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An ageing workforce,nurses' perceptions on retirement and care: an exploratory study

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The ageing population crisis is a global problem affecting all sectors, from economy to health care. To provide solution to this problem, policy makers have put in place laws to increase the retirement age. This is as a result of studies done on the employers' and policy makers' point of view rather than the ageing workforce's (nurses) point of view. While the increase of retirement age seems to be necessary, the effects on the ageing workforce, including the nurse workforce, are also relevant and have often been ignored. Therefore, the aim of this study was to explore the perception of nurses on retirement and subsequent care. The questions that this study aimed to answer are as follows:
1. What are the perceptions on retirement of among nurses?
2. What are the expectations of care after retirement among nurses?

The study explored this topic qualitatively, with the aim to gain an in-depth view of the employee's perception on the retirement age in Finland and the subsequent care as a result of prolonged working life. Data was collected through a questionnaire and an interview. The questionnaire consisted of 10 questions, in English and Finnish. An in-depth semi-structured interview of about one hour was carried out. The data was transcribed and a thematic analysis was performed. Four themes emerged from the data: health, finances, relationship, and understanding on retirement.

The findings revealed that current health, financial and relationship status of working nurses affect their retirement as well as their expectations of care thereafter. The theme of understanding retirement also revealed a relevant cultural aspect which also showed to affect the perception on retirement. The study was done in a Finnish dominated setting, which to a limited extent created a language barrier between the researcher and the participants. In addition, the nurse cohort participating in the study comprised mainly of workers in the elderly care homecare setting. The nurse cohort is very vast, including ageing nurses in elderly care (homecare and institutional care) as well as hospital setting and health centers. Therefore, it would be interesting to perform this type of study on a larger sample of nurses.

The findings reveled that this global crisis cannot be solved primarily by policy makers and employers alone, but in conjunction with the employees. As retirement policies are envisioned to better take into consideration the ageing workforce, and adjustments are being made, the retention of older workers beyond retirement age will likely reduce the drainage of skilled and educated professionals while they transfer their skills and knowledge to the younger workforce.

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1   Introduction

Population ageing is a global phenomenon. The population is rapidly ageing, thus changing the global age structure within the society. This phenomenon affects the healthcare system as well as virtually every other sectors of the global economy.

By the year 2050, the population of people aged 60 years is predicted to comprise 22 percent of the world population, with the population of elderly aged 80 years expected to have risen by 4 percent (David E. Bloom, 2011). Already by the year 2020, ageing people (over age 60 years) are estimated to outnumber young children below 5 years of age.

Ageing and health intersect both at the level of the individual and at the level of the entire society. The ageing demography is important to the healthcare system because the number of people aged 60 years and older is rising fast. The challenges of this aging population are widely known. However, what is being done to take advantage of this demography in terms of the talents, skills and knowledge of this educated group is still at its infancy. Therefore, the ageing workforce has many challenges to maintain and transfer the skills and knowledge over to the younger workforce being the most important one (Rose O Sherman RN, et al., 2013).

The ageing population phenomenon has created a crisis in the population structures of countries globally in the earlier years ,the population structures in the shape of triangle with many births, enough working age population and a very small population of the ageing individuals.

A. Population structure as life expectancy grew and fertility rate declined.

B. Pension system structure as working age population grew

Age

Number of people

C. Pension system as working age population declines

Age

Number of people
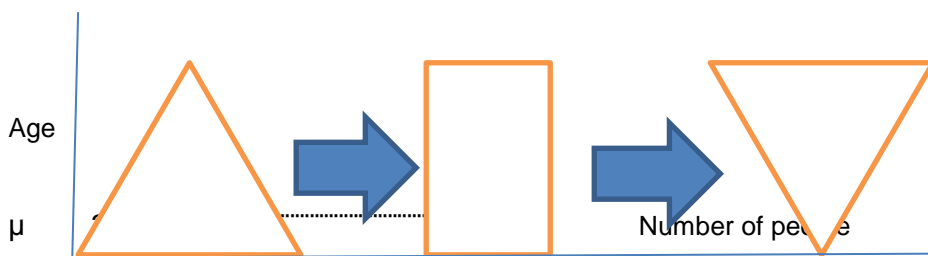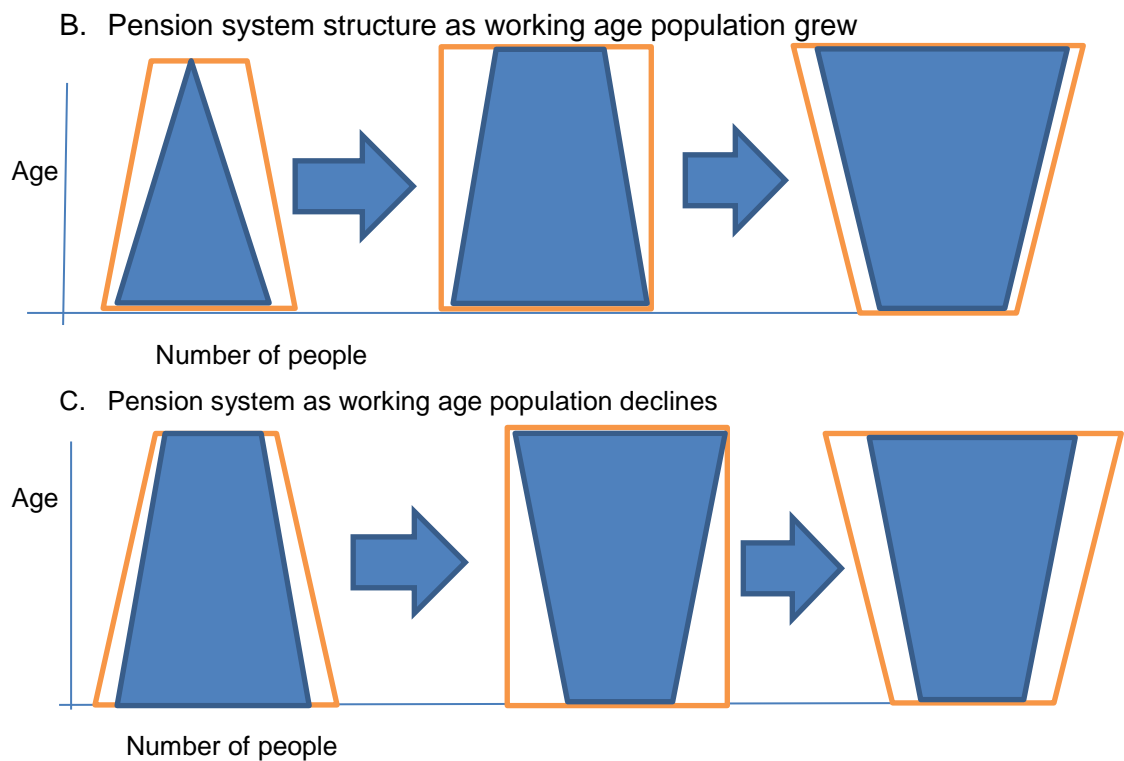
Figure 1 Diagram A, B and C change in population structure from 1970 to the early 2000s (M.Schwarz & S.Arias, 2014)

The above three diagrams show how the population structure has changed over the past few decades from a normal pyramid to an inverted pyramid, resulting to the current global crisis.

Table 1. Countries with the highest share of 60+ population in 2011 and 2050 (percentage) (David E. Bloom, 2011).

2011		2050	
Countries	**Population (%)**	**Countries**	**Population (%)**
Japan	31	Japan	42
Belgium	24	Cuba	39
Italy	27	Italy	38
Portugal	24	Portugal	40
Germany	26	Germany	38
Croatia	24	Switzerland	37
Finland	25	Spain	38
Greece	25	Singapore	38
Bulgaria	25	Republic of Korea	39
Sweden	25	Bosnia and Herzegovina	40

The population is ageing and so is the workforce. An ageing population and the changes in labour force participation are the two factors that lead to an ageing workforce. Many factors can affect workforce structure. Among them are education, female labour participation, health, economic availability and pension availability (Shultz & Adams, 2007)

Ageing health care workforce is one of the greatest challenges in the health care system. The current and, most certainly, the future inadequacy of the health care workforce include both the numbers of workers and the quality of their training. This, compounded with lack of effective coordination between the primary care givers and geriatricians, is usually detrimental on the quality of care. Enhancing geriatric competence and training for caregivers will increase the quality of service deliverance and even save lives (Rowe, et al., 2016).

According to the studies done and literature found, the current workforce is made of aging workers and, as they leave the industry to join their counter part from other fields into retirement, they take with them most valuable skills. However, persuading these health care workers to remain in the workforce needs the implementation of specific strategies to accommodate their abilities. This is because with ageing the workers are likely not to be able to function to their full capabilities due to age-related health conditions or disabilities. Some of the strategies that can be put in place have to do with workplace flexibility, like phased retirement.

Table 2 Global force: 1960, 2005 and 2050 (David E. Bloom, 2011).

	1960 Actual	2005 Actual	2050 Projected
LFPR (labour force/pop 15+) (%)	67.4	65.8	61.4
LFTP (labour force/total pop) (%)	42.3	47.1	49.0

Government and employers around the world are concerned with the growing demographic changes, the aging workforce and their management. This phenomenon is a reality due to the improved living conditions, social stability, physical security, economic stability, as well as the longer life expectancy and improved quality of life. The situation in Europe has further been affected by the free movement of labour across EU member countries, thus causing a decline of workforce elsewhere. The situation above poses challenges in the healthcare and retirement in terms of its financing as well as individual

workers' will to exit the labour market at their own prerogative (Bernd Rechel, 2009). However, many studies done on ageing are usually labour market-driven. No study focuses on the employees' perception on retirement or on working after retirement. The quality of life of the older employees is not taken into consideration. These are some of the push and pull factors that should be considered when talking of retention of the ageing workforce (Winkelmann-Gleed, 2009).

Just like the rest of the world, the Finnish population is experiencing an ageing demographic change in every economic sector, including healthcare. The people aged 60 and above have increased drastically by 6.8 percent. For a small country of about 5.5 million people, this is a significant increase (Statistic Finland, 2020).

With a reducing workforce, the healthcare and pension expenditures increase and are only shouldered by a smaller working population. Since Finland is a welfare state, it is imperative that the employment rate among the working age population be raised in order to meet the financial sustainability. Therefore, Finland recently raised the retirement age of its population from 65 years to 67 years and this has worked well to cushion public finances. However, there is still the problem of long-term unemployment which also depends on the social welfare to survive.

This demographic change increases two major factors; the health care expenditure and the pension schemes. Currently the economic dependency ration in the country is at 142 non-employed per 100 employed people. (TERVEYDEN JA HYVINVOINNIN LAITOS, 2015). This ratio is bound to increase as a result of the ripple effect of these changes.
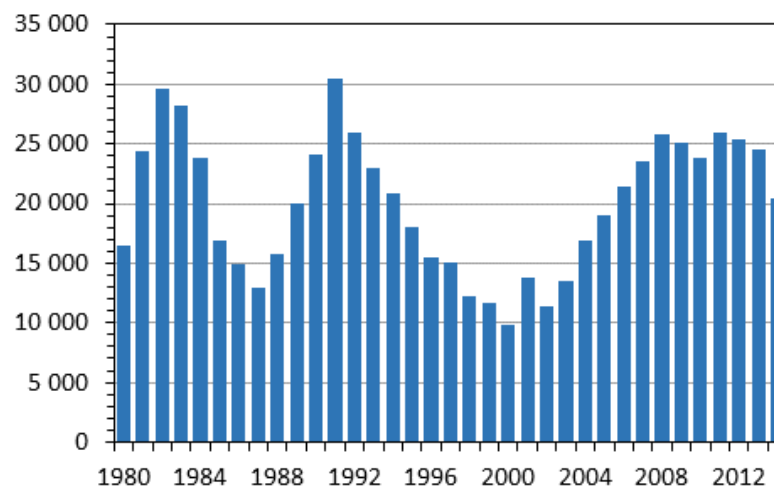
Figure 2 Change in population from 1980-2012 (Statistics Finland, 2015)

The number of working group 15-64 years has decreased by about 122,000 from 2009 when the age working people were 3.55 million.2014.according to this numbers the projection. Moreover statistics Finland projects that this number is going to increase in the next 20 years by 111,000
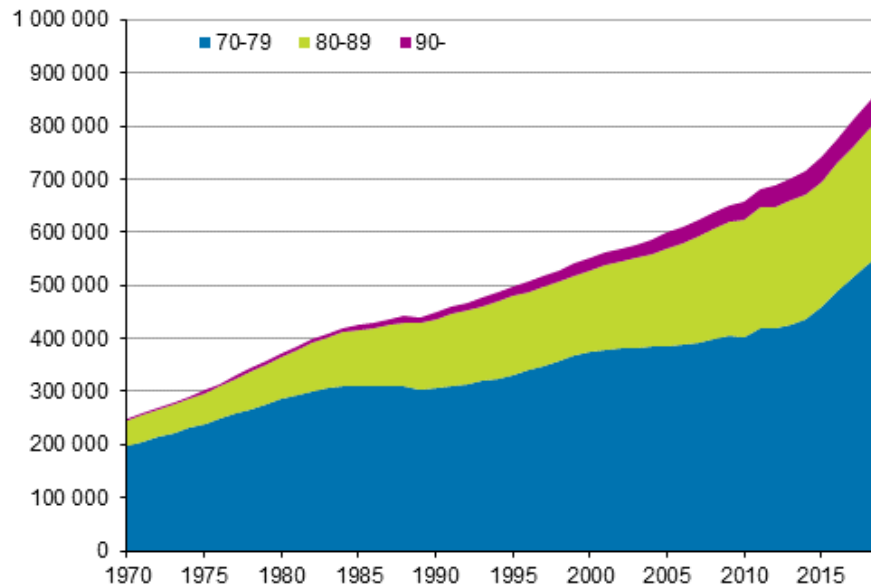
Figure 3 Persons aged over 70 from 1970-2019 (Statistics Finland, 2020)

The Finnish ageing population continues to grow early according to statistic Finland by 2019 the population of aged people 70 years or above was at 874,000. This represents a growth of 100,000 over the past three years
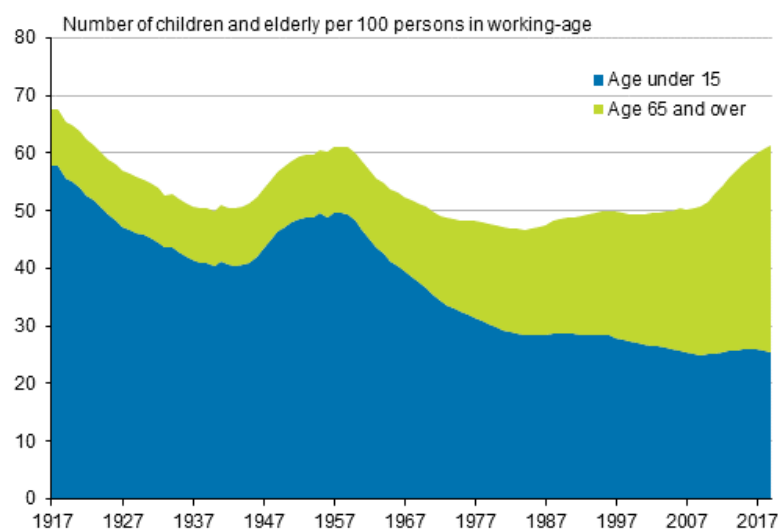
Figure 4 Dependency ration in 1917-2019 demographic (Statistic Finland, 2020)

In the above figure shows the increase in dependency ratio projection post world war one and two into the 20th century whereas the table below shows the dependency ratio increased projection by the end of the 20th century and into the 21st century

Table 3 demographic dependency ratio and population in 1970 to 2070 (year's 2020 to2070: projection) (Stastistic Finland, 2018)

| Year	Dependency ratio	Population in total	Age under 15 and over 65	Age 15 to 64
1970	50,7	4 598 336	1 546 038	3 052 298
1980	47,5	4 787 778	1 542 591	3 245 187
1990	48,7	4 998 478	1 637 168	3 361 310
2000	49,4	5 181 115	1 713 531	3 467 584
2010	51,6	5 375 276	1 828 718	3 546 558
2017	60,1	5 513 130	2 069 742	3 443 388
2020	62,1	5 543 221	2 124 603	3 418 618
2030	65,7	5 611 987	2 225 282	3 386 705
2040	67,6	5 601 713	2 259 135	3 342 578
2050	71,0	5 531 725	2 296 126	3 235 599
2060	75,8	5 448 354	2 348 720	3 099 634
2070	80,8	5 370 501	2 399 795	2 970 706

2   Theoretical background

In this chapter, the writer will cover the following: theories, previous research done on the topic, as well as the key terminology of the thesis.

Finland is facing the same challenges as the rest of the developed countries in relation to ageing population and health care. First, the workforce is also ageing as the current population from different sectors. Secondly, the skills and knowledge that these educated retiring individuals have are not being transferred to the younger generation of workers. This phenomenon leaves a big gap of qualified yet less knowledgeable concerning the elderly population. Thirdly, the population ageing is also creating an increase in health care expenditure because of longer life expectancy coupled with chronic diseases as well as various age-related disabilities (TERVEYDEN JA HYVINVOINNIN LAITOS, 2015)

When talking about ageing workers it is important to take into consideration quality of life in old age and the workforce. The following factors affect the quality of life in ageing workforce population as well as any other population age group. These factors are psychological and physical.

Psychological factors: this means the cognitive adjustment, social expectations comparison (optimism - pessimism) and resilience of the ageing workforce. Physical factors: chronic diseases such as hypertension, diabetes, cardiovascular disease.

2.1 Ageing workforce population worldwide

Population ageing is one of the biggest challenge the world faces in this current century. Global ageing does not only affect other societal working population worldwide but also the health care professionals who care for the rest of the society as well (Margaret A. Winker & Catherine D. DeAngelis, 2010)

Therefore, considering the ageing nursing workforce mirroring the ageing population trend of various developed countries, many countries have initiated work policy changes that delay the retirement of the ageing nursing workforce. There are three main hazards that nurses face daily in relation to their work: 1) injuries due to repetitive motions, 2) fatigue, slips, trips and falls, 3) physiological aging effects such as reduced strength, hearing and vision. These pose a great risk in combating burn out and retaining the ageing workforce. Therefore, healthcare institutions need to think of ways to build a supportive culture on generational diversity and to implement ergonomic and job engineering ways of working (Rose O Sherman RN, et al., 2013).

Nevertheless, the quality of the longer life is now a looming issue in many countries. The quality of life of health care workers is also at stake as they approach their retirement age. There is a high risk of injuries related to work life, especially musculoskeletal ones due to advanced age leaving them prone to become patients themselves. With that in mind, it would be understandable if the ageing workforce could decide how and when they retire. However, this is not the case in America, where older workers are afraid to retire due to changes in the employer-provided pension plans, retirement benefits, unstable economy, or financial security. This trend exists globally in countries that are not welfare-based and partly in those that are welfare-based (Simone M.Keller & Candace

M. Burns, 2010). The working age group (18 – 65 years) will drastically drop by the year 2029 by nearly 50%, causing a strain in the health care system funding (Barr, 2014).

According to (Kate McPhaul, 2009), ageing nursing workforce does not necessarily have to pose a threat to the health care industry. However, with some strategizing the ageing workforce can be used to an advantage in the health care system. For example, pairing older nurses with younger ones can lead to improved quality of life of the older nurses as they assign the physical part of their work to the younger ones. At the same time they can share their experience and skills with the younger ones.

2.2   The management of ageing nursing workforce.

Management of ageing workforce has proved to be challenging especially as supervisors are often younger than the ageing workers. This can cause friction when giving or receiving instructions. The ageing workers are prone to being discriminated due to outdated attitudes, stereotyping, unfair policies and prejudices. These can affect the ageing workforce negatively by reducing their chances for promotions, forcing them out of working life early as well as excluding them from learning and training opportunities (Kuldeep & Kiran, 2011)

The push and pull factors in the work places usually lead to older workers leaving or staying. The push factors relate to the negative aspect of the work, such as age, biased sentiments, and disrespect from younger workers. The pull factors may include pension plans options and financial insecurity (Storey, et al., 2009).Therefore, the management of ageing workforce should take these factors into account when planning ways of retaining the aging nurse workforce.

According to the article "managing wiser workforce", (Kuldeep & Kiran, 2011, pp. 121-123) the modern way of managing an aging workforce is by:
- The management supporting the older employees
- Phased out retirement
- Avoiding age-biased incentives and sentiments, through older worker-younger worker mentoring
- Training and career development for older workers in organizations in regards to the new technology

- Flexible working schedule by allowing the older staff to work less in terms of hours/week without incurring into a penalty of income reduction
- Policies on pension and regulation in the organization regarding retirement and older workers recruitment
- Creation of performance measurements by identifying older workers preference and motivation incentives, for example alternative roles
- Ergonomic working conditions for older workers by providing additional light for workers with poor sight, providing equipment for lifting heavy objects
- Adequate healthcare coverage for older workers by providing regular health check-up setting aside enough break time at work for workers with medication and dietary needs to attend to

2.2.1 Ageism in work place

Ageism can impact on a person's confidence, financial situation as well as their quality of life. Ageism at work place is usually expressed in different ways. It can include ageist discourses such as age-related jokes and undertones. Ageism at work can also be expressed through expressions like "People should retire at 60", as well as discriminatory practices for example in the planning of training events (Banaji, 2004, pp. 165-167).

2.2.2 The effects of old-age stereotypes on organizational productivity

The performance and productivity of ageing workers is usually questioned and put under scrutiny due to their advanced age and physical decline.
Nevertheless, research done on this subject shows that the performance and productivity output is the same both in the older and younger workers. While the younger workers are physically and cognitively fit, the older workers are motivated, accurate and steady in their work. Therefore, ageing workers are just as productive as the younger ones (Banaji, 2004, pp. 171-173).
However, as much as the previous studies done show that ageing workers are just as productive as the younger ones, ageism at work place can lower the productivity of older workers due to negativity impact on confidence. This may lead to poor health due to stress, therefore decreasing quality of life and affecting the financial stability.

According to the many studies done, countries in Europe and America are prolonging the working life of their citizens in order to combat the stagnant economic growth as a result of the demographic changes (Martin & Preston, 1994, pp. 8-43;102-124). This is caused by the effect of the baby boomers generation now heading to retirement. However, other studies show that the retention of ageing workers is not the only reason why ageing workers are still working. There are other four reasons that may influence the retention of ageing workers. These are personal health and well-being; financial stability; possible social inclusion/ isolation; possibilities having meaningful activities to occupy their time (Nilsson, 2012).

2.3   Previous research

The study found previous research on aging workforce were mainly focused on the employer's perspectives on implementation of working period extension beyond retirement age, while only few reports have looked into this phenomenon from the employee's point of view. Ageing and health meet at an individual level as well as at a society level. The perception on retirement and the care needs of an aging workforce would be better addressed when the employees' point of view is primarily considered (Harrington & Heidkamp, 2013).

The aging demographic has become a global crisis. Most employers and policy makers are trying to find ways of retaining the aging workforce, to alleviate the effect of this ageing crisis on the healthcare system, and in the financial as well as the social sector. In the article "ageing workforce: challenges for the health care industry workforce" the health care industry has a higher retirement level (Harrington & Heidkamp, 2013). Retirement is an individual decision usually influenced by health, financial situation and organisational policies. Shacklock and Brunetto in Australia performed a study on employees' perceptions of the factors affecting their decisions to retire. They used two methods to get the results; a quantitative and a qualitative. The quantitative analysis showed that age was the main reason for retiring. The qualitative analysis showed that age, financial stability, health, organizational policies and practices and job satisfaction substantially contributed to their decision to retire, if they were in good health (Shacklock & Brunetto, 2005).

The retirement system is dependent on the chronological age with respect to work. However, the changes in the workforce have been dramatic, thus causing an altered work

structure across the population thus affecting the economic growth. Ageist stereotypes often confine older people into a linear assumption, which hinders them from contributing to the society in many ways. For example, they are termed as "frail", "outdated" and "slow" (WHO, 2015, p. 10). According to diversity, chronologically an individual can be older when psychologically he/she is at a younger age.

The factors affecting early retirement and longer working periods in older nurses are clearly stated in an article by (Thendral Uthaman, 2016) where financial stability is at the top factor why older nurse would retire early or stay longer at work after retirement age.

The table below illustrates the major factors for early retirement according to the literature review by (Thendral Uthaman, 2016)

Table 4 Factors associated with early retirement.

Reference	Duffield et al., 2015	Warburton et al., 2014	Andrews et al 2005	Cyr, 2005	Valencia and Raingruber, 2010
Method	Survey	Telephone interviews	Telephone interviews	Survey	In-depth interviews
Sample size	319	17	84	1553	16
Reasons for early retirement					
Financial reasoning				x	
Partner retiring	x			x	
Health concerns	x	x			x
Family commitments/ needs	x	x		x	
Not being valued		x			
Workload and job demand		x	x	x	x
Technological changes			x		x

In the above table are listed the push factors that lead to early retirement. However, these factors can also work as pull factors for the ageing workers to stay longer, as it is listed here in the table below.

Table 5 Factors associated with retention

Reference	Moseley et al., 2008	Storey et al., 2009	Graham et al., 2014	Warburton et al., 2014	Andrews et al., 2005	Nilsson et al., 2011	Valencia and Rain Gruber, 2010
	Review	Review	Survey	Telephone interview	Telephone interview	Survey	In-depth interviews
Sample size	38	55	46	17	84	1792	16
Reasons for continued working							
Financial considerations/issues	x		x	x	x	x	x
Valued by the organisation	x			x			
Valued by clients/patients				x			
Ongoing professional development	x			x			
Peer support				x			
Flexibility in working arrangements/reduced working hours	x	x		x	x		
Managerial characteristics	x						
Empowerment and autonomy	x						
Reduction in workload/reassignment	x						
Retirement decisions of spouse or close friends						x	
Good health status						x	

In a study by Žnidaršič, on the view point of older employees' on retirement, out of 103 participants 51 felt that employees should have the choice to retire when they feel ready to, while 47 felt they could retire when they fulfilled the requirements for retiring. The study also explored the opinion of the employees on welfare and pension. Out of 105 employees, 50% felt that their welfare was unreliable during retirement while 27%

thought that their pension was not sufficient to sustain their quality life after retirement. The rest did not have any idea about the welfare and pension that they will get when they retire. In the article the acceptable average retirement age was 58 years. 28.7% of participants felt that this was acceptable while 22.8% felt that 60 years was rather acceptable (Žnidaršič, 2010).

The following factors were found to be major reasons for early retirement; families, health issues (chronic illnesses), occupational stress and ability to enjoy life while still young and in good shape.

Table 6 Factors contributing to retirement and their significance. (Žnidaršič, 2010, p. 282)

Potential reasons encouraging (or dictating) retirement	Significance (weight) of individual reason (average values
1. More free time to spend with one's spouse or family	3.94
2. Health issues	3.88
3. Occupational Stress	3.85
4. (Early) retirement makes it possible to enjoy life while still relatively young and in good shape	3.82
5. The risk of losing my job	3.64
6. Financial stability in retirement	3.54
7. Formal Reason; Pension Act	3.52
8. Spouse Illness	3.49
9. Lack of management flexibility at work	3.46
10. Too demanding and responsibility at work	3.43
11. No development and advancement opportunity at work	3.32
12. Desire to change work and being tired	3.15
13. Redundant worker with early retirement offer	3.11
14. Outdated expertise and a lack of know-how for using new technologies	3.07
15. The work is physically too hard	3.07
16. Interest shift opportunity to engage in volunteer activities	3.07
17. Retirement of my spouse	3.06
18. I cannot work because I have to take care of an elderly relative	3.06
19. Introduction of new technology and equipment to the work process	2.94
20. Caring for grandchildren or children of other relatives.	2.81
21. Career change (self-employment etc.)	2.51

| 22. Retirement of my closest co-worker | 2.26 |

While the above table showed that early retirement is mainly affected by the four main factors, the research also explores the measures that employers adopt to encourage the ageing workforce to stay longer. Below is a table showing how the measures weighed.

Table 7 Employer measures enabling extended working lives for older employees (Žnidaršič, 2010, p. 288)

Employer measures encouraging and (or) enabling an extended period of employment (postponement of retirement)	Significance (weight) of individual measure (average values)
1. Incentive payments: higher salary, benefits, etc.	4.09
2. Longer vacation, extended leave	3.80
3. Reduced physical loads at work	3.78
4. Health and safety: medical check-ups, counselling, and ensuring a healthy working environment	3.77
5. Shorter working hours (and the same salary)	3.65
6. Adjustment of jobs and equipment	3.61
7. Possibility of avoiding shift work	3.56
8. Developing a culture of a harmonious intergenerational coexistence	3.43
9. Exceptions, exemption from working overtime (which only applies to older employees)	3.42
10. Flexible working hours (working hours of one's choice, concentrating work obligations on 4 days a week, etc.)	3.42
11. Assuming the role of a mentor to younger colleagues	3.40
12. Providing various opportunities for gradual retirement (gradual reduction of workload)	3.36
13. Contractual work combined with partial retirement	3.31
14. Ongoing professional training and education	3.25
15. Opportunities for choosing or deciding on work tasks	3.18
16. Reduced responsibility at work	3.14
17. Opportunity to regulate work independently (deciding on the work tasks, breaks, work methods)	3.11
18. Prospects for additional unpaid leave/time-off	3.09
19. Flexible working environment: the opportunity to work at home	3.03

20. Taking into account the needs of certain older employees to co-ordinate their jobs with their obligations to care for and tend their relatives, caring for their grandchildren, etc.	3.03
21. Establishing work teams with diverse age structures.	3.01
22. Exercise programs.	3.01
23. Reassignment to another position.	2.96
24. Possible educational leave.	2.39

A study done by (Palumbo, et al., 2009) examines ways by which organizations can retain ageing nurse workforce from the workers' point of view. And how the workforce views the human resource practices. The study also examines the perception of workers on staying longer in their current job as well as the organizational culture regarding ageing nurse.

The following 3 tables show the demographics of this study; the average years/ percentage of this demography intents to stay longer at work; and nurses' perceptions of human resource practices and policies.

Table 8 demography (Palumbo, et al., 2009, p. 223)

Gender	95% female
Position	76% reported their major activity was patient care
Hours	53% worked full time, mean hours per week: 32 hours
Age	Average 49.7 years 55+ years 33% 40-54 years 51% < 40 years 16%

Education	*Highest nursing degree* Diploma 19% Associate's 42% Bachelor's 34% Master's 5% Doctorate 0.1%	Highest non-nursing degree Diploma 10% Associate's 11% Bachelor's 17% Master's 4% None 57%
Employer	Hospital 61% Nursing home 1% Home health 38%	Mean years in organization 12.6 years Mean years in position 8.8 years

From the above table it is clear that most of the workers have stayed in the organization for longer than 10 years while holding the same position for a minimum of 8 years. This gives a glimpse of the loyalty of the workforce.

Table 9 Intent to stay *(Palumbo, et al., 2009, p. 224)*

Intention to stay working	13.9 years (mean)		
Intention to stay working as a nurse	12.4 years (mean)		
Intention to stay with present organization	8.8 years (mean)		
Intention to stay in current position	7.5 years (mean)		
Age of planned retirement	63.9 years (mean)		
Do you plan to continue working in nursing after retirement?			
Yes: 16%	Maybe: 42%	No: 19%	Don't know: 22%
If yes: Full time 4%	Part time 86%	Paid 57%	Unpaid 16%

In the table above the nurses in this organization want to continue working after their retirement age, even though the average of the sample in this organization is 64 years.

Table 10 Nurses' perceptions of human resource practices and policies (Palumbo, et al., 2009, p. 225)

Importance to Your Decision to Remain	
(Mean response on a 3-point Likert scale: 1 = Not at all, 2 = Some, 3 = Highly)	
Recognition and Respect	(2.712)
Employee Voice	(2.710)
Performance Evaluation	(2.60)
Compensation	(2.57)
Employee Health and Safety	(2.56)
Job Design	(2.475)
Training and Development	(2.41)
Flexible Work Options	(2.31)
Retirement Options	(2.13)
Recruitment of Older Nurses	(1.68)
Practices Currently Being Done	
(Mean response on a 3-point Likert scale: 1 = Not at all, 2 = Some, 3 = Highly)	
Employee Health and Safety	(2.30)
Performance Evaluation	(2.25)
Recognition and Respect	(2.18)
Employee Voice	(2.17)
Training and Development	(2.07)
Flexible Working Options	(2.00)
Job Design	(1.92)
Compensation	(1.74)
Recruitment of Older Nurses	(1.72)
Retirement Options	(1.63)
Greatest Difference Between Importance and What Is Being Done	
(All specific practices in the broad area of compensation.)	
Offering incentives for continued employment	(2.54/1.65)
Increasing financial compensation	(2.63/1.82)
Improving benefits: More vacation	(2.53/1.65)

2.3.1 Limitation of studies on the perceptions of retiring nurses and the subsequent care

The studies on perception of ageing nursing workforce have been difficult to find. However, the studies found on the topic tend to default on the views of the employers. The study found only 3 studies which mention the viewpoint of the ageing employee

(Shacklock & Brunetto, 2005). Two of the studies were on the perception of human resource practices with a small section on the perception of ageing nurses. The third article was on viewpoint of management of ageing workers in general.

The lack of previous studies on this topic in Finland as well as globally led the writer to consider doing the research qualitatively to get an in-depth insight on the ageing nurse perception on retirement and subsequent care. From the literature gathered, there is evidence that ageism affects retirement or the extension of work after retirement. Therefore, to understand ageism the writer did some research on what is ageism, how is it evident in work places and its effects.

In summary, none of the studies done has focused on or explored the perception of the ageing workers on retirement and subsequent care. Therefore, this research is an exploratory study to find out if the perception of the ageing workers are in alignment with the studies previously done on workforce retention.

2.4   Definition

Ageing: is the process of change in the properties of a material occurring over a period, either spontaneously or deliberately .The process of growing old. (Oxford Dictionaries, 2018).This is being physically and mentally mature or immature. (Cambridge Dictionary, 2018)

Population: This are all the inhabitants of a particular place, particular group or type of people living in a place. (Oxford Dictionaries, 2018). Also all the people living in a particular country, area, or place: (Oxford Dictionaries, 2018)

Workforce: The people engaged in or available for work, either in a country or area or in a particular firm or industry. (Oxford Dictionaries, 2018). A group of people who work in a company, industry or country. (Cambridge Dictionary, 2018)

Retirement: retirement is the process of living active working life/ career. It can also mean the time after leaving ones career (Oxford Dictionaries, 2019). "The point at which someone stops working, esp. because of having reached a particular age or because of ill health, or the period in someone's life after the person has stopped working" (Cambridge Dictionary, 2019)

Care: is the attention provided to health, welfare and protection of another human being (Oxford Dictionaries, 2019). "The process of providing for the needs of someone or something" (Cambridge Dictionary, 2019).

Perception: Perception is "the ability to see, hear, or become aware of something through senses" (Oxford Dictionaries, 2019). "a belief or opinion, often held by many people and based on how things seem or the quality of being aware of things through the physical senses, especially sight" (Cambridge Dictionary, 2019).

However, in relation to the ageing nurse workforce, perception refers to how the nurses regard, understand or interpret retirement and subsequent care.

Ageism: according to WHO, AGEISM is how a group of people/ person are/ is treated unfairly because of their chronological age (World Health Organisation, 2019). It is also negative sentiments as well as behaviours directed towards an individual based entirely on their age (Banaji, 2004). Ageism is different treatment of older or younger individual this can be negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of a perception of them as being 'old' or 'elderly' whether implicit or explicit and whether expressed on a micro, meso, or macro level. Usually ageism compromises even how the media portraits the older generation to the public.

Snowball sampling: This is the choosing of study population by identifying one person who has the attributes of the research study then point the researcher in the direction of another who is interested to be part of the research study with the same characteristic and the process goes on in the same manner until the required sample size is reached (J.Neutens & Rubinson, 2002)

Cluster or Area sampling: "This is a variation of the simple random sample, it is usually used when the population to be studied is infinite", or "the list of members is none exist-ence" or "the geographical distribution of the study population is widely scattered" (J.Neutens & Rubinson, 2002)

Study population: Population refers to an aggregate of people, things or the entire set of relevant cases that a researcher has in mind from which one can obtain a sample to study in a bid to give answers to stated research objectives.

LFPR: Labour force population ratio

LFTP: Labour force total population

3 Purpose and Aims

This study aims is to explore out the perception of ageing nurse workforce on the retirement age and subsequent care in Finland.

3.1 Questions

1. What are the perceptions on retirement among nurses in Finland?
2. What are the expectations of care after retirement among nurses in Finland?

4 Methods

The study used the qualitative research method to explore the aging nurse's perception on retirement and care. Using previous studies done as a baseline, the writer will use grounded theory to build theory for this study.

According to Burns and Grove qualitative approaches are based on holistic world view with the belief that there is no single reality. Therefore based on this, perception is unique and changing for everyone; the knowledge gained is meaningful only within a given situation or context. (Gray, et al., 2013)

4.1 Qualitative research

Due to the fact that the study will be exploring the perception of retirement age in Finland among the registered nurses and practical nurses as well as their expectation of the subsequent care in case they need it, the writer decided to use a qualitative research method.

This method is used to examine human behaviours in order to understand social phe-nomena within certain groups (Rocare, 2005). Therefore the writer will use question-naires as well as semi structured interviews to collect the needed data. Thereafter the writer will use interactive and synthesised data to analyse the data (Yilmaz, 2013).

The answers from the questioners together with the interviews will form and be used as primary data while the previous studies collected will be used as secondary data as a form of theoretical background information.

4.1.1 Inductive Approach

Because this work does not have a constructed theory and very little is known about the subject being studied, the writer decided to use Ground theory methodology to collect data and analyse the subject. This will enable the writer to inductively generate a theory that is based on the data collected (Denzin & Lincoln, 2018, pp. 424-435). By using ground theory method the validity of the study will fall under the ecological validity. This means that the findings will only apply to a cross section of the nurse workforce in the homecare.

4.1.2 Justification of research method

There are hardly any studies done on nurses' perceptions of retirement and subsequent care, and due to this lack of literature on the employee's point of view it is difficult to do a literature review on this topic. Therefore the writer sought to examine this topic quali-tatively in order to gain an in-depth view of the employee's perception on the retirement age in Finland and the subsequent care as a result of prolonged working life. This study will try to find out if the perception of the employers and policy makers aligns with that of the employees on retirement and care.

The study opted used qualitative interview to obtain different qualitative aspects into the topic being studied from the point of view of the interviewee (Kvale, 1996). This is just an exploratory study that would offer an insight to policy makers and employers on what to expect from the current ageing healthcare workers in terms of retirement perception and expected subsequent care. This study will help the research institute in Finland (Tervey-den ja hyvinvoinnin laitos, THL) to do a larger research sample for policy makers to be able to make more effective policies in regards to the aging nursing workers and workers in general.

4.1.3   Finland research setting

The research setting is in Finland Helsinki municipality, Oulunkylä area. Just like the rest of the world, the Finnish population is experiencing an ageing demographic change in every economic sector including healthcare. The people aged 60 and above have increased drastically by 6.8 percent and for a small country of about 5.5 million people this is significant (Statistic Finland, 2017).The researcher's study population will compromise of registered nurses and practical nurses as primary care workers in healthcare system aged between 40 and 65 years.

4.2   Data Collection

Data was collected by questionnaires. In the questionnaires, the last question asked if the nurses would like to participate in a face-to-face interview. Before the face to face interview the participants received the information about the study and its aim. The writer will use two types of instruments to collect primary data; open ended questionnaires and face-to-face interviews.

The writer choose questionnaires as a way to survey the willingness and interest of participants in the study. This is an easy and a safe method to explore subjects that are more sensitive and difficult to talk about, such as nurses' perception on retirement age and subsequent care (O'Leary, 2017).

Face-to-face interviews will instead provide an in-depth way to explore the subject and pave way to a heart to heart conversation between the participant and the researcher in order to explore their perspective on the topic (Kvale, 2007) , the interviews took place between September 2019 and December 2019. Five of them were conducted in the participants' work places. The interview lasted about 45-60 minutes and were audio recorded and later on transcribed.

The questionnaire consisted of 9 questions and the interviews were done in a semi structured formant with a couple of questions as guide to the interview. The mode of questionnaire administration was through social media and internet.

The study used search engines like Cinhal, Pubmed, Medline, and Science Direct Academic search Elite, Metropolia library as well as Google Scholar to collect secondary data that formed the study's baseline as well as part of the theory. The writer put a year

limit of 10 years (2008-2018) on the article search to get relevant and up-to-date articles. The following search terms were used; "Ageing healthcare workforce", "Ageing population", "Ageing workforce", "Ageing Nurse's perception on retirement" "Retirement perception", "Ageing workforce retirement", "Ageing Nurse's perception of care after retirement" "Care after retirement".

In order to keep the participants identity anonymous the researcher modified some of the text that would identify the participants to neutral text. For example "he" and "she" were converted into "the participant".

4.2.1   Sampling

The study explores the nursing population who is planning to go on retirement within the next ten years. This is a wide pool of participants because they are those who work in the hospitals, health centres and elderly care. All of the areas are usually laden with a heavy physical and psychological work load. However, for the group working in the elderly care the work load is heavier as it often involves heavy lifting without proper equipment.

The nursing population is generally large and is scattered in different geographical areas. Due to that and combined with the fact that this research study is not funded and is on a short time frame, the writer could not have carried the research on the entire population. Therefore, the researcher decided to use a smaller study sample. The researcher choose to use the snowballing sampling technique which resulted into cluster or area sampling. The researcher decided to use a minimum of 5 participants and maximum of 7 participants. This was due to the following reasons; the writer's research approach method, the background of the participants, the accessibility of the participants in relation to the available time and resources for collecting the data.

4.2.2   Participants

The participants were registered nurses and practical nurses. In total there were six participants. Five participants were from home care setting and one was from hospital setting. The questionnaires were sent by email to 60 acquaintances. The invitation to the questionnaire was also shared on Facebook as a personal post. Out of the sixty people contacted by email, only 10 showed interest in participating to the face-to-face interviews. However, due to lack of time only three were able to successful be interviewed; 2 females

and 1 male. The two female interviewees spread the information about the study to some of their colleges and eventually three more people were interviewed. A total of six participants were interviewed. Out of the invitations to the questionnaire sent through Facebook, a total of 19 and 14 were accepted and questionnaire answered in Finnish and in English, respectively.

Four and two questionnaires, in Finnish and English respectively, were excluded due to incompleteness.

Table 11 Respondents demographics

	Finnish respondents		English respondents
Gender	95% female , 5% male		85.7% female 14.3% male
Experience	60% over 10yrs 40% 1-10yrs		90% 1-15yrs 10% 0-1yr
Age	60-70yrs 21.1% 50-60 yrs. 31.6% 40-50yrs 26.3% <40yrs 21%		40-50yrs 35.7% <40yrs 64,3%
Education	Highest nursing degree Diploma 38.8 Bachelor's 61.11		Highest nursing degree Bachelors 75% Masters 8.3% Post Graduate 8.3% Associate diploma 8.3%
Employer	Homecare 73.3% Hospital 26.7%		Home care

The table above shows the demographics of the Finnish and English questionnaire respondents.

Table 12 background information of participants

PARTICIPANT	Age	Profession	Education	Work Experience	Branch
5	63	Practical nurse	diploma	40years	Home care
1	63	Practical nurse	diploma	1year	Home care
6	62	Merkinomi & practical nurse	Diploma	25 & 15	Home care
3	58	Practical nurse	diploma	35	Home care
4	52	Practical nurse & home care secretary	diploma	12 years & 19 years	Home care
2	41	Nurse	diploma	14years	Hospital

4.3 Validity and Reliability

In a qualitative study, bias is usually a threat to the validity. Nevertheless, in ground theory the aim is not necessarily to eliminate bias but to understand the researcher's value and expectation. The study adopted a critical view on the analysis and reported clearly the perspective on the subject, while controlling her selective perception and interpretation biases. Moreover, since validity means objective truth and in qualitative research ground theory truth is assumed to be subjective and mainly based on perceptions of participants, the study cannot measure the validity of the study (Kvale, 1996, pp. 235-252).

The researcher recorded the interviews. Together with the written questionnaires, these two instruments are reliable in the collection of information and can be used to replicate the data collection process. The same limitation in validity applies to the ground theory method. This is because the research study process evolves as the individuals perceptions change (Kvale, 1996, pp. 235-252).

4.4 Data Analysis

Data analysis is a systematic method which is used to bring new perspective and understanding into collected data. Data analysis is divided in to three stages, preparation, organization and reporting (Elo & Kyngäs, 2008).

Data analysis was performed using thematic analysis. Theme analysis consists in recognizing patterns from the data collected during qualitative research. This often requires multiple reading of the transcribed data (Patton, 2005, pp. 452-454). While listening to the interview recording, the writer reviewed the typed transcript and made notes as patterns (themes) emerged (Patton, 2005). After multiple reviews, the writer was able to identify recurring themes.

The researcher did not analyze latent content such as pauses and facial expressions, since these can be easily misinterpreted as a result of cultural bias as well as other factors such as the quality of audio connection. The findings were presented in a table format.
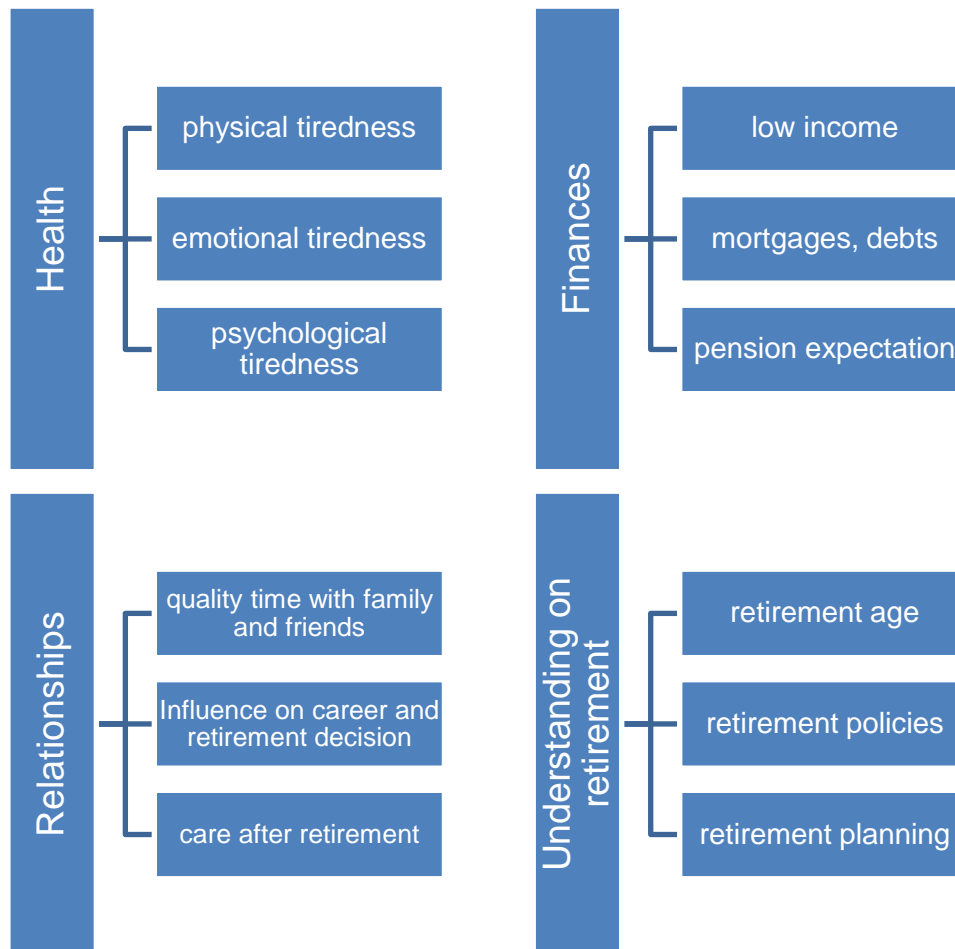
Health		Finances	
	physical tiredness		low income
	emotional tiredness		mortgages, debts
	psychological tiredness		pension expectation

Relationships		Understanding on retirement	
	quality time with family and friends		retirement age
	Influence on career and retirement decision		retirement policies
	care after retirement		retirement planning

Figure 5 Summary of thematic analysis

5   Ethical issues

The writer has got familiarized with ARENE (Ammattikorkeakoulujen rehtorineuvosto) ethical guidelines for this work, as well as the guidelines of Finnish advisory board on research integrity while handling information, and data protection. The researcher is also aware that this thesis will require advance ethical evaluation. The researcher signed the required agreement with the supervisor. Storage and usage rights of the materials for the thesis were agreed and informed consent was obtained from all study participants. The data collected will be confidential and anonymous. Therefore, the data collected cannot be traceable to the individual participants (Dawson, 2002, pp. 148,151). The writer treated every participant with respect and dignity.

6   Results

The aim of this study was to explore ageing nurse workforce perceptions of retirement and subsequent care. Exploring these perceptions gives an understanding of how the ageing nurses perceive retirement and the ageing crises in relation to the country's laws and policies pertaining to work and ageing. In order to investigate the perception of retirement among nurses and their expectations of care after retirement, a questionnaire (see Appendix 1) and an in-depth interview were administered to a total of six nurses. During the in-depth interview the following questions were asked: "*What is your opinion on the current retirement age?*", "*What is your ideal retirement age?*", "*Would you like to go back to work when you retire? Part-time or full-time?*", "*Would you still retire if your spouse was still working or not alive anymore?*", "*What retirement expectation and experiences are you looking forward to?*", "*What kind of care are you expecting when you retire?*"

6.1   "What is your opinion on the current retirement age?"

Majority of participants did not know the current retirement age as set three years ago. When the researcher showed the participants the current retirement age legislation, all participants were surprised and felt that the current age was too high, taking into account the nature of the profession. They voiced their concern on the physical, emotional and psychological exhaustion that accompanies their profession. The same concern was raised also within the questionnaire and this was similar in the English and Finnish questionnaires. It was surprising that even though most of the respondents were few years away from retirement and have been receiving their pension calculation yearly, they did not know their current retirement age or its constant raise in the coming years.

> *"In my opinion this retirement age is high, especially for people working in elderly care. Moreover, with this high retirement age even if you get to retire you cannot enjoy retirement any more due to physical illness or even mental breakdown."(Participant 1)*

> *"This age is too high and does not leave room to enjoy retirement. Also it is not healthy especially in the nursing profession, because of the stress we go through*

physically, mentally and emotionally due to our hectic work shifts as well as atti-tudes of patients and colleagues".(Participant 2)

"It is too high and the fact that it is continuing to rise as the policy makers and the government are thinking, it is not going to be beneficial for the workers because when you reach 65 years every bodily function starts to decrease. For example, I am soon turning 60 years but I have noticed that am doing everything at a slow pace, I am not able to concentrate when other workers are talking in the background while trying to write a report. Nevertheless, if there are other light jobs that over 67 year olds can do in this profession then it is better than sending them home to retire. Two and a half years I was so tired that I could not do work any-more and even the occupational health clinic nurse could not see how exhausted I was no matter how much I reported my exhaustion to them"? (Participants 3)

6.2 "What is your ideal retirement age?"

This is the age the participants felt was okay to retire and still be healthy to enjoy their retirement. According to the interviews, their opinion on the ideal retirement age depended more on how they felt about their job in relation to their health. In addition, the respondents of both the English and Finnish questionnaires stated a similar ideal retirement age with the interviewees. Out of 27 answered questionnaires, 12 an-swered 60 years to be ideal while 10 answered 60-65 and the remaining 5 did not answer this question. Here some answers from the interviewed participants:

"In my opinion 63 is the appropriate age to go for retirement because one can enjoy their remaining active retirement time with their family as well as do hobbies they would love to do. However, if someone wants to continue is also fine and when they feel it is appropriate then they can go for retirement". (Participant 5)

"I would say that 60-63 years is a good age for retirement, because people are still physically, emotionally and mentally active to enjoy retirement. In fact I intend to retire at the age of 60 years so that I can enjoy my retirement period when I am still healthy. I know there might be some monetary incitement for people to work longer in the future but I think people should be able to retire when they want to". (Participant 2)

6.3   *"Would you like to go back to work when you retire? Part-time or full-time?"*

Working after retirement is very individualistic and most of the time it is depends on many different factors. For example, all participants in this study had different reasons why they would or would not go back to work after retirement. Participant (4) is worried about the financial situation when going on retirement because mortgage that needs to be paid. Nevertheless, participant 4 is certain of not wanting to do part-time work and prefers to rather sell the house, pay off the mortgage and move into a smaller house. However, participant 2 has a different approach to retirement and working thereafter. Participant 2 has prepared for retirement by investing and therefore is not willing to go back to work after retirement. Perception is very individualistic even though all of the participants agreed that they would not continue working because of the finances three said that they are afraid they will be bored and would go back to work just to not to be bored.

> *"This work has changed very much and it's become hard physically, mentally and emotionally. "I am not able to say "no". However, I also don't want to come on contract nevertheless I can do filling in when needed. I have worked for 40 years as a practical nurse and it would be nice not to be stressed about it. I know due to the small pension for nurses and practical nurses sometimes nurses prefer to work longer after retirement, but I would not. I would do it as a hobby, not because of finances or contract work". (Participant 5)*

> *"No, I do not and once I retire and I am done I will either go back to my native home where I have invested or enjoy my time here as I travel around the world. I have noticed that most people do not prepare for retirement so they rely only on the pension, hence they are caught by surprise when it is time to retire and want to continue working. For me I started to invest when I started to work therefore when I retire I am not going to work anymore". (Participant 2)*

6.4   "Would you still retire if your spouse was still working or not alive anymore?"

The participants were looking forward to retirement regardless whether their spouses did go also on retirement or not. Nevertheless, the participants agree that it would be nice to retire together so that they can enjoy retirement actives together. Participant 5 explained that the spouse had retired early and was looking forward to travelling together.

"Yes, I would still retire at the time I am supposed to retire even though my retirement pension would be much less if my spouse is no longer alive. I would also like to enjoy retirement while I can. Mostly because we would like to travel and enjoy our retirement together". (Participant 4)

"My spouse is 6 years younger and we always joke that I will go on retirement and remain reading the newspaper will the other goes to work (more laughter). In my circle I have seen that it is very important. For example my in-laws retired at the same time and they are inseparable". (Participant 6)

6.5   "What retirement expectation and experiences are you looking forward to?"

The participants' expectations varied greatly. Most wanted to be psychologically and physically fit to enjoy their retirement time with family and, for example, taking care of grandchildren. They were also looking forward to engage in hobbies that were forgotten during their working lives. For example, participant 4 is fearful of not being able to enjoy retirement due to illness. Participant 5 looks forward to spending time with the family and looking after the grandchildren.

"The fact that I am a 50% pensioner has brought to life a lot of relief, peace and joy. It also increases the time for hobbies. I'm no longer so stressed, nervous and always tired. Close family, friends and co-workers have noticed it too. I do not expect a full pension, I enjoy working, and this calm work suits me. The expectation is that I will be able to live a healthy life for many years even on my own, to see my grandchildren grow up and enjoy their company". (Participant 3)

"I am hoping to be in good physical and psychological condition so that I can do what I want. For example, travel, go to my summer cabin or simply rest. Currently, there is no life after work; I take my daughter to hobbies, come home almost at 9 pm and make food for the next day. Therefore, when I retire I would probably sleep the first year off". (Participant 6)

"I am scared about that when I go on retirement I would get sick and my health deteriorate fast like one of my previous college. For this matter I have made a contract with my two children, My boy will take care of my finances and food

shopping while My daughter will take care of my hygiene and house chores. However if I develop mental illness such as Alzheimer or dementia then I have given then the authority to take me to an institution care". (Participant 4)

6.6 "What kind of care are you expecting when you retire?"

Care is usually not thought of or expected after retirement. Nevertheless, the participants expected to be independent in their decision concerning care, and that family would be the one to provide some of the care. However, in the case of mental illness and inability of their children to care for them, they would be willing to move to an institutional care. The respondents also hope that the elderly care would have improved and be easily accessible. Participant 6 says that human contact and touch reduces pain and worry. The participant would like to feel empathy from caregivers as well as a sense of peace as they receive care. The participant would like to live with the children here or abroad. However, if not possible the participant would move in a shared apartment with friends. For participant 3 the expectation is to make care decisions independently and live near the son.

"*I would like to live independent at home near my son as long as possible. However, in the case I develop severe memory problems I would let my son take me to an institutional care for my safety. Having worked in this profession for two years, I can see the struggle that our clients and their relatives go through*" (Participant 1).

"*I would definitely say "no" to home care. I would want my family to take care of me or take me to an institutional care. This is because I have seen the confusion of my clients every time I visit them. The turnover of nurses in home care per house per week is very high, seeing different faces every day for an elderly person is devastating. Also, I want to live as long as I can with my family*" (Participant 5).

"*I expect to be able be physically and mentally active to take care of my affairs financially or otherwise if I need care I hope I would have good relationship with*

my family here and in Kenya. I would have my nephews and nieces to take care of me if need be". (Participant 2)

"I would like human care not robots care because people need human contact and touch every pain and worry reduce with human contact. I would also like peaceful, empathy and not hurried care in commanding nature from care givers. I would live with them (Children) moreover if the move abroad I will follow them and if not possible I would move in an apartment with friends I do not want to live alone". (Participant 6)

"I don't think I want home care services I believe that with the arrangement I have made with my children I would move in with my daughter. Family is important to me it is I and my spouse don't have children together but we have talked to our respective children together and they know our wishes. We will take care of each other at home as long as possible and then if we can't our children will work together to take care of us". (Participant 4)

"I wish that I will be able to still be able to make decision for myself as long as I can that I will be physically and mentally able. Nevertheless I wish to live near my son when I retire if I need more help I wish to be able to make that decision". (Participant 3)

These findings reflect the perceptions of nurses concerning retirement and care after retirement. The primary research question for this study were:

1. What are the perception of retirement of among nurses?

2. What are the expectations of care after retirement among nurses?

The first research question was addressed by the following interview questions: "*What is your opinion on the current retirement age?*", "*What is your ideal retirement age?*", "*Would you like to go back to work when you retire? Part-time or full-time?*", "*Would you still retire if your spouse was still working or not alive anymore?*", "*What retirement expectation and experiences are you looking forward to?*"

While the second research question was addressed by the following interview questions "*What retirement expectation and experiences are you looking forward to?*", "*What kind of care are you expecting when you retire?*"

6.7   Themes emerged

Throughout the study the following four themes emerged:

- Health
- Finances
- Relationship (family and friends)
- Understanding on retirement

6.7.1   Health

The physical and psychological strain that accompanies nursing work leaves most nurses concerned about their current and future health. All participants were worried and some even fearful about the possibility of falling sick during retirement. Their major expectation is that they will enjoy their retirement by being health physically and psychologically. However, the current participants were realistic and in their view point said that the current retirement age was way too high. For example, participant 1 states that even though physically fit, mentally and emotionally the work is exhausting. The participant was not sure of being able to continue working in the profession for the next 5 years. The expectation for participant 6 is to be physically and psychologically healthy to travel and enjoy retirement with family and friends.

> *"I am scared about that when I go on retirement I would get sick and my health deteriorate fast like one of my previous college. For this matter I have made a contract with my two children, My boy will take care of my finances and food shopping while My daughter will take care of my hygiene and house chores. However if I develop mental illness such as Alzheimer or dementia then I have given then the authority to take me to an institution care". (Participant 4)*

6.7.2   Finances

While conducting this study it was clear that in some cases finances can play an important role on the retirement decision and life after retirement. When asked whether they would go back to work after retirement, participant 3 said not to be worried about low income. Some participants stated that they would not go back to work unless they were bored. The prospect of a low income during retirement may force individuals to

work longer. However, with some participants this was not the case. For example, participant 2 expressed the wish to relocate to the native home where investments had been made, and participant 4 was certain about wanting to enjoy retirement even if that meant needing to move to a smaller house to reduce expenses.

6.7.3 Relationship (family and friends)

In this study the participants valued their family ties and friends. The participants were looking forward to spending time with their children and grandchildren during retirement. In addition, they also wanted to pick up some of their forgotten hobbies, and spend time with their friends. Two out of six embarked into the nursing profession after encouragement from friends, while three joined the profession as a result of the encouragement from family members.

All participants want to spend time and be cared for by their family, but would also like to be independent in the aspects of decision making. For example, participant 6 entered the profession after being an informal caregiver to a close family member. At the same time a friend joined nursing studies and this ignited their interest in the nursing profession. Participant 6 is also of the opinion that living in a shared apartment with friends would be better than living alone. The expectation of participant for retirement is to be able to spend time with family, especially grandchildren. Moreover, participant 4 stated that family is important. Together with the spouse they have decided to take care of each other as long as they can and involve their children only if the need arises.

> *"I have 2 children and grandchildren. When I go to retirement next year I will have time to take care of them more". (Participant 5)*

> *"I don't think I want home care services I believe that with the arrangement I have made with my children I would move in with my daughter. Family is important to me it is I and my spouse don't have children together but we have talked to our respective children together and they know our wishes. We will take care of each other at home as long as possible and then if we can't our children will work together to take care of us". (Participant 4)*

6.7.4 Understanding on retirement

Majority of participants did not know the current retirement age. When the researcher showed the participants the current retirement age legislation, all participants were surprised and felt that the current age was too high, taking into account the nature of the profession. For example, participant 1 stated that *"The current retirement age in Finland goes up but I have no idea what is the current retirement age".* After being informed of the current retirement age, participant 1 stated *"In my opinion this retirement age is high, especially for people working in elderly care".*

In addition, the participants did not know about the rise on the retirement age in the subsequent years or the incentive of 200-300 euros yearly for workers over 50 years who continue to work after they reach retirement age.

Furthermore, all participants did not know the reason behind the raise of retirement age. Many were surprised of the current pension scheme in Finland. For example, participant 2 stated "*I thought that my pension contribution that I am currently paying will be available for me upon retirement. I don't understand that my pension has to support the current ageing population".*

6.8 Cultural aspects

From the interviews, retirement seemed a scary time for most of the participants. However, it was insightful to see the difference between workers who were native Finns and immigrants on their perception of retirement. While most Finnish participants had not dwelled very much on their own retirement, the non-Finnish participants viewed retirement as an important part of their life. Some of the immigrant participants had even made plans for retirement.

7   Discussion

The ageing population crisis or silver tsunami is global problem. It affects all sectors, from economy to health care (Winkelmann-Gleed, 2009). In order to combat this crisis, policy makers in conjunction with the government have passed laws and policies extending the retirement age (TERVEYDEN JA HYVINVOINNIN LAITOS, 2015). These decisions were in line with studies on employers and government viewpoints where workforce retention was identified as a way to sustain the pension scheme within the ageing society (Thendral Uthaman, 2016) (Palumbo, et al., 2009). While the increase of retirement age seems to be necessary, the effects on the ageing workforce, including the nurse workforce, are also relevant and have often been ignored.

Rather than seeking the viewpoint of the ageing workforce on retirement, previous research has addressed the view point of employers, policy makers and government. This study was done to explore the viewpoint of the ageing nursing workforce and compare it with the view point of employers and government investigated in previous research (Shacklock & Brunetto, 2005).

Nursing job in nature is very demanding physically and psychologically. Nursing is a shift type profession whereby daily routine is constantly changing, leaving no room for proper rest and appropriate future planning. Lack of proper rest leads very often to age- and stress-related illnesses, such as heart conditions, high blood pressure and musculoskeletal diseases. The nurses' perception on retirement was influenced very much by their health status and majority of the study participants expressed their tiredness due to the profession.

Finances also emerged as a major theme in the study. Even though finances play a major role in the decisions of an individual, in the current study all participants did not feel financial instability as factor for continued work after retirement age. However, the results revealed that the participants' perception on retirement was primarily dependent on health, while the financial aspect was only secondary (Shacklock & Brunetto, 2005).

Retirement is a stage of life. Even though the ageing nurse workforce should be looking forward to this time, the participants of this study had no idea of the laws passed on the current retirement age. This affected how they viewed and planned their retirement. In addition, all participants did not know the reason for the raise of retirement age even though ageing is a global crisis. The current ageing crisis affects all aspects of the countries structure, most importantly the healthcare system. Due to its welfare state scheme, Finland is facing an immense pension and health care expenditure (TERVEYDEN JA

HYVINVOINNIN LAITOS, 2015). Therefore this would be good knowledge for the ageing nurse workforce in Finland. Therefore, if the current nurse workforce knows the current law on retirement and how it affects their pension scheme, they would be able to prepare and plan for retirement before their health is adversely affected.

The ageing workforce of today is also the elderly population in need of care in the future. This includes also the current nursing population. This study also analysed the perception and expectations of the current ageing nurse workforce on care after retirement. All participants were certain about their independency as well as accepted the possibility of help from family and friends if need. In addition, only if their mental health deteriorated drastically, they were willing to accept institutional care.

Previous studies on factors contributing to retirement revealed health, finances and family as important regarding retirement decisions (see Table 3 and 5). This study revealed the importance of these factors also from the ageing nurse workforce point of view. However, health was viewed as instrumental for an enjoyable time of retirement, while from the employer's point of view health is seen as an asset for work retention.

On the financial side, incentives from the employers' perspective work like a pull factor for the ageing workforce, whereas from the participants' point of view finances were not attractive enough for their continued work after retirement age.

While from the employer point of view family was seen as a minor factor, this study revealed that family matters with regards to care after retirement while being in some cases also a reason to retire. Altogether, the findings of this study helped to understand the perception of current ageing nurse workforce on retirement and subsequent care. However, this study would have benefitted from a larger sample size.

The global crisis produced by the ageing population cannot be solved from the point of view of policy makers, employers and government alone. Therefore, it is wise to look at the retirement policy and its effects on the ageing nurse workforce. This situation has brought about economic challenges in health care cost and retirement pension funds, creating a dilemma for individuals who would like to retire or simply would like to reduce their working hours. Therefore, an alternative method to usher the ageing workforce into retirement would be to grant the possibility for gradual transition into retirement. This will encourage older workers to continue working beyond retirement age and thereby reduce the drainage of skilled and educated workers while they impart their knowledge into the younger immigrant or native professionals (Foot, 2011).

8   Conclusion

This was an exploratory study with the purpose to open the avenue for further research into the perceptions of the ageing nurse workforce. This is particularly important as such a study has not been done in Finland and the trend of retiring nurses is at an alarming rate. Furthermore, if the retiring age will continue to raise, the sustainability of the pension scheme and health care expenditures will likely be affected further in the near future. It is evident that the ageing nurses have limited information on retirement and laws surrounding retirement. In order to plan and be ready for this next stage of their life, the nurses will need information on laws regarding retirement. Moreover, ageing does not affect only the elderly receiving care, but also the providers of this care, that is nurses. Thus, the laws and policies regarding retirement age and subsequent care are better addressed together with the ageing nurse workforce.

Nevertheless, being cross sectional, this study was not inclusive of the whole nursing cohort in Finland. It would be interesting to perform this type of study on a larger sample of nurses in different branches of nursing, e.g. the hospital setting, home care setting, institutional setting and health centre setting since they all have different challenges and aspects to deal with.

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Appendices

Appendix 1. English questionnaire

Ageing nurses workforce 2019: Perception on retirement and subsequent care

1. How old are you? *

        30-40

        40-50

        50-60

        60-70

        Other:

2. What is your gender?

        Female

        Male

3. How many languages do you speak fluently? *

        1

        2

        3

        4

        5

4. What is your education and work experience? *

5. How long have you worked in your current position? *

6. What is your opinion on the current retirement Age in Finland? *

7. What retirement experience and expectations are you looking forward too? *

8. What is your ideal age for retirement? *

9. What kind of care are you looking forward to after retirement in case you need it? *

10. Would you be interested in a short interview about your own retirement expectations and care? If you are get in touch via verite.sikwe-kunnap (a) metropolia.fi *

        Yes

        No

Appendix 2. Finnish questionnaire

Ikääntyvien hoitajien työvoimakysely 2019:Odotukset eläköitymisestä ja hoidosta eläköitymisen jälkeen

1. Ikä

      30-40

      40-50

      50-60

      60-70

2. Sukupuoli?

      Nainen

      Mies

3. Montako kieltä puhut sujuvasti? *

      1

      2

      3

      4

      5

4.Koulutus ja työkokemus? *

5. Työuran pituus nykyisessä työpaikassa? *

6. Mielipide suomen nykyisestä eläkeiästä? *

7.Miten koet eläköitymisen ja minkälaiset ovat odotukset? *

8. Mikä on mielestäsi sopiva eläköitymisen ikä? *

9.Minkälaiset ovat hoito odotukset eläköidyttyä? *

10.Olisitko kiinnostunut lyhyestä haastattelusta, omista eläköitymisen odotuksista Englanniksi tai suomeksi ? Jos olet, ota minuun yhteyttä osoitteessa verite.sikwe-kunnap(a)metropolia.fiJos kyllä *

      Ei

      Kyllä

Appendix 3. Introduction to the English questionnaires

Dear Participants,

My name is Verite Sikwe-Künnap, I am a master's student at Metropolia University of Applied Sciences. I am conducting a research on an ageing workforce: Nurses (registered nurses and practical nurses) perception on retirement and subsequent care. The aim of the study is to explore nurses' perception on retirement and subsequent care.

The finding will help in doing a larger study for future retirement age laws adjustment. The data collected will be through interviews that will last about one hour. These data will only be used in the study mentioned above in this introductory letter. This study report will be finalised in spring 2020, it will be available for all those who are interested to read.

The following are questions to be answered for this study.
   1. What is the perception of retirement among nurses?
   2. What are the expectations of care after retirement among nurses?

Regards
Verite sikwe-Künnap
Email: verite.sikwe-kunnap@metropolia.fi

Appendix 4. Introduction to the Finnish questionnaires

Hyvät osallistujat

Nimeni on Verite Sikwe-Künnap, olen Metropolian ammattikorkeakoulun maisteriopiskelija. Suoritan tutkimusta ikääntyvästä työvoimasta:Sairaanhoitajien ja Lähihoitajien käsitys eläkkeelle siirtymisestä ja sitä seuraavasta hoidosta. Tutkimuksen tavoitteena on selvittää sairaanhoitajien näkemystä eläkkeelle siirtymisestä ja sitä seuraavasta hoidosta.

Tutkimustulos auttaa tekemään laajemman tutkimuksen tulevaa eläkeikää koskevien lakien mukauttamiseksi. Tiedot kerätään haastattelujen avulla, jotka kestävät noin tunnin. Näitä tietoja käytetään vain edellä mainitussa johdanto-osassa. Tämä tutkimusuudistus valmistuu keväällä 2020, ja on luettavissa kaikille kiinnostuneille.

Seuraavat kysymykset tullaan esittämään tässä tutkimuksessa.
1. Mikä on sairaanhoitajien käsitys eläkkeelle siirtymisestä?
2. Mitkä ovat sairaanhoitajien odotukset hoidosta eläkkeelle siirtymisen jälkeen?

Terveiset
Verite sikwe-Künnap
Sähköposti: verite.sikwe-kunnap@metropolia.fi

Appendix 5. Research consent form in English

Name of Researcher *Verite Sikwe-Künnap*
Title of study An ageing workforce nurses' perception on retirement and care: an exploratory study

Please read and complete this form carefully. If you are willing to partici-pate in this study, ring the appropriate responses and sign and date the declaration at the end. If you do not understand anything and would like more information, please ask.

- I have had the research satisfactorily explained to me in verbal and / or written form by the researcher. **YES / NO**

- I understand that the research will involve: e.g. interview, the conditions under which it will be undertaken, with a voice recorder. The time taken will be about. 45-90 minutes) **YES / NO**

- I understand that I may withdraw from this study at any time without having to give an explanation. **YES / NO**

- I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study. **YES / NO**

- <u>I understand that any audiotape material of me will be used solely for research purposes and will be destroyed on com-pletion of your research.</u> **YES / NO**

- I understand that you will be discussing the progress of your research with others students and teachers at Metropolia university of applied sciences. **YES / NO**

I freely give my consent to participate in this research study and have been given a copy of this form for my own information.

Interviewer Signature: …………………………………………………..

Date: ……………………………………………………………………………

Interviewee Signature: ……………………………………………………

Date: …………………………………………………………………………..

Appendix 6. Research consent form in Finnish

Tutkijan nimi *Verite Sikwe-Künnap*
Tutkimuksen nimi: Ikääntyvän työvoiman hoitajien näkemys eläkkeestä ja hoidosta: tutkittava tutkimus

Lue ja täytä tämä lomake huolellisesti. Jos haluat osallistua tähän tutkimukseen, korosta asianmukaisia vastauksia ja allekirjoita ja päiväytä ilmoituksen lopussa. Jos et ymmärrä mitään ja haluat lisätietoja, kysy.

- Tutkija on selittänyt minulle tutkimuksen tyydyttävästi suullisessa ja / tai kirjallisessa muodossa.   **kyllä / ei**

- Ymmärrän, että tutkimukseen sisältyy: haastattelu, olosuhteet, joissa se toteutetaan, ääninauhurilla. Käytetty aika on noin. 45-90 minuuttia)   **kyllä / ei**

- • Ymmärrän, että voin vetäytyä tästä tutkimuksesta milloin tahansa tarvitsematta antaa selitystä.   **kyllä / ei**

- Ymmärrän, että kaikkia minua koskevia tietoja käsitellään tiukasti luottamuksellisesti ja että minua ei nimetä missään tutkimuksessa syntyvässä kirjallisessa työssä .   **kyllä / ei**

- <u>Ymmärrän, että mitä tahansa äänilevymateriaaliani käytetään yksinomaan tutkimustarkoituksiin ja se tuhotaan tutkimuksen päätyttyä</u>   **kyllä / ei**

- Ymmärrän, että keskustelet tutkimuksen etenemisestä muiden opiskelijoiden ja opettajien kanssa Metropolian ammattikorkeakoulussa.   **kyllä / ei**

Annan suostumukseni osallistumaan tähän tutkimukseen ja olen saanut kopion tästä lomakkeesta omia tietojani varten.

Haastateltava Allekirjoitus: ………………………………………………

Päivämäärä: ………………………………………………………………

Tutkijan Allekirjoitus: ………………………………………………………

Päivämäärä: ………………………………………………………………