

Career breaks and intentions for retirement by Queensland's nurses – a sign of the times?

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Word count = 2806

Acknowledgements

We wish to thank the Queensland Nurses' Union for providing the funds for the studies and the members of the Union who took time to respond to this survey.

Abstract

Objective: In order to support policy planning, nurses in Queensland were surveyed three times over a seven year period. Results from the study offered the opportunity to explore changes in work practices with respect to career breaks and retirement intentions.

Design: A self-administered postal survey.

Setting: Nurse members of the Queensland Nurses Union residing in the State of Queensland.

Participants: 3,000 members of the Queensland Nurses' Union.

Main outcome measures: An overview of nurses' work practices in relation to breaks in work and planned retirement.

Results: Response rates for 2001, 2004 and 2007 were 51%, 44.9% and 39.7%, respectively. Over the seven year study period the number of nurses taking career breaks declined from 65% in 2001 to 54% in 2007. Of those nurses who reported taking breaks the number of breaks remained constant; however the average length of the breaks declined. Results reflected an ageing workforce. The expected time to remain in nursing increased dramatically for older nurses. Over 60% of 40-60 year old nurses in 2007 expect to remain in nursing well into their mid-60's compared to 30% in the previous years.

Conclusions: The dynamics of the nursing workforce have changed with nurses taking fewer and shorter breaks and expecting to work to a greater age. We speculate that these changes may be influenced by the economic climate.

Key words: Queensland, nurses, retirement, breaks, economics

Introduction

The average age of the nursing workforce in Australia is rising consistently (Australian Institute of Health and Welfare, 2008) with many nurses approaching retirement age.

Finances in some form or another are the strongest predictor of the decision to retire (Beehr, Glazer, Nielson, & Farmer, 2000) and retirement income policies have been noted to be a key driver in the retirement rate of nurses (Schofield, 2007).

In the last decade the consumer price index has risen in all OECD countries although that of Australia has exceeded those of USA, Japan, Germany, France, Italy, UK and Canada (Australian Bureau of Statistics, 2008). A public discourse has emerged suggesting that the changes in the financial / economic situation will affect the retention of nurses. For example, researchers at King's College London are reported to show that older nurses may delay retirement because of financial pressures (Parish, 2007).

The most recent economic downturn has prompted further speculation and Snow cites industry professionals such as the former head of the Royal College of Nursing (UK), who suggest that in time of economic hardship fewer nurses may leave nursing (Snow, 2008). Early this year Buchan, writing in the Collegian, wondered if nursing is more recession proof than many professions and stated "nursing will not be going out of business" (Buchan, 2009), pp1-2)

The Queensland Nurses' Union (QNU) is the industrial body for registered and enrolled nurses and also unregulated nurses (variously named assistants in nursing, nursing assistants and personal carers) in the State of Queensland, Australia. Approximately 75% of

all registered and enrolled nurses in Queensland are members of the QNU (Eley, Hegney, Buikstra, Plank, & Parker, 2007; Australian Institute of Health and Welfare, 2008).

Surveys of random samples of QNU members in 2001, 2004 and 2007 identified factors impacting upon nursing work in Queensland. Analysis of the data over these three studies offers the opportunity to explore changes breaks in nursing and retirement intentions and relate these to the topical issue of the changing Australian economic climate in which nurses were working.

Methodology

In each of the three study years a self-administered questionnaire was used. To ensure adequate levels of precision in measuring key parameters it was sent to 10% (n = 3000) of QNU members. Stratification was undertaken by main sector of employment with the private, public and aged sectors each being represented by 1000 nurses. Within those sectors recipients of the surveys were selected randomly from the QNU database of members.

The questionnaire was designed and pre-tested in 2001 with only minor changes in 2004 and 2007. Survey details have been reported previously (D Hegney, R Eley, A Plank, E Buikstra, & V Parker, 2006a) (Eley et al., 2007; D Hegney, R Eley, A. Plank, E Buikstra, & V Parker, 2006b). One section of the survey asked respondents for the number and duration of the breaks they had taken from nursing and to indicate how long they anticipated remaining in the profession.

Respondents were asked to indicate their reasons for taking a break from a list of 22 options which covered maternity, family, health, pay, workplace conditions, job satisfaction and health. As multiple career breaks were expected from some nurses up to three items could be selected and additional items also could be identified.

The surveys were printed on Teleform (Verity, Sunnyvale, USA). Returned surveys were scanned into the Teleform spreadsheet. Data were verified, cleaned as necessary and transferred to SPSS (Ver. 15, SPSS Inc, Chicago, USA) for analysis.

Ethics approval was received from the Human Research and Ethics Committees of the University of Southern Queensland and the University of Queensland.

Results

Response rates were 49.3% (n=1479, 2001), 44.9% (n=1347, 2004) and 39.7% (n=1192, 2007). Response distribution across the three employment sectors was equally distributed each year. Respondents were predominately female (93.7%, 91.6% and 94.0% for 2001, 2004 and 2007, respectively).

Over the seven year period the number of respondent over 50 year of age increased significantly ($\chi^2=66.42$, $p<.001$; 31.6%, 2001; 37.2%, 2004; 43.7%, 2007). Job designations were consistent across years with approximately 10% of respondents employed as assistants in nursing, 15% as enrolled nurses and 75% as registered nurses.

The proportion of respondents who had ever taken a break from nursing decreased over the study ($\chi^2=13.35$, $p<.001$) (Table 1). Overall only 30.9% of male nurses (n=53) had taken a break compared to 64.2% (n= 1989) of female nurses. Of those nurses who had taken breaks the number of breaks per person was consistent; however the number of nurses who had taken breaks in excess of two years length of break declined from 45.0% in 2001 to 41.3% in 2004 and to 38.7% in 2007 ($\chi^2=347$, $p=.042$)

Insert Table 1 here

From the 586 nurses who indicated that they had taken a break in 2007 reasons for breaks from nursing were predominately maternity/paternity leave (n=341; 58% of nurses) or family responsibilities (n=244; 41.9%), followed by travel (n=109; n=18.7%) and wanting a change (n=104; n=17.9%). The financial reasons of nursing paying too little, moving to a job with better pay and having nothing to gain financially were given by 77 nurses (13.1%). In both 2001 and 2004 responses to the same financial reasons were 11.7%, while those for travel and wanting a change were 23.3% and 14.9% for 2001 and 23.0% and 16.8% for 2004, respectively. In those years paternity/maternity breaks were included with other family responsibilities and direct comparison is not possible; however more than three times as many nurses gave this reason than any other.

Nurses were asked how long they expected to stay in nursing. As the age of the nurse increased their anticipated length of time in nursing decreased such that across all years almost 85% of over 60 year old nurses expected to be in nursing for 5 years or less. In contrast over 85% of 30-40 year old nurses expected to be in nursing for between 10 and 25 years.

However, the expected future duration in nursing by respondents in 2007 was substantially longer than in previous years ($\chi^2=145.3$, $p<.001$). These results are depicted in Figure 1 for 40-50 year old nurses. In both 2001 and 2004 between 25% and 30% (n=142 and n=130, respectively) of the respondents in that age group expected to be in nursing for over 15 years; by 2007 this figure more than doubled to 65% (n= 256). Similarly for nurses in the 50-60 age group their expected time in nursing in excess of 10 years increased from 26.7% (n=106) and 27.6% (n=111) of age group respondents in 2001 and 2004 respectively, to 62.9% (n=253) in 2007.

Insert Figure 1 here

There are insufficient numbers to permit comparison of males versus females within years, however, across all years there was a small but significant effect ($\chi^2 = 12.901$, $p = .024$) with the main effect being a higher percentage of males expecting to stay in nursing over 25 years.

Discussion

There was a decline in the response rate by almost 10% from the first study in 2001 to the third study in 2007. Over this period numerous other surveys had been undertaken by the health authorities. Nurses' comments and other anecdotal evidence suggest that the decline we experienced was a result of "survey fatigue".

The increasing age of the respondents reflects the rising average age of the nursing workforce. Although exact ages were not determined, our data for enrolled and registered nurses are consistent with national data (Australian Institute of Health and Welfare, 2008). There are no comparative figures for ages of assistants in nursing; however the majority of these nurses work in the aged care sector and the average age of nurses in that sector is greater than in other sectors and also increasing (Hegney et al., 2006a)

Our data agree with reports that career breaks are commonly taken by female nurses with breaks predominately taken for maternity and family reasons (Davey, B., Murrells, T., & Robinson, S, 2005; Tracey & Nicholl, 2007). The other reasons for taking breaks were consistent with previous data (Eley et al., 2007).

Nurses were not asked why they did not take a break; however we suggest that the reduced incidence of taking breaks and the reduced length of breaks could be financially motivated. Travel, as a reason for taking a break, showed a trend for decline in 2007 which could support this argument.

Notwithstanding the fact that new graduates may be of any age, it is no surprise that the expected length of time in nursing decreased with age. The majority of 60 year olds in any profession would expect not to be working more than another 5 years whereas a 40 year old would expect/hope to be working only until 65. However, contrary to our expectations, the data indicated a dramatic increase in the expected length of time in nursing for those nurses who would be expected to have retirement on their horizon.

As shown in a study of turnover of nurses, intent does not necessarily equate to action (Morrell, 2005). Consequently it is probably unlikely that all those 40-49 year old nurses who said they would be working past 65 will do so. However the change in response since 2001 and 2004 demonstrates a major shift in intent and one that we speculate is a sign of the economic times.

Changes in the superannuation (pension) rules that came into force in Australia in 2005 allowed workers to continue to work while drawing on their pension. The intended outcome of this policy was to retain mature skilled people in the workforce. No data have been found from either government or non government sources as to whether the policy has been effective for any profession, and anecdotal evidence is mixed (for example Mark, 2006; Mercer Wealth Solutions, 2008). Modelling of a subsequent reform with similar intended outcomes suggests only a very small effect in retention (Parish, 2007). We suggest that even if the policy change did contribute to an increase in the expected retirement age it would be unlikely to be the sole cause of the large change as seen in this study.

Finances in some form or another are the strongest predictor of the decision to retire (Beehr et al., 2000) and retirement income policies are a key driver in the retirement rate of nurses (Schofield, 2007; Parish, 2007). Both UK and Canadian research has shown that nurses approaching retirement have made only limited financial plans (Blakeley & Ribeiro, 2008). A

review of the Australian literature reveals little research in this area and none specific to nurses (Quine & Carter, 2006). However the limited data suggest that there is a general lack of financial preparedness especially among women. Breaks (usually taken for family responsibilities and more frequently by women) and the lack of compulsory superannuation programs prior to 1992 are contributory factors. It is likely that the high level of part-time work seen in the Australian nursing workforce also exacerbates the problem.

Over the study period there were large increases in the general cost of living with the consumer price index rising 22% between 2001 and 2007 compared to 11% over the previous time period of 1995 to 2001 (Office of Economic and Statistical Research, 2009). Housing costs in particular were affected with many parts of Queensland experiencing a housing affordability crisis. For example, the median house price in all nine local government authorities in Greater Brisbane was predicted to be unaffordable for nurses in 2007 compared to three out of nine in 2002 (Bankwest, 2008)). The same report noted that eight of the 20 least affordable regional cities in Australia were in Queensland.

We suggest that the inadequacy of retirement funds combined with increased living costs were major factors to the change in expected time remaining in nursing among the baby boomers. Since the last survey date the economic downturn has had a major impact on savings and superannuation and also on the job market. Consequently we would predict that the effect that we saw over the 2004-2007 period will be maintained or even increase as alternative sources of employment for younger nurses are removed.

Schofield projected ABS data and calculated that as the Australian nursing workforce ages the rate of retirement would increase significantly between 2006 and 2026 as compared to 1986-2001 (Schofield, 2007). She qualified those results with the prediction that "recent changes in Australia [are] having some potential to slow retirement of nurses". From the self-reported data in this study, her prediction may be true. Furthermore future data may show

that nurses re-enter the workforce during these tough economic times to supplement their family income. Ironically the increased length of time in nursing and possible return to the workforce may contribute in some part to alleviating the shortfall in the nursing workforce (Government of Australia, 2008).

It is recognised that there are limitations to this study. The response rate declined over the three occasions of survey; however given that the lowest rate was 40% we are confident that the results are representative of the QNU members. Furthermore as the QNU represents approximately 75% of the state's enrolled and registered nurses the results are reasonably representative of Queensland's nurses. Exact numbers of unregulated assistants in nursing in the workforce are unknown and the inherent limitation is accepted. However, inclusion of assistants in nursing in the dataset is fully warranted as the vast majority of nursing support in the aged care sector comes from these positions. The authors accept that some of the inferences are speculative and that there are both unmeasured and confounding factors that can contribute to the result. However we believe that there is sufficient accompanying information to support the connections. Finally as the data only reports from Queensland extrapolation to the rest of Australia must be made with caution.

Conclusion

Since 2001 the dynamics of work practices among the nursing workforce in Queensland have changed with nurses taking fewer breaks and working to a greater age. Various commentators have speculated that the economic pressure of the last few years could affect the retirement age of nurses. Although our data are indirect we believe that they provide strong evidence that this is the case. We suggest that these data support the notion that nurses appeared to be 'tightening their belts' to weather the economic climate.

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