace.

Strategies

Organisational strategies in support of older nurses or midwives in the workplace were reported to be in place with 2 of the 31 studies looking at initiatives to retain and recruit mature experienced nurses by offering redeployment to less physical demanding roles. One study introduced a 6-month mentoring program for less experienced mentees. A further 2 studies described short term wellness programs and 6 studies identified participants who were working under self-scheduling or flexible hour rostering. Another study was piloting part-time and relief positions across a number of sites for older nurses.

Strategies to support older nurses and midwives in the workforce were suggested by study participants. In addition to wellness programs, re-deployment and flexible hours, participants from 29 of the 31 studies also suggested introducing support networks, recognition of experience, improved workplace ergonomics and ongoing education. See Table 2 Suggested Strategies.

Wellness Programs

To maintain health and fitness and improve functional capacity, wellness programs have been proposed to support older nurses and midwives in the workplace. Although 3 studies identified self-care strategies were necessary for older nurses and midwives (Bishop, 2013; Clendon & Walker, 2016a; Gabrielle et al., 2007b) 10 studies reported older nurses and midwives would adequately maintain mental, emotional and physical well-being if appropriate breaks between shifts were provided (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). Studies suggested introducing task specific functional tests for older workers (Durosaiye et al., 2016) and consultation with older nurses and midwives about addressing any health challenges that may affect their work function (Fragar & Depczynski, 2011). To improve older nurses and midwives endurance and generate positive work environments the introduction of fitness programs and promotion of healthy living within work times was suggested (Gabrielle et al., 2007b). To assess the level of work engagement after participating in a caring based intervention program 1 study offered older nurses the opportunity to attend a three-day retreat away from the workplace (Bishop, 2013). Interviews with participants pre and post program indicated work engagement had improved. Another study arranged a fifteen-week Tai-Chi wellness program involving older nurses. This study found the program cost effective, improved workplace productivity and supported workers positively (Palumbo et al., 2012).

Redeployment

Concern over ageing limiting the ability to continue nursing at the bedside, 12 studies suggested older nurses be redeployed to sedentary jobs with lighter duties (Clendon & Walker, 2016a; Duffield et al., 2014; Durosaiye et al., 2016; Gabrielle et al., 2007b; Kirgan & Golembski, 2010; Kovner et al., 2007; S 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 or unique 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 roles were already being created for older nurses and midwives, such as patient educator, admission and discharge nurse position (Mion et al., 2006; Spiva et al., 2011). A study from Mion et al., (2006, p. 154) reported their organisational strategy for supporting older nurses through redeployment was cost effective, improved morale and enhanced staff retention.

Flexible Hours

To enable older nurses and midwives to remain in, or return to work 12 studies suggested organisational support for reduction in work hours, job sharing, 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). Andrews et al., (2005, p. 304) reported flexible and part time hours were being employed within the organisation but greater availability was necessary to support older nurses and midwives to continue in the workplace. Another study reported a formal 'flexible hour' policy was in place with others in the study considering their existing hours to be flexible (Clendon & Walker, 2016b). One study reported flexible hours were dependent on what type of role a person was engaged in, as an all-inclusive flexible working policy was in place but was reported to be not available to all staff because of difficulty to implement within a 24-hour service (Harris et al., 2010). Even though participants from this study had suggested this support strategy it was reported the culture of nursing appeared to discourage flexible working (Harris et al., 2010). As part of a suggested support strategy 1 study was piloting a part-time nurse program (Kirgan & Golembski, 2010).

Support Networks

Studies suggest older nurses and midwives need encouragement through support networks to maintain their presence in the workplace. Fifteen of the 31 studies identified organisational support as an important factor for retention of older nurses and midwives. To foster positive interpersonal relationships, 6 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 for older nurses and midwives allowing them to work in the same areas that are familiar to them (Clendon & Walker, 2016a) and 2 studies suggested 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). Studies suggest effective communication from all levels (Fragar & Depczynski, 2011; Gabrielle et al.,

2007b; Topa, Guglielmi, & Depolo, 2016; Utriainen et al., 2016; Warburton et al., 2014), individualised workplans (Ang et al., 2016; Clendon & Walker, 2016b; Warburton et al., 2014) and organisational support for older nurses and midwives, although type of support was not specified (Utriainen et al., 2016; Wray et al., 2007).

Recognition

The opportunity for younger less experienced workers to draw from older nurses and midwives' knowledge requires recognition of their many years of experience. Participants from 11 studies suggested valuing and recognising older nurses and midwives experience and skills and allow 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, ensuring transference of knowledge to younger less experienced colleagues (Ang et al., 2016; Clendon & Walker, 2015; Friedrich et al., 2011; McDonald et al., 2010). A six-month mentoring program was conducted by researchers from one study (McDonald et al., 2010), older nurse and midwife mentors were paired with younger mentees to develop, strengthen and maintain personal resilience to continue in their career. Older nurses and midwives reported that they felt valued when involved with this mentoring program. One study reported older nurses and midwives experienced unspecified perks and benefits from their organisation to recognise their years of service and support them to remain in the workplace (Mion et al., 2006).

Workplace Ergonomics

There are situations where the work environment may negatively impact on older nurses and midwives' health and well-being (Durosaiye et al., 2016). Eleven studies suggested workplace ergonomic revision 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). One study suggested older nursing and midwifery staff give input to environmental planning for future projects to help decrease excessive walking by placing

more equipment at the bedside (Spiva et al., 2011). Clendon & Walker (2016a, p. 1071) suggested environment adjustment such as softer floor surfacing. As part of workplace ergonomics 1 study reported the introduction of updated patient lifting equipment, automated transfer systems in the operating rooms and updated patient beds with ease of use (Mion et al., 2006). Strategies to streamline work environments reported in the studies may support older nurses and midwives in the workplace.

Ongoing Education

Support for older nurses and midwives to maintain their practice competence by updating obsolete skills through Continuous Professional Development (CPD) was suggested to be important in 6 studies (Andrews et al., 2005; Durosaiye et al., 2016; Spiva et al., 2011; Warburton et al., 2014; Wray et al., 2008; Wray et al., 2007). Understanding learning needs of older nurses and midwives may differ from younger colleagues, training sessions specifically geared toward older nurses and midwives were suggested by 1 study after identifying cognitive acuity of older nurses that could be diminished with age may also be exacerbated by shift work and sleep deprivation (Wray et al., 2008).

Support from organisations for access to CPD may be pivotal in retaining older nurses and midwives in the workplace.

Discussion

This scoping review identified many older nurses and midwives experience multiple challenges which impact on their ability to perform certain tasks. Some challenges were associated with the ageing process, others were linked to attitudes and practices within the workplace. Older nurses and midwives are valuable to the workplace and can upskill younger less experienced staff. The impending shortage of nurses in the future means organisations must support them to meet the needs of the people in their care (Australian Nursing & Midwifery Accreditation Council, 2014; Clendon & Walker, 2013; Ryan, Bergin, & Wells, 2017)

Only limited organisations had implemented support programs for older nurses or midwives and reported improved staff morale, enhanced retention and cost effectiveness but there was a lack of understanding about

specific support suggested by participants and need to help the older nurses or midwives continue in the workplace.

Replacing experienced skilled workers will be costly, by giving a voice to the older nurses and midwives when developing nursing policies will enable organisations to retain skilled workers to meet future health care needs. Encouraging mentorship programs to upskill of younger less experienced nurses and midwives by older staff through shared experiences will also ensure ongoing collaboration within the workplace.

To ensure quality of care, older nurses and midwives must be listened. Having a voice in developing practice standards for all nurses and midwives in the workplace will promote a supportive and positive work environment and assist older nurses and midwives to work to their full capacity to remain efficient and effective members of the health workforce. This policy will enable a supply of sufficient workers to take care of the future health needs of the ageing population.

Implications

Older nurses and midwives should have a voice in practice standards for all nurses and midwives as they age in the workplace. This policy will promote a supportive and positive work environment and assist older nurses and midwives to work to their full capacity. Adopting this strategy will enable a supply of sufficient workers to take care of the future health needs of the ageing population.

Limitations

The results of this review cannot be generalised, there were distinct differences in each study aim. Identified papers did not specifically involve challenges or support strategies in the workplace. The undefinable age a person is considered older also meant each study was not targeting participants from the same age group.

To address the limitations of this study, researching a targeted age group and investigating challenges and evaluating specific strategies for older nurses and midwives will strengthen the validity of supporting them to remain in the workforce.

Conclusion

Nurses and midwives are remaining in the workforce longer than before. Studies have indicated there is a need for support but older nurses and midwives themselves must be involved in the development of policies to allow them to remain in the workplace to ensure their targeted workplace challenges are addressed.

To meet impending health needs organisations, have a responsibility to look to the future and support nurses and midwives to remain in the workforce as they age. By listening to the voices of older nurses and midwives and allowing them to lead changes to nursing practices, suitable support strategies can be introduced during their career. Positive outcomes have already been identified when older nurses and midwives are given support in this way.

References

Andrews, J., Manthorpe, J., & Watson, R. (2005). Employment Transitions for Older Nurses: a Qualitative study. *Journal of Advanced Nursing, 51*(3), 298 - 306. doi:10.1111/j.1365-2648.2005.03501.x

Ang, S. Y., Ayoob, S. B. M., Hussain, N. B. S., Uthaman, T., Adenan, H., Chiang, P., . . . Ostbye, T. (2016). Challenges faced by older nurses in Singapore: a mixed method study. *International Nursing Review.* doi:10.1111/inr.12348

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19-32. doi:10.1080/1364557032000119616

Austen, S. J., T; Lewin, G; Ong, R; Sharp, R. (2016). Work ability, age and intention to leave aged care work. *Australasian Journal of Ageing, 35*(1), 18-22. doi:10.1111/ajag.12187

Australian Institute for Health and Welfare. (2015). *Australia's welfare 2015*. Canberra Retrieved from https://www.aihw.gov.au/getmedia/692fd1d4-0e81-41da-82af-be623a4e00ae/18960-aw15.pdf.aspx?inline=true

Australian Nursing & Midwifery Accreditation Council. (2014). *Australia's Future Health Workforce* (9916146508301831). Retrieved from Canberra ACT 2601: https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20overview%20report.pdf

Bishop, M. (2013). Work engagement of older registered nurses: the impact of a caring-based intervention. *Journal of Nursing Management, 21*(7), 941-949. doi:10.1111/jonm.12182

Clendon, J., & Walker, L. (2013). The health of nurses aged over 50 in New Zealand. *Contempory Nurse, 45*(1), 85-94. doi:10.5172/conu.2013.45.1.85

Clendon, J., & Walker, L. (2015). Career plan useful for older nurses: a study of older nurses has found most have never done career planning, but wish they had. *Kai Tiaki Nursing New Zealand, 21*(11), 31-33, 48. Retrieved from https://link.gale.com/apps/doc/A450505515/AONE?u=unisa&sid=AONE&xid=58ad05e6

Clendon, J., & Walker, L. (2016a). The juxtaposition of ageing and nursing: The challenges and enablers of continuing to work in the latter stages of a nursing career. *Journal of Advanced Nursing, 72*(5), 1065-1074. doi:10.1111/jan.12896

Clendon, J., & Walker, L. (2016b). Nurses aged over 50 and their perceptions of flexible working. *Journal of Nursing Management, 24*(3), 336-346. doi:10.1111/jonm.12325

Collins, S., & Collins, K. (2006). Valuable Human Capital: The Aging Health Care Worker *The Health Care Manager, 25*(3), 213 - 320. doi:10.1097/00126450-200607000-00004

Commonwealth of Australia. (2004). *Australia's demographic challenges*. Canberra, Australia: Social Policy Division The Treasury Retrieved from http://demographics.treasury.gov.au/content/_download/australias_demographic_challenges/australias_demographic_challenges.pdf

Daudt, H. M. L., van Mossel, C., & Scott, S. J. (2013). Enhancing the scoping study methodology - a large, inter-professional team's experience with Arksey and O'Malley's framework. *BMC medical research methodology, 13*. doi: 10.1186/1471-2288-13-48

Dijkers, M. (2015). What is a scoping review. *KT Update, 4*(1), 1-5. Retrieved from [http://ktdrr.org/products/update/v4n1]

Duffield, C., Graham, E., Donoghue, J., Griffiths, R., Bichel-Findlay, J., & Dimitrelis, S. (2014). Why older nurses leave the workforce and the implications of them staying. *Journal of Clinical Nursing, 24*(5-6), 824-831. doi:10.1111/jocn.12747

Durosaiye, I. O., Hadjri, K., & Liyanage, C. L. (2016). Identifying Challenging Job and Environmental Demands of Older Nurses Within the National Health Service. *Health Environments Research & Design Journal (HERD), 9*(3), 82-105. doi:10.1177/1937586715613586

Fragar, L., & Depczynski, J. (2011). Beyond 50. Challenges at Work for Older Nurses and Allied Health Workers in Rural Australia: A Thematic Analysis of Focus Group Discussions. *BMC Health Services Research, 11*, 42. doi:10.1186/1472-6963-11-42

Friedrich, L., Prasun, M., Henderson, L., & Taft, L. (2011). Being a seasoned nurse in active practice. *Journal of Nursing Management, 19*(7), 897-905. doi:10.1111/j.1365-2834.2011.01294.x

Gabrielle, S., Jackson, D., & Mannix, J. (2007a). Adjusting to personal and organisational change: Views and experiences of female nurses aged 40–60 years. *Collegian, 15*(3), 85-91. doi:10.1016/j.colegn.2007.09.001

Gabrielle, S., Jackson, D., & Mannix, J. (2007b). Older Women Nurses: Health, Ageing Concerns and Self-care Strategies. *Journal of Advanced Nursing, 61*(3), 316-325. doi:10.1111/j.1365-2648.2007.04530.x

Graham, E., Donoghue, J., Duffield, C., Griffiths, R., Bichel-Findlay, J., & Dimitrelis, S. (2014). Why do older RNs keep working? *Journal of Nursing Administration, 44*(11), 591-597. doi:10.1097/NNA.0000000000000131

Graneheim, U. H., Lindgren, B. M., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Educ Today, 56*, 29-34. doi:10.1016/j.nedt.2017.06.002

Harris, R., Bennett, J., Davey, B., & Ross, F. (2010). Flexible working and the contribution of nurses in mid-life to the workforce: A Qualitative study. *International Journal of Nursing Studies, 47*(4), 418-426. doi:10.1016/j.ijnurstu.2009.08.009

Hatcher, B., Bleich, M., Connolly, C. D., K, O'Neill-Hewlett, P., & Stokley-Hill, K. (2006). *Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace*. Retrieved from USA: https://www.rwjf.org/en/library/research/2006/06/wisdom-at-work-.html Accessed on 23/1/18

Joanna Briggs Institute, Peters, M., Godfrey, C., McInerney, P., Soares, C. B., Khalil, H., & Parker, D. (2015). Reviewers' Manual 2015: Methodology for JBI Scoping Reviews. In F. o. H. Sciences (Ed.). Adelaide.

Keller, S. M., Burns, C. M. (2010). The Aging Nurse. *The American Association of Occupational Health Nurses Journal, 58*(10), 437-444. doi:10.3928/08910162-20100928-04

Kirgan, M., & Golembski, S. (2010). Retaining an aging workforce by giving voice to older & Experienced nurses. *Nurses Leader, 8*(1), 34 - 36. doi:10.1016/j.mnl.2009.11.003

Kovner, C., Brewer, C., Ying, C., & Djukic, M. (2007). Work attitudes of older RNs. *Policy, Politics, & Nursing Practice, 8*(2), 107-119. doi:10.1177/1527154407304505

Letvak, S. (2003). The experience of being an older staff nurse. *Western Journal of Nursing Research, 25*(1), 45-56. doi:10.1177/0193945902238835

Letvak, S. (2005). Health and safety of older nurses. *Nursing Outlook, 53*(2), 66-72. doi:10.1016/j.outlook.2004.09.005

McDonald, G., Mohan, S., Jackson, D., Vickers, M. H., & Wilkes, L. (2010). Continuing Connections: The experiences of retired and senior working nurse mentors. *Journal of Clinical Nursing, 19*(23-24), 3547-3554. doi:10.1111/j.1365-2702.2010.03365.x

Mion, L., Hazel, C., Cap, M., Fusilero, J., Podmore, M., & Szweda, C. (2006). Retaining and Recruiting Mature Experienced Nurses A Multicomponent Organizational Strategy. *Journal of Nursing Administration, 36*(3), 148-154.

Muller, A., Weigl, M., Heiden, B., Herbig, B., Glaser, J., & Angerer, P. (2013). Selection, Optimization and Compensation in Nursing: Exploration of Job-specific Strategies, Scale development and Age-specific associations to Work Ability. *Journal of Advanced Nursing, 69*(7), 1630-1642. doi:10.1111/jan.12026

North, N., Leung, W., & Lee, R. (2014). Aged over 50 years and practising: separation and changes in nursing practice among New Zealand's older nurses. *Journal of Advanced Nursing, 70*(12), 2779-2790. doi:10.1111/jan.12426

Nursing & Midwifery Board of Australia. (2016). *Registration Data Table 2016*. Retrieved from https://www.nursingmidwiferyboard.gov.au/Search.aspx?q=Registration+data+table+2016

Palumbo, M. V., Wu, G., Shaner-McRae, H., Rambur, B., & McIntosh, B. (2012). Tai Chi for older nurses: A workplace wellness pilot study. *Journal of Applied Nursing Research, 25*(1), 54-59. doi:10.1016/j.apnr.2010.01.002

Parliament of Australia. (2001). *Abolition of Compulsory Age Retirement (Statutory Officeholders) Bill 2001 - Age pension Legislation changes* . Canberra Australia Retrieved from https://www.aph.gov.au/Help/Federated_Search_Results?q=Abolition%20of%20compulsory%20age%20retirement%20

Parliament of Australia. (2010). *Completed Inquiries 2008-10*. Canberra: Parliament of Australia Retrieved from https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2008-10/older_austs_living_costs/report/c07

Ryan, C., Bergin, M., & Wells, J. S. G. (2017). Valuable yet Vulnerable-A review of the challenges encountered by older nurses in the workplace. *International Journal of Nursing Studies, 72*, 42-52. doi:10.1016/j.ijnurstu.2017.04.006

Spiva, L., Hart, P., & McVay, F. (2011). Discovering ways that influence the older nurse to continue bedside practice. *Nursing Research and Practice, 2011*, 1-8. doi:10.1155/2011/840120

Stokowski, L. (2008). Old, but Not Out: The Aging Nurse in Today's Workplace.

Topa, G., Guglielmi, D., & Depolo, M. (2016). Effort-reward imbalance and organisational injustice among aged nurses: a moderated mediation model. *Journal of Nursing Management, 24*(6), 834-842. doi:10.1111/jonm.12394

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., . . . Straus, S. E. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Med Res Methodol, 16*, 15. doi:10.1186/s12874-016-0116-4

United Nations (UN). (2015). *World Population Ageing 2015*. Retrieved from New York: http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf

United Nations (UN). (2017). *Western, Economic Situations and Prospects*. Retrieved from

Utriainen, K., Kyngäs, H., & Nikkilä, J. (2016). Well-being at work among ageing hospital nurses in Northern Finland: a grounded theory study. *International Journal of Circumpolar Health, 68*(2), 145-157. doi:10.3402/ijch.v68i2.18325

Valencia, D., & Raingruber, B. (2010). Registered nurses' views about work and retirement. *Clinical Nursing Research, 19*(3), 266-288. doi:10.1177/1054773810371708

Voit, K., & Carson, D. B. (2012). Retaining older experienced nurses in the Northern Territory of Australia: A qualitative study exploring opportunities for post-retirement contributions :. *Rural and Remote Health, 12*(2), 1-10. Retrieved from http://www.rrh.org.au

Warburton, J., Moore, M. L., Clune, S. J., & Hodgkin, S. P. (2014). Extrinsic and intrinsic factors impacting on the retention of older rural healthcare workers in the north Victorian public sector: A qualitative study :. *Rural and Remote Health, 14*(3), 2721-2721. Retrieved from http://www.rrh.org.au

Wray, J., Aspland, J., Gibson, H., Stimpson, A., & Watson, R. (2008). "A wealth of knowledge": A survey of the employment experiences of older nurses and midwives in the NHS. *International Journal of Nursing Studies, 46*(7), 977-985. doi:10.1016/j.ijnurstu.2008.07.008

Wray, J., Gibson, H., Stimpson, A., & Watson, R. (2007). Employment experiences of older nurses and midwives in the NHS. *Nursing Standard, 22*(9), 35 - 40.

Figure 1 **PRISMA Flow Diagram**

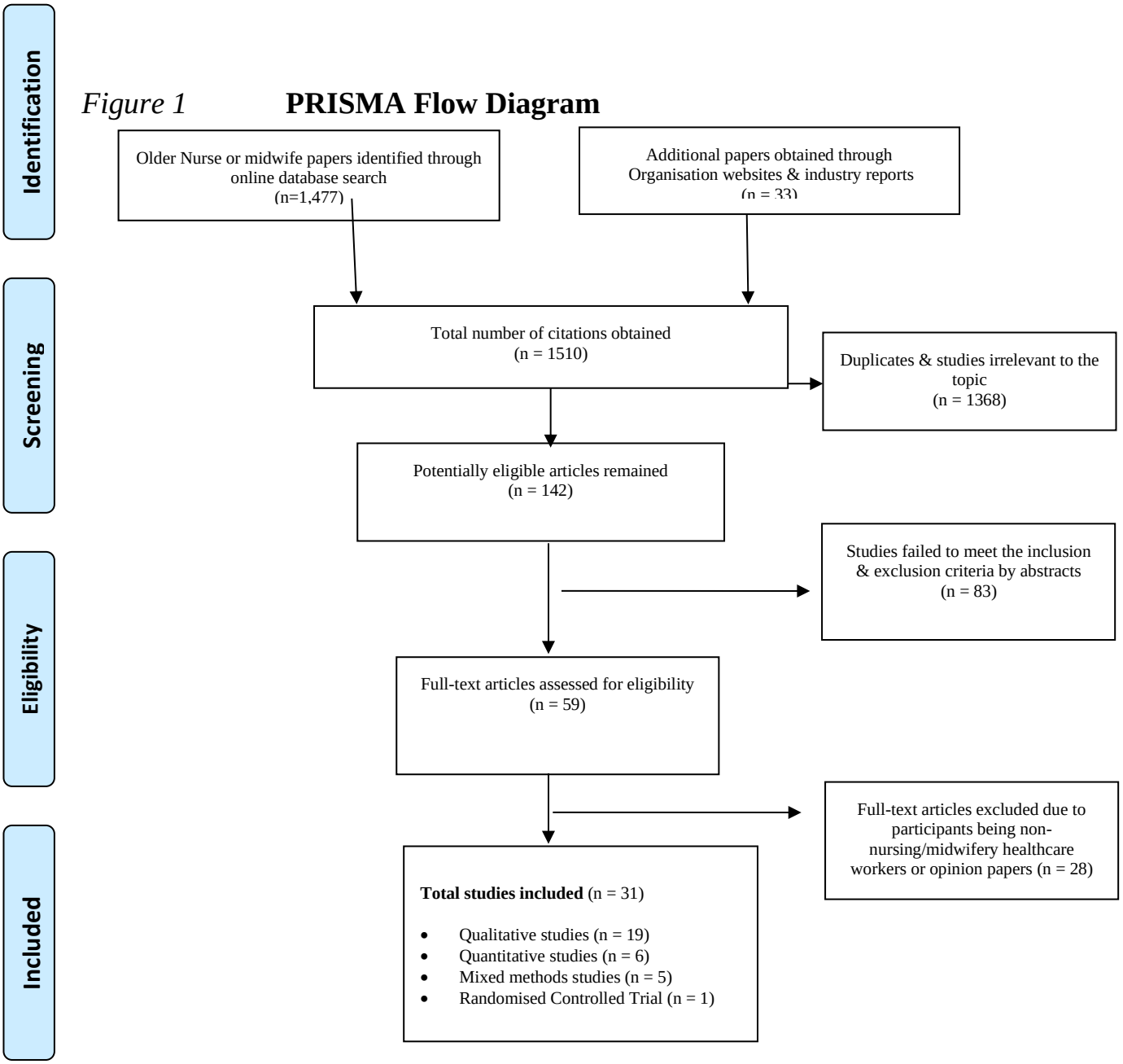


Table 1 Challenges

Author	**Physical Difficulties**	**Tiredness & Fatigue**	**Treated Differently**	**Lack of Respect**	**Lack of Opportunities**
n=31 Studies	*n=13*	*n=12*	*n=10*	*n=8*	*n=9*
Andrews *et al* (2004)	✓		✓		✓
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)	✓	✓	✓		✓
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)			✓	✓	
McDonald *et al* (2010)	✓				
Mion *et al* (2006)	✓	✓	✓		
Müller *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)			✓	✓	
Wray *et al* (2008)					✓
Wray *et al* (2007)					✓

Table 2 Strategies

	Suggested							Organisational		Organisational	
Author	**Wellness Programs**	**Re - deployment**	**Flexible Hours**	**Support Networks**	**Recognition**	**Workplace Ergonomics**	**Ongoing Education**	**Short term Wellness Programs**	**Recognition** 6 month Mentoring program	**Flexitime** Available for all Staff	**Redeployment** Specifically for Older staff
n=31 Studies	*n=13*	*n=10*	*n=8*	*n=15*	*n=11*	*n=11*	*n=6*	*n=2*	*n=1*	*n=3*	*n=2*
Andrews *et al* (2004)	✓				✓	✓	✓			✓	
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)	✓	✓		✓		✓	✓				
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)											
McDonald *et al* (2010)									✓		
Mion *et al* (2006)				✓	✓						✓
Müller *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)		✓	✓	✓			✓				
Wray *et al* (2008)		✓	✓				✓				

Wray *et al* (2007)	✓	✓	✓