Talent Management and Ageing Workforce: A Systematic Review

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Abstract

We use systematic review technique to review extant literature on the talent management concept and its application in addressing the ageing workforce issue prevalent in the public-sector organizations in the United Kingdom. We analyze and examine the prevailing situation in the National Health Services (NHS) Scotland where the issue of ageing workforce has become critical. Therefore, our prime focus in this paper shall be on the talent management concept, the ageing workforce problem and the resulting shortages in workforce talent, which is becoming a common problem across most developed countries including the United Kingdom. After detailed analysis of the situation in NHS Scotland, we provide appropriate recommendations to help it deal with the predicament and preparing them for future challenges. We contribute by clearly demonstrating the importance of issues related to talent management in UK public-sector organizations and how these organizations can address them.

Keywords: Talent management, ageing workforce, systematic review, United Kingdom

Introduction and Background

Recently, the talent management concept has gained importance owing to the talent shortages across organizations in developed countries due to the ageing of workforce. The issue has become extremely sensitive and very serious in organizations that operate across Europe and apply contemporary management techniques. To strengthen the grip over this issue, our paper shall develop a detailed understanding about the notion of talent management in view of the ageing workforce challenge while providing solutions to address these challenges. There remains a serious challenge of a rapidly ageing workforce in the developed world (Patrickson, 2001). The problem did not emerge spontaneously but has been forecasted for a number of years. Fortunately, most organizations have realized the growing extent of the ageing workforce issue and are determined to address them. While the importance of 'baby boomers', which is the generation born after the Second World War, has been realized, the demographically-driven talent shortages pertaining to their retirements has been a matter of great concern (Davenport and Feinsod, 2006). Organizations are have now realized and admitted that their long-term business strategies may suffer due to the shortage of talented workforce when baby boomers retire en masse (Davenport and Feinsod, 2006). Owing to this, the issue of 'talent management' is gaining tremendous significance.

Constituent countries of the UK have been experiencing changes in their demography (ESRC, 2008). There shall be a change in the age structure in the near future and the reasons of this will

include enhancement of the life expectancy and baby boomers (ESRC, 2008). According to National Statistics (2006) population of UK aged 65 or above grew by 31 percent from 7.4 million to 9.7 million, whilst population aged 16 and below declined by 19 percent, from 14.2 million to 11.5 million. As per the demographic predictions, the workforce in UK is ageing due to the increased longevity and low birth rates (ESRC, 2008). Since the facts and projections are highly concerning, the issue regarding filling the talent gaps with the upcoming retirement of baby boomers has gained attention. Therefore, the importance of role of people aged 50+ in the coming decades has been acknowledge. Nevertheless, it is about time employers think about retaining and appropriately utilizing talented older workers as they are bound to retire in the next few years. According to ESRC (2008), vital steps need to be taken by UK organizations for the optimization of the contribution of the workforce during their working lives while ensuring them support and motivation so their contributions can be prolonged.

Research methodology

According to the guidelines, this research project is based on secondary data. Therefore, a systematic literature search was conducted to gather data for this research work. This study is based on the collection and analysis of data from secondary sources only. The search for relevant literature included searching through the databases, made available for business and management studies by the University of Glasgow that includes Business Source Premiere, EconLit, SocINDEX, Psychology and Behavioral Sciences Collection, etc. These reliable databases have remained beneficial in researching for secondary data in an organized manner. Search for keywords, such as talent management, ageing workforce, older workers, and organization names, such as NHS, etc. was performed on these databases and also on other search engines, such as 'Google'. Information on organizations was also collected via their official websites and other publications. More than thirty publications, including journal articles, books, newspapers, organizational reports, etc. were consulted for preparing this comprehensive report.

Review of the Literature

Talent management and the older workforce

Talent management has been defined as the *'systematic attraction, identification, development, engagement/retention, and/or deployment of those individuals who are, or who can be, of particular value to an organization'* (Tansley, cited in ESRC, 2008). However, talent management can be made effective by embedding it in the HR strategy and corporate governance of a firm. As rightly claimed by ESRC (2008), talent does matter and its proper management matters even more.

Why is talent management important?

Tansley (cited in ESRC, 2008) claims that talent management is absolutely essential for organizations for the following reasons:

- To develop high potential individuals
- To develop senior managers for the future

- For effective succession planning
- To meet skills requirements for the future
- To attract and recruit key employees
- For retention of key staff
- To assist with changes
- To support resource planning of organizations

How to achieve successful talent management?

Organizations can achieve desirable results from their talent management programs in the following ways (Tansley, cited in ESRC, 2008):

- By incorporating talent management in their HR strategy.
- By becoming capable of measuring talents through key performance indicators (KPIs).
- By creating new metrics in areas that are tough e.g. employee engagement and the reasons for leaving the organization.
- By measuring and evaluating talent management by the help of reliable and robust quantitative and qualitative data.
- By enabling to track talent through the supply chain by accurate reporting in order to identify the origin of talented employees.

The age management approach

Age management is basically the approach to the ageing issue across European organizations (Tikkanen, cited in ESRC, 2008). It encapsulates a number of dimensions including job recruitment; learning, training and lifelong learning; flexible working time practices; career development; redeployment; employment exit and the transition to retirement; and health protection and promotion and workplace design (Naegele and Walker, 2006) and encapsulates steps including internal mobility, career planning, job design and creating new roles for older workers. Research studies demonstrate that those organizations that wish to address the issue of older workforce have done so by implementing the age management approach. They have addressed a number of areas including changing attitudes, taking a comprehensive approach, ergonomics/job design, exit policy, flexible working practices, health and well-being, redeployment, wage policy, training and development (Taylor, 2006). The beneficiaries of age management are both employers and employees where benefits of improved employment opportunities, health and well-being enhancement, improved learning opportunities and skills utilization, and better prospects after retirement are included (Taylor, 2006).

According to Lie *et al.* (2007), the major obstacles to age management approach are lack of awareness and financial considerations. However, Taylor (2006) argues that management's commitment and competence, implementation process, flexibility and responsiveness, industrial relations climate, and devolution of responsibility are the key drivers of age management success.

Implications of the study for UK's older workforce

Countries in the United Kingdom (UK) are often branded as great place to work (Martin, cited in ESRC, 2008) and organizations are striving hard to branding themselves as 'Employers of Choice' (Barrow and Mosley, 2005). In such a situation, firms need to ensure that talent management is appropriately implemented so they can fully utilize the talents and capabilities of their key employees and ensure that these workers are retained and developed (Martin, cited in ESRC, 2008). Talent management is essential for countries in the UK because of having the highest proportion of top-level managers i.e. 9% in Europe (Eurofound, 2007). Therefore, this notion is of absolute importance to the UK.

Setting the scene: the changing demographics of UK

Due to the changing trend in UK demographics owing to a decrease in the average birth rate, rise in the life expectancy, the recent changes in UK age at work legislation and the probable elimination of compulsory retirement ages the future workforce will comprise of a high proportion of older workers (CIPD, 2008). This change in demographics is creating real problems for employers and to the economy as a whole (CIPD, 2008). A few other reasons that contribute towards the ageing of population includes the declines in the fertility and mortality rates (CIPD, 2008). According to the Office for National Statistics (2007), there has been serious changes in the population demographics since the year 1971 where population aged 65 or above has grown to 9.7 million (noting a rise of 31%), and on the other hand population of under 16s has declined to 11.5 million (fall of 19%). The average age, which was 34.1 years in 1971, and 38.6 years in 2004 is projected to rise by 2031 to 42.9 years (CIPD, 2008). Moreover, in 2002, the life expectancy at birth increased to 76 years for men and 81 years for women (CIPD, 2008). An important factor contributing towards the ageing workforce problem is the traditionally low rates of workforce participation among men and women aged between 50 and the state pension age (that is 65 for men and 60 for women) (CIPD, 2008). There was a trend of men leaving the labour market before the state retirement age in the 1990s which was the so-called tide of 'early exit' (Loretto and White, 2006). It had adverse effects on the economy (Brown, 2001), organizations, and the quality of life and health of the individual (Smeaton and McKay, 2003). These rates rose from 65 percent to 72 percent from 1993 to 2004 for men, and from 59 percent to 67 percent for women (CIPD, 2008). However, the participation rates drop after state retirement age and only 8 percent of men and 10 percent of women involve themselves in some form of employment (CIPD, 2008).
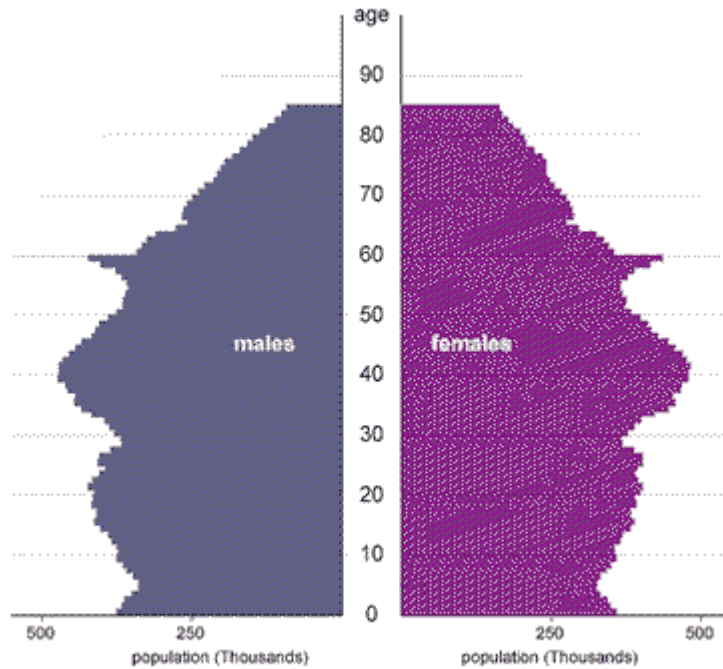
Figure 1: Age profile of men and women, UK, 2006
Source: Office for National Statistics, 2007

As an interesting fact, the problem of ageing population is not just limited to the UK but spans across whole of Europe where the average age increase is expected to be 49 years by 2050 (CIPD, 2008). It is expected that almost two working people will support every pensioner (CIPD, 2003).

Mass immigration is yet another reason for the changing demographic situation of UK (CIPD, 2008). The population will rise to 10.5 million by 2031 (CIPD, 2008). Between 2006 and 2011, 53% of population rise has been due to migration and the remaining due to natural change as predicted earlier by CIPD (2008). Besides, migration has had its impact on fertility rate (1.84 children per woman by 2006) and has resulted in the rise in birth rates and may have a two-third contribution in the projected population rise (CIPD, 2008). People aged 65 and above are expected to rise by one-third (from 580,000 to 775,000) and people aged below 50 will drop from 75 percent to 69 percent (by 2020) and (CIPD, 2008).
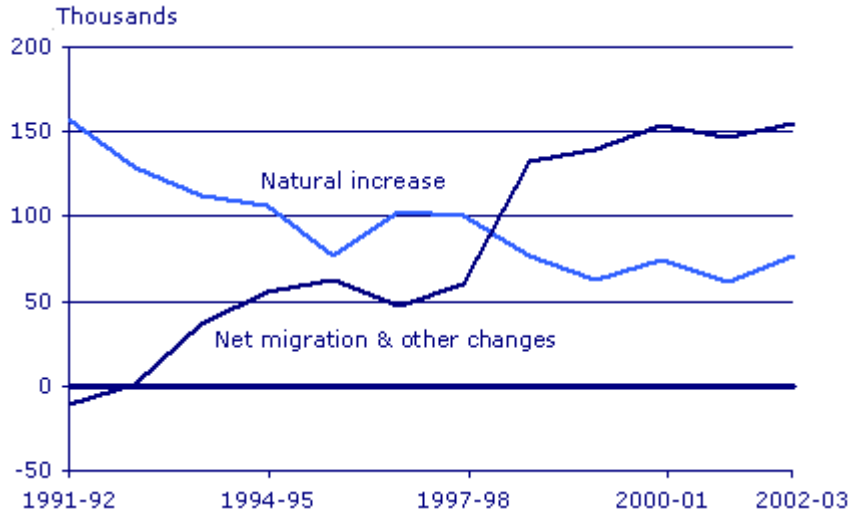
Figure 2: Natural increase and net migration as components of population change
Source: Office for National Statistics, 2007

In Scotland also, the employment of older workers holds immense importance due to low birth rates (Randall, 2002), net outward migration (Hart *et al.,* 2004), and the minor economic activity rates of the over 50s compared to England (Loretto *et al.,* 2005).

Potential shortage in skills

The relative shortage of younger people has led to serious problems for the organizations in tracing required skills (CIPD, 2008) with employers experiencing difficult recruitment situations (Cranfield School of Management, 2007). The situation is expected to worsen as a result of shrinking proportion of younger people in the workforce (CIPD, 2008). The prevalence of such skill shortages and the potential removal of obligatory retirement age is an indication towards the fact that the attraction, management, and retention of the ageing workforce are highly important because organizations cannot afford to lose the skills, experience, and knowledge that these older workers possess (CIPD, 2008).

Retirement plans of older workers in the UK

The UK has a trend of early retirements, particularly in white collar employment (IDSPS, 1998). With the rising importance of the ageing workforce, retirement age of employees is becoming a core strategic issue for organizations (CIPD, 2008). There is a general agreement with regards to the unsustainability of this trend due to cost factors and the shrinking job market as a result of ageing population (Carnegie UK Trust, 1993). Another significant concern relates to the reduced tax base and increased draw on pension schemes (Buchan, 1999). These concerns have pushed organizations towards the enhancement of normal retirement age (Buchan, 1999). Even in the United States, retirement age was increased from 65 years to 70 years to reduce the social security benefits costs (Davies, 1998). As per UK law, organizations can compulsorily retire employees at the age of 65 (default retirement age), but the right of working beyond this age can be requested by the employees which organizations are required to regard and respond (CIPD, 2008).

A number of factors play role in the decision to retire. According to Buchan (1999), this decision is primarily connected with the financial security of the worker. This view has also been supported by US academics and researchers (Wiggins and Henderson, 1996; Moore and Biordi, 1995). While according to Carnegie UK Trust (1993), retirement decision of nurses relates to a number of factors including financial status, responsibilities of caring, the nature of employment, and the effect of the decision of retirement of partner. It has also been reported that single women have poorer prospects to retire than single men or couples (Carnegie UK Trust, 1993). Buchan (1999) gives the need of enhancement of pension provision and financial stability as a concrete reason why most nurses in NHS want to retire late. According to a major study by Pattani *et al.* (2001) conducted on 2,000 granted retirement applications owing to health reasons, common reasons for retiring due to ill-health included musculoskeletal (49 percent), psychiatric (20 percent), and cardiovascular (11 percent) conditions.

*Positives and negatives of older works*

Mixed views exist when it comes to older workers and their positive traits as suggested by available evidence (Taylor and Walker, 1994; McGregor, 2001; IRS, 2003). Unfortunately, they are considered as inflexible and resistant to training and change both (Chiu *et al.*, 2001; Redman and Snape, 2002). Nevertheless, Redman and Snape (2002) criticize these beliefs and consider them as exaggerated and incorrect. Oswick and Rosenthal (2001) examined the link between perceived attributes of older workers and their assumed suitability of certain jobs. Their findings suggested positive and negative biases held towards the older workers. According to Loretto and While (2006), a key assumption is that there exists a causal link between the ageist attitudes of employers and their practices of discriminatory nature towards older workers but empirical evidence to confirm these assumptions have been little.

A number of benefits regarding older workers were revealed in the study of Loretto and White (2006) which included their greater life experience, job experience, knowledge, and valuable contacts. There was a general consensus that older workers had better interpersonal skills, stronger commitment and motivational levels, and energy to stick to the same job as opposed to younger workers. However, the study also revealed some of the weaknesses of older workers including hesitance of doing night shifts.

Total rewards

Thompson (2002) defines total reward as a rewarding strategy that brings additional components such as learning and development along with the aspects of the working environment into the package of benefits. It is something that goes beyond the standard remuneration and has its aims on giving employees voice in operations and getting engaged employee performance in return (Thompson, 2002). Total rewards have far-reaching implications for both employers and employees by acknowledging the importance of intangible rewards along with the tangible ones (Thompson, 2002). Total rewards can be divided into three areas as depicted in the figure 3 below, which shows
how financial and non-financial rewards accumulate to become total rewards.

Figure 3: Components of Total Rewards
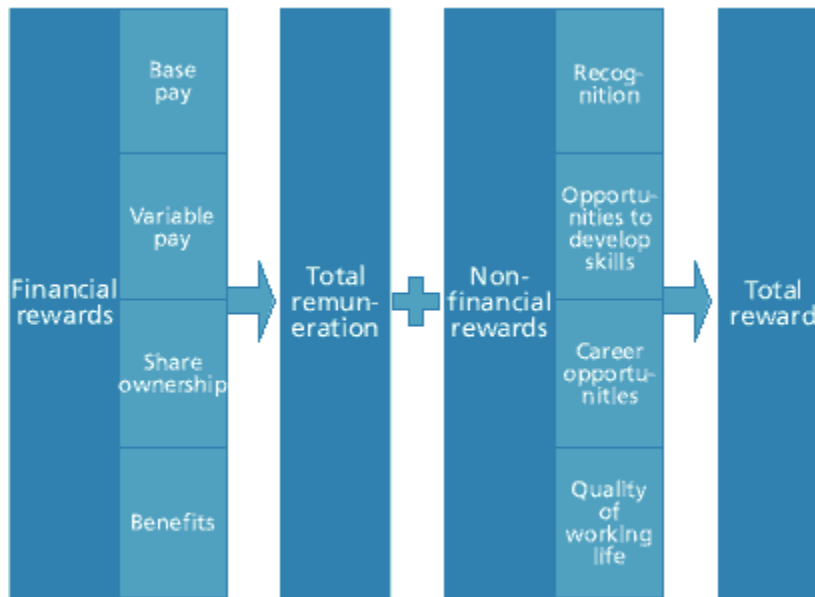
Source: Michael Armstrong and Duncan Brown,
New Dimensions in Pay Management, CIPD, 2001

Drawn below is the Hay Group model of total rewards. The diagram is reflecting the importance that non-financial rewards and benefits entail for the employees. It lets organizations think beyond the boundaries of tangible benefits and bring their attention towards intangible rewards as strong sources of motivation for ageing employees.
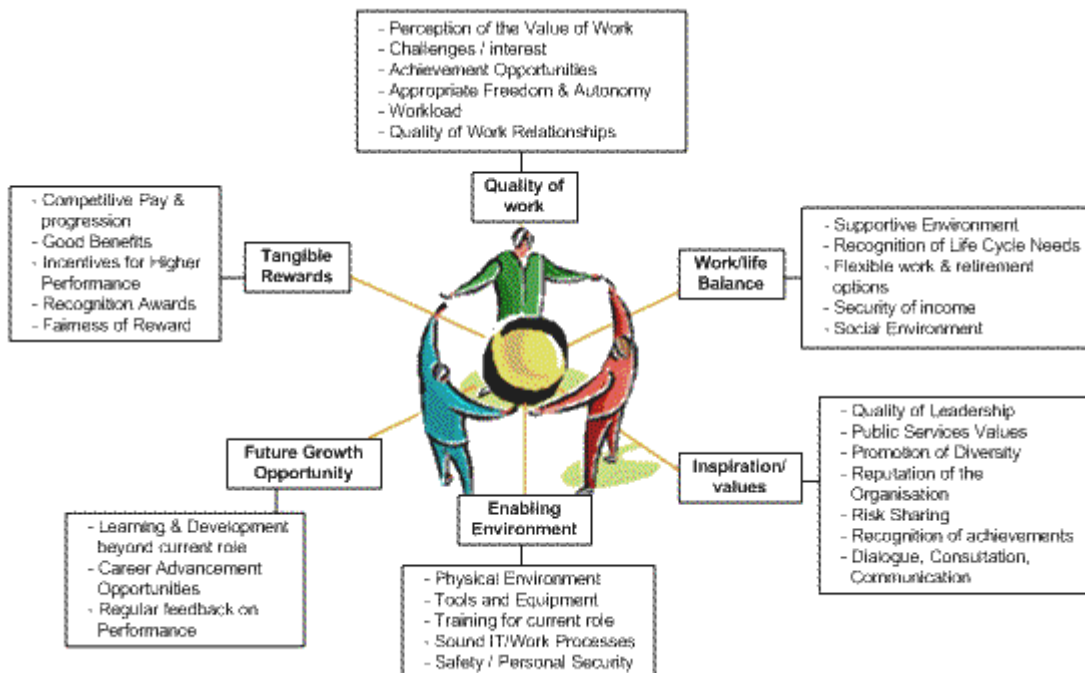

Figure 4: **Engaged Performance Framework**
Source: Cabinet Office Website [Produced by Hay Group]

Total rewards in UK

The total rewards approach has been adopted by almost half of UK employers (CIPD, 2008). The diagram that follows gives a clear picture of the CIPD survey results:

Figure 5: Organizations that have adopted (or are in the process of adopting) a 'total reward' approach, by sector and size.

	Percentage of organizations
All	50
By sector:	
manufacturing and production	49
private sector services	55
voluntary services	44
public services	43
By size (no. of employees):	
0-49	41
50-249	41
250-999	49
1,000-4,999	66
5,000	60

Source: CIPD *Reward management survey 2008*

It is encouraging to see such an extensive application of the total rewards approach by public services in the UK where 43% of organizations have implemented total rewards system. The figure was just 25% in 2005 (CIPD, 2005).

The role of financial rewards

Financial rewards are the most sensitive and important of rewards for an employee. It can be taken as one of the core reasons for employment. Nevertheless, tangible and financial rewards hold significant place in the total reward system of public sector organizations. Financial rewards components, such as pay structures, rates, and progression, bonuses, and pensions have a strong effect on the ageing workforce (CIPD, 2008). Moreover, we cannot ignore the implications of changes in demographics on job evaluation schemes and market-pricing techniques (CIPD, 2008). There are different ways of raising the pay of older workers including embracement of broader pay bands (CIPD, 2008). In the public sector organizations, employers use service-related pay progression system to benefit the older workers (CIPD, 2008). Fortunately, the Age Regulations also allows them to continue doing so for a period of five years that even without any justification (CIPD, 2008). However, they can also be used for longer time periods upon justification in terms of business advantage by rewarding loyalty, encouraging motivation, or recognizing experience (CIPD, 2008).

It is also important to discover the significance of bonuses, incentives, and recognition schemes for older workers. Research findings of CIPD (2008) discovered that an appropriate way of retaining older workers can be rewarding their loyalty and experience. The example of ASDA yet again would be highly relevant since the company rewards long tenures by providing extra holiday entitlements and receive gift cards at milestone years of service. Employees completing 25 service years are provided with large packages for celebrating the 'big anniversary'. Rewards to such employees include luncheons and extra week's holiday for the year. This scheme has been very successful at ASDA.

Another important financial reward includes pension, which is also important for older workers and can help retain them. Joint research by the CIPD and CMI (Chartered Management Institute) have discovered that there exists an appetite among older workers for scheme such as flexible retirement (CIPD, 2008). According to CIPD (2008) *"flexible retirement can refer to the age at which an employee retires, the length of time that an employee takes to retire and the nature or intensity of work in the lead up to retirement"*. Employees can now work and contribute to their pension at the same time and even draw their pension as per the recently provided relaxation by HMRC of UK tax legislation, provided this being allowed by the rules of the pension scheme (CIPD, 2008).

Role of non-financial rewards

Non-financial rewards are effective way of managing ageing workforce (CIPD, 2008). Flexible work arrangements are popular amongst older workers due to the comfort they enjoy as a result of their growing age (CIPD, 2008). Some of the flexible work options that motivate older workers include part-time work, work-from-home opportunities, sabbaticals, and long holidays (CIPD, 2008). Furthermore, they also do enjoy the options of working fewer hours, starting work later, enjoying concessionary travels rates or stress-less environments (CIPD, 2008). This is for the reason that older workers may have alternative responsibilities including caring responsibilities in the role of grandparents or elderly parents (CIPD, 2008). It would become much easier for employers to retain older workers if their needs are catered for. The example of British Telecommunication (BT) is a relevant one here to express a model of flexible working arrangement for older workers. A number of flexible working initiatives have been introduced in BT since 2001 which has driven the motivation of older workers.

However, some private sector firms also apply flexible working options and grocery retailer ASDA is a good example. The company has introduced flexible working options such as *'Benidorm leave'* that allows employees the option of taking extended leaves of up to three months between the months of January and March so that older workers can enjoy spending their winters in hotter countries (CIPD, 2008). Also, they also provide older workers with the option of *'grandparents leave'* when their grandchildren are born (CIPD, 2008).

The Ageing Workforce Problem in Public-sector Organizations

About the National Health Services (NHS)

The National Health Services (NHS) was launched 60 years ago in UK. Since then it has continuously grown and is now world's largest publicly funded health service. It was built with

an idea of providing good healthcare to UK residents. The health services are provided free of charge to all UK residents (more than 60 million people) except for some optical and dental service. It is funded from the national taxation and is managed separately in all of the UK countries. The NHS maintains a staff of more than 1.5 million people including 90,000 doctors, 35,000 general practitioners, 400,000 nurses, and 16,000 ambulance staff. The biggest part of this system is comprised of NHS England which caters for 50m population and maintains a staff of over 1.3m people. NHS Scotland employs 158,000 people, NHS Wales employs about 71,000 people, and in Northern Ireland it employs about 67,000 people. The administration is controlled by the Department of Health with a cabinet minister, as the secretary of state for health, reporting to the Prime Minister.
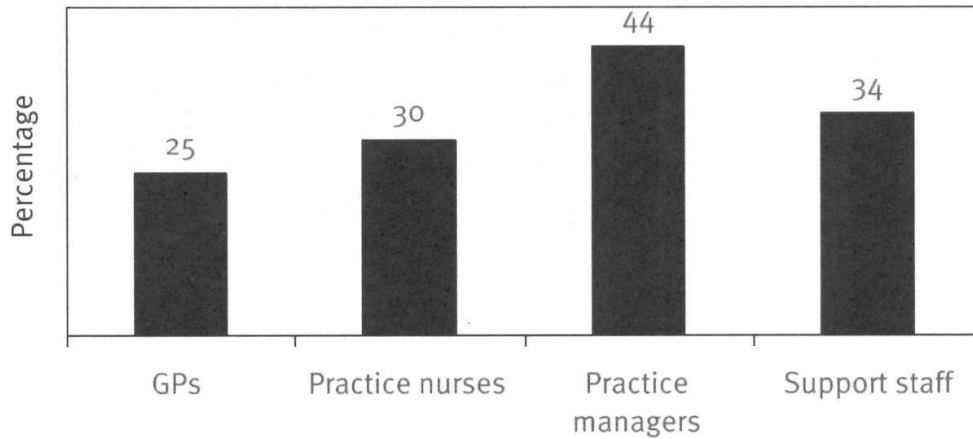
Problem of ageing workforce in the NHS

The issue of ageing workforce commonly exists in the NHS with aged workforce population accounting for about 15% of the total employees (Meadows, 2002). There is consideration by the government on the issue of the alarming gap between the required number of workers and those currently employed (Meadows, 2002) but there has not been any significant attention paid towards the employment and professional development needs of the middle-aged staff that is growing in numbers or the ways of retaining them (Meadows, 2002).

The largest population of older workers exist within the nursing cadre which comprises about one-third of the aged population (nearly 50,000 employees) according to Meadows (2002). The problem of ageing workforce is not being faced by the UK alone but also by USA and Canada (Ryten, 1997; Wunderlich *et al.*, 1996). In the UK, one in every five registered nurses are 50 years old or above and the number of experienced older nurses and mid-wives is expected to fall in the coming years owing to mass retirement (United Kingdom Central Council, 2000). Unfortunately, very little attention has been paid towards dealing with this challenge of staff replacement of the ageing workforce of nurses (see Cole, 1996; King, 1996; Mashta, 1998). There are other equally important factors that have not been given their due consideration and these include employment needs and the professional development of middle-aged nurses, and the implications of the ageing workforce of nurses for patterns of deployment and for attracting the 'returners' back to the profession (Buchan, 1999).

According to Meadows (2002), the problem of ageing workers also exists among the General Practitioners (GP). Figure 6 shows the findings of a research study carried out on the four counties of Oxfordshire, Berkshire, Buckinghamshire, and Northamptonshire in 1999. It can be seen that the proportion is 50 percent of single-handed GPs aged 50 years or above (Noakes and Johnson, 1999). Amongst 1,127 GPs of the North West region, aged over 50, almost one quarter planned to retire by the age of 59 (Mathe and McKinlay, 1999). The main reasons for this includes changes in demands of patients and NHS (Mathe and McKinlay, 1999). About 45% would consider the option of continue working if provided part-time opportunities (Mathe and McKinlay, 1999).

Figure 6: Percentage of staff aged over 50 in the primary care workforce of four Counties (1999)


Source: Noakes and Johnson, 1999

Nevertheless, the problem of ageing medical workforce is not only confined to nurses, midwives, and GPs but also involves the Consultants of NHS (Meadows, 2002). There has been a wastage of consultants due to retirements, resignations, and secondments as per the figures noted between September 1992 to September 1995 which accounts for almost 6% per annum (Meadows, 2002). Whereas, the wastage of doctors aged 50 and below was noted to be 2-3%, those aged 50 to 54 was 3-5% percent, and for those in their late 50s, it was 6-10% (Meadows, 2002). There has been a considerable rise in the rate of retirements of these consultants which is supported by the Hospital and Community Health Services census for England (Pearson, 1999). It states that retirement rates are higher than what it used to be a decade ago (Pearson, 1999).

Age profile of nurses in the UK

The following figure shows the age profiles of practitioners registered with the UKCC in 1988-89 and 1997-98.

Figure 7:
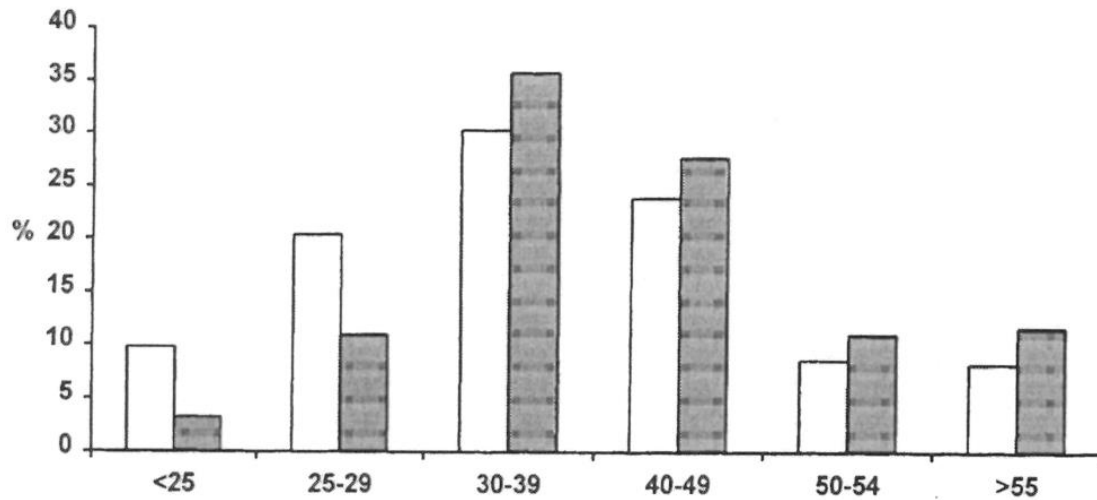
Age profile (%) of UKCC Register. ☐ = 1988/1989; ▨ = 1997/1998. Source: UKCC 1998.

In the span of nine years a significant shift in age of nurses has been experienced (Buchan, 1999). A decrease in the proportion of youngest age groups is recorded (less than 30) whereas those of the older age groups have increased (Buchan, 1999). The average age of registration of nursing students is currently 29 which was 20 in the 1960s (Ball and Pike, 2005) while students enter midwifery training now at an average age of 34 (Royal College of Midwives, 2006). This ageing profile of UKCC practitioners is not without reasons, such as the age swelling of nurses who are in their mid-30s to mid-40s and are working their way through the population and this might be the reflection of large intakes of newly qualified (young) nurses in the 1970s and early 1980s (Buchan *et al.,* 1998). The second reason is the reduction in the intake of the newly qualified practitioners (Buchan, 1999). The number of nurse learners/students in England decreased from 71,260 in 1985 to 37,580 in 1995 (Department of Health, 1996). Another reason is the broader age range of new entrant nurses (Buchan, 1999). All these reasons explain the reduction in the number and proportion of young nurses and midwives in UK (Buchan, 1999). The impact of these factors on the age profile of future nurses is showed in the figure below:

Figure 8:
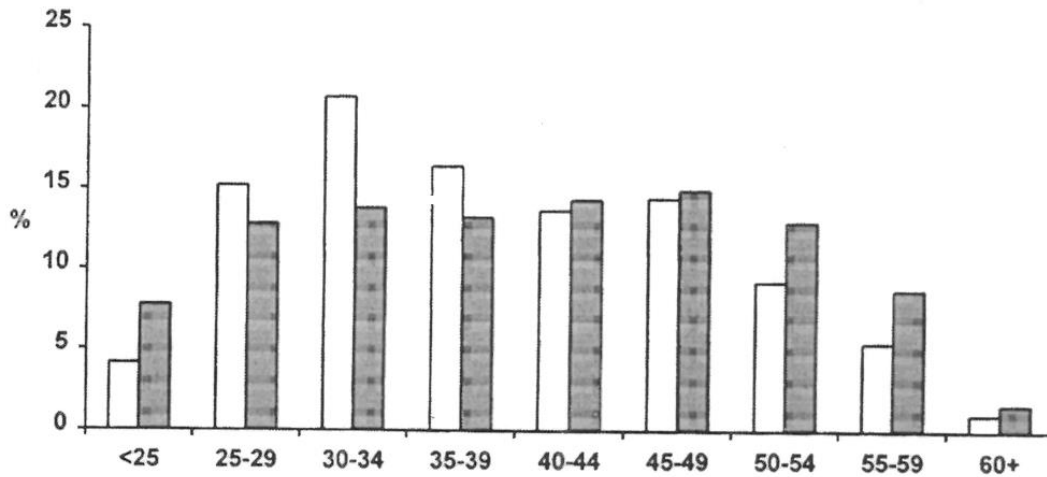
Registered nurses (WTE) actual (1995) and forecast (2010) age distributions. □ = 1995; ▨ = 2010. Source: Buchan *et al.* 1998.

The bar chart shows that by the year 2010, one in four nurses will be 50 years old or above (Buchan *et al.*, 1998). This likely shift in age profiles is of immense significance for policy makers as it is alarming them of the dangerous future situation where majority of nurses are reaching their retirement ages in near future and that they might have different needs and requirements from work (Buchan, 1999).

Work flexibility in the NHS

A key element of the NHS Human Resource (HR) strategy is flexible working patterns (Department of Health, 1998) and is portrayed as a response of employer that is directed towards nurse so as to accommodate their working lives and other domestic commitments (Buchan, 1998). NHS nurses in their older ages require flexibility; so that they can take care of their partners and parents, for facilitating access to educational programs, for sabbaticals or time out of paid employment and also to support phased retirement (Buchan, 1999). A survey of 4,000 nurses suggested that 19% have caring responsibilities for their adults dependant on them, 42% have caring responsibilities towards children, and 6% have caring responsibilities for both (Seccombe and Smith, 1997). Recruitment and retention difficulties exist in the NHS and a probable solution is that of providing flexible work practices, and in turn, developing a flexible workforce (SEHD, 2002a; SEHD, 2002b; SEHD, 2000). In this regard, a study of NHS Scotland consultants was conducted by French *et al.* (2003) whose purpose was to extract the views of consultants on flexible working and to collect data regarding workloads, remuneration, retirement plans, and sources of job satisfaction.

Continuous Professional Development (CPD)

Evidence suggests that young NHS nurses are more likely to participate in continuous professional development (CPD) than those aged 50 years or above (Seccombe and Patch, 1995). When group of nurses aged under 50 were compared with another group of 50 or above, it was found that 73 percent of latter had no access to CPD (Wray e*t al.*, 2007). This could be because of the lack of commitment or provision on their part, or due to age discrimination on employer's part (Buchan, 1999). Other reasons include the other non-work commitments that female nurses need to fulfill, such as their responsibility in the role of parent (Green, 1987). In a study of NHS consultants in Scotland (French *et al.*, 2003), most consultants (87 percent of respondents) felt that having lack of time from their stressful work duties was a big barrier to participating in CPD.

Job satisfaction

Older nurses of recent years are even less likely to involve themselves in CPD opportunities (Seccombe and Patch, 1995) than the older nurses of previous years (Wray *et al.*, 2007). These nurses should be motivated for keeping them working and attain job satisfaction and for this it is important to provide them with opportunities for career development (Wray *et al.*, 2007). In part, satisfaction at job is dependant on the education level and pay (Coomber and Barriball, 2007), and on achievement of autonomy as well (Bjork *et al.*, 2007). Bjork *et al.* (2007) argue that intentions of nurses can be strengthened to stay in the workforce by providing them further education opportunities and scheduling CPD at least one day in a year for staff members. However, it is equally important to provide access to employees for CPD opportunities. Studies have also revealed that 49 percent employees in NHS acute trusts face barriers in accessing CPD (Wray *et al.*, 2007). Other reasons for hindering job satisfaction achievement by nurses at NHS include high workload and stress levels, and bureaucratic interference and lots of paperwork (Wray *et al.*, 2007). Similar reasons are quoted by recent studies (Allen *et al.*, 1999; British Medical Association, 2000; Mather and Connor, 2000; Royal College of Radiologists, 2002; Catwright *et al.*, 2002; Davidson *et al.*, 2002) for dissatisfaction of consultants in the NHS. It is argued that reasons such as heavy workloads and increased stress levels have led towards reduced morale and firm plans for early retirements of consultants. Doctors now look for balance between their work and lives (French *et al.*, 2003). The consultants' study (French *et al.*, 2003) revealed that they were not satisfied with the working hours, pay, and recognition systems. Satisfaction appeared to be in freedom of choosing their own working method, amount of responsibility, fellow workers and colleagues, and the opportunity for using their abilities and variety of work.

Table 1: Aspects of job least enjoyed by consultants of NHS Scotland
Source: French *et al.*, 2003.

Aspects of job least enjoyed	
	N = 1337 N (%)
Workload (including unachievable deadlines and waiting lists)	489 (37)
Lack of management support	420 (31)
Paperwork	336 (25)
Long hours and/or on-call	312 (23)
Lack of resources	311 (23)

Staff shortages	216 (16)
Frustration with NHS bureaucracy	124 (9)
Lack of recognition for doing a good job	107 (8)

Table 2: Aspects of job most enjoyed by consultants of NHS Scotland
Source: French *et al.*, 2003.

Aspects of job most enjoyed	
	N = 1333
	N (%)
Patient care and/or contact	1062 (80)
Relationships with colleagues	365 (27)
Variety of work	302 (23)
Teaching and/or training	196 (15)
Research	129 (10)
Challenge of the job	104 (8)
Enjoyment of specialty	130 (10)

It was elicited by the report that older consultants were more satisfied with their pays than the younger consultants (aged 50 or less). This means that NHS Scotland is doing good deal towards keeping their older and experienced consultants satisfied with higher pays than general which is a good financial way of improving satisfaction levels amongst the older employees especially who might turn down their decision to retire if given good pays and privileges.

Workloads and staffing levels at NHS Scotland

In a survey of consultants conducted by French *et al.* (2003), almost 77 percent of respondents expressed that workload has increased due to the Consultant Contract Framework that was launched in 2002 by NHS (Central Consultants and Specialists Committee, 2002). However, specialties such as oral medicine and laboratory medicine were less affected by the new deal. The alarming point was the expression by two-thirds of the respondents who termed their workloads as 'unreasonable' and 'unsustainable'. This was largely reported by the male consultants working in accident and emergency, obstetrics and gynecology, and radiology. Two-thirds of the respondents also expressed that due to their working hours, family life was deteriorated and they were left with insufficient time for any other interests outside. Also, 44 percent of respondents were feeling that due to stressful work, their health was being affected too.

Employers' views on older nurses in NHS and the impact of ageing of nurses on them

Numerous case studies (Please refer to Appendix – II) were conducted in 1998 by the Institute of Employment Studies/Royal College of Nursing, with directors of nursing and human resources in employer organizations to study the acuity of employers about the employment of older nurses in NHS. The results were positive for older nurses and managers favoured their employment (Buchan, 1999). They were perceived to be stable and experienced (Buchan, 1999). One employer showed its concern over the increasing emphasis on qualification and the ignoring of experience (Buchan, 1999). Several managers also shed light on the sensitive issue of raising organizational costs of losing the experienced staff and the additionally incurred costs of

replacing them from within a tight labour market (Buchan, 1999). Employers also discussed the issues of stress and workload of older nurses of NHS, the reasons for which included hasty patient throughput, higher patient activity in hospital services and higher dependency of patients in community nursing (Buchan, 1999). Also, nurses working in the high-tech hospital areas were believed to be 'too' stressed out (Buchan, 1999). One of the issues of employment related to the rising age was the high prevalence of back injury amongst older nurses (Buchan, 1999). The trend of increase in the incidence of back pain amongst older nurses emerged in the 1980s (Leighton and Reilly, 1995). This has also contributed in the reason for absenteeism and early retirement (Heap, 1987; Seccombe and Ball, 1993).

Table 3: Employers' perceived characteristics of older workers
Source: Carnegie UK Trust, 1993.

Young workers have:	*Older workers have:*
Ambition	Stability
Trainability	Reliability
Flexibility	Work commitment
Health	Responsibility
IT Skills	Maturity
Qualifications	Managerial skill
Mobility	

Table 4: Managers' perceptions of the characteristics of older nurses
Source: Case studies, 1998

Older nurses can be:	
(+)	(-)
Stable	Burned out
Experienced	Inflexible
Reliable	Unwilling to train
Mature	Unsuited to physically demanding jobs

All the case study employers practiced policy of equal opportunities with a commitment not to discriminate on the basis of age (Buchan, 1999). In some of these organizations employers were very concerned over the ageing of workforce issue and one manager commented on the age profile 'what I've looked at scares me' in regard to the retirement of experienced members of staff (Buchan, 1999). Most of the case study organizations even prepared courses of returning nurses. For example, one of them organized open days, ensured provision of clinical updating for returning nurses, allocated workplace mentor, and created plans of personal development for them. The entire scheme was looked after by a senior staff member (Buchan, 1999).

The issue of ageing of nursing population is a major one for nurses, employers (NHS and other employers), and for the profession (Buchan, 1999). Therefore, the challenge is to utilize this ageing nursing workforce for maximum time and ensure their retention. Obviously, this is not possible without responding to their changing attitudes, and trying to know their specific requirements from the job (Buchan, 1999). This could mean giving a thought to working hours, career development, and benefits of phased retirement (Buchan, 1999). Due to potential skill shortages it is wise trying to maximize the contribution of older nurses in the NHS and other care

organizations (Buchan, 1999). Thus, the need of developing an appropriate policy framework exists in which comprehensive and coordinated package is contained for retaining and motivating these older nurses (Buchan, 1999).

NHS employers: the efforts towards managing age diversity

Established in November 2004, the main goal of NHS Employers is to establish the NHS as an employer of excellence (Wray *et al.*, 2007). The work of NHS Employers on age diversity in the workforce focuses on implications of strategies for workforce (Wray *et al.*, 2007). It ensures that age-friendly policies and practices are developed by health care organizations and provides them with briefings, support materials, and information (NHS Employers, 2007a). NHS Employers set up Age Diversity Reference Group for monitoring and controlling its age diversity work and developing and implementing strategies at national level for promoting age diversity in the NHS workforce (Wray *et al.*, 2007). It supports employers towards meeting the requirements of *The Employment Equality (Age) Regulations 2006* (NHS Employers, 2007b).

Pension schemes at NHS

The review of employment practices by the NHS Employers and trade unions recently has been of key interest to the older nurses and midwives (Wray *et al.*, 2007). A new pension scheme is due to be launched on 1st April, 2008, in response to this review (Wray *et al.*, 2007). It has been ensured that it will reflect the current legislations of age and sex (Wray *et al.*, 2007). This review contains apparent implications for older nurses and midwives who are considering amongst the options of either taking retirement or taking up flexible working schemes when their career ends (Wray *et al.*, 2007). Early retirement of the aged employees is not without disadvantages for the NHS as it does not lose experience and qualified staff, but also lots of money (Wray *et al.*, 2007). The cost of early retirements of 5,500 NHS employees in 1998/99 was ₤416 million more than the expected had they retired at the normal retirement age (Wray *et al.*, 2007). Such huge costs associated with early retirements can be avoided through redeployments (Pattani *et al.*, 2001) and the provision of opportunities for improving work-life balance for staff (Wray *et al.*, 2007).

Retirement plans of older workers in NHS Scotland

In studying the problem of ageing workforce, it is immensely important to study the retirement plans of older workers as these can be altered and employees put to work for as long as possible. The research study of French *et al.* (2003) revealed that the mean planned retirement age of NHS consultants was 60 years. Almost 23 percent consultants had definite plans to retire at the retirement age while 70 percent described their plans as "very likely" or "quite likely". Consultants hinted towards a number of factors that could motivate them to delay their plans to retire. These include reduced workload, improvement in pay structure, protection of pension, and other financial benefits.

## Recruitment and Retention of Older Workers in the NHS

The ageing workforce problem, lack of strategies for recognizing this, and the incidental effect of the resulting early retirement are exacerbating the crisis of recruitment and retention (Meadows,

2002). This chapter focuses on the major reasons for leaving NHS and recommendations for the organization regarding recruitment and retention of older employees.

Reasons for leaving the NHS early

Over the last two decades, cultural aspiration has been a major reason amongst others for an early retirement (Meadows, 2002). Research reveals that younger age groups are expected to retire at earlier ages (McKay and Middleton, 1998). Figure 9 (next page) shows retirements in public sector on medical grounds from the period 1991/92 to 1996/97.

Figure 9: Retirements from the public sector on medical grounds (1991/92 – 1996/97)
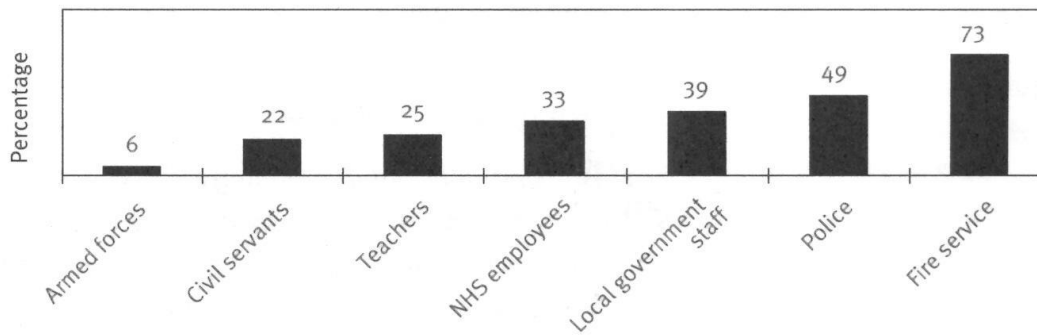
Source: McKay and Middleton 1998

It can be observed that the rate of early retirement in NHS is higher than that in armed forces, civil services, and teaching. Out of one million employees of NHS, 96 percent belong to the occupational pension scheme (Meadows, 2002). The mean age of first 2,000 applicants out of 5,469 from England and Wales who were granted retirement due to ill health during 1998/99 was 51.6 years and included 72 percent females (Meadows, 2002). The common reasons for their retirement were muscular-skeletal pathology (49 percent), psychiatric (20 percent) and cardio-vascular conditions (31 percent). In the view of 60 percent of these employees, work was the main reason for their ill health (Pattani *et al.*, 2001).

In a research study conducted by Meadows (2002), different reasons leading to early retirement were sought. According to the ageing staff of NHS, main reasons for leaving early include increased workload, lack of recognition, culture of long working hours, compromise towards the quality of patient experience, lack of staff, lack of support, physical wear and tear, rigid career structure, significant changes in professional role, continual change, and NHS bashing.

Recommendations for NHS regarding recruitment and retention of older workers

Due to the current and future predicted demographic situation of the United Kingdom, it becomes essential to think about retaining the older staff of NHS so as to benefit from their skills and experience for as long as possible. Some of the solutions evolved through the research study by Meadows (2002) are as under:

- *__Directing recruitment towards older workers and provision of wider access to training programs:__* To recruit and retain valued older staff, it is necessary to direct the recruitment and retention activities towards them and provide the ageing staff with access to various training programs. Those over 50 years of age potentially available in the labour market can be re-engaged as they would certainly have their contribution towards solving the problems. However, it is important to remove internal barriers and ageist stereotypes for the success of any such programs that recruit older workers. According to a nurse tutor, "*The entry requirements sometimes deter people. If you are in your mid-40s and want to start a career, sometimes people talk about a wider entry gate, but how much does that happen in practice and what do people look at apart from academic qualifications? People in their 40s may not have a lot [of qualifications] but there is something about accrediting previous learning by experience*". According to the respondents of the survey, employees over the age of 50 were not selected for training programs because of being considered as a waste of investment. Such thoughts need to be changed.

- *__Flexible approach towards working and retirement__*: As increasing work pressure and stress constitute to be a major reason for dissatisfaction, it is important to counter its effect through the introduction of flexible work and retirement approaches.

  o **Need for a break:** It was revealed that people wanted longer breaks than the normal two weeks annual break to recharge themselves as most of them complained of not having proper long breaks ever since after joining the NHS. According to a clinical scientist, *"I have worked for many years, I would love to have a break. Loads of other people probably feel exactly the same and I think it would give people that recharge".* The idea of longer breaks, such as sabbaticals, seemed attractive to respondents.

  o **Job redesign:** The option of redesigning the stressful jobs is a good idea to regain the confidence of those near retirements. As one nurse said "*I love the work, I just cannot do all the lifting*".

  o **Reduced working hours:** Most of the older staff would consider continuing work rather retiring on the condition of the reduction in their regular working hours. One pharmacy assistant said "*I am 65 years old and I would like to continue. I have reduced my time to three days per week and I would like to continue*".

  o **Extra annual leaves:** Additional annual leaves seem attractive to older staff of NHS as it entails the opportunity of refreshing the worker.

  o **Facilitating employee needs regarding dependants:** One in five nurses (19 percent) have caring responsibilities (Seccombe and Smith, 1997) and to fulfill these they require support from the organization to help them balance work life and domestic commitments.

- o **Changing work practices:** There exists the need of changing rigid work practices that prevents all forms of flexible working for older workers seeking flexible options. A number of practices are seen as unnecessarily restrictive by the staff.

- o **'Downshifting' problem:** A very unattractive and unwelcoming practice of downshifting exists in the NHS whereby staff is forced to accept posts with lower grades and that even without any recognition of previous experience.

- o **Consultancy:** The attractive option of consultancy has been exploited by the NHS. A therapy manager suggested "*It would be quite useful to have some sort of register (regional or whatever) of professionals which organizations can tap into, so you might ring up and say, 'Have you got anyone who can advise us on X'?*"

- • *Lifelong learning:* NHS must provide their staff the opportunity of updating their skills if it wants to enhance their long-term employability. This will make the employees feel equipped to cope up with the changing working practices and technological changes and will not think of early retirement with the feeling that they are no longer prepared to cope up with changing situations.

- • *Effective occupational health support:* A contributing factor towards the early exit of older staff is 'wear and tear'. A proactive occupational health service is needed by the NHS to assess debilitated staff, regardless of their age, for ascertaining what they can do instead of focusing on what cannot be done by them. This can help avoid ill-health retirements.

- • *Career advice, counseling and life planning:* The need for career advice and counseling services are felt by the NHS staff. According to a nurse manager "*It is often before [the age of 55] that people need far more support and counseling around their career path. It is very difficult to get good-quality counseling, and you don't know where to send them to really help them explore their career options and help them make the right choice. I just think we could work harder with staff in their 40s*".

- • *Occupational pension schemes geared to flexible retirement:* The NHS provides flexible options in its pension scheme for older employees that allows them significant advantages such as reducing their hours towards the end of their career and return to work after retirement on ad hoc basis. It also provides the employees with options as to when and how to take their pension. The NHS has a flexible pension scheme but efforts are required towards providing the older employees with flexible retirement options.

Conclusion and Recommendations

Taking appropriate and timely action is the need of the hour since the retirement of baby boomers is fast approaching, hence talent management is a significant approach to follow. Although not easy, most organizations are striving hard to cater for their future labour needs by

trying to re-recruit and retain their key older workers. This is possible if companies realize that older workers have different needs and requirements from the jobs and provide them with their preferred working options. Workers might have the economic, monetary and other needs that motivate them to continue working but the question is of understanding of such needs by the employers. Organizations should attempt to activate intrinsic motivation within older employees and focus on them so that workers themselves decide to stay back.

Managing talent becomes efficient when employers provide older workers with additional benefits including, giving more holidays, giving flexible work options, giving more winter holidays, flexible working hours. At NHS, older employees opt for early exits due to numerous factors including intense workloads, longer working hours, lack of recognition, staff, and support, rigid career structure, physical wear and tear, etc. and various other reasons. The organization should try to counter these problems and focus on improving the situation within, else long-lasting negative outcomes might be experienced if the key older employees quit. Solutions include rectifying the above stated problematic areas and boosting the morale and motivation of employees via taking corrective measures.

References

Aalbregtse, J. (2007) 'The Graying of an Industry'. *ICIS Chemical Business Americas,* 6/4/2007, Vol. 271, Issue 22, p21.

ABS (1998) 'Retirement and Retirement Intensions', Cat 6238.0, AGPS, Canberra.

Ageing and employment: Identification of good practice to increase job opportunities and maintain older workers in employment. Final Report. Warwick Institute for Employment Research, Warwick & Economix Research & Consulting, Munich. Supported by the European Commission, 2006.

Allen, I., Hale, R., Herzberg, J., and Paice, E. (1999) Stress among consultants in North Thames. London: Policy Studies Institute.

Armstrong, M. and Brown, D. (2001) New dimensions in pay management. London: CIPD Publications.

Ball, J. and Pike, G. (2005) At Breaking Point? A survey of the wellbeing and working lives of nurses in 2005. London: RCN Publishing.

Ball, J., Duskin, S., Dixon, M., and Wyatt, E. (1995) Creative Career Paths in the NHS. *Report No.4: Senior Nurse.* National Health Service Executive, Leeds.

Barrow, S. and Mosley, R. (2005) The Employer Brand: bringing the best of brand management to people at work. Chichester: John Wiley & Sons.

Bjork, I.T., Hansen, B.S., Torstad, S., and Hamilton, G.A. (2007) Job satisfaction in a Norwegian population of nurses: a questionnaire survey. *International Journal of Nursing Studies.* Vol. 44(5), 747-757.

British Medical Association (2000) Work-related Stress among Senior Doctors. London: BMA.

Brown, P. and Hesketh, A. (2004) The Mismanagement of Talent: Employability and Jobs in the Knowledge Economy. Oxford University Press.

Brown, R. (2001) Getting Old and Grey? The Implications of Demographic Change and Population Ageing for the Scottish Labour Market. Glasgow: Scottish Enterprise.

Buchan, J. (1999) The 'greying' of the United Kingdom nursing workforce: implications for employment policy and practice. *Journal of Advanced Nursing*. Vol. 30(4), 818-826.

Buchan, J., Seccombe, I., and Smith, G. (1998) Nurses Work: An Analysis of the UK Nursing Labour Market. Aldershot: Ashgate.

Buchan, J. (1998) Further flexing? Issues of employment contract flexibility in the UK nursing workforce. *Health Services Management Research*. Vol. 11, 148-162.

Cabinet Office Website.
http://www.cabinetoffice.gov.uk/workforcematters/pay_and_rewards/total_rewards/framework.aspx [Accessed 23 June 2008]

Carnegie United Kingdom Trust (1993) Life, Work and Livelihood in the Third Age. Final Report. Carnegie UK Trust, Dunfermline, Scotland.

Catwright, K., Lewis, D., Roberts, C., Bint, A., Nichols, T., and Warburton, F. (2002) Workload and stress in consultant medical microbiologists and virologists: a questionnaire survey. *Journal of Clinical Pathology.* Vol. 55, 200-205.

Cedefop (in print). Innovative learning measures for older workers. Luxembourg: Office for Official Publications of the European Communities, Forthcoming. (Cedefop Panorama Series)

Central Consultants and Specialists Committee (2002) Consultant Contract Framework 2002: clear direction, clear reward. London: BMA.

Charness, N. (2000) "Can Acquired Knowledge Compensate for Age-Related Declines in Cognitive Efficiency?" *Psychology and the Ageing Revolution: How We Adapt to Longer Life* (Editors; Qualls, Sarah Honn, and Norman Abelles). Washington D.C.: American Psychological Association.

Chiu, W. C. K., Chan, A. W., Snape, E. and Redman, T. (2001) Age stereotypes and discriminatory attitudes towards older workers: an east-west comparison. *Human Relations*. Vol. 54(5), 629-661.

CIPD (2008) *Managing an ageing workforce: The role of total reward.* Research Insight. Reference 4339. London: CIPD. Available at http://www.cipd.co.uk [Accessed 4 June 2008].

CIPD (2008b) *Reward Management*. Survey Report. Reference 4338. London: CIPD.

CIPD (2007) *Talent Management: strategy, policy, and practice.* Tansley, C., Turner, P. Foster, C., Harris, L., Sempik, A., Stewart, J., and Williams, H. London: CIPD.

CIPD (2005) *Reward Management*. Annual Survey Report. Reference 3273. London: CIPD.

CIPD (2003) *The challenge of the age [online].* Change Agenda. London: CIPD. Available at: http://www.cipd.co.uk [Accessed 3rd January 2008].

Cole, A. (1996) Older and wiser. *Nursing Times.* Vol. 92(39), 22-23.
Concepcion, M. (1995) 'The Greying of Asia: Demographic Dimensions, Asian Population Series No. 141', *Added Years of Life in Asia: Current Situation and Future Challenges,* United Nations, New York, pp. 1 – 24.

Coomber, B. and Barriball, K.L. (2007) Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: a review of the research literature. *International Journal of Nursing Studies*. Vol. 44(2), 297-314.

Cranfield School of Management (2007) The recruitment confidence index [online]. Available at: http://www.rcisurvey.co.uk. [Accessed 3 January 2008].

Crisp, D. and Reid, J. (2007) 'The Talent Challenge: Creating a Culture to Recruit, Engage, and Retain the Best'. *Ivey Business Journal*. July/August 2007.

Davenport, T. O. and Feinsod, R. R. (2006) "The Ageing Workforce: Challenge or Opportunity?" *World at Work Journal,* third quarter 2006.

Davidson, J.M., Lambert, T.W., Goldacre, M.J., Parkhouse, J. and Macdonald, R. (2002) UK senior doctors' career destinations, job satisfaction, and future intentions: questionnaire survey. *British Medical Journal*. Vol. 325, 685-686.

Davies, H. (1998) US scheme to raise pension age to 70. *Independent,* 21 May, 25.

Department of Health (2001) Vacancies Survey. March, 2001. London: DoH.

Department of Health (2000) Working Lives: Flexible retirement. London: DoH.

Department of Health (1998) Statistical Bulletin 1998/15. London: DoH.

Department of Health (1996) Statistical Bulletin. London: DoH.

Department of Trade and Industry (2006) *Equality and Diversity: Age Discrimination in employment and vocational training*. www.dti.gov.uk/employment/discrimination/age-discrimination/index.html [Accessed 14 November 2007].

Disability Rights Commission (2004) The Employment of Disabled People in the Public Sector: A review of data and literature. Disability Rights Commission, London.

Doeringer, P. (1990) Bridges to Retirement. New York: Cornell University/ILR Press, Ithaca.

European Commission. *Ageing and employment: Identification of good practice to increase job opportunities and maintain older workers in employment.* Final report. DG for Employment, Social Affairs and Equal Opportunities. Unit D.2, 2006a. European Commission. *Progress towards the Lisbon Objectives in Education and Training. Commission staff working document.* Report based on indicators and benchmarks. Brussels: European Commission. SEC (2006) 639, 2006b. Available at: http://ec.europa.eu/education/policies/2010/doc/progressreport06.pdf

Eurofound – European Foundation for Improvement of Living and Working Conditions. *Fourth European Working Conditions Survey,* Dublin, 2007.

ESRC (2008) *Talent Management and the Older Workforce.* Martin, G., Tansley, C., Tikkanen, T, Bushfield, S., McGoldrick, J., and Diamond, I. Edinburgh: ESRC.

French, F.H., Andrew, J.E., Awramenko, M., Coutts, H., Leighton-Beck, L., Mollison, J., Needham, G., Scott, A. and Walker, K.A. (2003) Consultants in NHS Scotland: A Survey of Work Commitments, Remuneration, Job Satisfaction and Retirement Plans. *Scottish Medical Journal*. Vol. 49(1), 47-52.

Green, C. (1987) Multiple role women: the real world of the mature RN learner. *Journal of Nursing Education*. Vol. 26(7), 266-271.

Guthridge, M., Komm, A. B. & Lawson, E. (2008) Making talent a strategic priority, McKinsey Quarterly, 6.2.2008.

Hart, M., Anyadike-Danes, M., and Blackburn, R. (2004) Spatial differences in entrepreneurship: a comparison of prime age and third age cohorts. Paper given at the IGU Congress, Glasgow.
Heap, D. (1987) Low back pain injury in nursing staff. *Journal of the Society of Occupational Medicine.* Vol.37, 66-70.

ILO (2002) '*An inclusive society for an ageing population; the employment and social protection challenge* '. Paper contributed to the Second World Assembly on Ageing, Madrid, 8 – 12 April, 2002.

Incomes Data Services Pensions Service (1998) *Bulletin No.115.* London: Incomes Data Services.

IRS (2003) Legislation comes of age. *IRS Employment Review,* 782. 8-15.

King, P. (1996) Keeping the Baby Boomers on Board. *Health Service Journal.* Vol. 106 (Issue 5506), 26-28.

Leighton, D. and Reilly, T. (1995) Epidemiological aspects of back pain: the incidence and prevalence of back pain in nurses compared to the general population. *Occupational Medicine.* Vol. 45, 263-267.

Loretto, W. and White, P. (2006) Employers' attitudes, practices and policies towards older workers. *Human Resource Management Journal*. Vol. 16(3), 313-330.

Loretto, W., Vickerstaff, S., and White, P. (2005) Older Workers and Options for Flexible Work. Manchester: Equal Opportunities Commission.

Lie, T., Tikkanen, T., and Kjestveit, K. (2007) *Ageing and health in Norwegian Continental Shelf – a company-driven innovation project. [Aldring og helse pa sokkelen – et brukerstyrt innovasjonsprosjekt].* Report IRIS – 2007/042.

Lavigna, B. (2005) 'Winning the War for Talent'. *Government Finance Review.* February 2005.

Mashta, O. (1998) The time of their lives. *Nursing Standard*. Vol. 12(24), 12.

Mather, H.M. and Connor, H. (2000) Coping with Pressures in Acute Medicine: The Second RCP Consultant Questionnaire Survey. London: RCP.

Mathe, T. and McKinlay, D. (1999) A General Practitioner Retirement Survey in the North West Region. London: DoH.

Meadows, S. (2002) Great to Be Grey: How can the NHS recruit and retain more older staff? *Research Paper*. London: King's Fund.

McKay, S. and Middleton, S. (1998) Characteristics of Older Workers. London: Department of Education and Employment.
McGregor, J. (2001) Employment of the Older Worker. Palmerston North: Massey University.

Moore, K. and Biordi, D. (1995) Nurses' retirement preparation. *Journal of Nursing Administration.* Vol. 25(6), 62-66.

Naegele, G. and Walker, A. (2006) A guide to good practice in age management. Dublin: European Foundation for the Improvement of Living and Working Conditions.

NHS Employers (2007a) Employer Excellence: Age.
www.nhsemployers.org/excellence/excellence-361.cfm [Accessed 14 November 2007].

NHS Employers (2007b) Age Diversity Reference Group.
www.nhsemployers.org/excellence/excellence-574.cfm [Accessed 14 November 2007].

NHS Scotland Website. http://www.show.scot.nhs.uk/index.aspx [Accessed 5 June, 2008].
NHS UK Website. http://www.nhs.uk [Accessed 8 July 2008].

Noakes, B. and Johnson, N. (1999) Don't leave me this way. *Health Service Journal 1999.* Vol. 109(5645), 20-22.

OECD (2006) Live longer, work longer: A thematic review. Paris: OECD.
Office for National Statistics (2007). http://www.statistics.gov.uk

Oswick, C. and Rosenthal, P. (2001) Towards a relevant theory of age discrimination in employment, cited in Noon, M. and Ogbonna, E. (eds) *Equality, Diversity and Disadvantages in Employment.* Basingstoke: Palgrave.

Patrickson, M. (2001) "Asia's Ageing Workforce: The Emerging Challenge for the Twentieth Century", *International Journal of Organizational Behaviour,* Vol. 3(1), 53 – 63.

Pattani, S., Constantinovici, N., Williams, S. (2001) Who retires early from the NHS because of ill health and what does it cost? A national cross-sectional study. *British Medical Journal*. Vol. 322(7280), 208-209.

Pearson, C. (1999) The True Extent of Early Retirement. *Employing Medical and Dental Staff*. September; (17), 10-13.

Phillipson, C. (1997) Employment and training: planning for 2020 and beyond, cited in *Baby Boomers: Ageing in the 21st Century* (Evandrou, M. ed.), Age Concern London.

Randall, J. (2002) Scotland's population: current trends and future prospects. Registrar General of Scotland/Institute of Contemporary Scotland Lecture, Glasgow.
Redman, T. and Snape, E. (2002) Ageism in teaching: stereotypical beliefs and discriminatory attitude towards the over 50s'. *Work, Employment and Society*. Vol. 16(2), 353-369.

Robinson, D. and Perryman, S. (2004) Healthy Attitudes: Quality of working life in the London NHS 2000-2002. Report 404. Brighton: Institute for Employment Studies.

Royal College of Midwives (2006) Recruitment Shortages in Midwifery 'Threatens Service'. London: RCM.

Royal College of Radiologists (2002) Clinical Radiology: A Workforce in Crisis. London: RCR.

Ryten, E. (1997) A Statistical Picture of the Past Present and Future of Nursing in Canada. Ottawa: Canadian Nurses Association.

Schneider, G. (1994) Ageing societies: Problems and prospects for older workers. *World Labour Report 1995.* Geneva: ILO.

Scottish Government Website. http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/nhsworkforce/intro [Accessed on 5 June 2008].

Scullion, P. (2000) Disabled people as health service employees: how to break down the barriers. *Nursing Management.* Vol. 7(6), 8-13.

Seccombe, I. and Smith, G. (1997) Taking Part: Registered Nurses and the Labour Market in 1997. Report no. 338. Brighton: Institute for Employment Studies.

Seccombe, I. and Patch, A. (1995) Recruiting, Detailing, and Rewarding Qualified Nurses in 1995. Brighton: Institute for Employment Studies.

Seccombe, I. and Ball, J. (1993) Back Injured Nurses. A Profile. London: Royal College of Nursing.

SEHD (2002a) Future Practice: A Review of the Scottish Medical Workforce. Edinburgh: Scottish Executive Health Department [Temple Report].

SEHD (2002b) Working for Health: The Workforce Development Action Plan for NHS Scotland. Edinburgh: Scottish Executive Health Department.

SEHD (2000) Our National Health: A Plan for Action, A Plan for Change. Edinburgh: Scottish Executive Health Department.

Sennett, R. (2006) "The Culture of the New Capitalism", New Haven, CT: Yale University Press.
Smeaton, D. and McKay, S. (2003) 'Working after state pension age: quantitative analysis'. *DWP Research Report 182*. Leeds: CDS.

Taylor, P. *'Employment initiatives for an ageing workforce in the EU15'*. Dublin: Eurofound – European Foundation for Improvement of Living and Working Conditions, 2006.

Taylor, P. E. and Walker, A. (1994) The ageing workforce: employers' attitudes towards older people. *Work, Employment and Society.* Vol. 8(4), 569-591.

Thompson, P. (2002) Total reward. Executive briefing. London: Chartered Institute of Personnel and Development. Summary available at:
http://www.cipd.co.uk/subjects/pay/general/totrewd.htm

Towers Perrin. (2005) "The Business Case for Workers Age 50+: Planning for Tomorrow's Talent Needs in Today's Competitive Environment." A report for AARP.
www.aarp.org/employerresourcecenter.

United Kingdom Central Council (2000). *Annual Report.* London: UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1998) *Annual Report.* London: UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1994) *The Future of Professional Practice – the Council's Standards for Education and Practice Following Registration.* London: UKCC.

Wall, T. D. and Wood, S. J. (2005) 'The Romance of Human Resource Management and Business Performance, and the Case for Big Science.' *Human Relations* . Vol. 58(4), 429-462.

Watson, R., Manthorpe, J., Andrews, J. (2003) Nurses over 50: Options, Decisions and Outcomes. Bristol: Policy Press.

Wheeler, L. (1994) How do older nurses perceive their clinical competence and the effects of age? *Journal of Continuing Education in Nursing*. Vol. 25(5), 230-236.

Wiggins, S. and Henderson, C. (1996) Pre-retirement planning of female registered nurses. *Western Journal of Nursing Research*. Vol. 18(5), 580-594.

World Employment Report (1998-1999). Geneva: International Labour Office.

Wray, J., Aspland, J., Gibson, H., Stimpson, A., Watson, R. (2007) Older nurses and midwives in the NHS. *Nursing Management*. Vol. 14(8), 26-30.

Wunderlich, G., Sloan, F., and Davis, C. (1996) Nursing Staff in Hospitals and Nursing Homes: Is it Adequate? *Institute of Medicine*. Washington District of Columbia: National Academy Press.

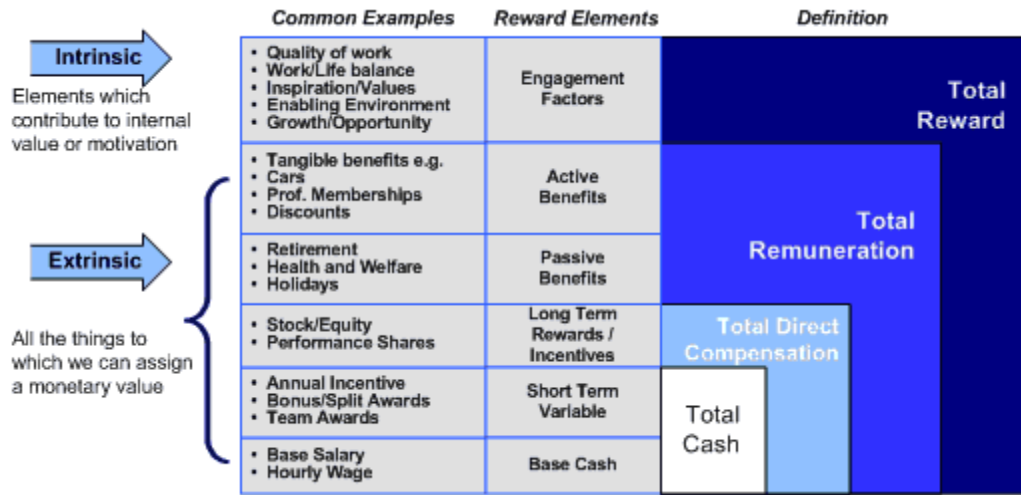Yin, R. (1994) "Case Study Research: Design and Methods", Second Edition. USA: SAGE Publications.

Figure 5: <u>Key Elements of Total Rewards</u>
Source: Cabinet Office Website [Produced by Hay Group]

<u>Case study organizations</u>

NHS teaching hospital	Central London
NHS teaching hospital	North England, multi-site
NHS teaching hospital	East England, urban
NHS teaching hospital	Scotland, urban fringe
NHS general hospital	South England, town
NHS general hospital	English Midlands, town
NHS general hospital	West England, multi-site, town/rural
NHS community unit	South England, multi-site, town
NHS community unit	Scotland, multi-site, town/rural
Independent sector hospital	North England, urban

Source: Case studies, 1998.