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## Motivating Factors for Nurses Aged 65 Years and Older to Extend Their Work Life

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# Walden University

College of Management and Technology

This is to certify that the doctoral study by

Cynthia M. Dobek

has been found to be complete and satisfactory in all respects,  
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Walden University  
2020

Abstract

Motivating Factors for Nurses Aged 65 Years and Older to Extend Their Work Life

by

Cynthia M. Dobek

MS, Capella University, 2012

BS, Capella University, 2008

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

June 2020

## Abstract

Nurses age 65 years and older who retire will leave a knowledge gap in the workforce unless motivated to continue working. A knowledge gap in the workforce is of concern to human resource professionals because healthcare professionals may not be able to keep pace with the increase in patients needing medical care. Grounded in Maslow's hierarchy of needs theory, the purpose of this qualitative single case study was to explore what factors motivated nurses aged 65 years and older to extend their work life. The participants comprised 6 nurses aged 65 years and older who were still working or semiretired within the Southwest, Midwest, Southeast, and Northeast sections of the United States. Data were collected using semistructured interviews and publicly accessible documents. A thematic analysis was used to analyze the data. The emergent themes included knowledge sharing and workplace environment, financial and emotional issues of retirement, job satisfaction and recognition, flexible scheduling and job sharing, and mentoring and career planning. A key recommendation includes the opportunity for healthcare leaders to capitalize on the knowledge, skills, and experience of retiring nurses. Implications for positive social change include prolongation of older healthcare workers' employment contributions for socioeconomic, organizational, and individual benefits by fostering continuous dialogue concerning older workers choosing to extend their work life beyond retirement.

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## Dedication

Achieving my doctorate degree began as a quest to reach the peak of Maslow's pyramid, self-actualization, and begin another chapter in my life. Teaching runs in my family and this degree affords me the opportunity to be a knowledge exchange provider through higher education instruction, giving back to others who also want to learn. My inspiration to pursue the study topic was a culmination of personal and professional observations, and a realization of the need for further research on work life extension for baby boomer employees, akin to myself, in any profession, not just healthcare.

I dedicate this research to my mother, who at age 86 years is still fulfilling her passion by teaching ballet, sewing costumes, and staying active. She is a testament to the elder worker. Her motto is energy creates energy. I also dedicate this research to the thousands of baby boomer nurses who have made it their life's work to take care of others, and who at some point will face the looming question of retiring or extending their worklife. I say to them, extend your worklife, because the healthcare industry needs your expertise more than is realized, younger nurses need your mentorship, and baby boomer patients need your quality of care. Lastly, this study is dedicated to author and speaker Chip Conley, whose own research in what it means to be a "Modern Elder" resonated strongly with me. At the time of writing this study, I was fortunate to meet Chip in person, share my topic with him, and found out we were the same age. His work supports our shared perspective that there would be mutual benefit from extending the work life of those aged 65 years and older if employers could build in motivational strategies for success.

## Acknowledgments

I owe a debt of extreme gratitude to all my family, close friends, and professional colleagues for believing I could accomplish my dream of acquiring a doctorate degree. Being a firm believer that everything happens for a reason and that there are no coincidences, Dr. Peter Anthony, Walden University purposefully entered my life to mentor me through the doctoral study process, and I could not have done it without him. Meeting Dr. Pete at our Hawaii residency was the best gift ever! This dedication also goes out to my daughter, who with her encouragement and positive reinforcement I have been able to make my dreams a reality. Then, last but not least, I dedicate this research to my husband, who was forced to retire early at the age of 62 years, due to being unable physically and by way of unfounded age discrimination, continue working in the tough profession of construction. That industry really lost out on the opportunity for his knowledge to be shared! I thank him though for letting me fulfill my prophecy. Bunches!

## Table of Contents

List of Tables .....	iv
Section 1: Foundation of the Study.....	1
Background of the Problem .....	1
Problem Statement .....	2
Purpose Statement.....	3
Nature of the Study .....	3
Research Question .....	4
Interview Questions .....	4
Individual Interview.....	4
Conceptual Framework.....	5
Operational Definitions.....	6
Assumptions, Limitations, and Delimitations.....	7
Assumptions.....	7
Limitations .....	8
Delimitations.....	9
Significance of the Study .....	10
Contribution to Business Practice.....	11
Implications for Social Change.....	11
A Review of the Professional and Academic Literature.....	12
Maslow’s Hierarchy of Needs Theory .....	18
Badura’s Self-Efficacy Theory .....	20



Person-Environment Fit .....	22
Self-Determination and Cognitive Evaluation Theories.....	22
Additional Theories .....	23
Challenges Confronted in the Workplace.....	25
Issues Pertaining to Retirement .....	34
Dynamics of Retention .....	42
Strategies for Work Life Extension .....	45
Transition .....	54
Section 2: The Project.....	57
Purpose Statement.....	57
Role of the Researcher .....	58
Participants.....	61
Research Method and Design .....	62
Research Method .....	63
Research Design.....	64
Population, Sampling, and Data Saturation .....	66
Population .....	66
Data Saturation.....	67
Ethical Research.....	68
Data Collection Instruments .....	70
Data Collection Technique .....	72
Data Organization Technique .....	73

Data Analysis .....	75
Reliability and Validity.....	77
Reliability.....	77
Validity .....	78
Transition and Summary.....	80
Section 3: Application to Professional Practice and Implications for Change .....	83
Introduction.....	83
Presentation of the Findings.....	84
Applications to Professional Practice .....	121
Implications for Social Change.....	124
Recommendations for Action .....	125
Recommendations for Further Research.....	126
Conclusion .....	130
References.....	132
Appendix A: NIH Certificate of Completion.....	148
Appendix B: Interview Protocol .....	149
Appendix C: Screening Questions .....	150
Appendix D: Interview Instrument .....	151
Appendix E: Invitation Letter .....	152

## List of Tables

Table 1. Discussion of the Four Subthemes Under Challenges Confronted in the Workplace .....	85
Table 2. Discussion of the Four Subthemes Under Issues of Retirement.....	94
Table 3. Discussion of the Four Subthemes Under Dynamics of Retention .....	103
Table 4. Discussion of the Four Subthemes Under Strategies for Worklife Extension.....	112

## Section 1: Foundation of the Study

The American and global population is aging in record numbers and is a phenomenon which society has never faced before. The single largest generation known as the baby boomers, born between the years 1946 and 1964, is reaching the age of 65 years at a record pace of 10,000 per day (Anderson, 2015; Angeloni & Borgonovi, 2016; Toossi, 2015). According to a report from the U.S. Bureau of Labor and Statistics (BLS), an impact is beginning to occur on governments, individuals, communities, organizations, institutions, cultures, and societies due to the retirement of older workers (Toossi, 2015). The increase in this cohort of workers is due to healthier living and longer life expectancies coupled with decreasing birthrates and the U.S population aging. In the BLS review, Toossi (2015) substantiated the data and added statistical confirmation as to the status of the baby boomer generation and the effect this cohort is and will continue to have on the labor force. There is no business model in place within the healthcare system to draw knowledge from on how to handle and deal with this socioeconomic issue of impending supply and demand for nursing staff as it relates to our aging population (Rother, 2017).

### **Background of the Problem**

The generation known as the baby boomers, born between the years 1946 and 1964, comprises a large populace of the current workforce (Toossi, 2015). Globally, this demographic plays an important role in socioeconomic stabilization (Angeloni & Borgonovi, 2016). However, since the year 2011, this cohort of older workers is creating a phenomenon as they approach age 65 years in record numbers, nearly 10,000 every day

(Anderson, 2015; Angeloni & Borghonovi, 2016; Toossi, 2015). A business dilemma is coming into existence because for many baby boomers it means choosing between extending their work life or retirement which for many employers means the creation of possible gaps in the workforce. According to a report from the BLS, an impact is beginning to occur on businesses in general due to the retirement of older workers and the shortage of younger workers entering the workforce in succession (Toossi, 2015). Further research will continue to address this business problem within the healthcare industry by facilitating dialogue and bringing awareness to the opportunities human resource professionals have for preserving the workability of the aging healthcare workforce with motivational retention strategies well into the year 2030 (Herrington & Heldkamp, 2013).

### **Problem Statement**

The baby boomer generation is reaching retirement age in record numbers, creating a global socioeconomic phenomenon (Angeloni & Borghonovi, 2016). Between the years 2011 and 2030, 10,000 baby boomers will turn age 65 years each day, equating to growth in that demographic of 75% by the year 2050 (Anderson, 2015; Middaugh, 2016; Toossi, 2015). The general business problem is that adults age 65 years and older who retire will leave a gap in the workforce unless motivation exists to extend their work life. The specific business problem is that some human resource professionals in the healthcare industry lack motivational strategies to extend the work life of employees aged 65 years and older.

### **Purpose Statement**

The purpose of this qualitative, single case study was to explore what factors motivated nurses aged 65 years and older to extend their work life. The results of the findings had the potential for becoming the basis in which human resource professionals in the healthcare industry could develop motivational strategies in consideration of extending the work life of employees age 65 years and older. The targeted population included semistructured interviews from six nurses aged 65 years and older who are successfully extending their work life within a healthcare facility across the United States. The implication for positive social change included the prolongation of older healthcare workers' employment contributions for socioeconomic, organizational, and individual benefits.

### **Nature of the Study**

The methodology for this study was qualitative. Researchers use a qualitative methodology to explore data from business strategy solutions (Yin, 2016). I explored themes within the current research which suggested the need for alignment of motivational strategies with employment retention. Researchers use the quantitative method to examine relationships and differences among variables (Saunders, Lewis, & Thornhill, 2015). Since I was not collecting data to examine how much, to what extent, or the relationship or correlation, a quantitative method was not applicable. Researchers use mixed methods to combine both qualitative and quantitative methodologies (Saunders et al., 2015; Yin, 2016). Since I did not need to combine methodologies in my research, a mixed approach does not fit the purpose of my study.

A single case study design was suitable for my research to ensure gathering sufficient data on motivating factors for work life extension by contacting a specific population to control the scope. Case study design is best when study questions are formed around “what”, “how” and “why” and are focused on current issues versus historical (Yin, 2016). Beliefs people perceive through their lived experiences are known as phenomenological research (Saunders et al., 2015). I had no intent to observe or describe the behavior of participants; therefore, a phenomenological design was not applicable. Ethnographic design researchers observe human cultural groups, while narrative design researchers collect data through stories chronicling participants’ lives (Saunders et al., 2015; Yin, 2016). Since neither design was based on the study of actual strategies or processes and my study had no need to observe a cultural group, narrative and ethnological designs were not relevant.

### **Research Question**

What factors motivate nurses aged 65 years and older to extend their work life?

### **Interview Questions**

#### **Individual Interview**

1. What motivates you to remain employed past age 65 years?
2. What problems, if any, have you experienced in remaining employed as a healthcare worker past age 65 years?
3. What benefits are you experiencing as a result of extending your work life past the age of 65 years?

4. What strategies if any, has your employer implemented to motivate you to extend your work life instead of retiring?
5. Why have these strategies been successful in getting *you* to continue working beyond age 65 years?
6. How, if at all, has your employer addressed the key problems you have experienced in remaining employed as a healthcare worker past age 65 years?
7. What socioeconomic value does work past age 65 years represent for you?
8. What additional information would you like to share with regards to motivational strategies to extend the work life of healthcare employees aged 65 years and older?

### **Conceptual Framework**

Abraham Maslow's (1943) human motivation theory was the basis for the chosen conceptual framework for this study. Based on a hierarchy of needs, Maslow proposed his theory in such a way as to identify the progression of factors surrounding motivation, both extrinsic and intrinsic. Visualized through a pyramid shape, Maslow's theory of motivation builds a foundation of basic needs for human development. Conceptually, Maslow's theory proposes fundamentally that human needs begin with a foundation and rise to the top from (a) physiological, (b) safety, (c) love and belonging, (d) esteem, (e) self-actualization, to (f) self-transcendence. Through my research, I will endeavor to identify through a series of semistructured interviews, how the practical application of Maslow's theory addresses conceptual motivating factors meeting the needs of healthcare workers "aged 65 years and older" and their decision to retire or extend their worklife.



Maslow's conceptual framework of motivation was used in this study to assist in explaining opportunities for motivational retention strategies that may be useful to human resource professionals in the healthcare industry to meet the needs of employees and healthcare workers "aged 65 years and older" for extending their work life. Maslow's theory of human motivation and hierarchy of needs could therefore relate to why older workers are choosing to extend their work life based on what is fulfilling, necessary, and possible.

### **Operational Definitions**

*Bridge employment:* Bridge employment is a way for older workers to phase into retirement and make a slower transition lifestyle change (Bennett, Beehr, & Lepisto, 2016).

*Encore work:* Employment or volunteerism which provides an opportunity for professionals who are retired or semiretired to take their knowledge, skills, and abilities from work experience and make positive contributions into their communities local and nationally, for the purpose of social change (Freedman, 2017).

*Occupational self-efficacy:* Refers to the idea a person has with regards to their ability to perform a job (Paggi & Jopp, 2015).

*Pink elephant:* This is bias where the tendency for a researcher to forecast actions or responses by seeing or hearing what a participant does or says in advance (Morse, 2015c).

*Simulation learning*; A learning design which occurs within a real life and hands on environment allowing learners to practice what they have learned and receive constructive feedback from instructors free from bias (Waxman & Delucas, 2014).

*Value-laden*: This is when a researcher has expectations that an issue will have certain characteristics or use bias language when presenting data analysis (Morse, 2015c).

### **Assumptions, Limitations, and Delimitations**

Researchers could make assumptions from research which may imply or derive bias on their part or present an opportunity for additional research. Research is an ongoing quest for information and yet specific scopes of a researcher's study may come with limitations that prove to be uncontrollable. Researchers conduct studies within certain parameters and therefore delimitations are used by a researcher to set the specific scopes of their study.

#### **Assumptions**

Assumptions are the provisional basis in which researchers are driven to conduct research (Yin, 2016). Researchers possess beliefs surrounding the studies they conduct, and those beliefs may or may not be proven (Simon & Goes, 2018). Previous research may support a researcher's assumptions and is thereby validated through reference citing, however, that which cannot be proven is assumed thus launching exploratory research (Simon & Goes, 2018).

The research conducted for the purpose of this study was founded on assumptions. I assumed there were motivating factors that employers could or are implementing in the workplace which would lead to the work life extension of healthcare

workers age 65 years and older. I also assumed that healthcare workers aged 65 years and older had a desire to extend their work life. This assumption of mine formed the research topic and the overall research question, in addition to providing the basis in which to seek out previous research for the purpose of supporting evidence. Through the exploration process, I was able to acquire data in support of the conceptual framework from both positive and negative perspectives; revealing that while there are motivating factors to work life extension, there are also challenges. In preparation for conducting interviews, I assumed the participant pool and age range limitations I set forth in my study would be readily available and provide adequate data. Spetz (2015) believed that to incorporate forecasts into policy and planning effectively; one must understand the structure of the projections and underlying assumptions, treating all estimates cautiously and use them as guides to policy rather than definitive future outcomes. It was my hope to validate my assumptions and provide a qualitative research study that was strong, purposeful, and valuable.

### **Limitations**

Limitations within research are the potential weaknesses inside the scope of the study which are causal circumstances of boundaries (Marshall & Rossman, 2016). The focus of research is bound by the need for internal and external validity which places limitations to the framework of a study (Connelly, 2013). Boundaries are either set by the researcher conducting the study, as is specific to the research question or could be the direct result of previous research limitations (Connelly, 2013).

Limitations found within the scope of this study may include current researcher boundaries and findings from previous research boundaries. Within the research, my reference focus was industry and profession specific resulting in numerous limitations pertaining to participant pool, age range, sample size, methodology, available data, topical research, and geographic location. There was also a large amount of previous research published prior to 2013 which fell outside the allowable timeframe for my study. Basing a 2015 article on information derived from the U.S. Health Resources and Services Administration (HRSA, 2014), Spetz stated the facts appear to be based on differing forecasts between agencies and institutional reports. The aspects of supply and demand are based on historical data as well as projected data and therefore are often subject to change depending on current markets. Spetz (2015) brought to light the need for caution when analyzing data and comparing reports past and present. With the information provided in this article, an understanding is gained regarding how to compare and contrast the future of supply and demand in nursing. These limitations allow for future research and as Dall et al. (2013) stated shed light on the need for continuous process improvement in data collection and research within the field of healthcare as it relates to the aging population. Limitations within studies, while indicative of weaknesses, also open the opportunity for the continuation of adding to the research by conducting ongoing exploration (Connelly, 2013).

### **Delimitations**

Delimitations within a study are the features which manifest as a direct result of the limitations found within the scope of the research study as identified by the researcher

(Simon & Goes, 2018). Through an assumptive process, I chose the focus of my problem to address a growing global issue of the aging baby boomers. With that problem in mind, I further narrowed the purpose of my study to identify what factors motivate healthcare employees, specifically nurses aged 65 years and older, to extend their work life.

Narrowing the focus of my study further, I delimited the scope of the research question in terms of participant pool, age range, sample size, methodology, data collection, industry, profession, geographic location, and topic based on the conceptual framework. This study was intended to highlight the growing global ageism issue of the baby boomer generation in the workplace, but only so far as to identify the relevant wins and challenges for the healthcare industry. The global issue of ageism in the baby boomer generation is too broad of a topic to be covered in one study. Therefore, a focused approach from an individual industry and profession perspective was best suited for this study.

### **Significance of the Study**

The findings, conclusions, and recommendations from this study may provide a solution within the healthcare industry as it applies to older worker retention. The sharing of motivational factors from six nurses aged 65 years and older located across the United States, choosing to extend their work life, has the potential to facilitate ongoing discussion toward solving a growing industry specific and global socioeconomic dilemma. Identifying successful strategies to motivate older workers to extend their work life may also assist in changing the societal perception of the older generation in the workplace. In addition, the healthcare industry could benefit from retaining older workers

for the purpose of sharing their experience and knowledge with generations entering the healthcare profession.

### **Contribution to Business Practice**

The potential loss of institutional knowledge may be a factor in the overall sustainability of business practices (Dzekashu & McCollum, 2014). Therefore, it is imperative that industry leaders continue to develop, implement, and share successful human resource strategies from all industries to motivate employees reaching retirement age to extend their work life, deferring permanent retirement.

### **Implications for Social Change**

The findings from this study may facilitate social change by fostering continuous dialogue concerning older workers choosing to extend their work life over retirement and the benefits to individuals, communities, organizations, governments, institutions, cultures, and societies across the globe. The baby boomer generation seeks to remain active, engaged, and purposeful so long as business and government could find ways to tailor work through flexibility and changing policies (Atkins, 2017; Maestas, Mullen, Powell, von Wachter, & Wenger, 2017). Extension of work life could lead to the financial, physical, and mental stability of adults age 65 years and older (Nilsson, 2016). Progressive communities geared toward an active aging population for healthier lifestyles could promote longevity and purposeful engagement. The redesign of governmental obligations through policies and programs for the aging with the aid of innovative institutional and advocacy group enterprise could transform the current state of socioeconomic affairs (Hoagland, 2017; Mahon, & Millar, 2014). Age supportive

cultures within the global workplace and the development of aging people centric societies may ultimately ensure adults age 65 years and older are revered, respected, and remain as longer-term contributors to our society.

### **A Review of the Professional and Academic Literature**

The intent behind this literature review was to conduct an exploration of previous research for the purpose of identifying motivational strategies associated with extending the work life of the aging baby boomer population. While 10,000 baby boomers are reaching retirement age every day, a specific emphasis on the healthcare industry focused on nursing staff aged 65 years is the basis for the research drawn for the literature review (Buerhaus, Skinner, Auerbach & Staiger, 2017; Sayers & Cleary, 2016). To meet an existing and increasing global shortage of nurses, predicted to rise in tandem with the nurses who have reached or passed retirement age, employers within the healthcare industry and their human resource professionals, face challenges and successes in the application of motivational retention strategies (Auerbach, Buerhaus, & Staiger, 2015; Duffield, et al., 2014; Wargo-Sugleris, Robbins, Lane, & Phillips, 2017). Researchers Dall et al. (2013) discussed the United States aging population of those people 65 years and older reaching 89 million in size which is double what the amount was in the year 2010. Dall et al. noted that significant increase in the aging population will also advance the need for an increased healthcare workforce with specialized knowledge, skills, and abilities to support the growing needs for medical attention just in the sheer numbers of people aging. In other words, there is a demand that the workforce of healthcare professionals keep pace with the increase in patients needing medical care in the years to

come, which is unlikely to occur due to shortages currently being experienced within the healthcare industry by the low number of incoming healthcare professionals and the looming retirement of outgoing healthcare professionals (HRSA, 2017).

Through the organization of this review of the literature, I developed a thematic approach derived from current research findings. Divided into four quadrants of focus, I expanded each of the four main themes into mini themes which provides contributing circumstances in support of the data collected from the literature. The four main themes for the literature review are: (a) challenges confronted in the workplace (by older nurses), (b) issues pertaining to retirement (of older nurses), (c) dynamics for retention (of older nurses), and (d) strategies to extend the work life (of older nurses). Mini themes included as the subsections of each main quadrant of focus are: (a) challenges (workplace) – knowledge sharing, workability/employability, staffing ratios, environment; (b) issues (retirement) – finances, health-mental, physical, and emotional, bridging burnout, relationships; (c) dynamics (retention) – job satisfaction, recognition, compensation, workload; and (d) strategies (extension) – flexible scheduling, professional development, succession/mentoring, and employer support. While some themes received more emphasis within the literature, I have not ranked importance of one over the other in this review. This thematic approach is not an exhaustive account of the literature but rather an assembly of relevant research as it pertains to my doctoral study.

The strategy behind searching literature is to develop qualitative data points for which to further research through analysis and for reaching data saturation (Fusch & Ness, 2015). I gathered applicable literature by utilizing multiple databases relative to the



business problem statement, which addressed the issue specific to my doctoral study research question and topic. Beginning with the aid of the Walden University library, the search I conducted led me to peer-reviewed journal articles published between 2013 and 2018. The databases I searched included: SAGE Research, EBSCO host, ProQuest, Google Scholar, SHRM Research, MEDLINE, Science Direct, ScholarWorks, Business Source Complete, and Thoreau using identifier words such as *aging workforce*, *older nurses*, *baby boomers*, *labor force projections*, *work life extension*, *employability*, *job satisfaction*, *knowledge management*, *bridge employment*, *retirement*, *retention strategies*, and *workplace motivation*. I used articles containing content on the challenges of being an older worker, issues pertaining to retirement, the dynamics behind retaining older workers, and strategies being currently used or suggested for consideration to extend the work life of older workers. The literature review is comprised of 86 peer-reviewed journal articles, four government resources, and two dissertations where 92% of the sources are within 5 years of completion of the study, ranging in date from 2015 to 2020. Dall et al. (2013) discussed the United States aging population of those people 65 years and older reaching 89 million in size which is double what the amount was in the year 2010. Grant (2016) described a situation that is on the forefront of the America's healthcare industry; the United States is running out of nurses, stating that while this issue has been occurring for a while, it is evident that with the aging population, that not only is the need for healthcare services increasing, but the fact older nurses are part of that aging generation and will look to retire implies that the nursing shortage problem will get worse. The United States has approximately three million nurses with nursing

becoming one of the quickest growing occupations; yet the demand for nurses is overcoming the supply. Between the years 2014 and 2030, the U.S. Department of Health and Human Services (2017) predicted 1.2 million registered nurse positions will exist, and that by the year 2025, the U.S. healthcare industry will experience the largest shortage of nurses in history. Grant stated that between the aging population and the increase in chronic disease, the United States was poised for a perfect storm in the demand for nurses. Approximately 1 million nurses are over the age of 50 years which equates to about one third reaching retirement age in the next 10 to 15 years and 700,000 retiring and exiting the workforce by the year 2024, less than 7 years from the time Grant's article was written. During the recession of 2009 to 2012, many nurses postponed retirement and continued working, however with a resurgence in the economy, these older nurses are considering retirement as a priority rather than extending their work life. This exit of older nurses also creates a problem for nursing schools which rely on experienced nurses to become faculty, preceptors, and mentors to new nurses in graduate programs. To become a nurse educator requires a doctoral degree and is not an easily replaced position. Grant presented information derived from research as to the links found between fatigue, burnout, high patient loads, relative to patient care, and nurse turnover which confirms the need for employers to design and implement flexible job designs to extend the work life of older nurses.

With this significant increase in the aging population, there comes a need for an increased healthcare workforce with specialized knowledge, skills, and abilities to support the growing needs for medical attention just in the sheer numbers of people

aging. In other words, there is a demand that the workforce of healthcare professionals keep pace with the increase in patients needing medical care in the future, which is unlikely to occur due to shortages currently being experienced within the healthcare industry by the low incoming healthcare professionals and the looming retirement of outgoing healthcare professionals. Dall et al. (2013) indicated that the necessity for the correct amount of healthcare providers to support the aging population is still being debated. Contained in some research are debates that the workforce needs are entirely dependent on the aging population's ability to maintain healthy and active lifestyles thus supporting the ongoing conversation to bring awareness to work life extension (Dall et al., 2013). The literature review is therefore concluded with an indication of continuing gaps in research leading to future need for exploration and examination.

In applying the purpose of my study to an applicable business problem, I presented research through a qualitative, single case study approach, to explore the factors that motivate nurses aged 65 years and older to extend their work life. According to Crisp and Chen (2014), there is a growing need for work life extension as put forth in an examination of the global supply of health professionals. The authors discussed an imminent world staffing crisis resulting in severe shortages and a noticeable maldistribution of health professionals due to three global transitions. The five forces developing on the horizon include demographic changes, epidemiologic shifts, and the redistribution of the disability burden. Populations are aging, and urbanization and mobility are changing the ways work gets done and how people live. Chronic disease, mental disorders, and deteriorating physical health due to musculoskeletal problems are

rising rapidly. Education and access to technology has benefitted people who are willing and able to take responsibility for their own health. New research, biotechnology, drugs, vaccines, testing, and therapeutic advances make it easier for less hands-on healthcare treatment by professionals. Lastly, policies in discussion will impact healthcare professionals and the work they deliver. Markets and healthcare systems are closely tied, and healthcare spending is at an all-time high equaling 10.1% of the global domestic product and the industry seeing \$ 6.6 trillion in annual revenues. In addition, the social pressures of equitable healthcare delivery are in growing demand and contributing to systematic and workforce changes. Each of these transitions exert a powerful force for transformation in health care systems, the roles of health professionals, and the design of health professional education. The greater global supply and demand issue of healthcare workers is a main focus, and statistics presented from the World Health Organization (WHO, 2016) regarding the shortage of health professionals estimate a 15% shortfall of doctors and nurses worldwide which accounts for 4.3 million professional clinicians. Poor countries are most at risk for a lack of healthcare providers to cover rising disease issues. However, the United States and other richer countries are no less at risk of the healthcare professional shortage. The projected shortage by researchers for the U.S. is 85,000 doctors by the year 2020 and 260,000 nurses by the year 2025. Crisp and Chen stated that at some point, every country will have to confront the global pressures of looming changes in how healthcare gets done. Global transitions that make problems worse, the growth of the medical tourism market, the differences in the number of health professionals, and the variety of skills possessed by each within different countries are all

part of the equation. It is necessary for countries, rich and poor worldwide, to invest in better training and improved human resource management to handle the shortage issue (Crisp & Chen, 2014).

### **Maslow's Hierarchy of Needs Theory**

A summary of the findings within the research puts forth what Abraham Maslow (1943) proposed in his human motivation theory as a hierarchy of needs. Conceptualized in a framework identifying the progression of factors surrounding motivation, Maslow explained how human satisfaction is met intrinsically and extrinsically (Raso, 2016). This review of the literature posits similar concepts of motivation as primary factors for older workers in extending their work life. The research question is designed to inquire about the theory of human motivation as it applies to meeting the desires of older workers and instilling a greater potential for their work life extension. Maslow's theory is representative of what people require in order to make commitments in life planning decisions (Raso, 2016). Maslow determined that humans have different levels of needs, thus offering an opportunity for progression to the next level as these human needs are satisfied. Maslow's research discovered that each level may end up being repeated as humans move through life and as situations within or not within their control force change. Humans require different needs being met at different levels of satisfaction. What is necessary to one person may or may not be necessary to another, thus humans are individuals in all manners, except they are more alike than not. Maslow concluded that as needs are met, other needs may become a focus of attention. However, some individuals will sacrifice needs in order to achieve what seems most important to them. Most healthy

people are motivated by their need to grow and fulfill themselves to the highest possibility and capability as they strive to become all they could achieve thus meeting Maslow's highest needs level of self-actualization (Krems, Kenrick, & Neel, 2017). Achieving self-actualization is an individual attainment and means something different for each person as well. Krems et al. found that reaching self-actualization translated into additional levels of needs being met based on importance of eudemonic well-being (purpose, possibility, and spirit), hedonic well-being (pleasure versus pain), and subjective well-being (health, wealth, and relations). Understanding the basics of Maslow's theory furthers the opportunity for organizations to build in purpose to jobs, thereby helping older adults delay a decision to retire (Raso, 2016). Maslow's theory of human motivation based on a hierarchy of needs implies that aging workers could choose to stay employed if organizations and governments could create solutions motivating them toward that decision (Raso, 2016). Maslow's theory provides a basis in which researchers could also explore the alternative outcomes on business if there is less motivation for older workers to extend working past retirement if needs go unmet through a lack of strategic initiatives. Applying a conceptual framework approach to this doctoral study grasps that propositions progressed by Maslow's theory could explore the motivational factors older adults in their retirement years' experience when choosing to decide whether to extend their work life. Maslow's theory of human motivation and hierarchy of needs relates to how older workers are choosing to extend their work life based on what is fulfilling, necessary, and possible (Raso, 2016). The application of similar theory through a conceptual framework puts forth propositions on what

opportunities organizations have in designing work life extension choices to retain the extraordinary number of retirees that is the baby boomer social phenomenon (Angeloni & Borgonovi, 2016). Meeting the desires of the older worker instills a greater potential for their work life extension and is further validation of the human motivation theory and hierarchy of needs (Maslow, 1943). During my research, I reviewed several other theories, sharing them for comparative analysis and to strengthen my study. I chose Maslow's conceptual framework of motivation to explain the connection between what factors motivate nurses aged 65 years and older to extend their work life and opportunities for healthcare employers to meet the motivational needs of employees aged 65 years and older to extend their work life.

### **Badura's Self-Efficacy Theory**

Paggi and Jopp (2015) presented the concept of occupational self-efficacy and the relation of predictors such as intrinsic job motivation, perspectives on growing older, and the results in job satisfaction. The authors also noted that occupational self-efficacy plays an important role in overall satisfaction with life, and retirement age along with job performance was not related to the subject due to those factors being more definitive and not psychological. Occupational self-efficacy could be defined as the idea a person has with regard to their ability to perform a job. Adults age 50 to 78 years and older actively working, were the participants of the study, volunteering from various organizations and recruited from social media sites to complete an online survey. Findings showed that baby boomers would seek an extension of their work life past retirement age for the purposes of wanting to remain active, extra income, and because their work provided

them with relevance in life. Paggi and Jopp shared the beliefs behind aging, intrinsic factors of job motivation as pride, and the initiative to maintain high standards of job performance in order to assess effects relative to work self-efficacy. Paggi and Jopp also identified Bandura's (2012) theory indicating that four factors are influential to self-efficacy. Bandura's work is a revisit from the original conceptualized framework outlining Bandura's self-efficacy in human mechanism theory (1986) where Bandura defined self-efficacy as the perception which allows an individual the phenomenal ability to manage behavioral change as it relates to diverse styles of influence, responses to functional tension, self-directive of obstinate conduct, acquiescence, and despair to disappointment, self-devasting effects of representation control and imagined ineffectiveness, motivated accomplishment, evolution of intrinsic awareness, and occupational quests. Included in the five factors are experiential gains and advancement in mastering work duties, positive social outcomes related to competent peer and self-performance, and maintaining optimum physical and mental health. The results of the study are applicable to the workplace and beneficial for business leaders to understand how occupational self-efficacy could be increased through enhancing older workers' job satisfaction. Several related concepts which could be used to increase self-efficacy include focusing on the physical, mental, and emotional health of older workers to keep them viable and motivate them to remain active in the workplace as the baby-boomer population continues to increase over time (Paggi & Jopp, 2015).



### **Person-Environment Fit**

The research conducted by Morelock, McNamara, and James (2016) contributed the people to environment (PE) perspective as it exists in relation to the concept of workability, whereby the match between PE is measured for the cohesiveness and applicability of person and job characteristics. The theory of PE is considered a long-standing framework in research which is tied to Parson's (1909) theory of career selection as it applies to the characteristics of people and their vocation. Morelock et al. (2016) also noted that Murray's (1938) theory of typology is relative to psychological needs and individual differences, as well as Lewin's (1935) relational perspective on how PE is intertwined to affect human behavior.

### **Self-Determination and Cognitive Evaluation Theories**

Deci and Ryan (1980) described a theoretical concept that relates what people experience in thinking and feeling, to motivations and perceptions with behavior. Identifying behaviors as both self-determined and cognitive, Deci and Ryan proposed that there is a relationship between people and the environments in which they operate through life. The self-determination theory, conceptualized by Deci and Ryan, suggested a dual motivational behavior which includes intrinsic and extrinsic needs. Intrinsic and extrinsic needs that are cognitively selected are considered self-determined, whereas those that are not selected are considered unconscious requiring a lower level of cognitive processing. Intrinsic motivation is set forth through the behaviors of people, offering a person an array of satisfaction that transcends from personal experiences and the lived outcomes. Extrinsic motivation is derived from people satisfying certain basic or desired

needs such as financial stability or prestigious recognition and considered an acquired reward (Deci & Ryan, 1980). Self-determination was found to require a high level of intrinsic motivation which is tied to a higher level of cognitive evaluation. Deci and Ryan pronounced that extrinsic offerings signal a decline in intrinsic motivation lessening the need for self-determination. On the contrary, Deci and Ryan found that when extrinsic rewards are missing, the intrinsic motivational forces of a person heighten thus driving self-determination. Deci and Ryan also described the connection between a person's sense of competence and their self-determination as one with varying levels which showed higher competent abilities resulting in increased intrinsic self-determination, whereas lower competent abilities resulted in a person seeking more extrinsic driven satisfactions of needs.

### **Additional Theories**

Kanfer, Beier, and Ackerman (2013) pointed out that age needs more consideration when theories are used by researchers and suggested that in order to gain deeper perspectives into older workers for the 21st century that a comprehensive worker focused (people-centric) approach be taken. Kanfer et al. suggested that a people-centric approach allows for perspective to define and describe the basis of older worker goals, relationships, and the motivation later in life to achieve these goals. Lytle, Foley, and Cotter (2015) reviewed theories which pertained to career and retirement decisions made by older workers across cultures. Vocational theories and retirement theories are presented by Lytle et al. to evaluate if (a) retirement is regarded as a phase of working years; (b) contentment, incentive, and additional work variations have been addressed at

the onset of retirement age; (c) flexible work options were considered at retirement age; and (d) could the work extension-retirement considerations be considered cross cultural.

Lytle et al. addressed the continuation of older workers i.e. baby boomers in the workforce well passed retirement age as offering career progression through flexible work designs and bridge employment. Research conducted by Lytle et al. provided valuable insight into other theories as they pertain to the work life extension and retirement decisions older workers must deal with. Identifying several theories which could lend frameworks to the research, Lytle et al. described additional theories as follows: theory of vocational development (Super, 1980), career construction theory (Savickas, 2005), culturally appropriate career counseling model (Fouad & Bingham, 1995), cross-cultural career counseling research and practice (Leong & Hartung, 1997), social cognitive career theory (Lent, Brown & Hackett, 1994), theory of work-adjustment-TWA (Dawes, England & Lofquist, 1964), disengagement theory (Cumming, Dean & McCaffery, 1960), continuity theory (Atchley, 1989), and role theories of retirement (Mead 1913; Linton, 1936). The career construction theory developed by Savickas is of particular interest in applying the information toward understanding retirement and identifying career development as a life-long progression, weighing in on the importance of cognitive activity. Lytle et al. shared a compelling argument in favor of the retirement theories enhancing the existing research surrounding vocational theories and career development opportunities for older workers.

## **Challenges Confronted in the Workplace**

**Knowledge sharing.** The qualitative research conducted by Dzekashu and McCollum (2014) is focused on organizations needing to manage the loss of knowledge due to the phenomenon of an ageing generation leaving the workforce. The global impact which organizations worldwide are beginning to have as a result of the large population of baby boomers at or past retirement age is alarming. While knowledge management has become a concept within organizations, the process is not yet manageable to address the implementation of programs to successfully capture and store valuable knowledge on a human level. There is an opportunity for organizations to design a method toward engaging and motivating older workers to document their institutional knowledge and maintain adequate stability of operations. Gagnon et al. (2015) noted the importance of knowledge management in a study conducted for the purposes of identifying learning organizations in the healthcare industry. According to research conducted by Duxbury and Halinski (2014), the baby boomer cohort is the institutional knowledge of organizations and the loss of that knowledge comes with a cost, but mitigating costs is successful by retaining older workers past retirement.

The era of knowledge retention and continuing professional development calls for management strategies to be implemented and maintained in order to preserve knowledge capital of healthcare professionals, especially nurses. Due to healthcare workforce shortages and the retirement of an aging population occurring globally, healthcare institutions must address the growing situation with solutions. Life-long learning in healthcare will allow for competency building and an increase in the quality of care

patients receive. Thus, healthcare organizations creating flexible work designs and knowledge management practices such as mentoring will benefit long term. Gagnon et al. (2015) cited author Peter Senge's (1990) *The Fifth Discipline: The Art and Practice of the Learning Organization*. The learning organization, according to Senge, is one that displays the ability to adapt to changes, gains knowledge from mistakes, identifies ways to grow, and values the involvement of staff. Senge showed through the findings in his study, that commitment to a learning organization could result in higher quality and safety in healthcare; nurse professional development interest increased, and the transfer of knowledge between healthcare workers occurred more frequently and freely (Gagnon et al., 2015).

Dzekashu and McCollum (2014) identified three areas specifically in need of knowledge management within organizations as: (a) customs and community, (b) methods and jobs, and (c) tools and resources. Findings based on participant demographics including, education levels and age as factors, support a sociotechnical theory of increasing value through societal and supply restrictions thus affecting the internal and external organizational culture. Implementation of quality knowledge management may require organizations to build in human job redundancy to ensure the transfer of knowledge occurs successfully between the older and younger generations of workers (Dzekashu & McCollum, 2014). There is a social change initiative looming with knowledge exchange and the fostering of sharing knowledge as a best practice. Once employees of any organization become empowered to share knowledge through extrinsic motivational factors, the action of knowledge sharing will eventually become intrinsically

motivated (Dzekashu & McCollum, 2014). When an organization creates a culture of learning, everyone stands to benefit through the process of education and the conversion of individual knowledge retention to organizational knowledge retention (Gagnon et al., 2015). Organizational retention occurs in the form of objectives, manuals, policies, and procedures and makes the knowledge accessible and easily maintained for reference purposes by all staff. Specifically exploring the outcomes of nurse professional development initiatives, knowledge management and retention based on instruments of learning and the process of adult learning in healthcare, Gagnon et al. also remarked that research on learning organizations in healthcare is limited in current literature, therefore opening the door for future research opportunities. Gagnon et al. suggested the need for a study that delves into the long-term effects of implementing a culture of learning organization and what the impact would be to nurses' and other healthcare workers professional development.

**Workability/employability.** McGonagle, Fisher, Barnes-Farrell and Grosch (2015) described perceived work ability as a direct reflection by a person regarding his or her own capabilities in relation to the continuation of work, the nature of the work, personal resources, as well as those provided by the employer. These resources are seen from a physical, psychological, social, or organizational standpoint. Findings from the research conducted by McGonagle et al. included the identification of work-related factors such as job demands, physical health, time pressure, cognitive stress, sense of control, and the push-pull of retirement. Perceived work ability was also relative to labor force predictions such as absence, retirement, and disability leave. Age and work ability

were deemed to be insignificantly related and attributed to the experience gained over time, along with the acquisition of job and personal resources including knowledge, tenure, and status explaining positive perceptions of work ability. McGonagle et al. presented a series of beneficial hypotheses as follows: (a) job demands (role overload, role conflict, time pressure, unsociable contact, environmental conditions, physical demands and poor ergonomics) are negatively related to perceived work ability; (b) job resources (autonomy, coworker and supervisor support) are positively related to perceived work ability; (c) increased levels of job resources will mitigate negative relations between job demands and perceived work ability; (d) personal resources (health, sense of control, self-determination, consciousness, and emotional intelligence) are positively related to perceived work ability; (e) considering all the resources scanned, health condition is the strongest indicator of perceived work ability; (f) perceived work ability is relative to consequent absence, short-term or long-term disability, and retirement; and (g) perceived work ability mitigates the relationship between job demands and job and personal resources and absence, disability, and retirement. Morelock et al. (2016) presented results which indicated that time place management (TPM) is a viable way to assist older workers with low workability. Workability is referred to by the authors as competencies required for managing work assignments. These competencies include cognitive, physical and virtuous capabilities in skills, knowledge, and ability. Morelock et al. noted that workability practices are a positive measurement tool with regard to policies and practices implemented by human resource professionals for identifying successful strategies.

Fleischmann, Koster, and Schippers (2015) discussed the concept of employability, as it pertains to older workers. Employability is considered to be the ability that employees possess in order to work, and employer implemented practices such as training and development to enhance the retention of older workers. Fleischmann et al. focused on the employer practices and the strategies or investments made by answering the research question regarding which practices are used and at which time are they put in place. Information on employability-enhancing practices that are meaningful to older workers is limited, and there is a lack of agreement between researchers, employers, government bodies, and advocacy groups on which practices motivate older workers' employability (Fleishmann et al., 2015). Older workers have different needs than younger workers, and there appears to be lower participation in the implemented practices as they are not well targeted. Graham et al. (2014) explored reasons why older registered nurses (RNs) decide to keep working by taking a global perspective on the issue, identifying that the number of baby boomer nurses is increasing and working well past what is socially considered a retirement age. Fleischmann et al. concluded from prior research, that age sensitive or age mindful HR practices are motivating and have positive effects on older workers to remain active in the workforce and delay retirement. Fleischmann et al. derived that employers must make an investment in these practices and noted that some are willing and some are not, as employers often seek a return on investment employability enhancing practices. Fleischmann et al. noted the current state of the labor market in terms of an employers' need to retain older workers as compared to whether practices would be implemented. Fleischmann et al. supported the concept of



employer motivational strategy to extend the work life of older workers. Socioeconomic issues in terms of the labor market appear to be an underlying factor, as does the size of the organization, larger organizations having the financial capacity to make the investment. In addition, the cost associated with investing to retain older workers who may already be receiving higher wages, are in the waning years of their careers, and will eventually retire which shortens the ROI. Issues of stereotyping older worker performance abilities as lacking also gives employers pause to implement strategies. Fleischmann et al. identified the human capital theory as it applies to employees who have obtained higher education degrees or their longevity on the job as being a cost saving factor due to the shorter ROI turnaround. Another point made on employability is with regard to an organization seeking to retain older workers for the benefit of sustainability and continued engagement with the company. Fleischmann et al. suggested that financial incentives for smaller companies to implement strategies and feedback from older workers would be beneficial since increasing employability practices is pertinent with regard to the aging phenomenon of the workforce.

Freedman (2017) discussed the concept and activity of encore work for those over age 60 years. Essentially, over 4 million professionals who are retired or semi-retired are finding purpose in their lives again through encore work. The people in these encore roles take their knowledge, skills, and abilities from work experience and make positive contributions into their communities local and nationally, for the purpose of social change (Freedman, 2017). Currently the amount of available talent exceeds the encore opportunities, and Freedman made a strong case for encore service by the baby boomer

generation, whether through paid work or volunteering for the purpose of meeting a human, social, and economic need. Morelock et al. (2016) found through quantitative research that low workability employees are prone to leave the workforce early especially when age and health are factors.

**Staffing ratios.** Conflicting supply and demand forecasts of staffing in registered nursing (RN) positions exist within the health care industry (Spetz, 2015). The future supply and demand of health professionals are tools that could guide policy, not a final statement about how the world will be in the future. Recent forecasts of RN supply and demand change based on organizational need thus making it confusing for leaders and educators in nursing, along with policymakers (Spetz, 2015). Johnson (2015) described the takeaways from attending a nursing conference in which one presenter stated that 73 is the new 65 in terms of age when considering retirement options. This statement provided context for the discussion where Johnson shared information regarding nursing demographic statistics. Nurses employed in the United States by the year 2008 reached 476,000, of which at that time 368,000 or 77% had already reached age 50 years or older. Johnson stated that if numerous amounts of nurses extend their work life and postpone retirement, the average age of a nurse will be 55 years. Nearly 50% of all employed nurses will reach retirement age by the year 2020, and yet, there are insufficient younger graduate nurses to begin succession. The retention of older nurses could lessen the impact of the continuous nursing shortage.

The median age of nurses is increasing with the global healthcare system and countries such as the United States, Canada, Australia, and the United Kingdom have a

staffing concern that is looming for the healthcare industry with the aging workforce reaching retirement age (Armstrong-Stassen, Freeman, Cameron, & Rajasic 2015). Graduations of new healthcare professionals along with international transiency and the willingness or ability of licensed RNs to work will play a large role in the future of healthcare staffing. However, those areas will be dependent on policy, compensation, and opportunities for work in the healthcare industry. Nursing leaders should pay close attention to local labor markets and implement creative solutions to make use of the current nursing resources while also promoting nursing graduations to replace the baby boomer population of aging RNs (Spetz, 2015).

**Environment.** Dordoni and Argentero (2015) pointed research toward the older worker and the effects of age being an obstacle for continued employment. The phenomenon of the aging workforce is being met with obstacles identified as stereotyping and perceived age discrimination. The older worker is defined by the Department of Labor (DOL) as an individual age 40 years and above according to the ADEA (U.S. Age Discrimination in Employment Act). According to the authors, age is approached five ways (1) chronologically, (2) functionally, (3) socially, (4) organizationally, and (5) generationally. Findings indicate that older workers with a perception of stereotype occurrences may be more likely to leave the workplace. Circumstantially, this leads to a loss for the organization. Individually, this places stress on an older worker especially in times of economic downturn when they need to stay employed. Most age-based stereotyping occurs when performance, health, or learning factors are attributed to an older worker being perceived as no longer able, fit, or teachable. Older workers may be

less desiring of learning as it relates to career development and if they have already decided to retire. Stereotypical information on older workers that is shared in a favorable manner is more encouraging and motivating toward job retention and a willingness to remain employed. A self-categorization into the older worker category could often result in a negative work attitude, social disengagement, lack of dedication, and may be an indicator of retirement contemplation (Dordoni & Argentero, 2015). Life longevity has expanded the human age range; while being seen as a major triumph in the eyes of science, and there is a socioeconomic impact surfacing that needs immediate attention.

Dordoni and Argentero (2015) confirmed that a solution to the growing phenomenon of the aging population would be for governments, societies, communities, and individuals to find ways to keep older workers employed longer. Dordoni and Argentero suggested that human resource professionals should find ways and then continue to implement strategies supporting the retention of older workers. HR must also manage age stereotyping within the workplace by identifying the positive benefits of employing older workers not just for the organization but also individuals of all ages. Mahon and Millar (2014) identified positive and negative perspectives held by managers of older workers. Knowledge, skill, ability, attendance, dedication, loyalty, and mindset exhibited as attributes of the older worker, while change resistance, struggles with new technology, deteriorating health, and unwillingness toward flexibility presented as negative traits of the older worker. Dotson, Dave, Cazier, and Spaulding (2014) found that while socioeconomic factors have driven older nurses to postpone retirement, it is work conditions that may overrule the decision to remain employed or not unless

employers could implement changes that will positively affect nurse's decisions to retire or extend work life. Middaugh (2016) suggested that through the creation of positive work environments, engagement could be heightened, and the retention of senior nurses will be an invaluable asset.

### **Issues Pertaining to Retirement**

**Finances.** Freedman (2017) noted that extending the work life of older workers could benefit them financially not only immediately but over the long-term by deferring a drawdown of retirement savings or partial collection of Social Security benefits until a later age. Financial gain is a primary motivator of having a job and going to work every day, but financial stability is subjective and personal, having different meaning to people (Conley, 2017). For many individuals, a job is a way to make money, a career on the other hand is a way to get ahead financially, but a calling as Conley refers to is a higher level of motivation and one that Maslow (1943) refers to as self-actualization; the highest point of the needs pyramid, which supercedes the need for doing work to make money.

Some opportunity exists according to Clendon and Walker (2016) for those healthcare workers who need to work to maintain their financial stability but could no longer work the long hours, is to seek a flexible work schedule that would allow them to earn wages and partially tap their retirement fund or Social Security benefits. Finances contribute to the deciding factor on the timing of retirement for many people, and the baby boomer generation may need to continue gainful employment if they fell victim to the global financial crisis that occurred in 2008 (Segel-Karpas, Bamberger, & Bacharach, 2015). Employers have an advantage when employees seek only part-time work due to

the savings in labor and benefits costs even if the hourly wage stays intact because productivity levels remaining high and retention is a predominant plus factor due to satisfaction (Heyma, Werff, Nauta, & Sloten, 2014).

**Health-mental, physical, and emotional.** Lichtenthaler and Fischbach (2016) found from prior research that healthy mature workers are more likely to extend their work life, and therefore determined that health is a motivating factor in addition to satisfaction in job design. Kanfer et al. (2013) found through their research, that retirement norms developed through public policy during the 20th century, which took into consideration life expectancy and the assumption that work motivation in workers nearing retirement age declined, motivation to retire increased, and that complete departure from the workforce occurred with retirement citing leisure activity and health concerns as primary factors. However, within the past several decades, a major shift has occurred including an increase in life expectancy and better health to the extent that older workers anticipate surpassing the normal retirement age by a decade or more. Freedman (2017) suggested that the concept of encore social purpose work, while likely through volunteerism efforts, would help foster socialability and provide ways for the older generation to maintain cognitive and physical health. Freedman also supported that encore roles could extend a purposeful work life to older workers thus promoting healthier and active lifestyles for the aging generation who still have a desire to stay engaged, make a difference, and leave an imprint toward bringing generations together for a better world.

Nilsson (2016) conducted research to explore and gain insight into the complex nature of aging and the relationship there is between age and extending the work life of older adults. Nilsson questioned what affects work participation, and what are various perceptions of aging relative to older workers. Nine areas of focus were identified as core components to older workers continuation of work after retirement age: health, economic motivation, family, recreation, communal and societal ideology, physical and mental work environment, work rate, schedule and recovery, proficiency and skills, incentive and job satisfaction, and perception of organizational culture, supervisors, and co-workers. Nilsson posited four concepts of aging and described how each had an effect on older workers toward extending their work life. These concepts are as follows: (a) biological aging as it pertains to health within physical and mental work environments, the rate of work and recovery needs such as sleep; (b) chronological aging as it pertains to retirement age policies and the potential for economic motivations implemented by organizations, societies, governments, and businesses; (c) social aging as it pertains to social ability, recreational activity, peer group inclusion, family support, organizational culture and the perceptions of supervisors, co-workers within the work environment, and (d) mental and cognitive aging as it pertains to brain health and ability for self-awareness, inspiring and worthwhile activities, proficiency and skills related to working life. Lock and Belza (2017) shared information regarding the health of aging Americans, describing what healthy aging is and the benefits that being healthy in senior years bring. Life spans of Americans are increasing over 30 years, and with that longevity, there is a socioeconomic impact. Lock and Belza suggested an opportunity for promoting wellness

through active and healthy living; they also raised concern on the topic of chronic disease and the impact on healthcare and government programs. Lock and Belza presented an appeal to the U. S. President to implement programs for the aging that educate them on the benefits of making healthy choices to extend their lives and decrease the need for long-term healthcare. The U.S. Department of Health and Human Services (HHS) focused its Healthy People 2020 plan on the cognitive health of the aging population for the prevention of Alzheimer's disease, creating a call to action for the White House to work closely toward community building that brings active lifestyles to the forefront of planning initiatives. Lock and Belza recommended governmental support of research on social, behavioral, and medical issues of the aging. Through funding and awareness campaigns, people could learn how to maintain cognitive health through social and physical activities, as well as how to manage chronic health issues. Lock and Belza presented a message to Americans aged 65 years and older through their article suggesting a series of ideas that fosters social, physical, and mental wellness. Proposing a healthy initiative which would aid in warding off the concerns surrounding disability and chronic health conditions as roadblocks to adults aged 65 years and older extending their work lives, Lock and Belza presented through their research, that the baby boomer cohort could remain as productive contributors to the socioeconomic state of our country. Health was found to be the number one factor in considering the choice between work life extension or retirement. Workers aged 65 years and older have an opportunity to make the most of aging and remaining viable, relevant, and purposeful in the workplace to benefit businesses for the long-term.



**Bridging burnout.** Bennett et al. (2016) focused their quantitative research on workers who have reached retirement age and the decision to seek or sustain employment that places them in a semiretired status. Bridge employment offers a way for older workers to phase into retirement and make a slower transition and lifestyle change. Examining factors that may attribute to the decision of an older worker to stay employed on a part-time basis or fully retire, Bennett et al. hypothesized that high levels of (a) attaining occupational objectives, (b) employment engagement, (c) dedication to employer, (d) occupational dedication, (e) flexible work schedules, and or (f) feeling forced into retirement are more likely to affect the decision an older worker will make regarding work life extension or retirement. Duxbury and Halinski (2014), noted that the high performing older worker or “exiting performer” has a choice to stay or go, and organizations obviously benefit by helping them stay. The low-performing older worker who is “retired on the job” also has a choice to stay or go, and organizations have an opportunity to try to reengage them or cut the loss. Loretto and Vickerstaff (2015) noted that there are benefits to work life extension as it could allow for the decision of when and how retirement will occur, and that working part time or bridging employment is a way to phase into retirement with more planning.

Bennett et al. (2016) indicated through research survey results, that vocational and non-vocational variables were mutually connected when pertaining to decisions for full retirement. Part-time employment was also found to be a positive transition option due to stress factors because it provides a more retirement like experience. Bennett et al. recommended more focus be placed on garnering results from the baby boomer

generation as they are poised to have the largest impact on the workplace now and in the near future. Bennett et al. suggested it would be wise to further the research by examining and exploring the benefits of implementing bridge employment strategies in order for employers to find ways to gain insight into what may help an older worker extend their work life as opposed to fully retiring. Bennett et al. advised readers of their study on the importance of understanding the socioeconomic impact that the baby boomer generation will have on the workplace labor pool if they are allowed to fully retire. Transitional employment may be a likely motivator to extending the work life of the older adult (Bennett et al., 2016). Kanfer et al. (2013) found that motivation to retire from work is typical in advance of formally retiring whereas motivation to continue working may come and go in advance of and after retiring. Kanfer et al. conducted research to build on the body of knowledge pertaining to older workers and motivating factors to extend work life or retire. Kanfer et al. provided a noteworthy perspective for researchers to consider regarding whether retirement is occurring due to an event, leaving a current job or bridge employment, and then assessing permanent retirement against work goals as they change due to different time factors.

**Relationships.** Edge (2014) introduced research on the generations as they relate to employment, with baby boomers as the focus. Edge examined data with regard to the generational variances in the workplace by identifying the relationship between how generational characteristics control the way in which generations view and deal with work-life balance, leadership, team work, and career development. Edge defined generations in terms of chronological (age based), social (shared experiences of a time),

and politically shared occurrences (historical change), finding that the intrinsic and extrinsic generational values of baby boomers are opportunities which leadership could seize upon in an effort to assure workplace motivation. The research findings by Edge fell within themes of (a) encouraging development and professional ability with career progression and compensation, loyalty and longevity, motivation and work ethic; (b) building shared culture with trust and relationships, social interaction, mentoring and knowledge exchange, individualism and autonomy; and (c) facilitating positive work environments with workplace designs and conditions emphasizing technology use, work-life balance, wages and titles, job contentment, and security. Edge performed and presented research analysis putting forth two assumptions which include the idea that generations collectively contribute characteristics, beliefs, and behaviors to the work they do and the workplace, along with the ideology that if there is a deeper perception of individuals and generations, organizations could develop better recruitment and retention practices. baby boomers are viewed differently by other generations in the workplace in both positive and negative ways.

Derived from a larger study on retirement and women baby boomers, Sherry, Tomlinson, Loe, Johnston, and Feeney (2017) conducted a two-part societal and psychological study seeking to understand fears surrounding retirement for women and their level of supportive relationships that contribute to the experience of no longer working. There are complexities women face when entering the retirement phase of life. Positive outcomes of retirement, fears about retirement, and relationships in retirement that women in particular face when entering the retirement stage of life will have an

impact on business, governments, and communities worldwide especially pertaining to what decisions those women focus on as related to family, volunteerism, recreation, and work extension, and the otherwise psychological and socioeconomic impact the transition will make (Sherry et al., 2017). Buonocore, Russo, and Ferrara (2015) explored work-family conflicts and job insecurity factors as they relate to multi-generations including baby boomers. Utilizing the theory of generation, variations of perception between generations with specific areas of focus on the baby boomer cohort were identified. Job security between the years 2008 to 2013 became an issue for many older workers due to the economic downturn and increased the improbability of a timely retirement. Findings from research conducted by Buonocore et al. showed that older workers perceiving higher insecurity with job stability exhibit decreased organizational engagement and experience negative emotions such as depression and anxiety along with losing respect for the company. Work-life balance appears to be as much of a struggle for baby boomers as measured against other generations due to an association with longer working hours and volunteer efforts. baby boomers are less likely to have family time demands and yet a work-life balance remains an important aspect of job satisfaction for this cohort (Buonocore et al., 2015). Dotson et al. (2014) delivered findings through their research suggesting a relationship between worth or value and selflessness or altruism, which have an impact on the retention of nurses. Altruistic work endeavors which are stunted by regulation, nurse to high patient ratios, and organizational financial pressures may have a negative impact on nurses who may leave their profession to experience their altruistic desires elsewhere (Dotson et al., 2014).

## **Dynamics of Retention**

**Job satisfaction.** Graham et al. (2014) discussed findings which showed older nurses having a high intention to keep working well past retirement age. Some of the reasons identified were the importance of working, work being gratifying and agreeable, and the desire for experience to be seen as valuable. Flexibility and socialability are also rated as high on the retention levels. Vermeir et al. (2017) found a correlation between job satisfaction and communication within the social context of healthcare organizations and staff. Job satisfaction as a result of clear, concise, and continuous communication had an effective improvement in the reduction of nursing staff turnover resulting in lower burnout rates, better workload scheduling, as well as increased patient safety and continuity of care (Vermeir et al., 2017). Frequent and quality communication was found to occur between nursing staff that was older in age thus making a case for the need to retain experienced staff. Maslow's hierarchy of needs theory is an example of how satisfaction in the job could translate to a fulfillment of need, as when personal needs are in alignment with the perceived potential of the job for satisfying those needs, coupled with the feeling of being rewarded through work, intrinsic and extrinsic rewards have been found to be contributors to job satisfaction and are factors which are experienced differently between individuals (Vermeir et al., 2017).

Lichtenthaler and Fischbach (2016) proposed a hypothesis declaring that promotion-focused and prevention-focused job crafting has a positive effect on motivating mature workers to extend their careers past retirement age. Based on organizational and individual factors, Lichtenthaler and Fischbach described a conceptual

model where mature workers in positions with high demands and pressures but with low engagement, support structures, and challenges are less likely to desire working beyond retirement. Whereas, those workers whose positions come with an opportunity to design their own job could fill them with purpose and meaning, thus increasing motivation to remain employed. Brunetto et al. (2016) examined a combination of psychological and organizational factors which may attribute to a nurse's decision to leave a position. The day-to-day life of a nurse could be stressful and depressing yet very rewarding. Findings by Brunetto et al. showed that nurses with higher emotional intelligence such as those which are more experienced and older, have an increased level of satisfaction in their roles, which likely contributes to longevity in the field. Dotson et al. (2014) noted the importance of nurse retention, and while the U.S. Department of Health and Human Services (2017) revealed that nursing labor will increase between 2014 and 2030, the impending retirement of the nursing workforce and increase in population of the aging baby boomer generation will apply pressure to healthcare industry for nurses. Duffield et al. (2015) identified that older nurses choosing to remain employed do so because of job satisfaction, flexible work demands, social interaction, and financial gain.

**Recognition.** Dotson et al. (2014) showed a link between nurse retention and organizational initiatives which impact autonomy and patient loads as being important factors for positive change. Confirming that those in the nursing profession are inherently altruistic or selfless and yet have a need to be valued and possess a respected worth within the organization, Dotson et al. challenged the healthcare industry to be aware that

altruism comes with a desire to do good and meaningful work which is recognized and individually fulfilling.

**Compensation.** Ang et al. (2016) noted that compensation commensurate with years of experience is a motivating factor, and recognition for employee's continued contributions of knowledge, skills, and expertise would encourage work life extension. Compensation for healthcare workers normally increases with time on the job. Therefore, a nurse working in the field of healthcare for many years could reach the top of a pay scale before retirement. According to Conley (2017), compensation is one of the basic needs that Maslow defined in his conceptual hierarchy of needs theory, and when that need is met, people could advance to the next level of the needs pyramid.

**Workload.** Ang et al. (2016) revealed that older nurses would prefer a lightened workload with a decrease in the physically demanding side of their jobs along with flexibility. Johnson (2015) described challenges that nurses face when they age as mostly due to a physically demanding job with long hours of work. Both age groups of nurses, known as baby boomers 1946 to 1964 and Generation X 1965 to 1980, are considered older nurses by standards in the industry. Stress increases for older nurses as they face health challenges, increased responsibilities, and new technology which must be learned on the job. Australia is experiencing the surge of the baby boomer generation's aging population reaching aged 65 years in record numbers (Duffield et al., 2015). This is resulting in a socioeconomic issue which the government is focused on addressing by potentially increasing the retirement age.

As nurses age, they begin to choose what type of healthcare settings they wish to work in, as some workloads are more demanding than others. Duffield et al. noted that the need to retain older nurses within the acute care setting of healthcare is requiring employers to consider strategies that reduce workloads and hours while maintaining compensation in exchange for knowledge and experience. Middaugh (2016) discovered that senior nurses would benefit by shorter work shifts by covering peak patient need times. Other strategies included weekend work only, telecommuting, and seasonal work programs of 3, 6, or 9 months at a time allowing for extended leave periods, along with other flexible work design options, phased retirement, bridge work, and retention of full benefits packages with part time schedules.

### **Strategies for Work Life Extension**

**Flexible scheduling.** Buonocore et al. (2015) suggested several opportunities which employers could focus on such as making a commitment to provide work-life balance for employees which may lead to perceived job stability. Providing flexible work arrangements such as convenient meetings and a family friendly organizational culture contributes to employee morale.

Enhancing any employee's ability to deal with personal needs and issues is a strategic motivator toward building dedication and efficiency. Employers that implement low to no cost initiatives such as work-life balance could offset the need for raises or promotions without negative impact when economic times are difficult (Buonocore et al., 2015). Kanfer et al. (2013) included research information which shows older workers' motivation and performance does not decline with age. Instead, older workers are



extending their work life through flexible work designs which accommodate age and take into consideration work-life balance for other needs and interests as well as capability.

Self-scheduling options for healthcare workers could increase job satisfaction due to the positive impact on work-life balance factoring into retention and decreased absenteeism issues for employers (Koning, 2014; Wright, McCartt, Raines, & Oermann, 2017).

Loretto and Vickerstaff (2015) described the growing concern regarding a relationship between gender and extending the work life of older workers, and how flexible work design needs different implementation for men and women. Loretto and Vickerstaff, showed findings through qualitative research that a gender specific approach to flexible work and a lack in perception of the gender retirement relation exists. Loretto and Vickerstaff provided additional insight into workplace flexibility and how older workers may perceive opportunities to extend their work life or choose retirement differently based on gender. Research findings by Loretto and Vickerstaff noted there are cultural differences between men and women's perceptions of roles with employment and work. Loretto and Vickerstaff identified the opportunities provided for flexibility seemed to apply more toward men, while women were more constrained in choice and management of their careers whether early, mid, or late due to social acceptance issues and other responsibilities related to family. In addition, Loretto and Vickerstaff found knowledge gaps pertaining to gender and flexible working as it is perceived by older men and women in order to provide evidence for policy making on work life extension. Morelock et al. (2016) examined the outcomes of flexible work situations for older working adults as it pertained to time and place coordination. A total of 437 healthcare

workers within a hospital setting were selected as participants in a conceptual study known as TPM or time place management. TPM allows for older workers to choose and control their work options in terms of time and place. Morelock et al. found significant opportunity for organizational management and leadership to develop initiatives which are tailored to the specific institution. TPM was found to possibly aid in retention of older workers with the initiative delivering quick results to extend work life as retirement loomed closer and workability decreased.

**Professional development.** Ang et al. (2016) posited that older nurses desire continuing professional development to keep pace with changes and technology. Vermeir et al. (2017) brought forth findings that showed older nurses have decreased turnover due in part to being more responsible, engaged, and having developed competencies through professional development from years on the job that help them manage issues at work. Phillips, Stalter, Dolansky, and McKee Lopez (2016) described the need for advancement in education and awareness for quality of care and safety compliance issues within healthcare. Experienced registered nurses (RNs) are in an excellent position to take on leadership positions within their facilities, especially if they are seeking furthering their degrees. Phillips et al. (2016) applied the concept of systems thinking as a way for nursing to advance process and procedures from a systems perspective, citing Peter Senge, author of *The Fifth Discipline* (2006). Education is essential to compliance factors within the healthcare industry, as is gaining experience and learning on the job over time.

Education is necessary to keep older nurses safe and build cultures of respect among the cross generational divide considering what values and differences each

generation brings to the workplace. These values have an impact on individual work ethics, communication, learning, dedication, and esteem for the more experienced older nurse and administration. Johnson (2015) encouraged human resource professionals to help design 5-year career plans for older nurses that includes continuing education and professional development to promote a culture of lifelong learning. Utilizing older nurses as senior advisors and mentors is a best practice in the exchange of knowledge and development of critical thinking skills Johnson stated. Costs are higher to train new nurses than to retain older ones who have a deep understanding of patient care and the healthcare industry. Johnson shared previous research by Collins-McNeil, Sharpe, and Benbow (2012) which called for the need for more research in the area of what it is to be an older and aging nurse remaining in a profession that is consistently physically, emotionally, and mentally challenging. According to Johnson, Collins-McNeill et al. stated there is also a need for research to identify strategies for older nurse retention which may go along with nursing professional development (NPD) specialists taking the lead on implementing strategies such as work-life balance, safe workloads, flexible work designs, and financial and physical wellness programs. Healthcare organizations that facilitate skills enhancement usually see a return on their investment through higher levels of competency and thus better grades from the Joint Commission on compliance requirements (Phillips et al., 2016). RNs seeking to advance within the profession have the opportunity to improve the quality of healthcare and share their knowledge by implementing a system thinking broad view organizational ideology and understanding the interrelationships within a complex industry. Phillips et al. showed that practicing

RNs wanting to expand their knowledge would be ideal for the future of the nursing profession. Continuing education and professional development are important to the healthcare industry to maintain high levels of competent staff (Phillips et al., 2016).

**Succession/mentoring.** Waxman and Delucas (2014) stated that one of the largest shortages in healthcare middle management is in the workforce segment of the registered nurse (RN). The average age of an RN in 2014 was 47 years, and the industry was realizing an increase in the turnover of Chief Nursing Officers (CNO); more than two-thirds of CNOs surveyed had no interest in leadership development for succession planning. Succession planning needs to receive more organizational attention in order to maintain adequate staffing in healthcare leadership positions for the future. Proper training and development of healthcare leaders, through the concept of simulation learning, should be a business priority since previous research has found that inadequate knowledge, skills, and abilities in management roles could lead to turnover. AORN, the Association of periOperative Registered Nurses delivered a 2017 position statement in which the editors identified, from a survey of age 50 years and older nurses, that 64% of the nurses are looking to retire by the year 2022. This significant number indicates a loss of experienced knowledge in the very near future. AORN (2017) editors discussed the need for these older nurses to assume a responsibility opportunity for mentoring their successors. Mentoring in the areas of specialty healthcare such as perioperative is of paramount importance to the field due to the fast pace of change within the delivery of care technologies and the socioeconomic forces that dictate adaptability which takes time for new nurses to learn. Batcheller (2017) revealed that in 2015, chief executive officer

(CEO) turnover in healthcare was at 18%. While similar to the year 2014, these numbers are some of the largest in the last 20 years. These percentages represent a trend in the healthcare industry which combines staffing results from mergers and acquisitions, new business models for patient care, financial issues, and the retirement of baby boomer generation leadership. In addition, there is cause for concern regarding high Chief Nursing Officer (CNO) turnover rates. Four factors attributing to CNO's leaving involuntarily are hospital financial stability, senior leadership conflicts, CEO succession, and apprehension toward CEO leadership abilities. CNO turnover are at similar levels with CEO turnover and share in the impact of retirement as a reason.

The editors of AORN (2017) stated that the perioperative RN mentor could (a) create a mutually respectful culture of diversity and inclusion; (b) build and support professional development in the field and foster strong professional relationships between generations; (c) help advance the profession, recruit, and train nurses that are interested in the specialty areas of healthcare; (d) be role models through active engagement with professional organizations, legal and regulatory issues, staying abreast of global healthcare matters; and (e) remaining life-long learners in their field and promoting the exchange of knowledge. Further study by Waxman and Delucas (2014) confirmed communication, integrity, team building, listening, and problem solving were crucial components to successful succession planning and mentoring programs. Hard skills were also identified as being finance, marketing, human resources, and strategic planning. Batcheller (2017) highlighted the Watkins' model "The First 90 Days", Bradt's model of the "100-day action plan for the new leader", and the Center for Applied Leadership

(CCL) model which applies direction, alignment, and commitment as contributing factors to leader success. Each model focuses on different research according to the respective authors. Watkins addressed personal strength and credibility along with organizational culture assessment as being important to success. Bradt's model suggested that the BRAVE tool be implemented before a new leader arrives at an organization. B-behaviors, R-relationships, A-attitudes, V-values, and E-environment are instrumental actions for assessment which lead to success. CCL described a systematic approach to learning and actions which include a similar model to the nursing process that of learn, diagnose, plan, engage, implement, and assess. This allows for a clear and concise application of direction by a leader and alignment with objectives. Batcheller laid out a 30, 60, and 90-day process for CNO success using the nursing protocol as described in the CCL model. Place priority on learning and diagnosing within the first 30 days, then develop a strategic nursing plan, and engage all stakeholders for alignment within the 60-day range. At 90 days, the implementation of strategy happens through communication and measurements for assessing success. Waxman and Delucas noted that with a large number of nurses being part of the baby boomer generation and retirement looming in the near future, healthcare organizations would do well to implement succession planning initiatives sooner than later. Other industries have done well to plan leadership succession through development initiatives, whereas, the healthcare industry and nursing profession are significantly lagging behind on where it needs to be for the future of healthcare leadership (Waxman & Delucas, 2014). AORN's (2017) editors described a looming situation of supply, demand, and education that requires older, experienced RNs to take

on the mentoring role to foster the knowledge exchange. Batcheller shared valuable insight into succession planning and leadership development to reduce turnover and better position the healthcare industry to retain older healthcare workers contemplating retirement. Johnson (2015) provided myths about older workers in general which have for the most part been dismissed but still remain in some organizational cultures. In order to continue to dispel these myths in nursing, the author noted it is important for human resources to help educate managers and administration on the value and benefit of retaining older nurses. With an understanding of these values and benefits, motivational strategies could be put in place to support older nurse workplace needs and implement succession planning to pass along their knowledge.

**Employer support.** Graham et al. (2014) noted that healthcare executives are seen to have the ability to make accommodations for the employability of older nurses such as workloads, work hours, stimulating engagement, and by building a culture of respect. Armstrong-Stassen et al. (2015) sought to uncover reasons within human resource practices that nurse managers are using to successfully motivate older nurses to remain employed within a hospital setting. Armstrong-Stassen et al. found there is a perceived connection between certain HR practices such as performance evaluations, recognition, and flexible work design, which forms a positive relationship between nurse managers and older nurses as well as the healthcare organization employer. Duxbury and Halinski (2014) provided four variables in which to base data collection as follows: (a) job satisfaction, (b) non-supportive culture, (c) supportive manager, and (d) work rule overload. These factors were determinants of motivation for older workers in the decision

to extend their work life or retire. Knowing that these four variables are keys to re-engagement and retention, organizations expecting commitment from workers need to make a commitment to those workers through the four variables, in exchange for employee engagement. When these practices are administered fairly and respectfully, job satisfaction increases, resulting in extended employment for older nurses who could otherwise choose to retire. There is an increasing concern and awareness that losing older nurses from the workforce will be detrimental to the healthcare industry. A significant loss in knowledge and experience will become a major set-back. Ang et al. (2016) examined several factors which contributed to motivating older nurses to work past the age of 65 years. Ang et al. found that about 40% of older nurses have the desire to extend their work life with socioeconomic factors weighing in on that decision. Globally, the healthcare industry is facing an impending workforce shortage and, in many countries, there is an urgent need to provide age welcoming work conditions for older nurses in order to motivate them to extend their working life. Ang et al. noted the importance for nurse managers and upper management to develop and implement strategies to motivate older nurses to remain in the work force as long as feasible.

Mahon and Millar (2014) maintained that while the aging workforce is a challenge worldwide, it is also one that is fixable through creative solutions. In the workplace, and with government retaining the older worker through new and better ways such as job flexibility, part-time work will also aid in the transfer of knowledge between generations. Harrington and Heldkamp (2013) noted that there are current strategies in place to retain the older healthcare worker, such as: flexible work hours, shorter shifts,



access to technology, repositioning medication refrigerators and other equipment for ease of access and use, floor mats that aid relief for on-the-feet work, and involving human resource professionals in counseling older workers and further assessing their needs. The U.S. Bureau of Labor Statistics (2017), Federal Interagency Forum on Aging-Related Statistics (2016), U.S. Senate Special Committee on Aging (2017), and World Health Organization (2016) conducted initiatives specifically focused on the healthcare industry and the aging workforce recognizing the growing concern for this industry as it relates to employment. Continuing to implement HR practices which foster a positive working environment and cater to the intrinsic and extrinsic needs of older nurses is directly correlated to older nurses choosing to stay. Middaugh (2016) stated that it was not enough for governments to increase the retirement age to help reduce socioeconomic problems. Instead healthcare industry leaders must develop strategies to improve job satisfaction and implement physical job accommodation provisions. Armstrong-Stassen et al. (2015) stressed that HR must lead the initiative, working with and educating nurse managers, and healthcare management administrators on retention strategies for older nurses.

### **Transition**

With growing global concern regarding the aging workforce, there is a looming potential detriment to business, with specific focus on the healthcare industry. The number of nurses aged 65 years and older is increasing globally, along with the rest of the healthcare workforce. Due to a rise in older workers overall in the labor force, countries are having to consider enacting re-employment legislation to increase the retirement age

from 62 to 65 years in order to help withstand the socioeconomic impact; much the same way the United States did with a tiered retirement age (Ang et al., 2016). There is a need for more research on the well-being of nurses aged 65 years and older in the workplace and their intentions to retire or extend their work life. Brunetto et al. (2016) showed the effect in which organizational support is advantageous, and where nurse leaders and management could put forth positive changes in the areas of decreasing high workloads and mitigating stress from long hours and lack of skills.

Section 1 begins with a foundation of the study and includes the background of the problem, problem statement, purpose statement, nature of the study, the overarching research question, a series of interview questions, the conceptual framework to ground the study, operational definitions, assumptions, limitations, and delimitations. Section 1 then culminates by providing the significance of the study including the contribution to business practice and implications for social change as well as a review of the professional and academic literature used to add substance to the study of what factors motivate nurses aged 65 years and older to extend their work life and what motivational strategies could then be used by human resource professionals in the healthcare industry to extend the work life of employees aged 65 years and older.

Section 2 of this study commences with an introduction to the project, restates the purpose statement, explains the roles of the researcher, and identifies the participants. Section 2 expands on the nature of the study with supplemental resources to further explain the research method and research design. With a qualitative methodology, section 2 is used to describe the population and sampling by justifying research question

alignment, sampling method, number of participants, and methods to safeguard data saturation. Section 2 concludes with a discussion on ethical research, data collection instruments, techniques to organize the data collected, analysis of the data, and provides the basis for reliability and validity of the study.

In Section 3 there is a reintroduction of the purpose statement and a presentation of the findings. There is also a discussion on how the findings of the study could be applied to business practices by specifically focusing on improvements and implications of social change with respect to individuals, communities, organizations, institutions, cultures, or societies. Section 3 closes with recommendations for action, further research, reflections from myself as the researcher, and a conclusion of the study.

## Section 2: The Project

The basis of my research was to take an exploratory look at what factors motivated nurses aged 65 years and older to extend their work life, resulting in findings for the basis of explaining motivational strategies human resource professionals in the healthcare industry could implement to effectively extend the work life of employees aged 65 years and older. In my study I specifically focused on nurses who have reached retirement age and are faced with the decision to retire or continue working. I planned to collect data through a semistructured interview process and performed analysis of publicly accessible documents for the purpose of triangulation. Section 2 included a reiteration of the purpose statement, further explanation on the role of the researcher, identification of the participants, an expansion of the research design and methods, description and justification of the population and sampling, a discussion on ethical research and IRB requirements, data collection, organization, and analysis techniques, and concluded by addressing reliability and validity in qualitative research.

### **Purpose Statement**

The purpose of this qualitative, single case study was to explore what factors motivate nurses aged 65 years and older to extend their work life. The results of the findings have the potential for becoming the basis in which human resource professionals in the healthcare industry can develop motivational strategies in consideration of extending the work life of employees age 65 years and older. The targeted population included semistructured interviews from six nurses aged 65 years and older who were at a healthcare facility within the United States currently working, considering retirement, had

recently retired, or retired and returned to work. The implication for positive social change includes the prolongation of older healthcare workers' employment contributions for socioeconomic, organizational, and individual benefits.

### **Role of the Researcher**

The researcher's role in a qualitative study is to act as facilitator, driving the assembly of each component related to data collection, organization, and analysis (Fusch & Ness, 2015). A researcher must possess the necessary knowledge, skills, and abilities to conduct research in a manner that is ethical, procedural, and purposeful (Yin, 2016). Skilled researchers are flexible, adaptable, mindful, engaged, and objective with well-developed listening attributes, and emotional intelligence (Collins & Cooper, 2014; Marshall & Rossman, 2016). Designing good interview questions that translate into information and are supportive of the research question is critical to data collection (Collins & Cooper, 2014; Goldberg & Allen, 2015; Yin, 2016). Formatting a concise yet fluid protocol can aid the researcher who is well versed in the subject matter of the study (Collins & Cooper, 2014; Yin, 2016).

As the previous director of human resources for a long-term acute care hospital, I had an interest in the research topic due to realizing the difficulties in recruitment and retention within the healthcare facility of my employ. My relationship with the study topic stemmed from observing older healthcare workers struggling to perform their jobs due to health reasons, having financial difficulties which forced them to continue to work over being able to retire, being unsatisfied with the workplace and employer relationship, and high turnover rates which caused the employer and other staff, to lose valuable

expertise. I chose to conduct a qualitative case-study in order to research what factors motivated nurses aged 65 years and older to extend their work life, in order to explore the basis in which to develop motivational strategies that human resource professional in the healthcare industry can consider implementing to extend the work life of employees aged 65 years and older. Self-awareness on the part of the researcher was a key component to successful research and helped to ensure that bias was kept clear from clouding the researcher's objectives to deliver a strong reliable and valid study (Collins & Cooper, 2014, Fusch & Ness, 2015; Goldberg & Allen, 2015). In order to mitigate any bias on my part as a researcher and to keep my personal lens and perspective in check, it was imperative to prevent a perception of insider research since HR leaders are within my own social and professional groups. Insider research is piloted through social or professional groups in which the researcher has connections (Greene, 2014; Sarma, 2015). Therefore, my intent was to interview six nurses at healthcare facilities from across the United States, other than that of my own previous employer. I also sought to secure a selection of participants that fit the criteria related to the business problem and research question of my study. Ideal participants are those who are ready, willing, and able to answer interview questions in a one on one setting (Yin, 2016).

Conducting ethical research is far and above one of the most important aspects for developing and maintaining trustworthy studies (Yin, 2016). An ethical researcher is one who abides by the value of providing research findings that attribute to positive social change (Marshall & Rossman, 2016). Protecting the human participants who volunteer to take part in your data collection is imperative for ethical research (Ingham-Broomfield,

2015; Yin, 2016). According to the National Research Council (2003), providing participants with information on the nature of the study, securing their consent, ensuring no harm is done, protecting privacy and confidentiality, applying equitable treatment, and addressing sensitivities within certain groups are a researcher's responsibility and subject to the IRB scrutiny. The Belmont Protocol (1979) was designed by the United States Department of Health, Education, and Welfare for the purpose of protecting human subjects in research. The guidelines set forth in the report provide an understanding of boundaries with a distinction between practice and research, outlining the core principles of ethical conduct by a researcher including (a) respect, (b) benevolence, and (c) fair treatment of participants. The Belmont Report also includes protocols for ensuring that an ethical standard of conduct is applied to research and includes (a) informed consent, (b) risk and benefits assessment, and (c) participant selection (Miracle, 2016). I ensured that all of my participants were well informed of the study topic, willing to volunteer their time and answers, could withdraw if desired, understood the interview process, had the opportunity to ask questions of me to clarify any uncertainty, and became placed at ease with an easy to understand informed consent. Researchers who place participants at ease within the interview surroundings are then accountable for what is exchanged (Collins & Cooper, 2014).

Building an interview protocol to align with the research question through open-ended questions facilitates the data collection, organization, and analysis process (Collins & Cooper, 2014; Yin, 2016). The exchange of information during a combination of semistructured interviews that will aid in a smoother flow of dialogue, and the use of

multiple sources of collection instruments will help ensure triangulation and credibility of the data (Cope, 2014; Fusch & Ness, 2015; Morse, 2015c; Sarma, 2015; Yin, 2016).

Through the utilization of emotional intelligence, researchers can maintain a balance between their own personal perspectives that place bias or shielding themselves from any feedback in what is a socially interactive exchange with participants (Collins & Cooper, 2014). Morse described two forms of researcher bias as that of pink elephant and value-laden, cautioning researchers to be aware of any bias during the interview which could interfere in the data collection process. Interview success is attributed to the researcher being a skilled interviewer and listener, adept in creating a safe, and comfortable atmosphere that is empathetic and never condescending so participants will open up and provide the necessary data a researcher seeks (Collins & Cooper, 2014). Providing an analysis of participants' responses, known as member checking, allowed further validation of the research and a way to conclude the interview process in a professional manner (Birt, Walter, Scott, Cavers, & Campbell, 2016; Kornbluh, 2015; Morse, 2015c). I provided a summary of responses to each participant to verify that my analysis met the intent of their responses.

### **Participants**

The only population for this study was identified as six nurses who were at a healthcare facility within the United States and were aged 65 years and older, currently working, considering retirement, had recently retired, or retired and returned to work. Accurate identification of the population aids in yielding better qualified participants (Ingham-Broomfield, 2015; Marshall & Rossman, 2016; Yin, 2016).



While not directly considered a population, my decision for including healthcare facilities in the research was for document analysis purposes and to foster triangulation. These publicly accessible documents were included based on reviews by employees published online, along with high ratings on culture, management, total compensation, work life balance, recognition, professional development, team collaboration, and/or retention, which are all indicative of a positive and supportive workplace environment. In addition, some facilities were named as best companies to work for going on 4 or more years.

Once all participants had been identified, a working relationship was established through an initial invitation to participate in the study and included a consent form to be returned to the researcher (Goldberg & Allen, 2015; Marshall & Rossman, 2016; Yin, 2016). Upon return receipt of consent forms, I personally reached out to each willing participant to introduce myself and the study, screen the potential participants for qualifying factors related to the research question, and if they meet the criteria, advanced them by going over the details of the individual interview, answering any questions they may have had and confirmed ethical interviewing protocols.

### **Research Method and Design**

Researchers have the opportunity to choose from three different research methods referred to as qualitative, quantitative, and mixed methods (Yin, 2016). The decision of which method and design to use falls largely upon how the researcher decides to collect and analyze the data, whether by examination, exploration, or a combination of both approaches and is based upon the topic of the study (Marshall & Rossman, 2016;

Sarma, 2015). In terms of design, researchers may choose design approaches that include narrative, phenomenology, ethnography, and case study (Sarma, 2015). I had chosen to conduct a qualitative case study in order to explore data gathered from individuals through a semistructured interview process and organizational document analysis.

### **Research Method**

The proposed methodology for this study was qualitative. Researchers use a qualitative methodology to explore data from business strategy solutions (Marshall & Rossman, 2016; Sarma, 2015; Yin, 2016). I explored themes within the current research which suggested the need for alignment of motivational strategies with employment retention. Researchers use the quantitative method to examine relationships and differences among variables (Sarma, 2015; Saunders et al., 2015). Since I was not collecting data to examine how much, to what extent, or the relationship or correlation, a quantitative method was not applicable. Researchers use the mixed-method to combine both qualitative and quantitative methodologies (Sarma, 2015; Saunders et al., 2015; Yin, 2016). Since I did not need to combine methodologies in my research, a mixed approach did not fit the purpose of my study. Qualitative research is generally performed with a small participant pool and conducted through an inductive data analysis process allowing researchers to explore further by identifying emerging thematic patterns from specific questions and arriving at general conclusions (Dasgupta, 2015; Ingham-Broomfield, 2015; Sarma, 2015). Surrounding strategies used by organizations relative to employees and the perspectives those employees may hold regarding matters or situations at work are an example of how using open-ended questions through interviews and document

analysis help the researcher delve into the context behind a successful strategy or continued process improvement (Ingham-Broomfield, 2015; Sarma, 2015). Researchers using a qualitative research method recognize the human involvement component in their research and are considered a vessel to collect data by means of their social involvement with participants (Goldberg & Allen, 2015; Sarma, 2015). This meaningful social aspect of the qualitative methodology was important to the success of my research simply because it involved human participation and verbal interaction to then capture and explore individual perceptions. Interaction with human individuals for the purpose of extracting thoughts and experiences is best done through a person to person exchange between interviewer and interviewee, as opposed to capturing weighted averages on a scale (Goldberg & Allen, 2015; Ingham-Broomfield, 2015). Qualitative research is a holistic procedure used to explore particular human experiences, whereby a researcher attempts to make sense of the issues in entirety without attempting to manipulate those issues or any of the participants providing responses to issues for the purposes of analysis (Dasgupta, 2015; Ingham-Broomfield, 2015).

### **Research Design**

Through appropriate research design, an exploration by the researcher can occur because there is a plan to follow for the purpose of collecting, analyzing, and interpreting data (Dasgupta, 2015; Yin, 2016). The use of a research design provides researchers with a rationale for connecting the research questions with the data to be collected and analyzed in a case study, driving the outcomes of emerging information (Yin, 2016). A single case study design was suitable for my research to ensure gathering sufficient data

on motivating factors to extend work life by contacting a specific population to control the scope. Case study design does not use a hypothesis since it is framed around study questions that are formed around “what”, “how”, and “why” and are focused on current issues versus historical (Ingham-Broomfield, 2015; Marshall & Rossman, 2016; Yin, 2016). Beliefs people perceive through their lived experiences are known as phenomenological research (Ingham-Broomfield, 2015; Saunders et al., 2015). I had no intent to observe or describe the behavior of participants; therefore, a phenomenological design was not applicable. Ethnographic design researchers observe human cultural groups while narrative design researchers collect data through stories chronicling participants’ lives (Ingham-Broomfield, 2015; Saunders et al., 2015; Yin, 2016). Since neither design was based on the study of actual strategies or processes, and my study had no need to observe a cultural group, narrative and ethnological designs were not relevant. A case study is a comprehensive and rigorous analysis of a specific occurrence, circumstance, organization, association, or other limited system (Sarma, 2015). Relying on a researcher’s exploration of a current real-life phenomenon by way of multiple references and resources, case studies usually have a timeframe and a space in which the study is conducted (Ingham-Broomfield, 2015; Yin, 2016). A qualitative case study design is carried out in the form of interviews and document analysis, whereby the instruments of self-disclosure, and participant interaction by the researcher lead to data collection (Ingham-Broomfield, 2015). In order to conduct my research in a manner that allowed for flexibility, reflective response, and interface with participants, a case study design provided the best opportunity to explore healthcare professionals’ motivational

factors, business strategies, and process outcomes.

### **Population, Sampling, and Data Saturation**

#### **Population**

The population for this study consisted of six nurses working at a healthcare facility within the United States. The qualifying sampling criteria was that the population must consist of nurses who are aged 65 years and older currently working, considering retirement, or have retired and returned to work. Sampling in qualitative research is defined as the process of choosing a subsection of a population to represent the greater whole of that population (Gentles, Charles, Ploeg, & McKibbin, 2015; Yin, 2016). Sampling a population may include a variety of qualitative data sources such as individuals, and organizational document analysis (Ingham-Broomfield, 2015). Forms of sampling also vary and depend on the researcher's choice of how to proceed with gathering data. These forms include but are not limited to convenience or purposive, random, snowballing, priori, and intensity sampling (Gentles et al., 2015; Ingham-Broomfield, 2015). Convenience sampling is not considered purposeful or strategic as it lends to a quick and easy approach (Gentles et al., 2015). Purposeful sampling is considered the best approach to take in a qualitative case study as it is based on selection of both participants and data collection in relation to the research question (Gentles et al., 2015; Yin, 2016). Using the purposeful sampling technique, I selected a specific population to request their participation since my data collection along with interview questions were directly tied to gathering information addressing the research question. Random and priori sampling methods are based on the need for statistical analysis of

findings in data collection for quantitative studies and therefore not an appropriate choice for my study since my data gathering was qualitative in nature and would be focused on a select group of participants. Snowball sampling might have become a factor if sample needs required additional participants, as snowballing is a technique that allows current participants to recruit for additional participants thus adding onto the sample size (Gentles et al., 2015). I had no intention to implement snowball sampling unless my participant pool for individual interviews was too small or data saturation was not achieved. Researchers using intensity sampling do so when they need to seek and use specific examples as it pertains to the study topic and is often used when additional research is required to provide deeper findings into the issue (Gentles et al., 2015).

### **Data Saturation**

Fusch and Ness (2015) described the technique of data saturation as one that researchers strive to achieve in order to validate their research. Data saturation is achieved when the data collected is sufficient, and additional data no longer contributes any new information to the study (Gentles et al., 2015; Hennink, Kaiser, & Marconi, 2017). A main reason for making sure a purposeful sampling technique is adequate is to ensure saturation is achieved (Hennink et al., 2017; Morse, 2015a). Sample size is an important factor of data saturation and is dependent on the method used to perform the research, qualitative or quantitative (Gentles et al., 2015). Qualitative research generally proceeds with a smaller sample size of the population in order to gather data for the analysis and understand a complex and profound issue rather than represent a large population which is better suited for quantitative research (Gentles et al., 2015).

Qualitative researchers need to justify the sample size they are choosing by considering the focus of the study, the elements of the topic, the amount of time spent interacting with participants, and the cohesiveness of the population they are considering (Boddy, 2016; Morse, 2015b). Saturation is the ultimate achievement in research and is a qualifying factor which can be a determination of qualitative study rigor (Hennick et al., 2017; Morse, 2015a). Saturation is realized when quality research is presented in a confident and informative manner linking the conceptual framework to the literature; the findings are transferable to novel issues, and no new themes emerge (Fusch & Ness, 2015; Marshall & Rossman, 2016; Morse, 2015a). I planned to achieve data and thematic saturation through the process of transferability. Indicators of saturation become apparent when a researcher refers to participants as a whole study not as individuals and can provide examples to back up the data being discussed (Morse, 2015a). My goal was to interview six nurses working at a healthcare facility within the United States and conduct analysis of publicly accessible documents from four to six healthcare facilities. In addition to conducting all interviews myself, transcribing, coding, and analyzing the data, I intended to do what Morse (2015a) described as diving into the data by conducting a full cycle of research then presenting the research findings to readers in a complete, purposeful, and solid manner so as to make my study an addition to the current research.

### **Ethical Research**

Conducting ethical research is far and above one of the most important aspects for developing and maintaining trustworthy studies (Yin, 2016). An ethical researcher is one who abides by the value of providing research findings that attribute to positive social

change (Marshall & Rossman, 2016). Protecting the human participants who volunteer to take part in data collection is imperative for ethical research (Ingham-Broomfield, 2015; Yin, 2016). In order to advance into the research phase, confirming participation by willing volunteers is crucial to conducting the study (Marshall & Rossman, 2016). Protecting those participants begins with clear communication regarding the nature of the study, a comfortable environment in which to feel safe, and an understanding by the researcher that participation in a study can instigate vulnerability which requires cognizant responsibility (Greenwood, 2015; Morelock, 2018; Morse & Coulehan, 2015). Included with the communication between myself as the researcher and participants was the need for an informed consent process whereby qualifying participants provided their willingness to participate in my study, had an understanding of what was expected of them, and could withdraw at any time. To ensure further willingness of participation, I requested an Interview Consent Form from the six nurses who agreed to an interview and met the qualifying research requirements. No incentives were provided for participation. Protecting participants needs to be done in many ways, such as but not limited to, changing names into a coded system for data analysis and extraction, not disclosing demographic information that could reveal personal identifiers, specific ties to any organizations, and grouping the data from the individual interviews (Greenwood, 2015; Morse & Coulehan, 2015). Assigning a coding system in an alphanumeric format allows for confidentiality within the study and serve as an identifier for data analysis research purposes only, such as: P1, P2, P3, for participants (Morse & Coulehan, 2015; Morse 2015c). All of these suggested protections were placed into the data collection process



post interview. Since my interview process included an audio file to capture the participant responses, the informed consent form included a rider for voice recording. Voices were only recognizable as part of the coded system in order to maintain further confidentiality. Voice recorded data and hard copy documents are being maintained in a locked storage file, and electronic data is being stored on my personal password protected computer for no less than 5 years in order to protect participants and then destroyed through deletion or shredding. The Belmont Report (1979) provides a foundation upon which ethically conducted research is built (Miracle, 2016). Ethically conducted research helps build and fortify a culture of responsibility through moral reasoning, thereby leading to a sustainable platform for future research to be conducted (Greenwood, 2015). My final doctoral document included the assigned Walden IRB approval number for my study. The study did not contain names or any other identifiable information of participating individuals or their association with a particular participating organization in order to mitigate vulnerability. I followed and implemented all ethical guidelines as outlined in the Belmont Report, in tandem with Walden University's IRB requirements. I attested to ethical research procedures by completing the National Institutes of Health (NIH) certificate training course on Protecting Human Research Participants as identified in Appendix A.

### **Data Collection Instruments**

As researcher I took on many roles, one of which was acting as the primary device for data collection. Qualitative research is controlled by the researcher through the collection of data by capturing participant responses to interview questions and observing

organizational documents, thus being the one who is constructing the research by hearing and seeing, then recounting (Collins & Cooper, 2014; Marshall & Rossman, 2016; Morse, 2015b). An emotionally strong and interpersonally adept qualitative researcher has the opportunity to connect well with participants, probing deeper to validate information, resulting in gaining deeper insight through the exploration of human responses, verbally and physically (Collins & Cooper, 2014; Morse, 2015b).

The data collection for my study consisted of semistructured interviews and a review of publicly accessible organizational policy documents. The use of multiple sources of collection instruments helps ensure triangulation and credibility of the data to foster validity and reliability of the research (Cope, 2014; Fusch & Ness, 2015; Morse, 2015c; Sarma, 2015; Yin, 2016). Implementation of a protocol for interviewing and using the protocol consistently aids in collecting valid and reliable responses from participants (Yin, 2016). I used an interview protocol (Appendix B) with each chosen participant after completing the screening questions with them (Appendix C). My use of screening questions helped ensure participants were reflective of the correct population. Accurate identification of the population aids in yielding qualified participants (Ingham-Broomfield, 2015; Marshall & Rossman, 2016; Yin, 2016). There were eight open-ended interview questions in support of the research question which were used to facilitate the data collection during each of the audio only recorded meetings I had with nurses. During these one-on-one interviews, I discussed and reviewed any publicly accessible organizational policy documents to further validate the interview data and added credibility to my research. Designing good interview questions that translate into

information and are supportive of the research question is critical to data collection (Collins & Cooper, 2014; Goldberg & Allen, 2015; Yin, 2016).

In order to increase reliability and validity in my research, I applied the procedure of member checking. Member checking is a direct review of the data collected with the individual participants as a quasi-second interview, having them confirm an interview summary to increase validity and reliability of collected data (Kornbluh, 2015; Marshall & Rossman, 2016). Member checking is conducted by the researcher to assess the credibility, transferability, dependability, and trustworthiness of the results directly with the participant (Birt et al., 2016; Kornbluh, 2015; Morse, 2015c). Member checking as a follow-up procedure helps participants realize that their responses are valuable to the research process and meaningful to the element of social change (Kornbluh, 2015). Interview Questions are in Appendix D. An Invitation Letter is provided in Appendix E.

### **Data Collection Technique**

Methodological triangulation, as described by Carter, Bryant-Lukosius, DiCenso, Blythe, and Neville (2014), is a qualitative research technique which researchers employ to collect data using multiple methods in support of answering the research question. The data collection techniques I implemented to conduct my research consisted of semistructured interviews and organizational policy documents review in support of answering my research question: What factors motivate nurses aged 65 years and older to extend their work life?

Data collection techniques are usually based on what is most suitable to answering the research question (Carter et al., 2014). My data collection process followed

the Interview Protocol that I had prepared (Appendix B) and included a time, date, and location entry, identified both interviewer and interviewee, and introduced the format of the interview along with confirming consent, permissions, confidentiality, and protection of data. Interviewing participants in a one-on-one environment is a way to solicit responses that are candid and offer additional feedback. Data collection containing multiple perspectives and conversations are said to be complimentary (Carter et al., 2014). I planned on placing all of my interviewees at ease by following the protocol to elicit their perspectives with open-ended questions in support of my research.

Data collected from a written format are considered to be documentation whether in hard copy text or a digital presentation (Onwuegbuzie & Denham, 2017). I gathered publicly available organizational documents that identified motivational strategies to extend the work life of healthcare employees aged 65 years and older. During the individual interviews with nurses, I discussed and reviewed any publicly available organizational policy documents in support of the research question seeking further validation of the interview responses. Data triangulation used in qualitative research as a collection method can provide a wider viewpoint on the study topic adding credibility, transferability, dependability, and trustworthiness of the results (Birt et al., 2016; Carter et al., 2014; Kornbluh, 2015; Morse, 2015c).

### **Data Organization Technique**

My data organization technique stemmed from the nature of conducting ethical qualitative research and preserving the information collected during interviews and organizational policy documents review. Protecting participants needs to be done in many

ways, so as to not disclose demographic information that could reveal personal identifiers, specifically tie them to any organizations, and to group the data from individual interviews (Greenwood, 2015; Morse & Coulehan, 2015).

Assigning a coding system in an alphanumeric format allows for confidentiality within the study and serves as an identifier for data analysis research purposes only (Morse & Coulehan, 2015; Morse 2015c; Namey, Guest, McKenna, & Chen, 2016). To ensure that my collected data remained well organized and maintained confidentiality, names were changed and assigned into a coding system such as: P1, P2, P3 for participants. For data analysis and ease of extraction, I captured the information onto my personal laptop for transcription purposes and kept interview field notes for reference purposes.

The Belmont Report (1979) provides a foundation upon which ethically conducted research is built (Miracle, 2016). Protections were placed into effect pre- and post-interview as part of my data organization process. Since my interview process included field note taking and audio files to capture the participants' verbal responses, the notes corresponded to the participant, and voices were only recognizable as part of the coded system in order to maintain further confidentiality. Voice recorded data and hard copy documents are being maintained in a locked storage file, and electronic data is being stored on my personal password protected computer for no less than 5 years in order to protect participants and then destroyed through deletion or shredding. A researcher has the responsibility to protect and ensure the confidentiality of all participants and their accompanying organizations (Greenwood, 2016; Miracle, 2016).

## **Data Analysis**

The data analysis portion of research is tough and intricate, yet is the most significant process in conducting qualitative research (Houghton, Murphy, Shaw, & Casey, 2015; Onwuegbuzie & Denham, 2017). Analysis of data includes numerous stages to complete in order for a researcher to uncover meaning and substantiate an understanding of the information collected (Houghton et al., 2015; Marshall & Rossman, 2016; Morse, 2015c). Therefore, my plan was to take a strategically systematic approach to the data analysis process using all the data collected. These various stages include but are not limited to exploring, scrubbing, organizing, decreasing, presenting, questioning, connecting, describing, explaining, and combining in order to extract themes and code the data appropriately (Houghton et al., 2015; Morse, 2015c; Onwuegbuzie & Denham, 2017).

Qualitative case study methodology (QCSM) has developed into an inclusive method for exploring and recounting intricate topics related to nursing (Houghton, et al., 2015). Qualitative research develops from the material collected and is ultimately based on a researcher's interpretation of participants' responses (Dasgupta, 2015). I developed my research from the results of the triangulated approach taken to collect information during the interviews and organizational policy documents review. Methodological triangulation as described is a qualitative research technique which researchers employ to collect data using multiple methods in support of answering the research question (Carter et al., 2014; Fusch & Ness, 2015).

A researcher is responsible for the analysis of data, and while software assistance such as NVivo is used for qualitative coding of interviews, it does not replace the researcher role (Houghton et al., 2015; Yin, 2016). Due to the small purposive sampling for my study, I chose to forego the use of qualitative analysis software and utilize a word processing program to transcribe recorded interviews combined with EXCEL to systematically capture and code the themes that emerge from the data collected. When coding data, a researcher can begin to see that responses captured from interviews and notes taken in the field are not simply just data but information that can be categorized and segmented into themes that seem to emerge from conducting analysis (Morse, 2015c; Onwuegbuzie & Denham, 2017; St. Pierre & Jackson, 2014).

Since I took a thematic approach to my research, I sought to establish reliability and validity through the collection of data for current, and emerging themes. In qualitative data analysis, themes evolve as a researcher explores the information in order to seize, unite, and clearly incorporate them with the research topic in support of answering the research question (Houghton et al., 2015; Morse, 2015c; St. Pierre & Jackson, 2014). Through the development of a coding system during data analysis, I synthesized the responses by participants. My data analysis process continued by compiling the data into an organized database, analyzing the information to assess recurring concepts, identifying arising themes, making connections to my Literature Review, and adding in new themes from the collected data or from newly published research in support of Maslow's hierarchy of needs conceptual framework. By providing a supporting conceptual framework to a study, researchers can build in concepts by

adding onto the framework with the research question, purpose statement, and literature review in a cohesive manner so as to maintain the design (Green, 2014).

### **Reliability and Validity**

Data collection methods whether qualitative or quantitative, need to satisfy two requirements: the data must be both reliable and valid (Cypress, 2017). To ensure reliability and validity in qualitative research, a researcher must provide dependability, credibility, transferability, confirmability, and reach data saturation in a study (Cope, 2014; Fusch & Ness, 2015; Hennink et al., 2017; Morse, 2015a). Through the combination of multiple data collection sources, I expected to achieve reliability and validity.

#### **Reliability**

In qualitative research, reliability denotes the consistency in which data can be measured (Cope, 2014; Leung, 2015; Morse, 2015c). An instrument used to collect data is said to be reliable if consistent and repetitious data emerges during analysis, thus making the findings dependable (Cope, 2014; Leung, 2015; Morse, 2015a; Morse, 2015c). By performing a thorough analysis of the answers to interview questions and identifying emerging themes, prolonging engagement with participants by using member checking to ensure accurate interpretation, carefully reviewing transcripts and documentation, and following my interview protocols, I ensured dependability of my collected data.



## **Validity**

In qualitative research, validity denotes the degree to which a research instrument measures what a researcher has decided to measure. An instrument used to collect data is said to be valid if the data collected is found to be credible, transferable, and confirmable (Cope, 2014; Cypress, 2017). Credibility and trustworthiness are met by imploring multiple data collection methods to meet triangulation (Cope, 2014; Cypress, 2017; Morse, 2015c). Reaching validity in research begins by determining that the research question would produce desired results, the methodology chosen is conducive to achieving answers to the research question, the design is relative to the methodology, the sampling procedures and data analysis process are acceptable for the study, and the outcomes and findings provide for data saturation through triangulation (Fusch & Ness, 2015; Leung, 2015; Morse, 2015a; Morse, 2015c). Triangulation is the process by which a researcher involves multiple collection sources in an effort to achieve rich data for verifying and interpreting across emerging themes (Cope, 2014; Cypress, 2017; Fusch & Ness, 2015).

**Credibility.** Credibility is achieved through the precise and honest reciting of a participant's responses to the interview questions which is obtained through extended engagement pre and post interview, eliminating researcher bias; shared experiences are recognizable, and an audit trail is substantiated through organizational documentation (Cope, 2014; Cypress, 2017; Leung, 2015, Sarma, 2015). To achieve validity in my research, I sought to obtain credibility through the use of several processes including, member checking as a follow-up to confirm the accuracy of data interpretation from

participant responses, a review of organizational documents, interview transcripts, and ensuring triangulation through the data collection methods I had chosen for my study.

**Transferability.** Transferability is achieved in research when the outcomes and findings resonate with individuals that are reviewing the study (Cope, 2014; Cypress, 2017; Leung, 2105). Purposeful sampling techniques also add substance to transferability factors and support confirmability when the collection of rich research data is deemed by others as credible information (Cypress, 2017). Through careful adherence to my chosen data collection and analysis methods, achievement of data saturation, and following my interview and document review protocols, the transferability of my research study is available for others to determine. Transferability is a subjective exchange of relevant findings between other research studies or individuals (Cope, 2014; Marshall & Rossman, 2016; Morse, 2015c).

**Confirmability.** Confirmability like transferability, is also achieved in research when the outcomes and findings resonate with individuals that are reviewing the study (Cope, 2014; Cypress, 2017; Leung, 2105). Confirmability is conducted through the support of findings by participants, accurate data interpretation, and researcher reflection with an objective bias-free perspective (Cope, 2014; Cypress, 2017; Morse, 2015c; Sarma, 2015). Through the use of follow-up member checking procedures which allows participants to review a summary of their interview, ensuring triangulation, recapping interview notes and organizational documentation, and maintaining a responsible level of researcher self-awareness, I sought to achieve confirmability with my study.

**Data Saturation.** When there are no new themes or codes emerging from the collected data during analysis, data overlaps and becomes repetitious thereby providing no additional information, data saturation is considered rich and achieved (Fusch & Ness, 2015; Hennink et al., 2017; Morse, 2015a; Morse, 2015c). To ensure data saturation was met for my study, I continued to review articles and documents relative to the business problem statement, specific to my research question and topic, and was prepared to conduct additional interviews if the need arose.

### **Transition and Summary**

Specifically focused on the healthcare industry for the purposes of this research study, the aging of the baby boomer generation is positioning to have a significant impact on the staffing demands for healthcare workers as the ageing population health declines (Buerhaus et al., 2017). Sherry et al. (2017) suggested more research is needed on the topic of baby boomer women and retirement as more reach that age of decision, preparation, and transition. Experiential research on women in retirement will bring awareness of a growing cohort and have the potential to launch programs focused on helping women plan for and transition into retirement with less fear. Brunetto et al. (2016) pointed out that there is a global shortage of nurses, which includes Australia, suggesting that it is imperative for healthcare organizations to increase nurse retention. Brunetto et al noted there is still a need for additional research on individual nurse psychological factors on job satisfaction, organizational commitment, and personal situations of dealing with job stress which may lead to turnover. Atkins (2017) suggested many solutions on how to approach the growing phenomenon of the aging population and

the effects this cohort will have socioeconomically. He presented three opportunities to the President of the United States and his constituents. Atkins delivered the following concepts as: (a) championing changes in policy and directional initiatives that can alter the occurrence of aging to be a more active, engaged, productive and thus healthier population; (b) financing the services and support initiatives to facilitate older people to age in their own homes and remain in familiar and age friendly communities with family support thus helping to decrease the need for costly medical facilities and services; and (c) stimulating innovative ideas that will change the way we live and work well into older age in order to decrease retirement and the stress on the system by extending work life thus maintaining healthier and active lifestyles. Atkins described that while this presidency is anticipated and predicted to challenge democracy, it also has the opportunity to shed light on problems within government such as with policies for the aging population. With the significant increase in people aged 65 years and older by the year 2030 within the United States, the levels of the baby boomer populous are already a global issue, affecting countries like Germany, Italy, and Japan due to longevity of life spans. The baby boomers possess higher education levels, are overall healthier, and despite the recession in 2010 have more financial resources than previous generations. However, there will be a large number of this populous that divide the health, wealth, and social benefits between those that have and those that have not based on culture and ethnicity (Atkins, 2017). In addition, the socioeconomic pressure placed on the U.S. government to provide Social Security and Medicare benefits is already stressed. Atkins stated that if a larger amount of baby boomers can put off retirement, maintain their

health, extend their work life, and maintain active lifestyles, this will help in easing the socioeconomic pressure of the aging population.

Section 2 included a reiteration of the purpose statement, further explanation on the role of the researcher, identification of the participants, an expansion of the research design and methods, description and justification of the population and sampling, a discussion on ethical research and IRB requirements, data collection, organization and analysis techniques, and concluded by addressing reliability and validity in qualitative research. In Section 3 there was a reintroduction of the purpose statement and a presentation of the findings. There was also a discussion on how the findings of the study could be applied to business practices by specifically focusing on improvements and implications of social change with respect to individuals, communities, organizations, institutions, cultures, or societies. Section 3 was closed with my recommendations for action, and further research, along with reflections from myself as the researcher, and a concluding summary of the study.

### Section 3: Application to Professional Practice and Implications for Change

#### **Introduction**

The purpose of this qualitative, single case study was to explore what factors motivated nurses aged 65 years and older to extend their work life. Data collected were derived from semistructured interviews with six nurses aged 65 years and older across the United States, that were still working, semiretired, or just recently retired. Publicly accessible organizational documents from healthcare institutions were used as an additional resource aiding in triangulation. Researchers use open-ended interview questions and organizational documentation for the purpose of collecting relevant qualitative data and achieving triangulation (Marshall & Rossman, 2016; Yin, 2016). The results of my findings showed the potential for becoming a basis in which human resource professionals in the healthcare industry could develop motivational strategies in consideration of extending the work life of employees age 65 years and older.

Upon completion of interview transcriptions, themes emerging from my data analysis centered on multiple motivating factors for worklife extension of nurses aged 65 years and older. Themes core to the interview responses were: (a) finances; (b) insurance benefits; (c) cognitive, physical, and emotional health; (d) flexible work and job sharing, (e) social interaction and relationships; (f) mentoring; (g) recognition; (h) career planning; and (i) employer support. Each of these themes pertained to a factor that had the potential for motivating nurses aged 65 years and older to extend their worklife.

## **Presentation of the Findings**

The overarching research question for this study was: what factors motivate nurses aged 65 years and older to extend their work life? Participants were provided eight semistructured interview questions based on identifying what factors motivated them to extend their work life past the age of 65 years. Through analysis of participant responses and a review of publicly accessible organizational documents from healthcare institutions, eight major themes arose as discussion points. Two of these major themes not previously identified as subthemes in the literature review, job sharing and career planning, are expanded on under the core subthemes of workload, flexible scheduling, and professional development respectively. I tied these themes directly to the four main themes and 16 core subthemes identified in my literature review. With the findings from my research, I made a connection to previous research on the topic, and with Maslow's hierarchy of needs theory, which was the conceptual framework for this study.

### **Theme 1: Challenges Confronted in the Workplace**

Within my literature review, the first main theme I identified was that of challenges confronted in the workplace. From there, four subthemes were identified as: (a) knowledge sharing, (b) workability/employability, (c) staffing ratios, and (d) environment. Table 1 shows whether or not the participant discussed elements of the subtheme in their responses during the interview.

Table 1

*Discussion of the Four Subthemes Under Challenges Confronted in the Workplace*

	Knowledge Sharing	Workability/ employability	Staffing Ratios	Environment
P 1	Yes	No	No	Yes
P 2	Yes	No	Yes	Yes
P 3	Yes	No	Yes	Yes
P 4	Yes	No	Yes	Yes
P 5	Yes	No	Yes	Yes
P 6	Yes	No	Yes	Yes

**Knowledge sharing.** Since a huge loss of knowledge is experienced by healthcare organizations as well as nurse colleagues due to an older nurse retiring, retaining these nurses to share their expertise and pass on their knowledge is an invaluable strategy (Duffield et al., 2014; Gagnon et al., 2015). According to Bodine (2019), preceptors can lead the way even if they are seen as informal leaders. Preceptors are responsible for communicating with new hires in a clear and concise way to ensure that procedures are well understood to prevent injuries or even death from occurring due to inexperience (Bodine, 2019).

Knowledge sharing as a nurse is done on a constant basis according to Participant 1 (P1). P1 stated that you are always having to use your nursing judgment when dealing with patients and family members as well as other healthcare professionals. P1 described a scenario in which a family member had to be reassured that testing was negative regarding a spouse's apparent heart condition. P1 shared that these are times when it is so important for a nurse to know their patients' condition because you need to explain and help them understand, thus sharing your knowledge. P1 was also concerned about less



experienced nurses making critical decisions for patients and their families, seeing this as a potential liability due to a lack of knowledge. The nursing profession according to each of the six participants would largely benefit employers because younger, new nurses would benefit from what is referred to as precepting in healthcare. Participant 2 (P2) believed that older, more experienced nurses who have a proven track record or specialize in an area of healthcare, could be assigned to oversee the training process of new nurses, thus acting as their preceptor or mentor. P2 explained that knowledge sharing among nurses is done primarily through precepting or mentoring but also during shift changes, when patients are handed off to the next shift of nurses by way of transfer of care. Knowledge sharing can also come into play according to Participant 3 (P3) when a nurse is given the opportunity to do other healthcare related things in the community such as being a youth camp nurse for a week or a parish nurse or helping in a disaster situation. P3 was thankful for having the opportunity to share nursing expertise outside the workplace. Participant 4 (P4) attributed higher patient satisfaction scores to the quality of care a knowledgeable nurse can provide. P4 explained that patients really lose out when they have a nurse who is less experienced. Participant 5 (P5) described a situation where an experienced nurse who can no longer perform as a floor nurse because of declining physical health could still be a valuable resource by sharing knowledge through precepting or working in the continuing education department. P5 felt it was a loss for everyone when this option of preceptorship was not explored or granted by the employer. Participant 6 (P6) shared that older nurses should be given the opportunity to act in the capacity of assistant to a certain degree by knowledge sharing with the new

younger nurses as students to get them up to the level they need to reach. P6 stated that providing the instruction and then stepping back to observe is often the best way for new nurses to learn and gain experience hands on, but the experienced nurse is still available to step in as needed.

It is estimated that by the end of 2020 that 660,000 baby boomer RNs will retire, this number is expected to increase through 2030. The years of nursing experience the healthcare industry is anticipated to lose will increase as nearly 1 million baby boomer nurses begin to exit the workforce, taking with them a significant amount of knowledge and proficiency resulting in a major loss for patient care standards (Buerhaus et al., 2017). Preserving institutional and experience-based knowledge rely on healthcare organizations retaining their older nurses to pass along the wisdom (Middaugh, 2016).

**Workability/employability.** Workability and employability are broad challenges in the workplace. While none of the six participants specifically referred to the themes of workability and employability, each touched on several elements of both of the challenges as it pertained to themselves personally but also as it pertained to their employers. Workability is referred to as the direct reflection by a person regarding his or her own capabilities in relation to the continuation of work, the nature of the work, personal resources, as well as those provided by the employer (McGonagle et al., 2015). These resources are seen from a physical, psychological, social, or organizational standpoint. Maslow (1943) concentrated his hierarchy of needs theory on the physical, psychological, and social aspects of what motivates people to seek out different avenues to satisfy and fulfill their needs. Teams of researchers at the Rehabilitation Foundation in

Finland and Finnish Institute on Occupational Health have developed models on work ability that are used to identify the issues surrounding health and stress factors that older workers may need to evaluate (Paullin, 2014). A self-assessment tool, referred to as the Work Ability Index (WAI) can be found at <http://www.ageingatwork.eu>. Employability is considered to be the ability that employees possess in order to work, and employer implemented practices such as training and development to enhance the retention of older workers (McGonagle et al., 2015). The sheer nature of the semistructured interview process provided an opportunity for each participant to examine their own workability and employability, aiding in me in capturing rich data in support of answering the research question.

**Staffing ratios.** Staffing ratios are becoming increasingly dependent on graduations of new healthcare professionals along and the willingness or ability of older RNs to work. However, those areas will be dependent on policy, compensation, and opportunities for work in the healthcare industry. Reported in July, 2017, the U.S Department of Health and Human Services, Health Resources and Services Administration (HRSA) Supply and Demand Projections of the Nursing Workforce: 2014-2030 showed there is inequity with the distribution of the nursing workforce between states, where some are predicting surpluses and others shortages solely based on supply and demand of the population (HRSA, 2017).

Five out of the six participants brought up the topic of nursing shortages stating that none were fond of the situation. P3 implied it was a matter of supply and demand in terms of geographical area. P3 shared that in smaller rural communities there seemed to

be no shortage, but in larger urban cities there was certainly a nursing shortage, and as a result, wages were higher in order to attract nurses to these areas. Relocating to a small rural community, it took P3 30 years to reach the same compensation level as what was offered at the large urban city healthcare institutions. P4, 5, and 6 described what it was like to be an RN floor nurse without any staff support such as a Licensed Practical Nurse (LPN) or Certified Nursing Assistant (CNA). P4 pointed out that because you had to do all the work yourself, the quality of care and patient satisfaction was declining. This decline was due to RNs no longer being able to do rounds with the doctors, time required to document, and the sickest of patients demanding the majority of your time while other patients never getting wet bedsheets changed or receiving meals on time. P4 reminisced about the good old days when there were two RNs on the floor and four or five CNAs to help, and patients were happy because they were getting the quality of care they needed. P4 also explained that the nursing shortage and staffing ratios of RN to patients was a direct cause of miserable nurses and fewer people going into nursing. P4 shared that there were certain areas like ICU or surgery rooms where the nurse patient ratio was great since nurses never had more than two patients because of the care that was necessary, but those were select positions. P5 linked burnout, early retirement, and physical ailments as results of poor staffing ratios and nursing shortages. P5 stated that the main reason for becoming injured could be attributed to having no help when needing to transfer a patient. P6 likened the process to that of being a robot passing 22 medications in 54 minutes without having the time to provide a patient with any psycho-social interaction. P6 reminded that nurses take care of human people, and they need to remain humanistic

in their approach with patients, but that it was difficult when so crunched for time due to lack of help.

According to Phillips and Miltner (2015), short staffing ratios, combined with aging, overweight patients often lead to nurses compromising their own health and safety because of not having assistance. Designing staffing models which provide the best protection for older nurses and identifying potential strategies such as a team approach may likely provide more effective and efficient work flows (Phillips & Miltner, 2015). Maintaining adequate nurse to patient ratios, and experienced staff is essential to healthcare organizations nationwide providing a quality of care standard that is reliable, expectable and most of all, safe (Buerhaus et al., 2017).

**Environment.** Environments of the workplace are being met with a phenomenon of the aging workforce which in turn is being met with obstacles identified as stereotyping and perceived age discrimination. In a special report published by the American Association for Retired Professionals (AARP), ageism in the workplace remains as the last bias to go away (Kita, 2020). In conjunction with a report on age discrimination of older workers in America, the Equal Employment Opportunity Commission (EEOC) determined that even with the federal laws of Age Discrimination in Employment Act (ADEA) passed by Congress 50 years ago, age discrimination was still a prevalent problem for the population of 40 years and older who it was intended to protect (Kita, 2020). In a 2018 study conducted by AARP, participants revealed that every three out of five older workers have personally experienced or witnessed age discrimination in the workplace (Kita, 2020). In addition, 76% of the respondents to the

AARP survey reported that age discrimination challenged older workers against securing new jobs (Kita, 2020).

Five of the six participants shared an example of age discrimination challenges in the workplace either experienced themselves or as having knowledge of the bias occurring to others. P1 was fortunate enough to share that upon communicating thoughts of resignation within 2.5 years, the employer stated they would not accept it. P1 also stated that their circumstance may have been unique and was unaware of any specific strategies being implemented by the employer to otherwise retain older nurses. P1 noted that while working at one hospital for 16 years, it appeared they were trying to encourage retirement of long-term employees. P2 shared an unfortunate circumstance where a younger inexperienced boss was the cause for their departure and semiretirement from that environment. P2 described how this younger boss would not extend opportunities and denied the flexibility of working from home even though that request could have easily been approved. P2 explained that this younger boss' inability to include older workers and only corral the younger ones for meetings caused others to leave as well, and it was only when management realized an exodus was occurring, did they make a change with the younger boss. P3 commented that employers were not really interested in extending older RN's careers. P3 felt since younger nurses were entering the workforce and could be brought in at lower compensation rates, little was being done to retain the older higher compensated nurses. P3 believed that this was prompting RNs to retire sooner than they probably wanted because the healthcare organizations were replacing more than retaining. P4 could not recall a specific age-related situation and certainly not a

personal one. P4 was only able to identify that there was one instance where an older RN with a lot of years on the job was replaced because the hospital wanted to make changes that this nurse was unwilling to make, so they asked her to leave. P4 was not sure that this could really be attributed to age, as no one ever specifically used that as a reason in the workplace because they knew better. P4 also expressed concern over younger people being placed into healthcare leadership roles when they were clearly not qualified, and it took 2 years alone just for them to learn the verbiage. P4 also stated that nurses tended to get weeded out as they topped out in pay grade, and unless you could keep yourself relevant through professional development or changing jobs, you were never going to make any more money. P5 stated that the hospital they worked in did nothing to entice older workers to stay, and it was really a shame. P5 shared a personal experience that led to early retirement because the employer was unwilling to make an accommodation for an injury sustained at work. P5 shared that there was also a major difference in culture between employers in terms of environment and it was a nice family atmosphere at the first employer but very cutthroat at the second; so, it seemed to really depend on where you worked and the environment the employer set. P6 responded that most healthcare employers just want older nurse out the door because they have younger ones coming in that they can now retain longer at a cheaper cost. P6 stated that healthcare had become all about the bottom-line especially because if an older nurse sustained an injury, they could become a liability and go out on paid disability. Nurses may experience a perception of deficiency between the responsibility to ensure high standards in quality of care, uniting

with the need of the healthcare organization to meet financial goals through resourceful and managed means (Dotson et al., 2014).

Through my observational research of publicly available documents on healthcare organizations within the United States, I identified several larger urban healthcare organizations that recognized the need to retain older workers. Some of these institutions had signed the AARP employer pledge in support of older experienced workers, realizing they are a benefit in the workplace, and that retaining a multigenerational workforce creates equitable employment practices (Schinella, 2019). In addition, AARP's 2013 Best Employers for Workers Over 50 went to 22 hospitals and other healthcare related organizations (Paullin, 2014). Seven of these 22 healthcare organizations' employment practices were recognized by the Society for Human Resource Management Foundation as being beneficial for mature workers providing strategies for retaining the aging workforce (Paullin, 2014). At the time of writing Section 3 of my doctoral study, I noted that in an effort to continue the thwarting and regulating of employer bias, the U.S. House of Representatives passed the Protecting Older Workers Against Age Discrimination Act by a vote of 261 to 155 on January 15, 2020. The Act amends the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990, essentially allowing a plaintiff to show that there was a motivator factor for a retaliatory, age, or disability discriminatory practice. With more workers stating that they are likely to work past the age of 65 years, and the fact that retirement has changed over the past 50 years, ageism can no longer exist as a bias in the workplace (Kita, 2020).



## Theme 2: Issues of Retirement

Within my literature review, the second main theme I identified was that of issues of retirement. From there, four subthemes were identified as: (a) finances, (b) health-mental, physical, and emotional, (c) bridging burnout, and (d) relationships. Table 2 shows whether or not the participant discussed elements of the subtheme in their responses during the interview.

Table 2

### *Discussion of the Four Subthemes Under Issues of Retirement*

	Finances	Health-mental, physical, and emotional	Bridging Burnout	Relationships
P 1	Yes	Yes	No	Yes
P 2	Yes	Yes	Yes	Yes
P 3	Yes	Yes	No	Yes
P 4	Yes	Yes	Yes	Yes
P 5	Yes	Yes	No	Yes
P 6	Yes	Yes	Yes	Yes

**Finances.** Financially motivated older nurses making top of the scale wages are more likely to extend their worklife so as to not allow any financial concessions to impact future retirement plans (Uthaman, Chua, & Ang, 2016). According to a 2013 work and career study performed by AARP, a primary and important reason for older workers to extend their worklife was the need for money (Paullin, 2014). While older workers are seeking to remain employed due to the need for income and healthcare benefits, many are still unemployed or under employed (Paullin, 2014).

Financial well-being according to each of the six participants played a large part in their decision to extend their worklife, semiretire, or find themselves in a position to

retire comfortably. P1 said that monetary freedom was one of the personal benefits to continuing to work. P1 shared that having the ability to have her own money to spend on herself and for fun was important. P1 expressed the enjoyment of having financial resources sufficient enough to spoil grandchildren, have a nice car, and live better socially. P2 placed more emphasis on insurance benefits as a factor to extending worklife stating that remaining on private insurance versus Medicare was a tremendous benefit. P2 added that the ability to work longer allowed for retirement savings and better planning for the day to come. P3 simply stated that financial gain was a motivating factor to worklife extension. P3 attributed the ability to continue working part-time as an economic positive. P4 discussed financial factors of worklife extension in regards to others. P4 empathized about the fact that many nurses had to work in order to make ends meet and that was understandable. P4 stated that fortunately having to work was not what drove personal worklife extension, which was a blessing, realizing it as an exception to the norm. P4 shared hearing many reasons from a large number of other nurses how they were 65 years old and wished they could retire but could not because they had three kids in school, or a husband who had been sick, or they were divorced and were a one-income family. P5 explained that the main focus for continuing to work was for insurance benefits, not the money. P5 shared that they had been successful in setting themselves up financially to retire at age 65 years by originally having a goal to do so at age 55 years. P5 decided to work up until Medicare eligibility kicked in. P5 was proud to share that they were successful in having both a primary residence in their hometown but also a vacation home in a warmer climate. P5 attributed financial success due to setting up

savings and retirement planning at age 30 years taking advantage of matching contribution plans employers offered. P5 stated that it is important to start financial planning early in one's career, and with the wages a nurse earns, they should be able to save because Social Security just will not be enough. P6 exclaimed that the main benefit to extending worklife was financial gain. P6 thought it was fabulous financially to be making the amount of money a nurse can make after so many years! P6 stated that the financial stability gained as a nurse was put to good use to get five kids through college and still have leftover money for retirement savings and house payments.

While Maslow (1943) did not specifically identify financial stability in his hierarchy of needs, I reasoned that in order for humans to satisfy the very basic needs of physiological and safety, financial gain is a motivating factor to ensure these needs are met. Employees who have retired may find themselves financially insecure due to factors outside their control like stock market declines or increasing expenses. Financial reasons are found to be a main motivator for coming out of retirement and returning to work (Paullin, 2014).

**Health-mental, physical, and emotional.** Health and overall well-being are a priority to baby boomers as the ageing process changes the way a person senses their ability to maintain cognitive, physical, and emotional health (Nussbaum, 2015). Life in general is driven by levels of mental and physical health, with those levels of health playing a role in the emotional health of humans as well. Maslow (1943) stated that healthy humans are motivated mainly by the need to advance and actualize to the maximum potential and capacity achievable in life.

P1 commented that nurses must constantly be making decisions which keeps them mentally sharp. P1 stated that changing from a nursing position that required standing all day long to one that was not as physically demanding certainly warded off ailments that affected other nurses like bad backs. P1 explained that their job is done primarily working at a desk, but accommodations were needed such as a special chair and the ability to stand by raising the desk. P1 enjoyed the regiment of getting up every day and going to work and found the activity beneficial emotionally, psychologically, and physically. P2 shared that it was important to stay active in the field. P2 felt that being involved in the day-to-day activities of life as a whole were what kept us young. P2 explained that continuing to use your brain power would help ward off Alzheimer's which is something everyone is afraid of because it is a debilitating disease. P2 stated that a big motivator for extending worklife was to remain a contributing member of society and that was important emotionally. P2 felt strongly that if a nurse was not in the trenches regularly, a loss of skills would occur. P3 shared that the major reason for semiretirement was due to sustaining multiple back injuries while on the job. P3 was unable physically to continue performing work as a floor nurse. P3 stated that while the back injuries limited the kind of nursing that could be done, there were still many opportunities available which allowed for the extension of worklife and staying active. P3 was certain that continuing to work helped immensely with maintaining a positive frame of mind because of still having so much to offer to others in the way of care. P4 remembers turning 65 years but never feeling age creeping in as a problem. P4 never felt that youth would make things easier nor had the need for an employer to accommodate any age-related issues of

health. P4 remained mentally competent by extending worklife well past age 65 years. P4 attributed the opportunities to acquire new roles, and experiences, and gain knowledge in different nursing positions were a boost emotionally. P4 stated that the support of family helped in the ability to continue working and the fact that the positions held in nursing were never that physical, which was career choice. P4 recognized that for most nurses the physical challenges that existed were real. P5 declared that the major motivating factor for worklife extension would be a less physical demanding job. P5's primary reason for retiring at age 65 years was for health reasons due to the physical stress of the nursing job. P5 recognized that health was more important than continuing to work. P5 explored other options for worklife extension but realized that any other position would be for the short term due to health. P5 hoped that the employer would have provided accommodations and explored opportunities but that did not occur. P5 decided that in order to remain active, volunteering time to the community was a great way to stay occupied and utilize years of acquired nursing skills. P6 stated that no matter what you do in nursing it is a heavy job. P6 weighed in that nurses have to be able to lift 55 pounds and stand for hours on end working 12-hour shifts. P6 explained that the nurse often becomes the patient when they hit a certain age because too many begin getting hurt.

Mental (cognitive) abilities are an ever-changing human resource which have the capacity to satisfy or threaten basic needs from being obtained and sustained. The constant quest for gaining knowledge, seeking the truth, and acquiring wisdom along with the freedom to question, understand, express thoughts, and initiate discussion, all motivate inquisitiveness, education, philosophy, exploration, and experimentation

(Maslow, 1943). Without cognitive ability to drive our needs and make decisions, humans are nothing but organisms to be cared for as they are unable to care for themselves. Cognitive limitations exhibited by nurses may display as frustration, anger, disinterest, memory fatigue, and skill enhancement problems (Phillips & Miltner, 2015).

Physical abilities become a challenge as the chronological ageing process occurs. The nursing profession is recognized as a physically demanding career (Ryan, Bergin, & Wells, 2017). Normally expected ageing issues include loss of hearing, vision, and strength but are exacerbated by genetics, work-life balance, health behaviors, sleep deprivation, and environmental conditions (Phillips & Miltner, 2015). Work hazards and safety concerns in a healthcare setting such as slips, trips, falls, repetitive motion and lifting injuries, fatigue from long hours, and biohazards are an ongoing problem for all nurses (Ryan et al., 2017).

Emotional well-being is attributed to basic needs remaining in satisfactory condition (Maslow, 1943). The ageing process is an emotional stress factor for some individuals if and when cognitive and physical health begins to decline (Ryan et al., 2017). Nurses by nature are selfless and giving caretakers of others, and often leave the well-being of themselves for last. Unreasonable patient loads leave nurses emotionally exhausted (Dotson et al., 2014). Work and home demands as well as the emotional challenges when faced with the caretaking of a patient of similar age can be psychological stressors which nurses should not ignore (Ryan et al., 2017).

**Bridging burnout.** Bridging burnout allows employees to go through a phase out of work process and slowly transition to retirement or semiretirement, thus bridging

employment (Bennett et al., 2016). Older workers who may have been fortunate to remain in the same profession for many years, like nurses, and potentially with the same employer, may find it easier to transition between work and retirement if seasonal or part-time opportunities are offered (Conley, 2018). Bridge employment offered as a voluntary option for transitioning from full-time work to part-time or per diem work as a flexible retirement process is beneficial to organizations and older workers by allowing a gradual change in employment status (Paullin, 2014).

Three out of the six participants discussed aspects of bridging burnout. P2 related to burnout in terms of nurses just staying in the field for too long and losing their passion for the role. P2 noted that overtime RNs have had to continuously do more with less support, and they simply get tired or physical ailments come into play. P2 faults the healthcare organizations with a do more, whipping horse mentality because business is all about the bottom-line not quality of care for patients or employees. P2 stated that nurses have a tendency to just work hard and long hours which is their own fault. P4 shared that they were careful in career choices by making a workplan, which attributed to experiencing no burnout until age 70 years when the decision to retire was made based on being in nursing for so many years and just being done. P4 stated these choices helped in extending a career in nursing and bridging employment toward ultimate retirement. P4 commented that most floor nurses work 3-12-hour shifts, and while they have worked diligently for the past 3 days, they are off 4 days, but two of the days are spent recuperating. P4 exclaimed that was not the best choice for older nurses to try and maintain and that there were other career avenues they should explore. P6 stated that

even young nurses get burnt out after a while, but RNs that are aged 65 years do especially because of the intense schedules they try and keep if they are on the floor. P6 described the concept of per diem work which can allow for a nurse to have a more flexible schedule, however it is generally administered on an on-call basis or does not always open up the best shifts. P6 shared that there was a slew of older nurses working shorter shifts per diem as a way to bridge employment and retirement and that this might be an opportunity for healthcare employers to explore more in depth with their older workforce.

There are financial, mental, physical, and emotional factors to consider when approaching retirement age. According to Dotson et al. (2014), burnout rates are at higher levels for nurses, leading RNs to consider retirement from the profession sooner. Bridge employment may well be a strategy that not only wards off total burnout and the choice to retire but allows for a continued positive employment relationship that benefits both the employee and the employer (Bennett et al., 2016).

**Relationships.** Nussbaum (2015) suggested that humans are one of the most social beings on Earth. Social acceptance as identified by Maslow (1943) is a basic need that requires continuous nurturing, falling within the categories of belongingness and love on his hierarchy chart. These social needs being important factors of a satisfying life are motivators in which humans seek out the company of others for intimacy, family, and camaraderie (Maslow, 1943).

Each of the six participants discussed the element of relationships as it pertained to their profession and to some extent their personal lives. P1 excitedly shared that while



retirement was looming in the near future, work was the main motivator for extending worklife past age 65 years. P1 explained that all the years in nursing were thoroughly enjoyable and the interactions with physicians, co-workers, and patients were who made that true. P1 stated that the enjoyment of work would probably motivate a longer worklife extension. P1 commented that going to work every day and interacting with a great group of people made it enjoyable and fun. P1 pointed out that taking care of patients is a very serious thing, but it is nice to be able to laugh and have a good time with coworkers and even patients themselves sometimes. P2 shared they had been away from the day-to-day operations for the past 4 months. P2 recognized that a personal part was missing which was the interaction with coworkers. P2 missed the camaraderie of other staff but mostly missed the patient touches. P2 realized this was a need that was begging for replacement and staying employed would help fill that gap. P3 mentioned continued interaction with people and the ability in some ways to continue caring for them was a personal motivator for extending worklife. P3 shared that volunteering within the community was providing enriching social activity. P4 reflected on missing the people but not missing the drama at work. P4 stated that remaining connected to other nurses through an online message board allowed for hearing all the issues and problems, but strengthened the reality of not missing the workplace. P5 explained that one of the reasons for extending worklife was due to enjoying the work and the co-workers. P5 shared missing the camaraderie and friends but mostly providing the direct patient care. P5 mentioned that volunteering was making it possible to stay socially active and still provide some of the hands-on part of nursing. P5 suggested the possibility of setting up an older nurses' social group based on

the common connection, might be beneficial for just getting together. P6 commented that teaching was their way of staying socially active at work. P6 remained connected with other nurses by performing per diem work and staying involved in delivering patient care.

To maximize the socialization process, Nussbaum (2015) recommended humans do the following to achieve the most satisfying relationships in life such as: (a) find and identify a purpose and direction in life, living it to the fullest; (b) develop and maintain a sizable and cohesive group of friends; (c) view retirement as a way to be sociable not as an isolation chamber; (d) seek out social engagements, community events, and discussion groups; (e) interact with new people to learn from and exchange knowledge with; and (f) become educated in technology to stay linked with family, friends, and the world.

### **Theme 3: Dynamics of Retention**

Within my literature review, the third main theme I identified was that of dynamics of retention. From there, four subthemes were identified as: (a) job satisfaction, (b) recognition, (c) compensation, and (d) workload. Table 3 shows whether or not the participant discussed elements of the subtheme in their responses during the interview.

Table 3

#### *Discussion of the Four Subthemes Under Dynamics of Retention*

	Job Satisfaction	Recognition	Compensation	Workload/Job Sharing
P 1	Yes	Yes	No	Yes
P 2	Yes	Yes	No	Yes
P 3	Yes	Yes	Yes	No
P 4	Yes	Yes	Yes	No
P 5	Yes	Yes	Yes	No
P 6	Yes	Yes	Yes	Yes

**Job satisfaction.** The degree to which older nurses experience job satisfaction is directly tied to varying positive and negative issues within the workplace and the individual organization's culture, economic, and political environment (Ryan et al., 2017). Healthcare management should take the initiative to gain an understanding of the basics of job satisfaction so strategies can be identified and implemented to support the needs of older nurses and enhance job satisfaction by placing an emphasis on personal and professional development (Koning, 2014). Removing barriers that impede job satisfaction for older nurses is a key measure to improving retention and fostering change within the healthcare setting (Wright et al., 2017).

All of the six participants described different situations in which they were either satisfied or dissatisfied with the healthcare environment in which they worked. P1 stated that the sheer enjoyment of work is a motivator factor to extend worklife, along with colleagues and patient interaction. P1 mentioned that being able to personally manage physical ailments, employer support, and the opportunity to maintain a rewarding career provided job satisfaction. P2 became unsatisfied in the job because of poor employer support, not because of the work itself. P2 wanted to find ways to extend worklife but was forced to semiretire and take a new approach to employment. P2 felt it was very important to remain working and just needed to find a better fit with an employer who offered flexible, work from home options. P3 noted working for two different employers as being very different from each other. P3 mentioned that working at a smaller community healthcare organization versus a larger city one was preferable because there was more camaraderie among staff and supervisors. P4 summed up job satisfaction as a

two-way situation. P4 stated that first and foremost a nurse had to enjoy being a nurse. Then secondly, the nurse had to find a place of employment and a position that was suitable to their needs. P4 said that sometimes finding the right fit might take several tries which was one of the reasons nurses often move around between facilities. P4 added that company philosophy and whether the organization is large or small, for profit or nonprofit, play a role in the work culture which can lead to job satisfaction or dissatisfaction. P5 remarked about one healthcare facility worked at as being relatively small and having a family friendly atmosphere, while the other was very different, having a much larger campus and not being as warm. P5 did remain at the larger second employer for 20 years but never found the right fit position wise to be completely satisfied in the job, though nursing as a profession was rewarding. P6 found there to be no job satisfaction anymore because employers were all about the bottom-line and keeping things running. P6 said that many nurses were no longer loyal to employers because there was no support in making changes to better the job.

According to Hans, Trinkoff, and Gurses (2015), job satisfaction directly correlates to scheduling, physical and psychological demands, levels of autonomy, and the degree to which supervisors and colleagues are supportive. Nurses with higher educations in the field such as a bachelor's degree or specialty credential were more likely to become dissatisfied if expectations and needs on the job were not being met (Hans, Trinkoff, & Gurses, 2015). Communication within the workplace is a contributing factor to overall job satisfaction of nurses (Vermeir et al., 2017). Levels of stress, professionalism among staff, open communication, judgment autonomy for critical

decision making, equitable and ethical workplace employment practices, and recognition for experience are all variables leading to job satisfaction (Vermeir et al., 2017). Job satisfaction in nursing is due in part by the altruistic nature of the profession. When a nurse is able to care for others in the selfless manner often called for in the role, their sense of altruism is thereby satisfied (Dotson et al., 2014). Altruism aligns with Maslow's needs theory by translating job satisfaction into the fulfillment of a need. Motivating factors present in the workplace, which are satisfying personal needs, create alignment with individual perception that the job is satisfying those needs (Vermeir et al., 2017).

**Recognition.** The need to be recognized according to Maslow (1943), falls within the realm of the self-esteem need. People possess the longing for recognition by others, desiring of attention, appreciation, and respect for achieving levels of knowledge, skill, and ability that may come with education, special achievements, or age. Self-confidence, self-worth, purpose, emotional, mental, and ultimately physical well-being, all stem from satisfaction of the self-esteem need (Maslow, 1943). Working in an environment that supports positivity and empowerment can fill an older nurse with a confirmation of value and inclusion (Middaugh, 2016).

Passionate about the career they chose, all six participants commented on the need for older nurses to be recognized and rewarded for their years of dedication to the profession and the experience they had gleaned as a result. P1 stated that 36 years on the job meant a lot and should also mean something to others. P1 declared that nursing expertise comes with time on the job, and nurses need to be recognized for their levels of

knowledge that they have gained throughout their career, the number of years they worked, and should be rewarded in a way for their knowledge and years of service. P2 remarked about how most employers did not realize what they were going to lose by having older nurses retire and taking all their experience out the door. P2 felt strongly that older nurses and the generation of 65-year-old workers bring a high level of work ethic to the workplace, such as showing up on time and being responsible which should be recognized by employers. P2 stated that healthcare seems to be changing and not necessarily for the better if older nurses are not recognized and valued for what they bring to the table through quality of care. P3 shared that 45 years on the job as a nurse is quite an accomplishment. P3 commented that just because older nurses may not be able to perform all the functions they once did, they still have so much value to offer, and they want to keep serving the patient needs in some capacity, so employers would really benefit by recognizing the opportunities of these seasoned professionals. P4 reflected on a lifetime of nursing, 50 years, with all the experience and lessons learned, recognizing personally how fulfilling the career has been. P4 explained that self-motivation for the profession gained employer recognition in the way of new opportunities for employment being offered. P5 shared pride in having 45 years of nursing experience. P5 declared that health care facility employers who were not recognizing older nurses as still having worth were demeaning to the profession. P5 stated that older, experienced nurses could offer so much added value if they could extend their worklife into other areas of nursing that were less physical but allowed them to continue on in a respected manner. P6 found that recognition in nursing was in the eye of the beholder and could not remember a time

being recognized by an employer. P6 described that recognition by patients was fulfilling, especially when it was a nurse's quality of care that made them feel better. P6 said that healthcare employers should realize that while nurses do what they do for altruistic reasons, being well paid is rewarding.

Recognition of older nurses is not simply a shower of rewards or roses but more the need for employers to recognize the requirements which older nurses may have to extend their worklife. Healthcare organizations expecting older nurses to continue going above and beyond must also give back through encouraging words and actions of recognition for work that makes a difference (Middaugh, 2016). Employers recognizing the importance of motivational strategies for older nurses will allow continuation of a valuable relationship for several more years, benefitting nurses, patients, and healthcare facilities alike (Middaugh, 2016).

**Compensation.** Experienced nurses expect to be fairly compensated for their years of service, which plays into job satisfaction factors. Healthcare employers seeking to fill RN positions or keep experienced nurses without first aligning compensation together with scheduling or job duties, can experience recruitment and retention issues (Dotson et al., 2014). Equitable compensation practices help to keep older workers engaged especially when experience is factored in as a valuable asset (Uthaman et al., 2016).

Four out of the six participants commented on the topic of compensation focusing more on the issue as it pertained to the lack of strategy surrounding the retention of longtime nurses. P3 believed that employers were not necessarily interested in extending

older RN's careers because having been in nursing for a long time usually comes with higher pay, and there were younger nurses entering the field that could be paid less. P3 thought that health care organizations did not think there was a problem but that compensation factors were likely prompting RNs to retire sooner than they may want. P4 shared that healthcare employees tend to get weeded out when they top out at the pay grade. P4 shared a process of bringing in the greens, whereby healthcare employer can bring in brand new nurses right out of college with sometimes minimal experience, and hire them into jobs at a cheaper rate, which saves the organization money. P4 cautioned that by bringing in new nurses at lower pay grades, the organizations were also hiring lower grade, less experienced healthcare workers, and that came with a price as well but not one that the organizations were strategically addressing. P5 felt that healthcare employers were sometimes glad to see the older employees leave because they were higher costing and easy to replace with the younger nurse who had no seniority and started out at the bottom of the pay scale. P5 stated that there were not any compensatory benefits offered for retaining older nurses like the tuition reimbursement programs in place for recent graduates used as a recruitment tool. P6 declared that the healthcare organizations simply did not have to pay younger nurses as much. P6 was certain that the companies just wanted older nurses to move on as there was little being done to show value in keeping them.

Health care organizations offering older nurses wellness bonuses and flexible spending accounts, along with supplemental insurance, part-time health coverage, discounted or free access to prescription drugs, employee assistance programs, and health



management programs may find these flexible options matter when considered as a total compensation package (Paullin, 2014). Reaching a certain compensation level in one's career aligns with Maslow's (1943) theory of needs whereby someone's perceived worth plays a role in the satisfaction of self-esteem needs. When an individual is content with the highest level of compensation attainable in their career, it is possible they have also fulfilled that specific area in the highest level of needs category, self-actualization (Maslow, 1943).

**Workload/job sharing.** The nursing profession is recognized as one of the most physically, cognitively, and psychologically demanding careers accompanied by inherently increasing workplace hazards and long hours (Phillips & Miltner, 2015). The average full-time workday for an RN is normally a 12-hour shift with three or more shifts per week. Sleep deprivation leading to fatigue is a contributing factor to burnout, injuries, decline in performance, and early retirement (Phillips & Miltner, 2015). Job sharing is a workplace strategy where two or more part-time workers rotate among each other to shorten shift and lighten the workload burden normally taken on by one full-time employee (Uthaman et al., 2016). Job splitting is also a name given to the concept of job sharing and is defined as the redesign of a single job and accompanying responsibilities then splitting the job and sharing it between several part-time employees (Clendon & Walker, 2015).

While each of the participants shared frustration with workloads, only three of the six participants suggested the concept of job sharing as being a strategy that if implemented by their employer, would be a motivator for worklife extension. P1

explained job sharing as two nurses splitting the week. P1 shared the example of one week a nurse works 3 days then the next week a nurse works 2 days and rotates that schedule with another nurse. P2 shared a similar rotation scenario. P2 included that working from home and sharing a workload with another nurse doing the same would be a reason to stay employed. P6 felt it was very important that nurses job share. P6 stated that sometimes nurses do not want to or simply cannot work 12 hours in a day, so job sharing would be a solution. P6 commented that job sharing and working six hours a day was very motivating, especially in the case of being a floor nurse. P6 described the financial incentive to job sharing was beneficial, too, because it kept an older nurse working and at the same rate of pay. P6 suggested that getting a group of elderly nurses together in a group to job share would be a wonderful thing. P6 noted that this way these nurses are able to work shorter shifts, stay employed, make money, not burn out, experience less injuries, remain physically and cognitively active, share their wisdom, and provide high quality patient care.

Job sharing offers the opportunity for older nurses to alternate with other older nurses for shortening shifts and easing routine scheduling but also allows for supporting younger nurses who may have family obligations with small or school aged children (Clendon & Walker, 2015). High Patient to low staffing ratios attribute to less manageable workloads which in turn fosters dissatisfaction with the job and lower quality patient care (Buerhaus et al., 2017). Modifications to the workplace in the forms of lessening workloads through appropriate staffing levels and implementing strategies such

as job sharing will support retention by aiding the extension of the older nurses worklife (Phillips & Miltner, 2015).

#### **Theme 4: Strategies for Worklife Extension**

Within my literature review, the fourth main theme I identified was that of strategies for worklife extension. From there, four subthemes were identified as: (a) flexible scheduling, (b) professional development, (c) succession/mentoring, and (d) employer support. Table 4 shows whether or not the participant discussed elements of the subtheme in their responses during the interview.

Table 4

#### *Discussion of the Four Subthemes Under Strategies for Worklife Extension*

	Flexible Scheduling	Professional Development/Career Pathing	Succession/ Mentoring	Employer Support
P 1	No	Yes	Yes	Yes
P 2	Yes	Yes	Yes	Yes
P 3	No	Yes/No	No	Yes
P 4	Yes	Yes	No	Yes
P 5	No	Yes	Yes	Yes
P 6	Yes	Yes/No	Yes	Yes

**Flexible scheduling.** Flexible work is categorized in ways that include part time or condensed hours, job sharing, bridge employment, phased retirement, gradual return, self-scheduling, compressed work weeks, rotating weeks, job rotation, remote work, buyable leave, work swapping, staggered hours, annual flex, per diem, and career pauses (Clendon & Walker, 2015). Working arrangements which provide for flexible scheduling allows older nurses to balance personal, home, caregiving, and work responsibilities

without wearing themselves out (Koning, 2014; Uthaman et al., 2016). Options to arrange a flexible schedule are seen as a motivating factor for worklife extension and play a large part in an older nurses' decision to prolong their career or retire when the time comes (Graham et al., 2014; Paullin, 2014).

Three of the six participants stated that the option to have a flexible schedule at the later stage of their careers would be a definite motivating factor to extend their worklife. P2 described a perfect work schedule scenario as being flexible by working two or three days a week. P2 stated that a flexible schedule would be the number one motivating factor to extending worklife as a nurse. P4 declared that the only way to continue working was to be able to work from home or within a short commute. P4 described remote work as a kind of flexible work arrangement and one that was very motivating because it made worklife extension much easier. P6 remarked that flexibility in the job would be a strategy that would help motivate older nurses to extend their worklife. P6 shared an example of flexible work arrangements that was cross generational by having older nurses take care of admissions so the younger nurses did not have to do everything for each patient.

Flexible work arrangements are a highly sought-after benefit by most workers across all industries and generations which would lead them to remain with an employer longer (Paullin, 2014). Employers are encouraged to consider and implement flexible and self-scheduling options for older nurses as a retention strategy (Dickson, 2015; Koning, 2014; Wright et al., 2017). Organizations and employees alike can reap the benefit of flexible work situations since it is shown to increase job satisfaction, brings a higher level

of engagement, and leads to retention (Paullin, 2014). The Families and Work Institute's (FWI) 2014 National Study of Employers found that at least two-thirds of those organizations surveyed provided some type of flexible work including working from home (Paullin, 2014).

**Professional development/career pathing.** Nurses have many opportunities to enhance their careers through education and move into areas of specialty or become teachers themselves (Duffield et al., 2014; Johnson, 2015). Alternative roles for older nurses that place them in different jobs may provide additional training for them and allow them to teach others (Middaugh, 2016). Technology has entered the medical field and while the younger generation of nurses bring these capabilities with them to the workplace, older nurses struggle to keep up and need to learn these new skills (Graham, et al., 2014). Training older nurses on technology-based systems will help them develop new skills sets and may lead to a decrease in cognitive decline (Phillips & Miltner, 2015). Career pathing is a concept used by nurse professional development (NPD) staff to train older nurses in acquiring new skills and knowledge they may need for advancement (Johnson, 2015). NPD's suggest that older nurses develop a career strategy that will place them on a 5-year path to obtaining career objectives and goals (Johnson, 2015).

Each of the six participants had a comment regarding professional development, with four out of the six commenting on career pathing. Some participants discussed training from their own perspective while others suggested there be a plan in place for older nurses to career path or plan in order to make work easier as they aged. P1 commented on how learning new computer programs was an essential component to

remaining relevant as an older worker in healthcare. P1 described that with each new job there were new technology challenges that took some time to learn. P1 suggested nurses should plan their careers early on and not wait till they get to retirement age to decide what they can do to extend their worklife. P1 envisioned more of a change in nursing focus rather than a change in career; this way nurses can stay in the profession they chose. P1 eluded to an opportunity for employers to set up a program for older nurses to attend, letting these nurses know they were valued for their knowledge and were being offered some potential options for extending their worklife in healthcare. P1 felt it would be a huge benefit if employers could help older nurses plan for the end of or extension of their careers and what that would look like. P2 stated that there is a benefit to healthcare employers to retain older nurses because they are already trained. P2 remarked that there is a cost savings to retention of experienced nurses though they may need some additional training on new technology. P2 exclaimed there were many career options for nurses to evolve with because the profession is so diversified. P2 suggested that older nurses need to think outside the box and be a bit creative in their thinking and planning process as it pertains to their careers. P3 observed in the workplace a necessity for older nurses to receive education with new computer programs. P3 commented on an opportunity for cross generational mentoring where younger nurses could help train up older nurses on the new technology systems for medical charts. P4 described how staying relevant in the nursing profession brought many new opportunities for employment. P4 stated that nurses should keep abreast of changing technology by making sure they are self-training and not just leave it up to the employer. P4 felt strongly that it would be palatable if

employers could discuss work longevity sooner rather than later during the nursing career time span. P4 described a scenario where employers put their nurses on a 10 or 20-year plan and have those discussions by framing a question such as “where do you want to be 15, 20, or 30 years in the healthcare profession?” P4 added that a step-down career path would be a proactive approach to nurses who have been in their careers for 40 years. P4 commented that a step-down process would help older nurses work smarter instead of harder and help them transfer their knowledge, skills, and abilities into an area of nursing that was less physical. P5 felt it was important for older nurses to stick together and help each other learn to adapt to new practices. P5 thought that there may be some older nurses who pick up on new things faster than others and sharing that knowledge would be mutually beneficial. P5 suggested employers providing free continuing education in the areas of learning a foreign language, financial planning for retirement, and career development might be beneficial to the older nurse. P6 revealed a struggle with learning new technology. P6 stated that older nurses can pick up on new technology but it is difficult trying to find enough time to learn especially with a high patient load.

Creating a learning environment where training is easily accessible and professional development is encouraged, promotes improvement in nurse autonomy, decreased stress levels, and increased job satisfaction (Gagnon et al., 2015). A curriculum that supports brain health for nursing and other healthcare staff should be developed to ensure up-to-date resources and changes in the healthcare industry are being learned and understood (Nussbaum, 2015). Considering that some healthcare organizations faced with recruitment issues are strategically placing their most experienced older nurses into

specified areas of critical need for the purpose of delivering leadership and mentoring to new recruits, employers should incorporate career planning into organizational policy thus providing a career path objective (Clendon & Walker, 2016; Paullin, 2014).

Considered a common career path, teaching, training, coaching, and mentoring are roles that older nurses are well poised to perform, thus making them feel valued, allowing for flexible scheduling, and feeling recognized for their ability to still contribute and make a difference (Paullin, 2014).

**Succession/mentoring.** With a multigenerational workforce in the healthcare industry, encouraging relationship building across the generations is an opportunity for old to mentor young and young to mentor old (Phillips & Miltner, 2015). Healthcare organizations should realize that while generational differences can create challenges, the organization can foster retention by creating an environment that values the strengths of the generations within the workplace, allowing for cross generational learning to occur (Yarbrough, Martin, Alfred, & McNeill, 2016). Reverse mentoring as referred to by Paullin (2014) allows for younger nurses to teach older nurses new technology but the exchange of learning need not be limited in scope.

Four of the six participants felt strongly about the expertise they had gained, having 20 plus years on the job and wanted to continue giving back by mentoring the younger nurse population. P1 shared that nursing would benefit overall by older nurses remaining in the profession longer and helping younger nurses learn. P1 recalled a time when passing on a tidbit of knowledge to a younger nurse about giving post-surgical patients a small amount of warm prune juice to reactivate their gastrointestinal systems



and assuring the young nurse it worked wonders when the young nurse gave a funny reaction. P2 replied that mentoring younger nurses was something that most older nurses would welcome the chance to do. P2 declared that older nurses are well experienced to mentor younger nurses and want to pass along their knowledge to ensure the quality of patient care stays intact. P5 reflected on the level of experience that older nurses have and how valuable it would be to mentor. P5 struggled with physical ailments, so floor nurse work was no longer possible, but given the opportunity to work in continuing education or as a preceptor for new employees would have been a great option for worklife extension. P5 shared however that the employer was not in agreement which forced the decision to retire. P6 commented on teaching younger nurses in a hospital setting and how that helped them step up to a higher level. P6 stated that mentoring students was a fulfilling opportunity and very enjoyable to watch younger nurses learn on the job.

Some healthcare organizations have brought previously retired nurses with 40 years' experience back into the workplace to coach other nurses by helping them create career path and professional development objectives (Paullin, 2014). Employers should help nurses reaching retirement age transfer into roles that allow them to continue contributing their experience in the profession through mentoring and leadership roles (Clendon & Walker, 2016). Healthcare organizations that implement a Nurse Residency Program (NRP) may realize an increase in retention and job satisfaction with new nurses attending the NRP and the experienced nurses providing the mentorship (Newman, 2017). According to Schroyer, Zellers, and Abraham (2016), healthcare organizations that implement a successful mentorship program can support nurses with and without

experience by creating opportunities for professional growth and career enhancement. Experienced nurses can advance their own leadership skills by mentoring in specific areas of healthcare such as neonatal, intensive, and critical care units (Shroyer et al., 2016). The specialty areas of perioperative and critical care nursing can benefit by older experienced nurses mentoring nurses new to these fields of healthcare due to the complex, diverse, and intensely technological surgical and critical nursing procedures (AORN, 2017; Kennedy, Jenkins, Novotny, Astroth & Woith, 2020). The development of a nursing succession plan would enable healthcare organizations to be better prepared for when nurse managers or older experienced nurses retire by ensuring that these RNs are replaced by well-trained new nurse leaders (Buerhaus et al., 2017). Healthcare organizations would benefit by implementing a succession planning strategy to further prepare older, experienced nursing staff to take on leadership and management roles within the organization, thus increasing their value and benefit by extending their worklife (Waxman & Delucas, 2014).

**Employer support.** Older nurses come to work every day trying to make the best of situations that may be at the very least challenging in terms of patient care and yet they persevere for many reasons attributed to needs. Therefore, support of the healthcare employer has the opportunity to ease the stress placed on the older nurses in the profession simply by making some adjustments and applying strategies that would be beneficial for everyone. While some healthcare organizations are making efforts to retain older nurses due in part to a shortage of available nurses across the United States., there are many employers who have not been as proactive out of concerns for cost containment

or disregard for accommodations (Dickson, 2015). It is imperative for healthcare leaders to be mindful of older worker's needs and for human resource professionals to familiarize themselves with the reasons associated with retirement and retention, so that strategies can become practice, ensuring that more older nurses are not only able but desire to extend their worklife (Uthaman et al., 2016).

Each of the six participants reflected positively or negatively on the topic of employer support. P1 informed the boss on plans for retiring within a 2-year period of time and was told the resignation, when it came, would not be accepted. P1 felt valued by this response and yet it had little effect on the decision to actually retire after 36 years in the profession at age 66 years. P2 shared that there was little to no employer support or motivation strategy to extend worklife. P2 desired to find ways to work from home delivering healthcare counseling part time while remaining with the current employer. P2 recounted how hurtful and disappointing it was to have made suggestions that went unheard or considered. P3 experienced health issues but could have returned to work. P3 expressed frustration that the employer was unwilling to make accommodations and provide alternative work for a nurse with 45 years of experience. P4 stated by being well positioned in the nursing profession by moving into management provided self-control in career choices. P4 shared that stating the demands for what work arrangements were desired, made the employer acquiesce. P5 commented on never feeling employer support for older nurses and once a nurse hit age 65 years employers would rather see them retire. P5 described some opportunities but made the choice not to accept one because of already having made the decision to retire. P5 felt that it would not be fair to the

employer to accept a position only to retire a year or two later. P6 remarked on how little employer support there seemed to be in the nursing profession. P6 observed most nurses having to fend for themselves or help each other through the challenges of being older and feeling fatigued, or dealing with physical ailments. P6 could not recall an instance where older nurses were accommodated or moved into a different position by the employer but rather the nurses had to do that on their own by transitioning their career, changing employers, or retiring.

Employers should see the challenges presented to aging nurses as an opportunity to create working conditions which are focused on utilizing their strengths and accommodating their weaknesses (Buerhaus et al., 2017). Healthcare leaders and organizations play an integral role ensuring that older nurses realize a positive aging experience at work (Clendon & Walker, 2016). When employers can present a positive perspective toward older workers by seeing them as the elders full of wisdom and show them respect for their experience and knowledge, these older workers are more likely to desire worklife extension (Nilsson, 2016). In addition, older nurses need to take control of their situations by soliciting employer support but also by realizing that they are the leaders in the profession and have a duty to foster grassroots efforts for change so that other nurses after them may face lesser challenges (Buerhaus et al., 2017).

### **Applications to Professional Practice**

This study is applicable to professional practice for healthcare organizations and the career longevity of nurses. My reasoning for conducting this study was to address a business problem that some human resource professionals in the healthcare industry lack

motivational strategies to extend the work life of employees aged 65 years and older. I explored factors that might motivate nurses age 65 years and older to extend their worklife by interviewing six nurses meeting the age criteria and with 20 years or more in the profession. These nurses were introduced to me through personal and professional contacts. Upon conducting a prescreening process with my invitation letter and receiving their consent, I deemed them qualified to participate in my study. In addition, I reviewed publicly available organizational documents and information regarding motivational strategy use.

The results of my study can be used by professionals in the healthcare industry to ensure that older nurses continue their careers by contributing to the workplace, sharing with colleagues, exchanging knowledge, feeling valued, building skills, enhancing patient care, conveying expertise, remaining committed, and most of all maintaining a sense of altruistic purpose in life for themselves. Through the themes that have emerged in my research, healthcare leadership can utilize the findings to effectively formulate plans to implement the suggested strategies in an effort to facilitate positive change and strengthen organizational culture in support of every older healthcare worker. Conley (2018) offered some additional words of wisdom as it pertains to employers implementing age welcoming practices by recommending that businesses: embrace data analytics to track their workforce, encourage age based support groups, examine strategies of the competition and other industries, provide top down messaging in support of generational diversity, facilitate mentorships between the ages, offer retirement planning and preparation for financial stability and transitioning out of work, promote

older worker recruitment, understand how to measure productivity, adjust to providing accommodations, and build a strategic longevity plan for employees and customers.

Healthcare organizations have never before been faced with an aging population like the size of the baby boomer generation. Not only is the healthcare workforce aging, but the demand for healthcare is expected to rise as older patients increase (Dickson, 2015; Harrington & Heidkamp, 2013). Facing the facts in general, by 2050, the U.S. Census is predicting there will be 19.6 million workers in America that are age 65 years or older which translates to approximately 19% of the U.S. workforce (Harrington & Heidkamp, 2013; Middaugh, 2016). According to a study conducted by AARP's Economist Intelligence Unit in 2018, the U.S. economy lost out on an estimated sum of \$850 billion dollars as a result of ageism in the workplace (Jenkins, 2020). In addition, there was a loss of 8.6 million jobs in the U.S. across all industry sectors and older workers who collectively lost \$545 billion in wages and benefits in 2018 (Jenkins, 2020; Kita, 2020). Human resource professionals have a responsibility to change the language of ageism to one that is non biased to age, by training leaders, managers, and other workers on the culture of age inclusivity, the value of older workers, and executing policies and practices in support of an aging workforce (Conley, 2018; Kita, 2020; Paullin, 2014; Segal-Karpas, Bamberger, & Bachrach, 2015). Overlooking the prospect of willingly embracing strategies that can extend the worklife of nurses aged 65 years and older would be a collective loss for the healthcare profession (Sayers & Cleary, 2016). There is an opportunity for healthcare leadership to consider supporting generational and

cognitive diversity which can lead to long term benefits for the providers, workers, patients, families, entire healthcare systems, and our society as a whole (Dickson, 2015).

### **Implications for Social Change**

A shift in the American demographic is occurring at a rapid pace of 10,000 people per day as the baby boomer generation reaches the retirement age of 65 years and will continue to do so for the next 20 years (Johnson & Parnell, 2017). Advances in healthcare are leading to many Americans living longer and working longer which places an immediate demand for social change. Government programs such as Social Security and Medicare are straining due to the baby boomers' increased life expectancy. However, an implication for positive social change includes the prolongation of older healthcare workers' employment contributions for socioeconomic, organizational, and individual benefits. As the population ages, healthcare institutions are presented with both challenges and opportunities to implement strategies for extending the worklife of older nurses who may care for those of their own generation and also need accommodation for family eldercare responsibilities (Johnson & Parnell, 2017). Communities that develop age friendly spaces and organizations that cater to an aging society will be well positioned to attract the baby boomer cohort who are seeking comforts and customer service (Johnson & Parnell, 2017). Encore work, volunteerism, and leisure activities may reach an all-time high, as baby boomers who have the desire, health, and financial stability, stay active socially and cognitively (Freedman, 2017; Nilsson, 2016). The findings from this study may facilitate social change and behaviors by fostering continuous dialogue concerning older workers who are choosing to extend their work life

over retirement and the benefits to those and other individuals, communities, organizations, governments, institutions, cultures, and societies across the globe.

### **Recommendations for Action**

Healthcare organizations may consider implementing strategies to extend the worklife of nurses aged 65 years and older. Taking the lead, human resource professionals working within the healthcare industry may consider evaluating current practices and policies to ensure they are aging friendly (Segal-Karpas et al. 2015). In addition, healthcare management should contemplate creating a positive work environment that engages older nurses by making them feel respected and valued for their experience and knowledge (Clendon & Walker, 2016). Older nurses themselves need to be responsible for facilitating change by speaking up about why they may be considering retirement versus extending their worklife (Han, Trinkoff, & Gurses, 2015). Healthcare leadership must be mindful of not only physical, cognitive, and emotional limitations that the condition of aging places on nurses, but also welcome the benefits of retaining an older workforce (Middaugh, 2016). Offering worklife extending strategies that increase job satisfaction, accommodations, and recognize the knowledge, skills, and abilities of older nurses will likely produce motivating factors for older nurses to stay in their careers longer. It is equally important that policy makers and health care organizations work together for the retention of older healthcare workers by bringing awareness to the issue of aging and by providing accommodations that many older nurses and doctors alike can use to extend their worklife (Buerhaus et al., 2017; Harrington & Heidkamp, 2013).



Rendered as being useful for healthcare organizations by several referenced studies and supported through research conducted by Paullin (2014), strategies recommended for all employers in support of older workers are as follows: (a) recognize worker contributions, (b) provide flexible work arrangements, (c) embrace bridge employment, (d) offer health and wellness programs, (e) support care giver responsibilities, (f) implement professional development and training, (g) devise career planning opportunities, (h) celebrate cross generational teams, (i) fund work redesigns, (j) train managers and supervisors in age awareness engagement, (k) facilitate financial planning for retirement, (l) demonstrate non tolerance for stereotyping, (m) create an age welcoming culture, (n) build career loyalty, and (o) foster knowledge exchange.

Through my research, I sought to explore and discover motivating factors to extend the worklife of nurses aged 65 years and older. The strategies revealed through the recommendations of my six participants, identified healthcare organization initiatives in place to retain their older nurses, along with the findings of previous research in the literature review, validated the need for action on the part of older nurses and management. I will circulate the findings of my study to the six participants through email, and seek opportunities to share my study by disseminating the findings in appropriate healthcare journals and age-related associations publications.

### **Recommendations for Further Research**

Within the research, my reference focus was industry and profession specific resulting in numerous limitations pertaining to participant pool, age range, sample size, methodology, available data, topical research, and geographic location. There was also a

large amount of previous research published prior to 2013 which fell outside the allowable timeframe for my study. However, many of the references I used in my study contained suggestions for future research.

Ryan et al. (2017) recommended more universal research be conducted as to benefits that older nurses bring to the workplace instead of just concentrating on the negative side of their aging process. Additional research into the underlying reasons indicating early retirement and the lack of retention strategies for older nurses may benefit healthcare organizations and human resource professionals to become more in sync with a nurse's career decisions (Wargo-Sugleris et al., 2017). With so many baby boomers currently reaching retirement age, researchers Bennett et al. (2016) commented that additional information regarding bridge employment would be time appropriate and advantageous. Johnson (2015) remarked there is still limited research on the physical, emotional, and mental effects of aging as it pertains to the nursing profession and the challenges those issues bring to training and retention. Additional research in the area of human resource practices geared toward older nurses could further study how those practices are having a positive or negative impact on an older nurse's decision to retire or extend worklife (Armstrong-Stassen et al., 2015). Gathering more data on the expense and rewards for healthcare organizations to implement older healthcare worker recruitment, development, and retention strategies is needed (Harrington & Heidkamp, 2013). Conducting a study into the long-term outcomes of a healthcare organization with a learning mindset implementing a system for knowledge exchange specifically focused on the professional development of nurses and other healthcare workers may prove to be

thought provoking (Gagnon et al., 2015). Late career progression of nurses who seek degree advancement to secure a faculty position along with why they entered nursing and what made them leave is an area that would benefit from further research (Bittner & Bechtel, 2017). Nursing is a challenging profession calling for more research to be conducted in designing ways for nurses of all ages to work safer and smarter (Phillips & Miltner, 2015). Altruism is a common attribute among older nurses which may be indicative to a departure from the workplace, therefore supplementary research to explore and examine this possibility may reveal why nurses are leaving the profession (Dotson et al., 2014). Research into finding ways to retain the experienced and seasoned older nurse beyond their retirement age could help identify where the retention shortfalls are and aid employers in creating effective strategies (Graham et al., 2014). In order to meet the approaching requirements of the healthcare industry, more research is necessary to identify strategies to support these pending needs (Dickson, 2015). Future research is needed to develop partnerships between agencies for the aging, nonprofit organizations that support older workers and the government in order to understand the process of prompting social change in public policies and the pending economic impact of retiring baby boomer nurses (Anderson, 2015; Graham et al., 2014).

Further research will help keep the conversation of aging in the workplace relevant and hopefully foster healthcare organizations to create age friendly cultures where older nurses can thrive alongside their younger counterparts. Policymakers can become more aware through additional research as to the effects of aging in relation to the positive social and economic impacts of worklife extension. Continuing the research

will provide opportunities to recognize and realize that implementing the strategies being discussed will make a difference and eventually lead to social change.

### **Reflections**

Looking back on my journey through the DBA doctoral study process, I am able to reflect upon the reason I decided to embark on this path to begin with great satisfaction. Being a member of the baby boomer generation and still working, I have witnessed the concept of ageism in the workplace and how detrimental this discriminatory practice is on all generations. When I chose my research topic, I was a human resource professional working in the healthcare industry. Retention among nurses was a challenge and yet my employer had no strategies in place to motivate nurses aged 65 years and older to extend their worklife. I sought to find research that identified factors in support of employing older nurses. Having an idea that a career in nursing was a difficult path by witnessing the challenges some older nurses were experiencing, made me want to delve into my research topic to see what resources were available.

My experience within the DBA doctoral study process has not only been an eye opening one, but a journey in learning, and recognition into my own aging career cycle. I strived to not allow personal biases of age enter into my study thus tainting my research. Instead I looked upon my own age as an opportunity to learn from my study and bring awareness to society by capturing the voices and experiences of others who were older and facing the looming decision of retirement or possible extension of worklife, providing all the contributing factors made that possible.

A preconceived idea regarding my research topic was it had to be possible for older workers to have ways to extend their worklife and that employer support was necessary. In fact, when I truly paid attention to people working in various places, the older worker was easily identifiable only by looks. While it made me proud to see they were active, what I could not tell from a surface glance was why and how they were still making work possible. This made me question and want to gain a better understanding of the older worker. The interaction I had with the six participants brought some closure to my study, due in part because they helped validate that my research was worthy and beneficial. Having examined the research topic through an extensive literature review process and then integrating those resources together with participants' responses was an extremely rewarding experience and the most enjoyable portion to write. I believe it was valuable for the participants just to be heard and have the opportunity to share their viewpoints in hopes of helping make change.

The research I completed through DBA doctoral study process did not necessarily change my thinking but rather helped me to gain more perspective on older workers not just in one particular industry but as a whole, and how ageism remains a bias in the workplace and needs to be retired from society's mindset. It is my hope that my research will aid in the process of social change regarding ageism as the baby boomer generation continues to work.

### **Conclusion**

Each of the six participants shared that nursing for them was not just a job but a career, for which they identified themselves as having been in the nursing profession

anywhere from 35 to 50 years. They voiced passion and concern in their answers to the questions without hesitation, being fully engaged with providing their answers. I was able to take-away a sense of purpose from each interviewee, which seemed to drive them to continue working, as well as a sense of certain needs they still had to fulfill for themselves and through the care they had provided to others for so many years and still needed to continue. It takes dedication and tenacity to remain in a care taker role for virtually a lifetime, and yet some of these nurses were not supported by employers, or they had to find the strength to support themselves in order to extend their worklife. Healthcare needs to remain focused on quality of care not quantity of patients to meet the bottom line. This society would do well to realize that with each generation there will be an aging population of healthcare workers and those that need healthcare. P2 pointed out that because the general population is aging, older nurses can relate better and see things differently. It is a motivator when older nurses can continue to care for the older population, because when a 90-year-old talks to a 25-year-old, it is much different than a 90-year-old talking to a 65-year-old. Especially now, five generations and their differences exist in the workplace. Healthcare employers specifically, have an opportunity to embrace and value those differences by listening to the needs of older nurses. The identification of motivating factors and implementation of strategies to extend the worklife of nurse aged 65 years and older will enable them to provide quality care for their baby boomer cohort and for aging generations to come.

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## Appendix A: NIH Certificate of Completion



## Appendix B: Interview Protocol

Each interview will include backup documentation which includes the following information and scripted presentation.

Time of interview:

Interviewer:

Interviewee identifier(s):

Date:

Location of the interview:

Scripted presentation will include the following:

- Introduction-greeting and set tone of interview
- Confirm consent to interview and affirm ability to withdraw
- Purpose of the interview
- Timing of interview
- Request permission to audio/voice record
- Commence with core interview questions
- Confirm confidentiality and protection of data
- Conclude interview with appreciation and recording device disabling
- Reiterate member checking correspondence and schedule follow-up interviews



## Appendix C: Screening Questions

Screening questions were designed to identify a specific population of participants needed for the study. These questions will be asked as part of the Invitation and each potential participant will be sent an invitation with the qualifying screening questions.

### Individual Screening Questions:

- Are you a nurse or healthcare employee aged 65 years or older?
- Are you currently working or retired?

## Appendix D: Interview Instrument

### Interview Questions

The interview questions designed for this study were based on gathering data in support of collecting answers to the Research Question. The interview questions are as follows:

### Interview Questions

#### Individual Interview

1. What motivates you to remain employed past age 65 years?
2. What problems, if any, have you experienced in remaining employed as a healthcare worker past age 65 years?
3. What benefits are you experiencing as a result of extending your work life past the age of 65 years?
4. What strategies if any, has your employer implemented to motivate you to extend your work life instead of retiring?
5. Why have these strategies been successful in getting *you* to continue working beyond age 65 years?
6. How, if at all, has your employer addressed the key problems you have experienced in remaining employed as a healthcare worker past age 65 years?
7. What socioeconomic value does work past age 65 years represent for you?
8. What additional information would you like to share with regards to motivational strategies to extend the work life of healthcare employees aged 65 years and older?

## Appendix E: Invitation Letter

[Insert date]

[“Healthcare Professional Name”]

[“Healthcare Professional Address”]

[“City, State, Zip code”]

Dear [Insert Healthcare Professional’s Name]

Greetings, my name is Cynthia M. Dobek, and I am a Doctoral candidate at Walden University pursuing a Doctorate of Business Administration (DBA). Part of our doctoral research requirement is to collect data from participants in the form of interviews. The focus of my study is to *explore motivating factors for nurses aged 65 years and older to extend their work life*. I am seeking nurses within the United States, who *are age 65 years and older, still working or semi-retired* and willing to share information, by participating in an 8-question individual interview. Should you choose to participate in this study, please indicate your consent by replying to this email with the words ‘*I Consent*’ within 10 days. We will then set a mutually agreeable time and place in which to conduct a recorded semi-structured individual interview session consisting of 8 questions and lasting approximately 1 hour. Upon the conclusion of the interview, and after an analysis of the interview has been performed, you will receive a summarized version of your responses to the questions for the purpose of “member-checking” which recounts your responses and provides the opportunity for us to validate an accurate collection of your answers. The member checking process is a follow-up interview lasting 30 minutes.

Participation in this study is completely voluntary. There is no compensation or incentive to participate, and you are free to withdraw from the study at any time or decline to answer any questions without reprisal. While the results of this study will be published as part of the doctoral fulfillment process, your identity and answers will remain confidential thus maintaining ethical research requirements of the Institutional Review Board (IRB) for Walden University. At the conclusion of my research study, I plan to share the results with participants in order to help promote social change. To indicate your willingness to participate in this study or if you have any questions, please contact me at [REDACTED] have attached the Consent Form for you to read thoroughly and thank you for considering participation.

Sincerely,

Cynthia M. Dobek,  
Walden University Doctoral Candidate