

# Should I Stay or Should I Go?

## Keeping Older Healthcare Workers Engaged

LaWanda H. Cook, PhD, CRC and Hsiao-Ying (Vicki) Chang, PhD, CRC

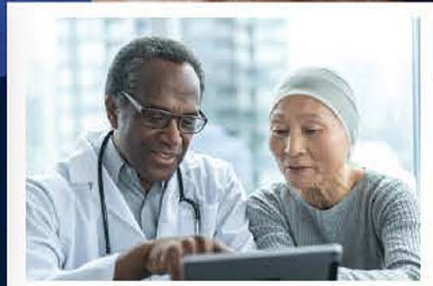
March 2020



**ILR School**

*K. Lisa Yang and Hock E. Tan*  
Institute on Employment and Disability

with support from  
Mather Institute



## TABLE OF CONTENTS

Executive Summary.....	2
Background .....	2
Current Study .....	3
Method .....	3
Theoretical Framework .....	3
Participants .....	3
Procedure .....	4
Data Analysis .....	5
Results .....	5
Medical Domain .....	6
Considerations that prompt leaving .....	7
Changes in memory and physical capacity .....	7
Ability to provide quality care .....	7
Considerations that prompt staying .....	8
Keeping mentally and physically fit .....	8
Financial Domain .....	8
Considerations that prompt leaving .....	8
Hitting the older-worker pay ceiling .....	8
Considerations that prompt staying .....	8
Supporting personal and family health benefits.....	8
Maintaining quality of life.....	9
Psychosocial Domain.....	9
Considerations that prompt leaving .....	9
Stressful nature of the work .....	9
Considerations that prompt staying .....	9
Meaningful work.....	9
Respect .....	9
Work-life balance .....	10
Vocational Domain.....	10
Considerations that prompt leaving .....	11
Conflicting values.....	11
Considerations that prompt staying .....	11
Flexible work options .....	11
Use of technology .....	12
Professional development opportunities.....	12
Supportive programs and policies .....	12
Recommendations.....	12
Recommendations for employers.....	12
Recommendations for individuals .....	13
Conclusions.....	13
References .....	14

## **Should I Stay or Should I Go? Keeping Older Healthcare Workers Engaged**

### **EXECUTIVE SUMMARY**

Current and projected healthcare workforce shortages highlight the critical need for increasing the number of workers entering the field as well as for finding ways to extend the tenure of those already employed in the field. In the United States, the aging of the Baby Boomer generation is a key factor in the growing demand for healthcare services. These individuals also represent a significant demographic in the healthcare workforce. Understanding the considerations of older healthcare workers when deciding when or if they will retire, may be useful in lengthening their employment and contribute to closing the gap between workforce size and need.

The current study, *Should I Stay or Should I Go? Keeping Older Healthcare Workers Engaged*, was conducted by the Yang-Tan Institute at Cornell University's School of Industrial and Labor Relations with support from Mather Institute. The goal of this research was to gain insights into what healthcare workers, age 50 and above, consider when deciding whether or not to continue working in the field. Twenty-two participants, employed in a variety of positions and settings, took part in focus groups and individual interviews. The focus groups and interviews yielded insights about participants' medical, financial, psychosocial, and vocational considerations when making decisions about whether or not to continue working, as well as suggestions for how healthcare employers can support and retain older workers.

### **BACKGROUND**

The Health Resources and Services Administration (HRSA, 2016) estimates a need for 13,800 additional primary care physicians, and the Association of American Medical Colleges (AAMC, 2019) projects a shortage of between 46,900 and 121,900 physicians by 2032. There is a projected need for more than 203,000 new registered nurses through 2026 (Torpey, 2018), and the numbers of behavioral health practitioners and allied health professionals are also insufficient given the growing demand for their services (HRSA, 2016). The increased need for these healthcare professionals is largely driven by the current and anticipated needs of aging Baby Boomers, commonly defined as people born between 1946 and 1964 (Fry, 2019). Currently, there are an estimated 73 million Baby Boomers in the United States (America Counts, 2019). The aging of the Boomers affects more than the demand for healthcare workers. This trend also has significant implications for the supply or size of the healthcare workforce.

The number of U.S. workers age 64 and older has tripled in the past 30 years (Kight, 2019), and workers aged 55 and up are projected to be the fastest growing segment in the workforce through 2024 (Toossi, 2015). Most intend to work beyond age 65 (Swift, 2017). Workers may postpone retirement in order to improve their financial resources (Fry, 2019). Others are motivated to delay retirement because work provides a way to stay physically and socially active (Merrill Lynch, 2014). Some continue working in order to maintain healthcare coverage (Tipirneni et al., 2019) as they manage changes in personal health and/or disability status (Munnell et al., 2015), while others may leave the workforce because of medical

issues (Merrill Lynch, 2014). Older workers frequently have family caregiving responsibilities (Anderson, et al., 2013), which may further influence decisions about retirement.

## **CURRENT STUDY**

In order to retain healthcare workers who are at or approaching retirement age, employers' workplace policies and practices must address the needs and priorities of older workers. The current study provides insights about older healthcare workers' employment-related decision making, by exploring the influence of medical, financial, psychosocial, and vocational considerations in determining if and when to leave the field, or to exit the workforce altogether.

## **METHOD**

### **Theoretical Framework**

The study was conceptualized using the client-focused considering work model (Goldblum & Kohlenberg, 2005), which identifies four main domains—medical, financial, psychosocial, and vocational—that often influence an individual's vocational decision making. The medical domain of influence considers the association between changes in an individual's health status and employment decisions. The financial domain of influence considers the impact of finances, and benefit programs, such as Supplemental Security Income (SSI), on vocational decisions. The psychosocial domain of influence considers how mental health and social relationships contribute to employment-related decisions. The vocational domain of influence considers work-related traits, such as education, skills, work history, and workplace policies that influence vocational decisions.

### **Participants**

Twenty-two participants, including 18 women and 4 men, took part in the study. To be eligible, participants had to be age 50 or above and currently working in the healthcare field, or have worked in the field within the past 2 years. All participants were over the age of 50, ranging in age from 52 to 75, were currently working in the healthcare field, and had an average of 33 years of experience in the field. They included physicians, nurses, technicians, mental health counselors, medical social workers, and client/patient advocates, employed in hospitals, social service organizations, and schools. Table 1 provides additional information about participants.

Table 1. Demographics of participants.

Demographic Area	Type	n	%
<b>Gender</b>	Male	6	27
	Female	16	73
<b>Race &amp; Ethnicity</b>	White	18	82
	Black	3	14
	Hispanic	1	5
<b>Age Range</b>	50–59	7	32
	60–69	13	59
	70+	2	9
<b>Years Working in Healthcare Field</b>	0–10	1	5
	11–20	0	0
	21–30	7	32
	31–40	11	50
	41–50	3	14

### **Procedure**

Participants were recruited via professional networks, social media, and word of mouth. In phase one of the study, each participant took part in one of five focus groups. In phase two of the study, individual interviews were conducted with six of the focus group participants. The interviews enabled deeper exploration into themes that emerged from the focus groups. Focus groups were 90 minutes, and individual interviews were 60 minutes each. All group and individual sessions were conducted remotely with participants joining via the internet and/or telephone. As an incentive, all focus group participants were entered into a random drawing for a \$50 gift card, and all individual interviewees received a \$50 gift card.

Table 2 illustrates the types of questions asked of participants concerning each of the domains in the client-focused considering work model.

Table 2. Sample focus group interview questions by domain.

Domain	Sample Questions
Medical	How does your own health influence your work life?
Financial	How does financial wellbeing influence your decision to work? What are your forms of financial support?
Psychosocial	What self-care practices do you use to maintain your wellbeing? How does your age influence your workplace experiences (interpersonal, physical, comfort in using available resources such as EAPs, etc.)?
Vocational	What is the one policy, practice, or resource in your workplace that helps, or would help you most, in staying on the job? When do you plan to retire? What are the reasons for this anticipated timeframe?
Other	What is one thing you wish more people understood about working in healthcare? What is one thing you wish more people understood about working in healthcare as an older worker?

The questions posed to participants enabled exploration of older healthcare workers' work experiences and the considerations that inform their decisions about whether or not to remain in the healthcare field.

### **Data Analysis**

Analysis of the data was done multiple times by each of the two researchers reviewing the focus group and interview transcripts. Each identified prevalent themes and subthemes, which were then coded in Dedoose. The researchers then reviewed the themes and subthemes together and conferred on the interpretation of participants' meanings as supported by examples of participants' comments related to medical, financial, psychosocial, and vocational considerations in making employment-related decisions.

## **RESULTS**

The results of the study are presented below, by domain area: medical domain, financial domain, psychosocial domain, and vocational domain. In each domain, we first present the considerations that contribute to older healthcare workers' decisions to potentially leave the field. We then present the considerations that may motivate them to stay. Table 3 includes a list of identified themes and definitions of the themes.

Table 3. Themes and definitions.

Domain	Theme	Definition
<b>Medical</b>	Changes in memory and physical capacity	Comments about changes in cognitive and physical capabilities that have impacted the ability to perform certain tasks
	Ability to provide quality care	Comments about the impact of aging on the ability to provide quality care
	Keeping mentally and physically fit	Comments about how working benefits mental and physical health
<b>Financial</b>	Hitting the older-worker pay ceiling	Comments about the organization's salary structure and maximum earnings as older employees hit the organization's ceiling for earnings
	Supporting personal and family health benefits	Comments about retaining health benefits for oneself and/or family
	Maintaining the quality of life	Comments about finances needed to maintain the desired quality of life
<b>Psychosocial</b>	Stressful nature of the work	Comments about stressful job tasks or work environment
	Meaningful work	Comments about the intrinsic value of work that involves helping others
	Respect	Comments about the importance of having others respect one's work and life experience
	Work-life balance	Comments about the importance of maintaining a sense of balance between work and non-work life
<b>Vocational</b>	Conflicting values	Comments about conflicts between one's personal values and what is valued by the healthcare and insurance systems
	Flexible work options	Comments about flexible work options
	Use of technology	Comments about how technology influences the ability to perform job tasks
	Professional development opportunities	Comments about the value of professional development opportunities
	Supportive programs and policies	Comments about the benefits of supportive workplace programs and policies

### **Medical Domain**

The medical domain focuses on perceived changes in an individual's health status that influence decisions about workplace participation. Many participants reportedly prioritized self-care for both their physical and mental health as they aged. Participants with a disability or chronic health condition were more cognizant of how health concerns might impact work. For example, one participant commented, "I had sciatica, which I didn't know. As I got older, that was starting to happen and I was trying to figure out why. What's going on with my body? I've always been a physically strong woman, but then I started

to become very weak. So it was really important for me to begin to pay attention to me because there's no more me at the supermarket, so I had to take care of me."

When asked how age influences their work experiences, participants shared concerns related to changes in their personal health status. Two themes emerged regarding the influence of aging and health status on work-related decisions: (1) changes in memory and physical capacity affecting work options, and (2) the ability to continue to provide quality care as a result of changes in health status and aging. On the other hand, some participants discussed the health benefits of working, which were reasons that prompted them to stay working.

### **Considerations that prompt leaving**

#### *Changes in memory and physical capacity*

Healthcare work settings demand quick responses to complex patient needs, and productivity is measured by the number of patients seen. Many participants were aware that changes in cognitive and physical capabilities have impacted their ability to perform certain tasks as quickly as younger workers. Commenting on changes in memory one participant stated, *"I'm more inclined to forget names, [and] I'm more inclined to take notes on things and do things to kind of trigger my memory."* Another participant shared a concern about the physical demands of the job, *"At this age and with different conditions, I could not be doing hospital bedside nursing anymore, or work in ICU as I did when I was younger."*

Many participants noted the high stress in the healthcare profession and shared that when the physical and mental demands of work impede their ability to take care of themselves and/or family members, they would consider retirement. Their comments reveal that these participants have begun to reprioritize work and life priorities as they age and experience changes in health status. For example, one participant commented,

"It's not just the money, it's also about the health and making sure that you're healthy enough to enjoy that next stage of life. [My colleague] actually wanted to leave so that she could take care of her husband. So if you have the opportunity to retire, you want to make sure that you're doing so in good health."

Another participant noted,

"Unfortunately as we age we have a higher incidence of becoming disabled, and there are times when maybe that 3 weeks off a year or the 5 sick days a year that you get or the specific chunks of time that we get, if somebody becomes ill or becomes disabled and has to use all that time up, sometimes they're going to look at themselves and say, "Should I be doing this anymore?" Or for that matter, it may not be them. It may be their loved one that is having the issues, and they have to take a good hard look and say should I continue or should I retire?"

#### *Ability to provide quality care*

Aging and changes in health status are often described synonymously as a measure of one's ability to perform. While aging does not necessarily impede the ability to provide quality care, reportedly participants were often reminded of how becoming older impacts their ability to provide quality care to the clients who they support. One participant wondered if older healthcare providers are more "dangerous" stating, *"The question of how long can you practice, and how long is your experience carrying you to make good decisions for people, is something that comes to mind."* Many participants' comments showed that they are aware of the impact of aging and health on work performance. Some participants noted that they would likely retire or transition to other types of work when they cannot provide quality supervision to other staff or quality care to patients. One participant stated,



“With my age and my strengths and my endurance that I wouldn’t put myself in those situations because it probably would not be as efficient, effective care, and that would be to the detriment of the patient or the client.”

Another participant similarly commented,

“I feel like I need to be [mentally and physically fit] because I’m directing staff in their 20s. I need to be on my A-game to be able to get them to effectively work and conduct themselves in the job duties that we’re asking them to do every day. So for me, I want to [keep working] when I can be firing on all cylinders.”

### **Considerations that prompt staying**

#### *Keeping mentally and physically fit*

Despite the stressful nature of the work, some participants shared that being able to continue to work and support others has motivated them to stay mentally and physically fit. For instance, one participant commented, “*I enjoy doing what I’m doing. It keeps my brain going. It keeps me with a purpose.*” Another participant shared a similar comment, noting, “*[The work] spurred me to stay up as much as possible with what’s going on, both physically and intellectually.*”

### **Financial Domain**

The financial domain of influence focuses on different forms of income, including aspects of income that are related to employment, such as salary, health benefits, and housing subsidies. Participants’ descriptions of how financial considerations influence their decision to work as they age were organized into three themes. Specifically, feeling that their talents and efforts were not fairly compensated or recognized was the main reason that participants said would prompt them to leave. On the other hand, having the means to (1) support personal and family health and (2) maintain quality of life were identified as financial considerations that prompted the participants to stay.

### **Considerations that prompt leaving**

#### *Hitting the older-worker pay ceiling*

The first theme related to financial considerations about work concerns salary. While many comments indicate that older healthcare workers continue to work for reasons other than money, some comments suggest that concerns about the cost of paying an older worker may put them at a disadvantage in terms of job advancement, and may limit their opportunities to change jobs, because younger workers, including recent graduates, would have lower salaries. Additionally, some participants faced a pay ceiling, in that they were given more job responsibilities in a senior position, but did not feel that they were fully compensated for their time and experience.

### **Considerations that prompt staying**

#### *Supporting personal and family health benefits*

Another theme related to financial considerations was that for some participants, maintaining healthcare benefits was a motivator to continue working. They spoke of the need for coverage for both their current needs as well as those they will have after retirement. One participant explained,

“To have your health insurance completely dependent on your employment is a point of frustration. It’s so life-altering when seeing people can’t work anymore, and then they can’t have insurance coverage. There is a fear that [health insurance] will go away.”

Comments about this type of financial consideration were more common among participants who did not have a partner at home to share the financial burden, as well as participants with a family member who had significant health-related needs. Some participants shared their experiences with medical benefits programs after acquiring a disability, and how this influences the decision to work. One participant

commented, *“When you become disabled while working, you cannot have Medicare right away. And if you don’t qualify for Medicaid because you make a little bit extra money—it’s a problem. Then you need to purchase marketplace insurance. Then you need to pay.”*

#### *Maintaining quality of life*

Another financial consideration evident in participants’ responses is the desire to maintain the same quality of life after retirement. One participant shared, *“My hope is that at some point in time to get in enough years and accumulate enough monies, so I’ll be able to enjoy some retirement time.”* Another participant shared a similar perspective, commenting, *“I think we’re all concerned about being able to support our lifestyles and what we want to do when retirement comes, things like traveling and fun things. And so I’ll continue to work.”*

### **Psychosocial Domain**

Psychosocial influences on consideration of work focused on four themes: (1) meaningful work, (2) nature of the work, (3) respect, and (4) work-life balance. In this domain, the considerations that prompt employees to stay seemed especially important in that without them, the nature of the work might prove too challenging.

#### **Considerations that prompt leaving**

##### *Stressful nature of the work*

One of the main psychosocial themes that emerged was the stressful nature of work in the healthcare field. One participant described the intensity of their work, noting, *“The problems that people come into the hospital with are so intense, mental illness, addiction, and with very acute medical issues. It’s overwhelming.”* The ability to continue to work in an environment that consumes a lot of mental energy was one consideration that influenced participants’ decisions about whether they would continue in their current job, pursue a less taxing position in the field, consider other types of jobs, or leave the workforce. A number of other considerations seemed to be critical for older workers continuing in the field.

#### **Considerations that prompt staying**

##### *Meaningful work*

Many comments highlighted participants’ enjoyment of their work. They felt their work was meaningful and rewarding, and they were motivated to promote and support the wellbeing of other individuals through their engagement with patients and clients. Participants viewed their work as being more than a source of income. For example, one participant commented, *“The more people I meet in this field, the more I think I’m going to stay. I like the mission; I like making a tangible difference in people’s lives.”* Another participant shared a similar belief about the meaning of healthcare work, commenting, *“...as a child, it always was my goal to be a nurse. So for me, it’s a calling. I love it, it’s my passion. And that just keeps me motivated.”* Additionally, when asked about their plans for transitioning to retirement, several participants emphasized the mission of supporting others as a lifelong commitment. One participant shared,

*“My knee [is] hurting, my back [is] hurting, but I’m okay. I am okay where I’m at. And I don’t mind continuing to work until my God says, ‘Okay...it’s time for you to stop.’ And then I’ll probably figure out a way to volunteer somewhere, even if it’s only 2 or 3 hours a day. That’s what will probably happen to me.”*

##### *Respect*

For some participants, it seemed that the stressful nature of the work was offset by several positive aspects that served as motivators for them to remain in the field. One of the primary motivators is respect. When participants feel that they are being respected, including being rewarded fairly, they are

more likely to continue working. There were different views among participants as to how respect is demonstrated in the workplace. However, respect was mostly described in the context of financial compensation, organizational practice, or interaction with younger colleagues. For example, many participants felt that they were being respected when their younger colleagues came to them for advice or opinions about how to meet the needs of patients. Other participants shared that they felt respected because their organization was accommodating their needs as an older worker whose health has changed over time. For example, one participant noted,

“I think because I have experienced other health problems before, and I been out for some time. And I think they are respectful that I’m not young. They are grateful that I have devoted my entire career to the growth of the program, so they are giving me more freedom to recuperate.”

When participants felt disrespected by their employer, continuing to work was a much harder choice. For instance, one participant spoke of the betrayal they felt when the management of a long-time program that they had established was given to a younger colleague without the participant being notified. The situation left the participant feeling as though their contribution to the organization was not valued and that they, as an older worker, were expendable.

### *Work-life balance*

As with good physical health, many participants discussed the importance of maintaining a sense of “balance” between their work and non-work lives for social and emotional wellbeing. Many participants noted that they have begun to pay more attention to the importance of self-care as they have aged, and spoke about how they cultivated different interests and self-care strategies that support their ability to continue working. A few participants felt that generational differences in the workforce, where younger workers expect organizational support for work-life balance, benefit older workers, too. One participant shared,

“As younger people come into the workplace, now I’m finding that they have more wonderful value of work-life balance, which wasn’t there when I was in my 20s and 30s, and I think that if they come into the workplace, they’re influencing policies much more broadly than we did as young workers. I find that that has really benefited the people who were here well before them as well.”

Some participants noted that work keeps them socially engaged. One participant shared, “My father and my father-in-law were both incredibly successful leaders of organizations and they retired, I think, way too young and I think they freaked out, for lack of another word, because of that.” Similarly, another participant spoke of the value of work on social and emotional wellbeing, stating,

“The reason I went into medicine was because I wouldn’t have to retire. And I’d seen so many patients who had retired and then sort of circled the drain with really no engagement in their life, depression, and kind of they went adrift.”

### **Vocational Domain**

The vocational domain of influence considers an individual’s work-related traits, such as education, skills, work history, and workplace policies, that impact vocational decisions. Five themes related to vocational domain influences included consideration of: (1) value conflicts between personal beliefs and system demands, (2) flexible work options, (3) the use of technology, (4) professional development opportunities, and (5) supportive workplace programs and practices.

## Considerations that prompt leaving

### *Conflicting values*

Value conflicts refer to conflicts between personal values of older healthcare workers and system values related to patient care and employee wellbeing. Participants described different consequences as a result of conflicting values that influenced their work experiences. Nearly all the participants shared similar concerns about the current state of the healthcare industry, and the challenges of heavy workloads due to a lack of funding, staff, and time. As a result, they felt they had limited capacity to provide the best care for clients and patients, as well as limited time for self-care. For example, one of the participants shared,

“I was in an elementary school with about 600 children and was fortunate in our district to have a nurse in every single school. But the amount of visits, the complexity of the visits are not just scraped knees, band-aids, and magic water. We’ve got so many things. It’s a funding issue.”

A frequently stated concern among participants was that they needed to spend more time on documentation and less time with patients. Many of the comments illustrate how workplace policies and the healthcare insurance system value quantity over quality, a compensation structure that discourages healthcare providers from spending much time with patients because the number of patients is a measure of productivity. Some participants noted that older workers might be at a disadvantage in meeting productivity standards when compared to younger workers, especially in regard to both work pace and completing documentation electronically. Not only did participants feel that they did not have enough time with their clients or patients, but they also felt that they do not have enough time for themselves. This participant’s comment illustrates self-care constraints in a healthcare workplace, stating,

“Even though I have a generous amount of vacation time set up in internal medicine practice, my compensation and my evaluations are based on productivity, in other words, how many patients do I see? How is my billing? The more time you take off, ... [the fewer] your number of patients that you see. It affects your compensation and your reviews. So there’s really no downtime.”

One participant shared their feeling as a result of conflicting values, noting, “It is really draining after a while to recognize that you may be providing bad care in order just to keep your customer and that’s hard to live with.”

## Considerations that prompt staying

### *Flexible work options*

Many participants shared that having flexible work options made working in the healthcare field significantly more enjoyable. Flexibility reportedly took many forms, such as flexible time off, flexible work hours, and the option to work from home. One participant described how they have benefited from flexible time off, stating,

“We have great flexibility as far as being able to arrange hours, and I’ve found that very useful. I initially was working for them full-time, and then had a chance to go to part-time. And they were able to arrange the days off so that I could help my sister who has a chronic health condition, and that was very helpful.”

Some participants also talked about times when their organizations were able to provide flexibility following a medical procedure and/or onset of disability. This not only enabled them to maintain employment, but increased their appreciation of their employers. The participants who were granted flexible work arrangements due to disability, a type of workplace accommodation consistent with the

Americans with Disabilities Act (ADA), noted that such an accommodation was essential to their wellbeing and continued employment.

While flexibility was generally favored by participants, some cautioned that having flexibility at work is a “double-edged sword,” as the flexibility comes with conditions. In some instances, it might mean an increased workload or difficulty differentiating one’s work schedule from personal time.

#### *Use of technology*

Another common theme among participants related to challenges with the use of technology in the healthcare field. They are aware that older workers are often presumed to be less technologically savvy, and some acknowledged that keeping up with these types of changes in the field can be challenging. One participant shared,

“I am working with younger people who are far more computer-savvy and have faster keyboarding skills, more accurate keyboarding skills than I do. Even though I’m pretty computer-savvy, unfortunately, my keyboarding skills don’t match up with my younger colleagues’. So I either have to be a little more cognizant of that or find ways that I can stay up with them.”

Although participants have experienced challenges with changing technology, this has not deterred them from continuing in the healthcare field. Many comments illustrated the willingness of older workers to learn new techniques and how they enjoy learning these skills, often from their younger colleagues. Some comments also highlighted the need to provide additional technical training to older workers, which will be addressed in a section later in this report discussing strategies to support older healthcare workers.

#### *Professional development opportunities*

Although some participants worried about their ability to keep up with new knowledge and technology, many of them shared that they appreciate the various professional development opportunities that the field offers. These opportunities enable them to continue to contribute, and in some cases, to take on new roles. One participant shared a reason that retains people in the field, commenting,

“One of the motivators for nurses to stay is the opportunity to advance their education from just being bedside nurses, to be in PhDs, to be nurse practitioners, so elevating the status of nurses and allowing them to actively participate in other areas and specialties is more of a motivator.”

#### *Supportive programs and policies*

Some participants shared that when the workplace offers supportive programs, such as employee assistance programs, or has workplace practices that promote employees’ well-being, they are able to work longer and to enjoy their work more. When organizations offer these types of policies and programs, employees feel that the organization recognizes the importance of employee wellbeing and the influence of employee wellbeing on patient care.

## **RECOMMENDATIONS**

Findings from this study suggest several recommendations that may lengthen the tenure of healthcare workers.

### **Recommendations for employers**

The results of this study highlight several strategies that may help healthcare employers retain aging workers:

- Recognize the commitment of older workers: Participants frequently referred to their work as “a ministry” or “calling.” They expressed a high level of commitment to the field and to supporting the development of younger workers. Some had returned to the field after retirement, and others spoke of the likelihood of seeking some type of post-retirement job in the healthcare field.
- Recognize the assets of older workers: Participants felt that both their professional experience and their experience with life in general were strong vocational assets. They spoke of the “wisdom that comes with age and experience.” They felt these attributes helped them to manage stress and to be good problem solvers in the workplace.
- Allow flexible work arrangements: Participants valued flexible work arrangements as key to their willingness and ability to continue in the field. The option to work flexible hours or from alternative locations enabled many to take care of personal needs and responsibilities while continuing to work. The one caveat is that these options must be available without negative consequences. For example, being able to work a reduced schedule does not serve an employee if productivity standards cannot be met within that scheduled time.
- Support employees’ wellbeing: Participants spoke about the benefits of supportive workplaces in which it is evident that the employer is concerned for employees’ wellbeing. Flexible personal time policies, the celebration of employee accomplishments, spaces to decompress at work, and processes for accommodating employees with disabilities are some of the ways that participants felt that their employers demonstrated genuine concern.

### **Recommendations for individuals**

The results of this study also provide insights into how older healthcare workers themselves can extend their longevity in the field:

- Make time for self-care: Participants emphasized the need to make time for oneself, to attend to one’s own physical and emotional wellbeing, and for the people and activities they enjoy.
- Use workplace policies that support employee wellness: Participants who let their employer know about needs they had for a flexible work schedule or disability-related accommodation were generally supported. Worksite wellness offerings, such as walking programs, enabled participants to engage in physical activity and social interaction as part of their workday, which reportedly helped alleviate stress.
- Have friends who understand your work and life concerns: Participants spoke of the importance of supportive colleagues who were familiar with their work and life concerns.
- Look for opportunities to learn and grow both on and off the job: Participants were interested in continuing to learn new things related to the field. They also had interests outside of work that offered opportunities for learning and growth.

### **CONCLUSIONS**

Older workers can play an important role in filling the gap between the number of healthcare professionals available and the demand for such professionals in the field. If their medical, financial, psychosocial, and vocational needs are met, these workers may choose to delay retirement or take a post-retirement position in the field. Older workers can also support growth in the healthcare workforce by mentoring younger generations and sharing their enthusiasm for the field, as well as by working through professional organizations to address the educational requirements and insurance billing structure, two factors that may deter some from entering into or remaining in the field.

## REFERENCES

- Anderson, L. A., Edwards, V. J., Pearson, W. S., Talley, R. C., McGuire, L. C., & Andresen, E. M. (2013). Adult caregivers in the United States: Characteristics and differences in well-being, by caregiver age and caregiving status. *Preventing Chronic Disease, 10*.
- Fry, R. (2019). Baby boomers are staying the labor force at rates not seen in generations for people of their age. *Fact Tank News in the Numbers, Pew Research Center*. <https://pewrsr.ch/2MbBYC3>
- Goldblum, P., & Kohlenberg, B. (2005). Vocational counseling for people with HIV: The client focused considering work model. *Journal of Vocational Rehabilitation, 22*(2), 115–124.
- Health Resources and Services Administration, U.S. Department of Health and Human Services. (2016, November). *National projections of supply and demand for selected behavioral health practitioners: 2013–2025*.
- Association of American Medical Colleges. (2019, April). *The complexities of physician supply and demand: Projections from 2017 to 2032*. [https://www.aamc.org/system/files/c/2/31-2019\\_update\\_-\\_the\\_complexities\\_of\\_physician\\_supply\\_and\\_demand\\_-\\_projections\\_from\\_2017-2032.pdf](https://www.aamc.org/system/files/c/2/31-2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf)
- Kight, S. W. (2019). Special report: Retirement becomes more myth than reality. *Axios*. <https://www.axios.com/retirement-myth-reality-d64d1e74-df04-49b7-9629-2cab2609a917.html>
- Merrill Lynch. (2014). *Work in retirement: Myths and motivations*. Society for Human Resource Management. [https://www.shrm.org/ResourcesAndTools/hr-topics/benefits/Documents/MLWM\\_Work-in-Retirement\\_2014.pdf](https://www.shrm.org/ResourcesAndTools/hr-topics/benefits/Documents/MLWM_Work-in-Retirement_2014.pdf)
- Munnell, A. H., Sanzenbacher, G. T., & Rutledge, M. S. (2015). *What causes workers to retire before they plan?* [Working Paper CRR WP 2015-22]. Center for Retirement Research at Boston College.
- Swift, A. (2017). Most U.S. employed adults plan to work past retirement age. *Gallup News*. <http://news.gallup.com/poll/210044/employed-adults-plan-work-past-retirement-age.aspx>
- Tipirneni, R., Solway, E., Singer, D., Kirch, M., Kullgren, J., & Malani, P. (2019). *Health insurance decision-making near retirement*. University of Michigan National Poll on Healthy Aging. <http://hdl.handle.net/2027.42/146766>
- Toossi, M. (2015, December). Labor force projections to 2024: The labor force is growing, but slowly. *Monthly Labor Review, U.S. Bureau of Labor Statistics*. <https://doi.org/10.21916/mlr.2015.48>
- Torpey, Elka. (2018). Employment outlook for bachelor's-level occupations. *Career Outlook, U.S. Bureau of Labor Statistics*. <https://www.bls.gov/careeroutlook/2018/article/bachelors-degree-outlook.htm#Healthcare%20and%20science>
- America Counts. (2019). *2020 Census will help policymakers prepare for the incoming wave of aging boomers*. United States Census Bureau. <https://www.census.gov/library/stories/2019/12/by-2030-all-baby-boomers-will-be-age-65-or-older.html>
- U.S. Department of Labor. (2019). *Occupational outlook handbook, registered nurses*. Retrieved 2019 from <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>