A research on strategies for (human resource) managers to retain the older employee in the healthcare sector

Bachelor Thesis

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Preface

This thesis is the final assignment for finishing my bachelor Management and Consumer studies at the Wageningen University.

The past years I developed a fascination for the health care sector and especially for how the health care sector is managed. To explore my interest in this field I followed the courses Management and Policy in the Health Sector and Management and Economics of Health Care and Public Health. These courses learned me a lot about the health care sector but also made me wanting to learn more. Therefore I decided I wanted my Bachelor thesis to be about a subject which combined health care and management.

The course Management and Policy in the Health Sector as well as the course Management and Economics of Health Care and Public Health underlined the problem of the growing demand in health care and the shrinking labour market. I wondered what could solve this problem and after doing some research I found that one of the solutions could be the retainment of older employees in the health care sector. I also learned that in order to retain the older employees successfully a well-developed human resource strategy is needed. Together, this formed the topic for a bachelor thesis which completely fits to my field of interests.

I would like to thank Renate Wesselink for her expert guidance and for all our conversations about the subject, bringing my bachelor thesis to a higher level. Also, I would like to thank Wilfred Schoenmakers for his reflection on my research proposal and final thesis.

I hope, you as the reader of my thesis, will enjoy it and hopefully I will offer you some new insights into the problem of this research.

Kirsten Rensen
Wageningen, July 2012

Abstract

The Dutch population is greying rapidly. An aging, post-second world war baby boom is one reason for the greying population, but two more important underlying drivers are first an increase in life expectancy and second a reduction of the number of births (Collins & Collins, 2006). The workforce is confronted with a big labour challenge. A greying and shrinking workforce and the changing nature of retirement is responsible for this labour challenge. Societies are significantly affected by the low employment rates of older employees, this does also affect the health care sector.

Health care accounts for the complete set of care providers (and support staff), institutions, resources and activities that is directly focused on maintaining and improving the health and /or self-reliance and reducing, eliminating, compensating and prevention of shortages therein (based on Van der Meer & Schouten, 1997; Nuy & Bex, 1986). The health care sector might be growing, but it is not growing fast enough to provide for the increasing number of elderly people. According to Klein Breteler et al. (2009) there will be 470.000 extra employees needed in health care in the Netherlands if policies are not changed, because the need for care is growing with 2 per cent a year. One of the solutions to provide these extra employees is by retaining the older employee in health care. Currently, there is not enough attention for the older employee in health care, board as well as (human resource) managers often do not have any policy regarding the older health care employee (Proper et al. 2009). Therefore the aim of this research is to provide (human resource) managers with strategies to retain the older employee in health care.

Older employees are in this research defined as the people above the age of 45 years. They have several specific characteristics, in comparison with their younger counterparts, which must be taken into account by (HR) managers. Generally physical capabilities are declining when getting older, but mental capabilities can often still continue to be developed. Educating themselves is getting less easy, but experience and already available knowledge can compensate for this. Motivated and satisfied older employees generally tend to continue working longer, even after the age of 65. In health care the issues experienced by older employees are high work load, work pressure, stress and physical and mental demand. Also style of leadership and teamwork can cause problems according to older health care employees, therefore being a possible reason for retirement.

Next to these issues, other motives can influence the decision of older health care employees to retire. The most important "push" as well as "pull" factors for retirement are, ill health (of the employee itself or of relatives), wanting to enjoy life while still young and fit enough, spend more time with partner and family and being able to afford retirement. Also dissatisfaction about the job, influence of the environment and changes in the pension system influence the decision for retirement.

Strategies on prolonging working life in health care cannot be provided without knowing which motives people have to prolong working life. In general employees tend to prolong working life when: they experience good health of self and family, are financially dependent on their work,

are attached to the work, think work is important for the individual, have pleasant interpersonal relationships at work, have flexible working arrangements, and perceive they have some level of autonomy. Furthermore management and organizational factors are important as well as, the possibility of education and training, the type of employment and interests outside work.

Health care employees specifically value a low workload, appreciation, pleasant team atmosphere, reduction in irregular and night shifts, lower physical and mental demand, career counselling, communication and the option for part-time early retirement.

A review on human resource strategies to retain older employees by Kooij (2010) offered four bundles (levels) to retain older employees, development (offering the older employee the opportunity to enrich their knowledge), maintenance (offering the older employee incentives to maintain working life), utilization (enrichment of tasks giving the older employee more responsibilities) and accommodative (offering extras as incentive to prolong working life). Each bundle contains strategies and practices. The development strategies are mature employee training and manager training, the maintenance strategies are flexible work options, job design, performance evaluation and recognition and respect, the utilization strategies are again job design and the accommodative strategy consist of compensation.

Human resource managers as well as managers (also called team leaders) in health care are important to retain the older employees. Human resource managers have an advising job and are the policy developers. General managers implement the policies and ask human resource managers for advice. So the general managers are directly in contact with the older employee as the human resource managers offer them the frameworks and boundaries for working with older employees. Especially in health care teams are managed by team leaders, therefore both the team leader/general manager and the human resource manager have an important role in retaining the older employee.

From chapter 2, 3, 4 and 5 four categories of relevance for the (HR) managers in health care where described, which where compared to the bundles, strategies and practices for the retainment of the older employee defined in chapter 6. It is concluded that the older employees should be treated by the (HR) manager as an individual person, therefore adjusting the strategies to retain the older health care employee to his/her individual needs. With individualization as the overall strategy for retaining the older health care employee, also flexible work options, education and training for the older health care employee as well as for the (HR) manager, job design and performance evaluation and recognition and respect are of high importance to the older health care employee and should be provided by the (HR) manager in order to retain the older employee in health care.

1. Introduction

The Dutch population is aging rapidly. Due to the baby boom after the Second World War and the declination in the number of births since the late sixties, the baby boom generation is reaching ages around 60 and there are fewer young people (Aarendonk, 2003). In addition, younger people, because of extending of the education period, enter the labour market later, while the age at which people leave the labour market has decreased (Henkens, van Solinge, 2003). In other European countries, this development can also be perceived (Christensen et al, 2009). This has major consequences, because it makes the labour market shrinking. Furthermore the social services for elderly are becoming more expensive and these costs must be paid by the working people. Figure 1.1 shows an overview of population change to 2050. It shows that the amount of the total population in the coming years is increasing, but that the working age population (people between 20 and 64) stabilizes. However, the share of 65+ people will steadily increase.
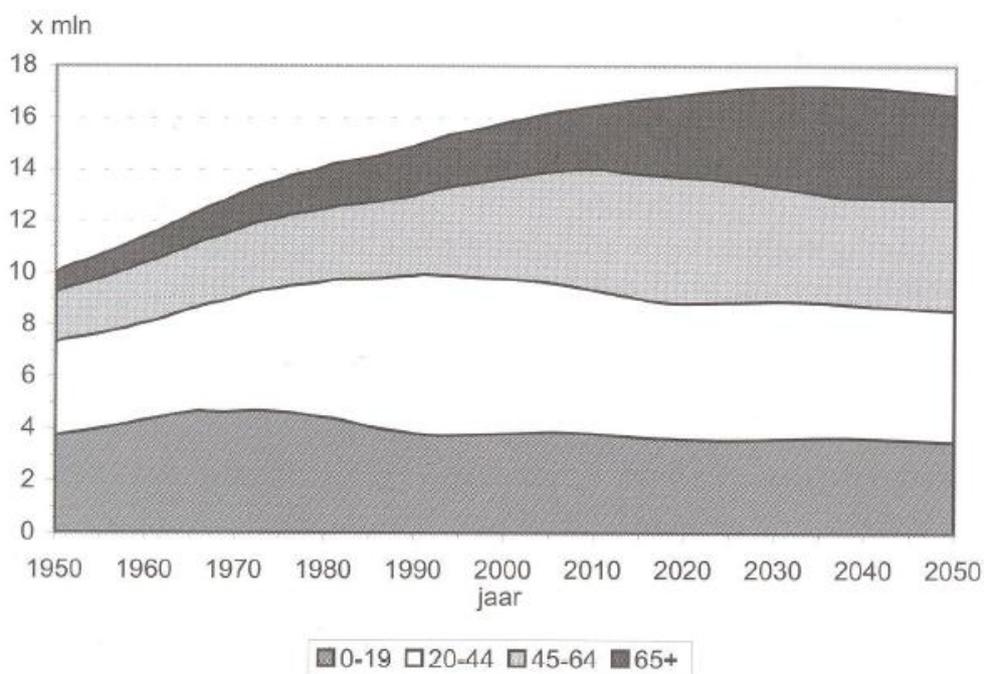
Figure 1.1 Dutch population by age, 1950-2050 (Source: Henkens and van Solinge, 2003)

This greying society increases the demand for healthcare. A demand we are not able to fulfil with only young employees, especially because the number of young employees is decreasing due to the declination in number of births in developed countries (Collins & Collins, 2006). Different strategies are used to increase the number of employees in health care in order to meet the demand. As for the Netherlands some organisations hire health care employees from outside the Netherlands, for example from Germany, Belgium or Poland. However, society is greying in many developed countries therefore they will not provide health care employees to the Netherlands. Another possibility is to make the work as attractive as possible, this can be done by offering higher salaries, but also by offering an attractive health care insurance or other extras. Downside is that this often costs a lot of money (Collins & Collins, 2006). Furthermore, retaining the older employee in health care is a possibility to meet the demand for health care in the future. This solution is focused on in this research because it seems to have the lowest costs and therefore the highest potential of succeeding (Ilmarinen, 2001).

We need to make sure that the older employees will continue to work in healthcare and not retire (too) early as is often the case currently (Ilmarinen, 2006). Retaining this part of the workforce has several benefits (i.e. enough employees, working experience and knowledge of life) including the retention of valuable intellectual capital (Collins & Collins, 2006). However, retaining the older workforce also brings along several disadvantages, including physical disabilities, slower adaption to new technologies, loss of flexibility (Collins & Collins, 2006) and more difficulties with training and education (SCP, 2001).

It is not an easy job for (HR) managers in health care to retain the older employees because often these employees face physical difficulties due to the (heavy) work they are doing (Ilmarinen, 2001). It is therefore a big challenge for (HR) managers to offer these older employees a perspective for remaining their work in healthcare and creating an environment which is attractive for the older employee to work in.

1.1 Research aim

The aim of this research is to offer (human resource) managers insights on the issue of older employees in healthcare retiring (too) early, as well as offering them strategies which they can use to motivate their older employees to continue working at older age in order to prevent the older employee from retiring.

1.2 Problem statement

This research will focus on strategies for (human resource) managers in healthcare to provide an attractive working environment for their older employees, which enables them to retain this part of the workforce. This while be examined on the basis of the following research question:

> *Which HR strategies can (human resource) managers in healthcare apply to retain their older employees?*

To come to an answer to this main question, several sub questions are formulated, which divides the research into three parts. The first part focuses on the workforce demographics in health care. The second part addresses the characteristics of the older employee and the third part focuses on (HR) managers and their strategies.

Part 1: The workforce demographics
1. What is the current demographic situation in the health care workforce?

Part 2: The older employee
2. Who is meant by the older employee and which issues does he/she experience based on literature?
3. What are the motives for older employees to retire?
4. What are the motives for older employees to prolong their working life?

Part 3: (HR) Managers and their strategies
5. Which HR strategies to retain older employees are used in general by (HR) managers?
6. Which strategies are used by (HR) managers to retain the older healthcare employees?

1.3 Research construction

The first chapter consists of an outline of the current demographic situation in the health care sector. Second, the characteristics of the older employees in healthcare will be examined, along with the issues they face participating in the healthcare workforce. The third chapter describes the motives for retirement, as the fourth chapter describes the motives for prolonging working life. The third part of the research first names the general human resource strategies relevant to older employees, followed by an overview of the outcomes of the three chapters on the older employee and strategies to deal with these outcomes. The strategies will be applied to this overview and to the older health care employee, coming the a conclusion on which strategies (human resource) managers should apply to retain their older employee in health care. Finally, a discussion on the result is provided.

2. The current demographic situation in the health care workforce

This chapter will give an overview of the current situation in the health care workforce. Section 2.1 will provide information on the global demographics, including life expectancy and the decreasing fertility rate (number of children). Section 2.2 provides an overview on the workforce demographics and explains the concept of "labour drain". Lastly, section 2.3 will describe the demographics of the health care workforce, applied to the Netherlands, answering the research question: "What is the current demographic situation in the health care workforce?".

2.1 Global demographics

An ageing, post-second world war baby boom in many developed countries is one reason for the greying population, but the two more important, underlying drivers are an increase in life expectancy and a reduction in number of children per family (Christensen et al, 2009).

2.1.1 Life expectancy

In most developed countries life expectancy is lengthening almost linearly, with no sign of deceleration (Christensen et al., 2009). This linear increase in life expectancy in developed countries already exists for 165 years and does not suggest a limit to human lifespan. Because if life expectancy was approaching a limit, some declaration of progress would probably occur. The continuing progress in life expectancy of the longest living populations suggests that we are not close to a limit, and further rise in life expectancy seems likely. As the UNPD demographers put it, the number of older persons has tripled over the last 50 years and it will more than triple again over the next 50 years (UNPD, 2002). This on-going increase of life expectancy in developed countries indicates a growing number of old aged people, which is responsible for the greying society we are in right now.

2.1.2 Decreasing number of children (fertility rate)

Between 1950 and 2005, the global fertility rate (number of children) per women nearly halved, a decline that is expected to continue, albeit more slowly. In fact, around 2018 those people aged over 65 will outnumber those under 5 for the first time in history (UNPD, 2002). Fertility rates are among other things declining because of better access to contraception and later marriage. Furthermore an increasing number of women are combining work and motherhood, therefore deciding to have less children , because it can be difficult to combine these with a large number of children (The Economist, 2009).

Aforementioned factors do not only influence the composition of society as a whole, but also the composition of the workforce, as well as the composition of the health care workforce. This will be discussed in the next two paragraphs.

2.2 Workforce demographics

Developed countries are, due to global ageing, confronted with a big labour challenge (Lottes, 2009). A greying and shrinking workforce and the changing nature of retirement is responsible for this labour challenge. Societies are significantly affected by the low employment rates of older employees (Ilmarinen, 2006). OECD numbers show increasing dependency ratios for developing countries and an increasingly heavy burden develops with the costs of retirement and health care growing, when employees retire early (OECD, 2007). The dependency ratio is a measure of the portion of a population which is composed of dependents (people too young or too old to work)(OECD, 2007). The dependency ratio is equal to people aged under 15 plus people aged 65 or older, relative to people aged 15-64 and is expressed as a percentage. The dependency ratios tell us that, due to the population's ageing and the deteriorating economic situation , early retirement is no longer affordable from an economic point of view. Therefore employees need to be encouraged to prolong their working life.

2.2.1 "Labour Drain"

Rappaport and Stevenson (2004) talk about a "labour drain" employers need to be aware of. This "labour drain" will occur as older employees leave the workforce, taking their human capital and specific skill sets with them. This is supported by Collins and Collins (2006), they state that when employees retire, they take valuable information with them, often this is acquired by years of training and experience. Retirements of experienced employees can reduce the organizations' intellectual capital (Collins & Collins, 2006). It is valuable to retain these employees for a longer period of time because they possess both the knowledge and experience necessary for on-going organizational success, according to Collins & Collins (2006). It is important and necessary for the organization that this knowledge and experience is assigned to the younger employees as the older leave the organisation.

2.3 Health care workforce demographics: the Netherlands

2.3.1 Definition of health care

Before discussing the demographics of the health care sector in the Netherlands, there should be a clear definition of health care. In the Dutch National Compass (2012) health care is defined as the complete set of care providers (and support staff), institutions, resources and activities that is directly focused on maintaining and improving the health and /or self-reliance and reducing, eliminating, compensating and prevention of shortages therein (based on Van der Meer & Schouten, 1997; Nuy & Bex, 1986). The care provided by the care giver is central to the individual patient/client, though related activities, like management and laboratory staff, are also included as health care providers. To be defined as a caregiver a person must have had a medical, nursing or helping training under which he or she can practice the profession (Dutch National Compass, 2012).

2.3.2 The health care workforce

In 2010, 1.4 million people were working in the Dutch health care sector. Health care work is often indicated as typical women's work (Merens et al., 2011) and this is supported by the percentage of women working in health care in 2008 (83.4 per cent) compared to men working in health care (16.6 per cent)(AZW, 2008). With 1.4 million employees the health care sector is the second largest sector in the Netherlands (CBS, 2011). Also, according to the CBS (2011), the

health care sector is the fastest growing sector in the Netherlands, with almost 40 per cent in the past ten years.

As mentioned before the health care sector might be growing, but it is not growing fast enough to provide for the increasing number of elderly people. According to Klein Breteler et al. (2009) there will be 470.000 extra employees needed in Dutch health care if policies are not changed, because the need for care is growing with 2 per cent a year. Figure 2.1 gives an overview of the number of employees in health and social care by age in 2008 and 2025 (van der Windt, 2009a). As we can see the number of people above the age of 50 has increased very much by 2025. This can be explained by the discharge of the early retirement regulation (VUT) and the cutting back of the flexible retirement, therefore prolong working life with two years. This figure only holds when the in- and outflow of the health care employees remains the same over the years.
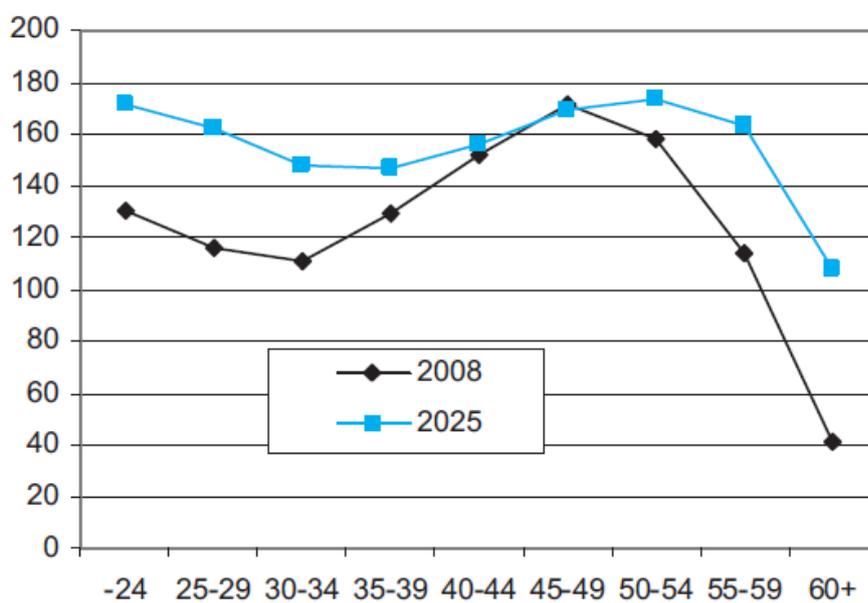
Figure 2.1 The number of employees in health and social care by age in 2008 and 2025 (x 1000) (Source: van der Windt, 2009a)

Figure 2.2 reports that from the all employees aged between 50 and 54 years almost 18 per cent is working in health and social care. From the category aged between 35 and 39 this is close to 12 per cent. In fact this is a coarse comparison: the figure is based on employees in health and social care irrespective of contract length.
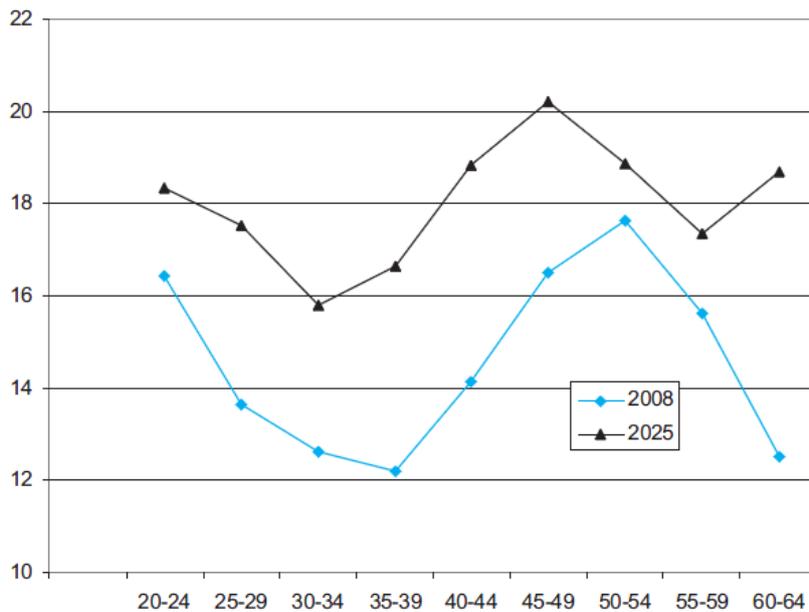
Figure 2.2 Percentage per age group working in the sector health and social care in 2008 and 2025 (Source: van der Windt, 2009a)

Concluding, above stated figures show that in the long term the share of health and social care in the labour market will continue to grow from 2008-2025 (van der Windt, 2009a). This will have great consequences for the sector, because as of 2012 the labour force in the Netherlands will stop growing and eventually in 2019 the labour force will begin to shrink. Therefore the big group of older employees in health and social care (figure 2.1 and 2.2) should be stimulated to prolong their working life.

2.3.3 Health care objectives

Health care has several goals: prevent illness, restore health, rehabilitation and/ or improvement of the quality of life, reducing symptoms, prevent worsening of illness or the effects of diseases and alleviation of suffering (Dutch National Compass, 2012). General, there are four frequently used classifications of care, namely:

- Care to health needs;
- Care to treatment site;
- Care to treatment level; and
- Care to target group (Dutch National Compass, 2012).

Most relevant are the treatment site and the treatment level, because these two levels indicate the differences in health care jobs. The health needs an target group are less important because these health needs are more about the quality, accessibility and affordability of health care and the target group is about the persons on whom the care focuses. Therefore only treatment site and treatment level will be discussed more in detail in the next two paragraphs.

2.3.3.1 Care to treatment site

The health care sector knows three places of treatment: inpatient treatment, outpatient treatment and semi mural treatment. *Inpatient* treatment is provided to people who were hospitalized in an institution and have to stay there for more than 24 hours. Inpatient institutions are nursing or care homes, hospitals and institutions for people with intellectual disabilities (Thesaurus Zorg & Welzijn, 2012). *Outpatient* treatment means care without

hospitalization, which is often provided in the immediate environment of the patient. The general practitioner, dentist and polyclinic are well known outpatient facilities. Semi mural treatment is provided when there is a combination of both inpatient and outpatient treatment provided. The care goes beyond the outpatient facilities, but there is no reasons to hospitalize the patient. Examples include part-time treatment in a hospital or institution for mental health care and day care in a nursing home (Thesaurus Zorg & Welzijn, 2012). It should be noted that the boundaries between treatment sites are not always entirely clear.

2.3.3.2 Care to treatment level

The second relevant classification of care is the care to treatment level. Different treatment levels are defined, these are: the zeroth, first, second and third line (Dutch National Compass, 2012). The nature of the health problem is decisive for the treatment level. When care is provided without a request for help, we call that preventive health care, also called zero-line care (Mackenbach & Van der Maas, 2008). This care is often provided by Municipal Health Services. If there has been a request for help, the strive is to fix it within the first line of care. This care is directly accessible, including care from a general practitioner, psychological care, physiotherapy, dental care and obstetric care. If more specialized care is needed and first line care is inadequate, care givers will direct a person to the second line care. To receive second line care, a reference from the first line caregiver is necessary. Among the second line care are hospital care and mental health care. When it appears a person needs highly specialized care, for both mental and somatic health problems, he or she will be referred to clinical care settings. This is called third line or tertiary care.

2.4 Conclusion

The two above stated classifications are important because they indicate the differences in treatment sites and the differences in levels of treatment. Thereby revealing that working in health care can be very differentiated when taking into account different sites and levels of health care work. Different levels of health care work, bring along advantages and disadvantages for the health care employee. Especially for the older health care employee. For example working in as an general practitioner or dentist is less physical demanding than working in an elderly home or nursing home (de Veer and Francke, 2011). Table 2.1 shows that zeroth line en and first line care are less demanding than second line and third line care. But inpatient zeroth and first line care is more demanding than outpatient and semi mural zeroth and first line care. It is assumed that generally inpatient care is more demanding because currently people are often only submitted to an hospital or nursing home when they really need specialized care and specialized care is also often more demanding care. More on the demand of health care on the older employee will be discussed in the next chapters.

Table 2.1 Types of care divided by demand on the older health care employee (light blue: low demand, blue: middle demand, dark blue: high demand)

	Zeroth line	First line	Second line	Third line
Inpatient				
Outpatient				
Semi mural				

3. The older employee : definition and issues

In this chapter the question: "Who is the older employee?" will be answered in section 3.1. Furthermore, in section 3.3 and 3.4 the issues older employees face on societal level as well as the individual and work-related level will be described. Section 3.5 applies these issues to health care and eventually section 3.6 will provide an overview of the chapter and a conclusion on the most relevant issues for (human resource) mangers.

3.1 Definition of the older employee

It is often difficult to define what we mean when we refer to "older workers" or "older employees". There is no consensus about who is and who is not an older employee (Pitt-Catsouphes & Smyer, 2006). Also there is no consensus about the terms that we should use when referring to individuals who have moved from mid-career into the later years of their career. Pitt-Catsouphes and Smyer (2006) suggest that the definition of the older employee varies across historical periods and industrial sectors, and in some cases, the definition is not as linked to chronological age as it once was. Rocco et al. (2003, page 165) take this a step further by stating that:

" ... the age at which one becomes an older employee seems not to be related to biological age but instead to concerns faced by employees at various points in their lifespan.''

Already in 1986, Zepelin, Sills, and Heath found that those between ages 18 and 35 were considered young, those between 35 and 60 were considered middle aged and those between 65 and 80 were considered old. However, according to Gergen and Gergen (2003), current generations do not expect to think of themselves as "old" until age 80. So again, there is no consensus but it is more like a feeling.

The Age Discrimination in Employment Act (ADEA) protects anyone over 40 from discrimination based on age. In general an employee starts to be older at age 40 for hiring purposes (Lahay, 2005). Nearly 40 per cent of the employees think that employers begin to view an employee as old by the age of 50 (Reynolds et al., 2005). Pitt-Catsouphes and Smyer (2005) define an older employee as 45+ years. Ashbaugh and Fay (1987) reviewed over 100 studies and found that the average age for operationalizing "older employees" was 53.4. Munnell, Sass and Soto (2006) use the age 55+ as the definition in their examination of perceptions of older employees.

It is also possible to look at age in relation to the employability and working capacity. Reduced employability can declare itself as of 45 years of age, according to Ziekemeijer (2005). Thijssen (1996) defines 40 years of age already as a "beginning vulnerable age" talking about career prospects (Thijssen, 1996, cited in Thunissen et al., 2000, p. 21-22).

According to above mentioned researches, I default to the assumption that minimum age is the best way to describe the older employee. A minimum age of 45 years will be applied. This means

the older employee will be defined as an employee who is 45+ years old. This is relatively young but in the work in health care is very demanding, therefore I assume that it is more likely for health care employees to retire at a younger age. Also this age is chosen from the point of view of the employer, because at age 45 an employer views his employee as an older employee (Ziekemeijer, 2005). The employer has to develop the strategies to retain his older employee and therefore the definition of the older employee from the point of view of the employer is viewed as most important.

3.2 Specific issues faced by the older employee on societal, individual and work-related level.

It is not uncommon that older employees are dissatisfied with their job and less valuable to the employers because they cannot handle rapid changes in the organization (Thunnissen et al., 2000). A changing environment demands for certain requirements some of which are especially for older employees hard or even impossible to meet. The different factors which can be of influence on this, will be described. Determining which issues older employees face, is important for the development of interventions to retain older employees. The issues can be described on three different levels: the societal level, the work-related level and the individual level (Aarendonk, 2003). There might be overlap because a number of problems play a role at different levels.

Paragraph 3.3 will describe the societal issues for the older employee. In paragraph 3.4 the work ability issues will be described according to the figure by Ilmarinen (2001). These will be described both on the individual level (health, education and competences, motivation and satisfaction) as well as on the organizational level (work).

3.3 Societal issues for the older employee

At the societal level, there are several developments which threaten (some) older employees. The speed of technological as well as socio-cultural changes can cause problems. Some general societal changes which have taken place last decades will be described and which can have negative consequences for the functioning of older employees.

3.3.1.Technological changes

Several new technological possibilities, for example in the area of communication and information, made continuous faster increase of changes in many areas possible (Schabracq et al., 1998). According to Thunnissen et al. (2000) the changes by itself are not the problem. The problem is that the changes follow each other at high tempo, which causes difficulties for older employees, they feel like they are no longer able to keep up with the other employees due to all these changes. Furthermore, the speed of information processing decreases with aging, which can cause extra problems.

Developments in information technology lead to a split in the population, namely people who can work with the computer and those who cannot. Older people clearly face a disadvantage in the area of information technology, because they did not grow up with computers. To ensure that older employees remain valuable, it is important that their employer offers sufficient support, so they can keep on track with the new technological developments (SCP, 2001; Thunnissen et al., 2000). Several changes in the organization of jobs have taken place due to the rapid increase of especially technological changes. First of all, a shift in type of work has

occurred due to the rise of the information technology. Manual labour is mostly taken over by machines and computers, accept for healthcare. Therefore it is possible that traditional functions, in which older employees were employed have disappeared. On the other hand, there are also a lot of new functions emerged, especially in the labour-intensive services and other forms of information-intensive activity (Thijsen, 1997, in Thunnissen et al., 2000). According to the Social Cultural Planning Bureau the consequences of these developments differ a lot for different functions. But in general there is a shift from manual labour to non-manual work. Interesting fact here is that non-manual labour is perceived as more stressful compared to manual labour (Dorhout et al., 2002).

3.3.2 Socio-cultural changes

One of the most distinctive developments on the socio-cultural level of the past decades is the individualisation. This concept is described by the Social Cultural Planning Bureau (2001) as the growing autonomy of the individual in relation to its direct environment. Individualization has several consequences. It strengthens, for example, the individual claim to economic independence and the individual responsibility for the own commitment in the workforce. Another consequence is that the course of life of people no longer passes according to the same, fixed pattern and that the differences between age groups become bigger. The individualization has implications for the personnel policy conducted in organizations. Collective actions, which only take age into consideration become less likely, because they consist more and more of individual agreements (Schabracq et al., 1998).

3.4 Work- related and Individual issues: Work ability

Work ability can be described as the extent to which an employee is able to do his or her job, now but also in the near future, considering damaging factors and special characteristics of the employee (De Zwart, Frings-Dresen & Van Duivenbooden, 2001; Ilmarinen, 2001).
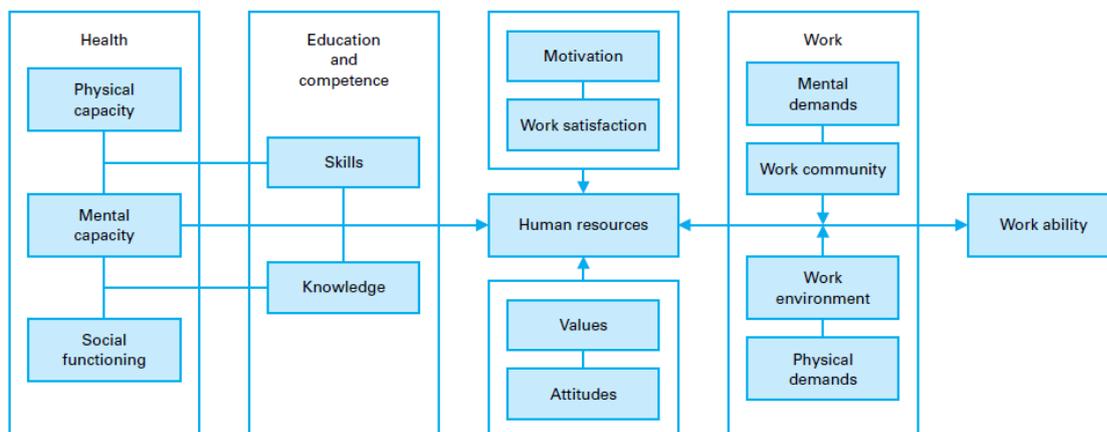
Figure 3.1 A concept of work ability, emphasizing that individual work ability is a process of human resources in relation to work (Source: Ilmarinen, 2001).

In the workplace environment the employee can be confronted with several factors which can affect the work ability negatively. This means that the requirements which are demanded by the work, cannot be met because there are insufficient adjustments made to individual capacities and needs. Work ability is a dynamic concept which can substantially change during one's career, on the one hand due to aging and on the other hand due to changes in the nature of the work. Regularly problems occur when individual capacities and needs cannot adapt enough

to the rapid changes in the work (Ilmarinen, 2001). These individual capacities an needs include a combination of the factors pictured above by Ilmarinen (2001).

Figure 3.1 (Ilmarinen, 2001) is the basis for the description of the possible problems older employees may encounter in their work. These are described in four different categories:
(1) Health in the form of functional capacity (physical and mental) and the social functioning;
(2) Education and competence (skills and knowledge);
(3) Values and attitudes and motivation and work satisfaction;
(4) Work (mental and physical demand)

The most important factors corresponding to these four levels will be discussed in the next sections. Values and attitudes will not be discussed because these are less relevant to the employer as he cannot influence them.

3.4.1 Health
The model (figure 3.1) by Ilmarinen (2001) states physical and mental capacities and the social functioning as determinants of work related health. These three determinants will be described in this section.

3.4.1.1 Physical capacities
Changes in physical work capacity have often concentrated on the cardiovascular and musculoskeletal systems, body structure, and some important sensory systems (Ilmarinen, 2001). The maximal oxygen consumption shows a decline with age among both men and women. The decline of maximal oxygen consumption starts after full physical maturity has been reached, at the latest after the age of 30 (Shwartz and Reibold, 1990). Therefore, it is understandable that the level of oxygen consumption can become critical to elderly in physically demanding work much earlier than expected. A low age related cardiorespiratory capacity means that the majority of auxiliary female jobs, such as cleaning, nursing and homecare work, can overload employees and have negative health consequences in the long run. Therefore, it is very important that elderly regularly exercise to keep the cardiorespiratory capacity to at least the age related average.

Changes in musculoskeletal capacity can also be pronounced after the age of 45-50 years. Follow-up studies showed that both the maximal isometric trunk extension and flexion strength of male employees in physically and mentally demanding jobs decreased by 40-50 per cent during a 10 year period (Ilmarinen, 2001). This applied both to men with a physically demanding job and men with a mentally demanding job. Furthermore, endurance, flexibility, hearing treble, sense of smell and taste and eyesight, decrease as with age.

Ilmarinen (2001) states that regular exercise can ensure that the physical capacity remains nearly unchanged between 45 and 65 years of age and that a lack of exercise can make a man of 45 years old less fit than a more active colleague who is 65 years old. As one grows older, the body recovery time increases. Year-long physically demanding work, without preventive policy can give many physical symptoms, especially to the joints, back, neck and shoulders. Therefore, recovery time and duration of physical work need attention.

The changes in physical capacity between aging people are often enormous and difficult to distinguish because they are depending on a lot of different factors both in work and in lifestyle. Therefore it will be hard for (human resource) managers to come up with strategies to apply to these problems. More about this subject will be discussed in chapter 6.

3.4.1.2 Mental capacities

Mental functional capacity is often defined in literature as the ability to perform different tasks that require intellectual and other kinds of mental effort (Ilmarinen, 2001). Literature has focused mainly on cognitive functions, such as perception, memory, learning, thinking and the use of language. Furthermore, another part within this research area is focused on the relation between the individual and the outside world, which is a central area of mental capacity, these are the more psychological characteristics of aging.

Cognitive aging

According to Dresens (1993) aging comes along with a decrease of the capacity to absorb information, a decline of the speed of information processing and a decrease in responsiveness. Furthermore, the ability to constantly work at high speed decreases. Ilmarinen (2001) mentions that the most important changes in mental functions are related to the weakening of precision and the speed of perception. The changes concern the entire human system for processing information: (1) the sensor perceptive system that is responsible for receiving information through the senses; (2) the cognitive system that processes the data from the senses and memory system; and (3) the motor system that is responsible for the realisation of decided functions. Seemingly the functioning of all three systems slows with age.

The actual functions of information processing change very little in the course of one's life (Ilmarinen, 2001). Moreover, some cognitive functions, such as control of use of language or the ability to process complex problems in insecure situations, improve with age. The high motivation of aging employees and the experience and wisdom they have assembled throughout their work life, substitute for speed and precision, in most work tasks. Even though the speed of learning may slow with age, the actual learning process is not dependent on a person's age. Strong motivation to learn can also compensate for the slower learning speed.

Cognitive skills can be divided into "fluent" and "crystallised" skills (Cremer, 1995). According to Cremer there is mainly talk of deterioration of the "fluent" cognitive skills during aging. These are connected with non-specialized varying cognitive functions, that are mainly used during the acquisition and transformation of information, such as the speed of taking decisions, spatial visual functions, short-term memory and attention. On the other hand, older people can benefit from their experience. The experience developed by the so called "crystallised" cognitive skills increase with age and are of great importance for functioning in a work situation. Age plays a minor role in daily activities because the loss of "fluent" cognitive skills can be compensated by the additional experience. If higher capacity is required, the elderly may benefit from their experience (Cremer, 1995).

Psychological aging

It was earlier mentioned that part of the research area of mental aging focuses on the relation between the individual and the outside world (Ilmarinen, 2001). This research area is very

broad and varied therefore, this section will briefly describe the highlights in this field (Aarendonk, 2003). These are: the personality and the labour and health psychology.

The Personality
To which extent can a change in personality by aging influence the functioning at work? This is a central question when talking about psychological aging and personality changes. Today, research on personality in psychology is often done on the basis of the "Big Five". The "Big Five" consist of the following five personality factors: extraversion, friendliness, conscientiousness, neuroticism and openness to experiences (Aarendonk, 2003). Several studies suggest that older people are in general less neurotic, less extravert and less open to new experiences (Warr, Miles & Platts, 2001). However, older people score higher on friendliness and conscientiousness. Furthermore, several studies suggest that elderly mutually do not differ more from each other on personality characteristics as younger people do (Warr, Miles & Platts, 2001). In their research, Warr, Miles and Platts (2001) concluded that it is not correct to expect differences between young and old people when it comes to personality characteristics. However, it is legitimate to see older people in general as more conscientious, more conventional and modest, but less outward-looking and/or in favour of changes. Knowing that older people are less open to new experiences and more conventional, can be very important when designing strategies to retain older employees.

The Labour and Health psychology
The Finnish scientist Ilmarinen (2001) has done much research into the field of the labour and health psychology. He is specially interested in the functioning of older employees. From his opinion, when talking about mental aging, you do not limit your view to the decline of cognitive abilities, but you especially view the mental growth someone is going through. For most work tasks the decrease of speed and precision can be widely compensated by factors as experience and wisdom. Other psychological capacities that improve with age may be: sharp wittedness, ability to deliberate, ability to reason and to comprehend the whole, verbal command, control of life, commitment to work, loyalty to employer, work experience and motivation to learn (Ilmarinen, 2001). According to Dresens (1993) psychological growth can manifest itself in: greater flexibility in judging power (if this was present before), a more conscious and more focused use of energy for important tasks, a stronger need to work accurate, a stronger social orientation in which particular loyalty to colleagues and the team is growing, more tact and the ability to better cope with complex issues and a greater need for autonomy and responsibility. Vis (2000) states that older employees can have added value to the functioning of the organization, because they are in general: crisis-proof, loyal, dedicated and less unnecessarily competitive, they understand the functioning of the organization, have ascendancy and bring peace into the organization by their greater emotional stability and because they are better at coaching.

3.4.1.3 Social Functioning
The frequently mentioned problem in the social functioning of older employees, is the aging of the social networks. Schabracq et al. (1998) mention that social networks tend to go backwards with aging. People quit working, go live somewhere else or even die. Colleagues, who are important to older employees for the social support and maintaining of the position in the company disappear. This means that older employees can feel isolated in an organization,

especially since many older people do not make friends as easily as before. Going backwards means mainly an decrease in the amount of people in their network.

3.4.2 Education and competence (skills and knowledge)

The second set of factors which influence the work ability is de development of skills and knowledge during a career. Older employees can experience specific problems in this area, for example by a skills gap compared to younger employees. The "Elderly Report 2001" of the Social Cultural Planning Bureau (2001) indicates that elderly have an education deficiency compared to young adults. Each next group of youngsters is going to school longer than the previous group and when they leave school, the education level does not change that much. Consequently, there occurs a situation in which elderly on average, by definition, are less educated than young people (SCP, 2001). Furthermore, Groot and Maassen van den Brink (1997) state that older people participate less in business-related education compared to younger people. Nieuwland (1998) refers to Groot and Maassen van den Brink (1997) when she gives four different reasons for the low participation of older employees. Two of which are related to the employer and two of which are more related to the employee itself. Interesting for this research are the two related to the employee itself. First, less educated people are less likely to participate in business-related education than higher educated where older employees on average are less educated than young employees. A second cause is that the elderly, in contrast to young people, did not grew up with the concept of "lifelong learning". Historically, education was more focused on learning direct job-related skills and less on general skills. Though, general skills are more important for learning new skills at later age than learning specific job-related skills.

Older employees face various problems when participating in education and training. Older people learn less rapid than young people, they learn less well under pressure and better in a clear structured training or course. In addition, employers expect that they can earn their investment in training of young people back over a longer period of time. But they forget that young people in general change jobs more quickly than older employees and that training itself nowadays are rapidly obsolete (Schabracq, 2002). This negative image can have a negative influence on the self-image of some older employees, because they think, based on their education deficiency, they cannot keep up during training. Moreover, some older employees have a big aversion against education. Having learned from experience, older employees often distrust the motives of the management when it comes to education. Because in fact, training often lead to changes in functions or departments in which they have not been involved, where they not have asked for and of which they often do not realize the benefits. Change to the change seems to have become a social principle (Schabracq et al., 1998).

An insufficient level of education can have negative effects on the functioning of older employees, especially in the frame of minor employability, less problem solving abilities and less mobility (Groot & Maassen van den Brink, 1997). This minor employability and mobility can lead to a second problem related to the competences of older employees, namely experience concentration: older employees tend to become specialist within their function (Thijssen, 1988, in Schabracq et al., 1998). As the years go by, the experience increases, but the diversity decreases. This phenomenon influences three work levels: the professional expertise level, the strategic learning level and the socio-cultural level. On the level of professional expertise is the experience building at old age often limited to smaller task changes. Formal job changes are

becoming less common. On the level of strategic learning the experience building at old age is often limited to informal or even unintentionally learning. On the socio-cultural level, the experience concentration is often recognizable in an ever-shrinking and less diverse social network. Due to experience concentration it is not possible for employees to work one's way up in the organization: they have already reached they ceiling. Moreover, the chance of receiving another job function or job is smaller both inside and outside the organization. Doing the same job for a long time does not appeal to the inventiveness and creativity of the employee, which can lead to a form of qualitative under load (Schabracq et al., 1998).

3.4.3 Motivation and Work satisfaction

Schabracq and Winnubst (1995) noticed that people like to belong to some sort of group and like to do something useful under stable conditions. Therefore, these are the most important reasons to work, in spite of the necessity of earning money. The work satisfaction of older employees can decrease as they have to face changes of which they do not see the necessity (Schabracq and Winnubst, 1995). Motivation is closely related to work satisfaction. Someone who is not motivated to his work, will usually not be satisfied with his work. The Central Bureau of Statistics reported, according to a research in 2002, that the average of nine out of ten Dutch employees generally enjoy their work. Generally, the work fits well to the training and experience and the atmosphere at work is pleasant. Besides, most people are satisfied with their salary.

There is also a relationship between motivation and the desire for early retirement. Research by Thunnissen et al. (2000) showed that well motivated employees wanted to work until 65 or even after the 65th life year. However, the coherence is not perfect, there were also older employees with low motivation who would wanted to work until 65 and employees who were well motivated but still wanted to stop working earlier. So, motivation is not the only player in deciding whether or not to stop working early. More about retirement will be discussed in chapter 4.

3.4.4 Work

Up to now the individual factors are reviewed, now the characteristics of the work will be described. The interaction between work and "human resources" determines, according to the model by Ilmarinen(2001) the work ability of the employee. The work characteristics can be divided in:
(1) physical characteristics which are reflected in the physical demands of the work and the physical work environment and
(2) Psychosocial characteristics: mental demands, mental work demands and work community/ organizational culture.
Section 3.4.4.1 until 3.4.4.3 will give a description of some of specific problems older employees may encounter.

3.4.4.1 Physical characteristics of work

Research on physical characteristics of the work mostly focus on the physical workload, the extent to which the work appeals to one's physical abilities (Gaillard, 1996). These have already been broadly described in section 3.4.1.1 The physical abilities are strongly influenced by the environment in which one has to work. Poor lighting, excessive noise and temperature fluctuations can negatively influence functioning. The physical characteristics of the work are for most employees a relatively small part of the work-related factors that influence their

functioning. These factors have becomes less important last decades, because there has been a shift from manual labour to non-manual work. Consequences of this shift are described in the next section were the psychosocial characteristics of work are being described.

3.4.4.2 Psychosocial characteristics of work

The psychosocial characteristics of work include a wide area that globally, according to the model for work ability (Ilmarinen, 2001), can be dived into: the mental demands and the work community. Each of the next sections provides a selection of problems that older employees may encounter for these subjects.

Mental work demands

Part of the psychosocial demands are the mental work demands: the nature and content of the work itself in a psychosocial sense. This factor has a relatively great influence on the work ability.

Problems by mental work demands

Generally speaking cognitive aging has no negative influence on the functioning of older employees, because they can be compensated by greater experience. This means that there can occur problems when older employees have to constantly accomplish new tasks, which do not comply to earlier received experience. This does not mean that new tasks in terms of content have to match fully with previously pursued activities, but that these have to somewhat join the reference frame developed by the employee through the years. This also applies to the computer skills required for these tasks. Research shows that people over 45 are less skilled and quickly in dealing with computers. One explanation for this problem lies in the greater care of elderly people when they use the computer because they fear unknown consequences (Baracat & Marquié, 1994).

Research by Thunnissen et al., (2000) stated that middle aged employees have more difficulties with work pressure compared to their younger colleagues: complaints about work speed, amount of work and emotional load show a peak between 45 and 55 years.

Work community (organizational culture)

The term organizational culture is described in literature as: "the shared values within an organization that provide meaning and signification" (De Boer, 1996a, page 7). The structure and composition of the organization, the mutual relationships, the style of leadership and rituals, the traditions and code of conduct, are expressed in the values. Organizational culture may play a significant role in the satisfaction of the three basic needs people have: De Boer (1996a) refers here to Schein (1985), who states that an individual needs: identity (the role of the person within the group must be clear), guidance (the person must have the impression that he or she has influence on the environment to be able to practice) and acceptance and intimacy (acceptance by the group and a feeling of intimacy). When older employees have problems with the organizational culture, this is caused by a lack of structure and the composition of the organization, the mutual relationships and the leadership style (De Boer, 1996a). Each of these factors will be described below.

Structure and composition of the organization

Due to technological development several changes in structure and composition of the work organization have taken place. Organizations have become less hierarchic, more flexible and more market-product focused (Schabracq, 1998; Thunnissen et al., 2000). It is positive that modern organizations offer jobs to older employees, who are interesting, because of their amount of experience. These are jobs in which transferring knowledge, gathering of information and advising and motivating play an important role. However, it is negative that older employees are not accustomed to constant change by which taking own responsibility and independence are important. They can have problems because they have to decide more by themselves and think by themselves and also because they were used to work with assignments and distrust the intentions of the management (Schabracq, 1998). The emphasis on own initiative can threaten the feeling of security. Furthermore, research has shown that that older employees experience less and less solidarity and feel like they have to fight for their place in the organization (De Boer, 1996a). They are used to working in a tightly organized labour organization and experience too little orderliness by the constant changes. Also flexible working arrangements are favoured by older employees. Altogether, when older employees do not feel comfortable in the organization this can lead to bitterness and this is not beneficial to the work.

Mutual relationships

The "new" organization has to deliver a joint product. This calls for good cooperation with colleagues and a good working atmosphere in which the competencies of older employees are valued (Thunnissen et al., 2000). Several researchers mention that with aging, factors like work atmosphere and social contacts with colleagues become more important for the employees (Krijnen-Stelling, 1996; Schabracq, 1996; Thunnissen et al. 2000). Unfortunately some older employees experience specific problems with regard to the cooperation and contacts with colleagues. Research by Dresens (1989) revealed that some older employees had the opinion that automation and tight schedules impoverish the communication between employees. With the emphasis on individual responsibility, they could no longer count on social support by colleagues and moreover there was little speak of cooperation. Furthermore some were annoyed by the orientation on results and the "fast" acting of younger colleagues and the poor loyalty to the organization (De Boer, 1996b).

Style of leadership

Various studies show that managers typically have a negative image of the functioning of their older subordinates (Remery et al., 2001; Thunnissen et al. 2000). This can have a negative impact on the personnel policy which can be expressed by:

- Preference for younger people, regardless of their ability, at recruitment and selection;
- Less facilities for training of older employees;
- Strange, illogical forms of mobility of older employees;
- No requirements but also no attention to older employees.

Also, Thunnissen et al. (2000) note that managers have become more mobile, they are on average three years in function and have to prove themselves in that short period of time. This reinforces the tendency to treat experienced older employees as instruments, by giving them projects in which they have done well before. Besides, often these managers, because of the rapid changes in function, do not know which experiences older employees have and therefore they cannot guide them optimal. Schabracq et al. (1998) mention that often younger managers have difficulties with working with older employees. The older employees have built a certain

position in the organization through their employment history and might be somewhat elusive for the management because of obtained privileges and thorough knowledge about the organization. The fact that they are older and their contribution to the organization in the past entitle them to some kind of level of respect from the younger managers. They might need another approach than the younger employees which makes it sometimes difficult to correct them. Some managers therefore choose to avoid this, which can lead to isolation, to little feedback and vagueness about the role of the older employees.

3.5 Specific problems for healthcare employees

In general the above described problems older employees have are also problems which older health care employees face. Some of them might be more applicable than others, for example the physical problems are very relevant to health care employees, especially to nurses and other practical employees in health care(Mussche & Knibbe, 2008). Knowledge and skills about computers might be less important since health care employees have to do with people much more than with computers. Caring every day can be very exhausting physically, as well as mentally. The most concrete problems are the physical problems(Mussche & Knibbe, 2008). They express themselves by back, neck and shoulder pains. But also sore feed and varicose veins are often mentioned physical complaints. Furthermore wrist pains and difficulties with bending as well as stiffness are mentioned.

A research on physical demanding labour in Dutch nursing homes has shown that high physical stress led to an increase in occurrence of back pain and the associated absenteeism and work disability. Based on a simulation model it has been estimated that during an imaginary 40-year career of a health care employee with high physical stress, the loss of productive labour years was over 2.5 work years (Burdorf et al., 2008). Research by the Dutch health insurer "Menzis" (2011) revealed that a third of the health care employees felt physical pain after a day of work. The work is literally heavy on them and this manifests itself in physical symptoms.

Partly due to the lack of time available to health care employees, they suffer from tensions at work (Menzis, 2011). Over a third of the health care employees answers positive on the statement "I feel frequently stressed by the amount of work I have to do in one day" (Menzis, 2011). Some of them therefore experience the work in health care as mentally heavy (22% out of 3437 respondents), especially in elderly care and the mental health care. Time pressure is often mentioned as one of the problems just like the pressure to perform.

Work related issues like, problems with the style of leadership, are also relevant for health care. Cooperation in teams is very important in health care, but this does not always function the way it is supposed to be. Bad communication by the team manager is an often mentioned issue (Thunnissen et al., 2000). Furthermore, as mentioned before, when people get older they are less flexible and more reluctant to changes. This can lead to problems within the team, because some people might be against changes while others are in favour of it.

3.6 Conclusion

This conclusion offers an overview of the most useful outcomes of this chapter according to the main research question. Starting with the definition of the older employee. Followed by the issues on societal, individual and work-related level, which can be relevant to (human resource) when determining strategies to retain the older employee.

In this research the older employee is defined as 45+ years old, according to employers reviews (Ziekemeijer, 2005). As stated above, employees experience several issues when aging. Some of this issues can be influenced by (HR) managers but others are impossible to solve for managers.

On the level of societal issues, there is the issue of technological change. This is a problem which is experienced by a lot of older employees. Often technological changes have led to changes in the work tasks of the employee. The tasks for managers is to guide the older employees in the changing process and offer them the possibility to get familiar with the changes and the technological resources. Also (HR) managers must take into account that individualization has made it impossible to lump older employees together. Each older employees needs individual guidance and advice. More importantly a (HR) manager needs to remind that each individual is different.

Older employees experience more physical and mental issues, but this is not something a (HR) manager can take away. Therefore it is important that the (HR) manager thinks of strategies to deal with the disabilities of the older employee. Offering the older employee the possibility to continue his/her work, however maybe in an adjusted form and also making sure the working conditions are good. Older employees can also be very useful for transferring information to new employees. Possibly the tasks can be shifted to this transferring of information, while decreasing the physical demanding tasks. Furthermore, physical capacities can be improved by exercising of the employees. Also here is an opportunity for the manager to support the employee.

In this chapter it is described that older employees are often more reluctant to changes and have a more conventional way of working. This must be taken into account when carrying through changes in the organization. It is a fact that older employees are less flexible and therefore they should be supported and involved in the changing process. Furthermore, a pleasant working environment is essential to older employees (also to younger employees). Work load, unclear working arrangements and an unstructured organizational culture are often troubling for older employees.

Education can cause problems among older employees, with some of them being very reluctant to educate themselves. First, less educated people are less likely to participate in business-related education than higher educated where older employees on average are less educated than young employees. A second cause is that the elderly, in contrast to young people, did not grow up with the concept of "lifelong learning". As mentioned in the section on mental capacities, older employees often have trouble to keep up with the speed of learning in the course. Therefore the (HR) manager should offer clear structured, low speed courses, which give older employees the incentive to educate themselves. Strategies should be focused on support during the learning process and offering an incentive to learn at an older age.

Of course one of the main tasks for managers is to keep the employees satisfied and motivated to do their job. Employees can get embittered when the organization is not offering them what they need. Communication between managers and employers therefore is essential. Sometimes this gives difficulties between older employees and younger managers. Younger managers should be aware of the fact that older employees are not different from the rest of the employees, but they may only need another approach.

Above stated issues are for older employees in general. Older employees in health care do not face other problems by definition, but several problems are more common to them than others. Physical problems are:

- Back, neck and shoulder pains;
- Sore feed;
- Varicose veins;
- Wrist pains; and
- Difficulties with bending/stiffness.

These issues can be decreased by human resource managers by setting rules for the physical demanding tasks and managers decreasing the number of these tasks. Besides physical problems, the biggest mental issues that was defined was, work load and related to that stress and pressure to perform.

When the above described issues, faced by older employees, cannot be overcome, a next step for the older employee might be retirement. Although, not only above mentioned issues might be triggers for (early) retirement, people also have very clear motives to do so. These motives will be discussed in the next chapter.

4. Motives for older employees to retire (early)

This chapter will provide an overview of the motives for older employees to retire early, answering the research question: "What are the motives for older employees to retire?". First section 4.1 will provide a definition of retirement and the retirement age. Section 4.2 will give the motives for retirement and section 4.3 will explain these motives. Following the variables influencing (early) retirement will be described in section 4.4 and section 4.5 will give the motives for (early) retirement in the health care sector. Finally, the concluding section 4.6 will give an overview of the motives and reviews the relevance of these motives for the (HR) manager in health care.

4.1 Defining retirement and the retirement age

Before examining the motives for retiring, a clear definition of retirement is needed as well as a definition of voluntary early retirement. Traditionally, retirement has been defined as withdrawal from the workforce altogether or the end of a person's active working life (Feldman, 1994). Although, nowadays retirement status can be both "objectively" determined (e.g. by age and by exit from a long-term career job) and "subjectively" determined by individuals' own perceptions of their careers (e.g. by individuals' intentions about future work plans and by their levels of psychological commitment to work). Voluntary early retirement is understood as a retirement that is caused by a relative preference for leisure versus the feasible alternative of continuing work (Dorn & Sousa-Poza, 2010). Feldman (1994, page 287) defined early retirees as people who "exit from an organizational position or career path of considerable duration" before age 65.

According to the Blöndal and Scarpetta (1999) the standard age of entitlement to state pensions differs considerably across OECD countries. At present, it is 65 for males in more than half of all countries. However, it ranges from a low of 60 in a few countries (Japan, France, Italy) to a high of 67 in some Nordic countries (Denmark, Iceland and Norway). Several OECD countries (including the Netherlands) have already decided to raise the standard pension age gradually in the future.

Drivers for retirement vary across age cohorts (Phillipson & Smith, 2005). Early retirement linked to ill-health is especially important for those in the 50-55 age group. The period of the 50s continues, however, to be viewed as important for most people in maintaining an attachment to work. Rates of leaving work for those who continue in employment increase relatively quickly after 60/65, although a significant proportion of people between state pension age (SPA) and 69 remain economically active. In the next paragraph the motives and factors influencing to retire early will be described.

4.2 Motives for (early) retirement

Early retirement is defined as retiring before the State Pension Age (SPA) (Humphrey et al., 2003). The state pension age differs among countries, as is described in the section above.

Humphrey et al. (2003) conducted a research on the factors affecting the labour market participation of older employees. The research focused on two groups: the group of those still working and the group of fully retired. First, they examined the 'still working group'. They identified people who expected to retire before state pension age and asked them what reasons contributed to their intention to retire early. Over four-fifths (83% of the 252 respondents) mentioned the reason that they wanted to *enjoy life whilst still young and fit enough*. Around 50 per cent gave *spending more time with partner or family* as a reason. This is consistent with the fact that married or cohabiting respondents were more likely to retire before state pension age. Nearly half (45 per cent) said they could afford to retire, and 27 per cent said they were *offered financial terms to retire early*. Smaller proportions of respondents gave more 'negative' reasons for their intention to retire early, with 17 per cent saying their *job was too stressful*, 12 per cent saying *work was too demanding*, 10 per cent saying they were *fed up with their job* and 10 per cent giving *ill-health* as a reason. Women were slightly more likely to mention spending time with partner or family, and to retire at the same time as their partner, whilst men were slightly more likely to say they had been offered financial terms.

This research by Humphrey et al. (2003) shows that, among those who were working, the 'pull' factors were clearly more important than the 'push' factors in determining the decision to retire early. Pull factors can be defined as factors which pull employees towards retirement by their attractiveness and are generally positive by nature. Push factors are elements who push employees as it where to quit working, like ill-health.

Second, Humphrey et al. (2003) focused on the fully retired who retired early and asked about their reasons for early retirement. As the still working group indicated to be mostly driven by 'pull' factors, the reasons for fully retired were more mixed, push as well as pull factors appeared to be important. Nearly half (49 per cent) of those retired early indicated that they had done so because of *ill-health*. This illustrates the impact of health on the labour market participation of older people. Men were more likely than women to mention ill-health (53 per cent compared with 44 per cent). About a quarter (23 per cent) of the early retired respondents mentioned wanting to *enjoy life whilst still young and fit enough*, while 18 per cent said that they *could afford to retire*. Furthermore, eighteen per cent had also *been made redundant*, this was lower among women (14 per cent) than among men (22 per cent).

Humphrey et al. (2003) conclude that there are six main reasons for early retirement (applies to men and women and to the still working group and the fully retired group). These reasons are: ill health, enjoy life while still young and fit enough, offered financial terms to retire early or take voluntary redundancy, could/can afford to retire, made redundant/dismissed/had no choice and spend more time with partner/family. These motives will be explained more in the next section.

4.3 Explanation of the motives for (early) retirement

The earlier defined reasons for retiring by Humphrey et al. (2003) will be further explored by discussing each of them. According to Humphrey et al. (2003) these reasons can be indicated as "push" as well as "pull" factors, which is already explained in section 4.2. Below the reasons for retiring will be described and for each of them it will be discussed whether it is a push or a pull factor.

4.3.1 Ill-health

Push factors according to a survey by the British Ministry of work and retirement (Phillipson & Smith, 2005) are mostly related to health problems. Disability and poor health are the most common negative factors cited for early retirement. So because of the illness, you withdrawal from work (McNair et al., 2004), with no intention or possibility to reintegrate into the workforce. Withdrawal from work might be a better definition than retirement, because it is questionable if ill-health is really retirement. However, the literature that was consulted in this chapter did define ill-health as retirement (e.g. Humphrey et al., 2003; Feldman, 1994 and Collins & Collins, 2006). Furthermore, it is one of the main reasons for leaving the workforce and therefore it will be discussed in this chapter.

As seen in paragraph 4.2, the link between poor health and early withdrawal has been identified in several studies (e.g. Humphrey et al., 2003; Feldman, 1994 and Collins & Collins, 2006). According to research by Humprey et al. (2003), the lower a person's retirement age, the more likely it was that they would have left because of an illness or disability of some kind. Also, they were less likely to have an income from a personal pension. Humphrey et al. (2003, page 71) conclude from this that:

'… the earlier the retirement, the more it is driven by considerations of health rather than money'.

Distinctive for this group, retirement was much more likely to be 'involuntary' rather than 'voluntary'. Humphrey et al. (2003, page 73) state the following about this fact:

'The younger people were when they retired, the more likely they were to report that the decision had been forced. In particular, among those who had retired before [SPA], a half (50 per cent) of men said the decision had been forced compared with 40 per cent of women. Among those people (predominantly women) who had retired after [SPA], 70 per cent said it was something they had wanted to do, which is consistent with the mainly voluntary reasons given for late retirement.'

The findings of Humphrey et al. (2003) are supported by the English Longitudinal Study on Ageing (ELSA). The results of this research underline that for those leaving the workforce below the age of 55, early retirement appears as a phenomenon mostly related to health factors and agrees on the fact that ill- health is a major element above as well as below age 55. A survey conducted by McNair and his colleagues (2004) confirms the above pattern with retirement among those under 50 almost entirely related to ill-health and the most common cause for people leaving work in their fifties.

Finally, care responsibilities are a push factor to early retirement. Older employees around the age of 50 are often charged with caring for parents or other relatives. One in five people in the age group 50-59 are providing informal or unpaid care (cited in Loretto et al., 2005). Loretto et al. (2005, page 42) suggest that:

'… a significant minority of women in mid-life are unable to combine caring and work, or to modify their labour force participation effectively.'

This can lead to imbalance between work-life and private-life and can make the practise of the function a to heavy burden. Also these factors can be influenced by the organization, by having

conversations with the employees and come to a solution for the recovery of the relationship between work load and capacity (Keijzer & Cremer, 2007).

Furthermore Loretto et al. (2005) argue that:

'Looking after the home and family accounts for nearly a quarter of female labour market activity in the age range 50-59... Evandrou and Glaser found that one in five mid-life women who were faced with taking up caring responsibilities, either worked fewer hours or stopped work altogether.'
(Loretto et al., 2005, page 42)

Chapter 1 described that 83.4 per cent of the health care employees (total 1.4 million) are women. According to Evandrou and Glasers research (2004) nearly a quarter of these women will work fewer hours or will stop working when they are aged between 50-59. Because of the large participation of women in the health care workforce it faces a great risk of (early) retiring employees and therefore a shortage of employees. However, it should be noted that the numbers used by Evandrou and Glaser are from Great Britain and therefore might not be completely applicable to the Netherlands.

Moreover, it was found by Mooney and Statham (2002) that hours of work were related both to the likelihood of being a carer and the amount of care given. It was less likely for people aged over 50 in full-time employment to provide care than part-time employees. Where full-time employees were caring, they were more likely to be providing less than five hours of care per week than those working part-time.

4.3.2 Enjoy life while still young and fit enough

One of the most important pull factors for some individuals is the desire to find a new direction to their lives (Humphrey et al., 2003). As we saw in paragraph 4.2, 23 per cent of those who had taken early retirement, had done so to 'enjoy life while stile young an fit enough'. This was way more higher among those intending to retire early, 83 per cent gave this response.

The idea of professional and managerial groups viewing the fifties as an appropriate point to take stock and possibly leave full-time employment was identified by Scales and Scase (2001) in their report 'Fit at Fifty'. Scales and Scase make the point that among some groups an 'expectation of early retirement' had become embedded in society by the end of the 1990s, with a desire for building a different life – apart from potential financial pressures. In this report it is stated that:

' Life after work is seen to offer a period of at least 30 years when personal talents and skills can be developed free from the demands of work. Those who are released from financial commitments are likely to exit the labour market in their 50s on either a full-or part-time basis, even in the face of a likelihood of a decline in living standards. The search for personal autonomy will be seen to offer greater benefits than higher material living standards.' (Scales and Scase, 2001, page 7)

Furthermore, how someone values his leisure time, is very important in this case. De attractiveness to retire will probably increase when someone places a high value to his/her leisure time and if someone can fill in this leisure time properly (Henkens & van Solinge, 2003).

4.3.3 Offered financial terms to retire early or take voluntary redundancy

Often older employees are offered (full) pension benefits at age 60 or earlier to encourage them to retire early (Ippolito, 1990). This is a typical push factor and this has happened in the Netherlands in the past with diverse financial compensations, which made it attractive to retire early. Nowadays these compensations are increasingly restricted, so it will be less attractive to retire early (Thunissen, 2001).

The ultimate economic benefits of this downsizing efforts by an organization have been questioned by some researchers (Cascio, 1993 and McKinley et al., 1995) and not much is known about the employee's perceptions of early retirement in the context of organizations' implicit message to retire early (Taylor & Shore, 1995). When people are offered financial terms by the organization, they often do not think this is negative, and eventually they often think they made the choice to retire themselves, not feeling that the organization in some way pushed them to do so (Schultz et al., 1998). Voluntary redundancy is related to factors already described and factors described further on in this section.

4.3.4 Employee could or can afford to retire

Financial security is one of the biggest "pull' factors encouraging people to leave work ahead SPA. It is identified as a significant element by several researchers, for example, Humphrey et al. (2003); Smeaton and McKay (2003); Arthur (2003) and Lissenburgh and Smeaton (2003). Humphrey et al. (2003, page 48) found that those retiring early reported higher incomes than those expecting to retire at SPA. They review that:

'This suggests that those expecting to retire early were more likely to have had the financial resources to enable them to do this.'

Humphrey et al. (2003) found that of those expecting to take early retirement, 45 per cent said that this was because they could afford to do so. This outcome is supported by Smeaton and McKay (2003). Their research confirmed the extent to which access to an occupational pension was associated (especially in the case of men) with more rapid exit out of the labour market. Lissenburgh and Smeaton (2003) and Arthur (2003) link access to financial resources to the idea, of 'two nations' of early retirees (see, also, McNair et al., 2004; Mann, 2001, Scales and Scase, 2001). The idea is that on the one hand, older employees from a disadvantaged background are more likely to leave employment *involuntary* due to unemployment or ill-health (as stated earlier), while their more advantaged counterparts are more likely to leave *voluntarily* due to their acquired wealth or entitlement to a private pension. Arthur (2003, page 41) links this dichotomy to the issues of choice and control in the move from work to retirement arguing that:

'The dimensions that appear to be central in framing people's experiences are first, the degree of choice and control they experience on moving out of work and towards retirement, and second, their financial circumstances during their working life (for example, their income from earnings, access to occupational pension, and accumulation of personal savings). People who move out of work before [SPA] range from either end of these two dimensions: total choice and control over circumstances to no choice and control, people in very high income brackets to people on low levels of state benefit. Perhaps not surprisingly, the findings suggest that on the whole, but not always,

people in strong financial and occupational situations have greater choice and control over leaving work and arranging their finances subsequently.'

4.3.5 Employee is made redundant, dismissed or had no choice

The third factor that belongs to the push factors is compulsory redundancy or excessive personnel. Organizations which are in a shrinking situation and who are often reorganizing have at greater risk of older employees wanting to retire early (Henkens & van Solinge, 2003).

Barham (2002, page 307) did an analysis on the economically inactive people. He suggest, that at least in the case of the older men, two different groups exist:

"One group appears to consist of voluntarily retired professional employees, who may well have occupational pension schemes enabling them to have an income before [state pension age]. A second group includes skilled or semi-skilled employees who have been made redundant."

Those who are leaving the labour market in their 50s, because of redundancy, dismissing or simply having no choice, have a poor chance of successfully returning into it (McNair et al., 2004). McNair et al. (2004) state that, some people who are "unemployed and seeking work" and will not, ever find work, since the chances of successfully returning after a break decrease rapidly after the age of 50. Some people than would prefer to describe themselves as "retired" rather than "unemployed", since the former is more acceptable in terms of self-esteem and social status (McNair et al., 2004). Therefore some people who are maybe not really retired, call themselves retired, but this is not their own choice, the choice is made for them.

4.3.6 Employee wanting to spend more time with partner and/or family

The desire to spend more time with partners is also an important pull factor to retire early. Retiring is often seen as a deepening of the relationship with the partner. A partner retiring, can be of great influence on the decision to retire. Also, the social situation of the employee plays a part in this. When it is seen as normal in the social environment to retire when the partner retires, it is more likely that the employee will retire early (Henkens & van Solinge, 2003).

In a survey by Humphrey et al. (2003) this motive was mentioned by 16 per cent of the early retired, and by 50 per cent of those expecting to retire early. This is in line with findings from Barnes et al. (2004). Furthermore, the importance of marital relationships was also noted by Hilbourne (1999, page 174). She found that a substantial minority of men and women in her research saw retirement as an opportunity to improve and enrich their relationship. She stated the following:

'Women hoped that they and their husbands might 'grow close together', and have a 'different kind of marriage'. Also unlike the men, they looked for an improvement in the emotional and sexual side of the relationship. They expected to 'find a friend and confidante in a husband', to 'rediscover and maintain romance', to 'have a little more tenderness and attention' and 'to have a good sex life – afternoon fun'. The men more soberly confined their comments to 'a closer relationship to be worked on', 'renewal of the partnership', and a realization that 'marital life' will be more significant' – an implicit recognition, perhaps, that it had before taken second place to the job.'

To what extent above described factors are relevant to the final decision to retire varies, since individuals differ in the extent to which they value different factors (Henkens & van Solinge,

2003). However, we can conclude from the push-pull model and the explanation of the factors described by Humphrey et al. (2003) which factors could be influenced to retain older employees in the workforce (Keijzer & Cremer, 2007).

4.4 Variables influencing (early) retirement

The findings of Humphrey et al. (2003) are in line with the earlier findings of Feldman (1994). He offers a set of variables in different categories which influences early retirement.

4.4.1 Individual differences variables

The most common set of variables, which has received most attention in literature, are the *individual differences* (Feldman, 1994). Especially the demographic variables (e.g. gender, race and marital status) and health status (e.g. major physical illnesses, functional impairment and psychosomatic illnesses). Furthermore, variables including work history patters (e.g. years of service, number of exits and entries from the workforce and number of layoffs experienced during a career), individual attitudes toward work and individual attitudes toward retirement, are relevant to examine early retirement. Humphrey et al. (2003), as stated before, agree on this with their motives for (early) retirement being ill-health (health status) and spending more time with family and friends (demographic variables).

4.4.2 Career opportunity variables

Another set of variables that influences early retirement decisions are what labour economists call *opportunity structures in career path* (e.g. Doeringer, 1990; Hart, 1988; Ruhm, 1989, 1990). Different career tracks offer differential opportunities for ageing employees to continue in their regular preretirement jobs. Important variables that need to be considered are opportunities for part-time employment or self-employment outside the current organization; unionization of the industry; the physical, intellectual and social demands of the job; and age-related performance decrements associated with a career path. Humphrey et al. (2003) mention that a motive for retirement can be the fact that an employee is made redundant, in this case the employee has no career opportunities in the organisation, therefore deciding to retire.

4.4.3 Organizational-level variables

The third set of factors consists of *organizational-level* variables (Feldman, 1994). This is can be about how generously organizations reward employees financially (in terms of wages and pensions) or which retirement counselling programs and incentive packages they offer. Other factors that are relevant to this set are the type of industry, size and growth rate of the firm, the perceived discrimination against older employees, the "voluntariness" of the retirement and the organization's flexibility in managing older employees in terms of scheduling and work assignment. Furthermore, satisfaction about the organization and the job itself can be relevant variables when it comes to measuring why people retire (early). Humphrey et al. (2003) agree on this by mentioning being offered financial terms as a motive for retirement. Also being able to afford retirement is mentioned by Humphrey et al. (2003), this has very much to do with the type of industry someone is working in and the rewards he or she receives.

4.4.4 Macroeconomic and external environmental variables

The last set of factors defined by Feldman (1994) is not mentioned in the research by Humphrey et al. (2003) and consists of *macroeconomic and external environmental* variables that influence individuals' early retirement decisions. Changes in national policy on Social Security suitability and taxation can influence older employees' choices: similarly, macroeconomic changes in growth rates and inflation rates can influence people's decisions to retire early and the quality of their lives in retirement as well. Although there is some discussion about these macroeconomic changes because the look a little bit far-fetched. Furthermore, the introduction or phasing out of government programs to assist the elderly in finding jobs also may influence retirement decisions and bridge employment opportunities. Solem (1998) concluded from a literature study that both interventions in the pension system and in the labour conditions can lead to an attitudinal change towards retirement.

4.5 Motives for (early) retirement in health care

Economy-wide, the average retirement age increased to 62 years (Commission Labour Participation Netherlands, 2008). On average, in health care, people retire earlier at 60 years of age (van der Windt et al., 2009b). Several factors can explain this difference. The above mentioned factors are general, all of them can also be applied to the health care employees. But there are also two specific factors which are relevant to health care employees, when deciding to retire. These two factors will be describe in this paragraph.

4.5.1 Physical and Mental demand

Outstanding is the fact that the health care sector is placed second with 43 per cent – after the building sector with 57 per cent - as it comes to physical demanding work (Klein Breteler et al., 2009). It is underlined by older health care employees that the job is often physically demanding. However, the differences between older employees are big. This is mostly related to their health, some of them are in great shape at age 60, but others can face illnesses and physical complaints. Therefore, decreasing health is the biggest motivator for health care employees to retire. This can be physical health, but also mental health is an important factor.

4.5.2 Working hours

The irregular and night shifts is the second biggest motivator for early retirement. As employees get older, they get less flexible (chapter 2). They face more difficulties with the irregular and night shifts, because their body simply cannot adjust as fast as before. If the employer does not respond to this demand for more regular working hours, it is very likely that health care employees decide to retire early (Klein Breteler et al., 2009).

4.6 Conclusion

Early retirees are defined as people who "exit from an organizational position or career path of considerable duration" before the age of 65 (Feldman, 1994, page 287). In most countries the state pension age (SPA) is defined at 65 years of age, but this differs among OECD countries.

Humphrey et al. (2003) defined several factors affecting the labour market participation of older employees. These factors can be divided into push and pull factors (as stated in paragraph 4.3). The push factors stimulating early retirement are:
- Ill health (of the employee itself or of relatives);
- Offered financial terms to retire;

- Redundancy/dismissing (voluntary or not);
- Dissatisfaction about the job or the working environment.

The pull factors stimulating early retirement are:

- Enjoy life while still young and fit enough;
- Influenced by environment (e.g. partner retiring);
- (positive) Changes in the pension system;
- Spend more time with partner/family;
- Ability to afford retirement (Humphrey et al., 2003).

However, it should be noted that all of these factors do not relate to every individual to the same extent. It can differ among older employees and therefore (HR) managers should also treat the older employees as individual persons. Above stated factors are important when developed strategies to retain the older employee in health care except for the push factor ill-health, because health care employees will not be offered financial terms to retire or be made redundant or dismissed when in the future there will be a labour shortage of 470.000 employees.

Next to this general motives for (early) retirement, also the motives for retirement in health care are explored. It seems that all the general factors also hold for the health care employees, however also not to the same degree for each individual. The motives for retiring according to older health care employees are also related to the level of physical and mental demand of their job and the working hours. These two are of great importance when older employees in health care have to decide whether or not to retire (early) (Klein Breteler et al., 2009). (HR) managers can respond to this need for a decrease of the physical and mental working load. Also they can offer more flexible working hours to older employees. For example by decreasing the number of night shifts.

This chapter has given an overview of the factors influencing retirement. By defining these factors (HR) managers can become more aware of how they can influence their work force. So which actions they have to undertake to make the work attractive enough to continue working until the SPA or even prolonging the working life after state pension age. Although, strategies to do so cannot be developed without knowing which incentives people have for prolonging their working life, therefore the next chapter will explore these incentives.

5. Motives for older employees to prolong their working lives

In this chapter the motives for older employees to prolong their working life will be examined. Section 5.1 defines the motives, followed by section 5.2 which explains these motives more extensive. Section 5.3 provides information on the influence of socio-demographic factors on the decision to prolong working life. Section 5.4 gives information on the specific motives for health care employees. Lastly, the conclusion will offer an overview of the motives important for (HR) managers when developing strategies to retain their older employees.

5.1 Motives to prolong working life

In most cultures working is usually considered to be of relatively high importance when compared with meaning in other areas in a person's life (England, 1991). Furthermore, working is known to be more important than leisure, community and religion and several studies show that work is ranked second only to family (Harpaz, 1999; Meaning of Working International Research Team, 1987). This gives the impression that work is apparently so important to certain individuals that they decide to work even though they have enough money to maintain their lifestyle without it (Shacklock & Brunetto, 2011). On the contrary there are the employees who would prefer to stop working as soon as possible. For some individuals, it seems, life and work are tied inseparably together and for others, work and other aspects of their life could not be further apart. Therefore, it is needed to determine which motives older employees have to continue working other than the often mentioned economic reason and what factors might influence such intentions.

Probert and MacDonald (1996) found that paid work is important to older people's sense of self-identity, while Shacklock (2008) suggested that the following factors influence older employees' intentions to continue in employment:
- Health of self and family;
- Finances;
- Attachment to work;
- Importance of working to the individual;
- Interpersonal relationships at work;
- Perception of personal autonomy at work;
- Flexible and clear work arrangements;
- Interests outside of work; and
- Management and organisational factors, such as supervision, bureaucracy and work environment.

Also for some older employees it can be important that they are offered the possibility to educate themselves, even when they are aging (Boonstra, 2008). Moreover, type of employment is strongly associated with prolonging the working life (McNair et al., 2004).

5.2 Explanation of the motives for prolonging working life

In this section the motives mentioned in section 5.1 will be explained more extensive, because knowing what is behind these motives makes it more easier for (HR) managers to develop strategies to retain the older employee in health care.

5.2.1 Health of self and family

The earlier stated review of the retirement literature (chapter 4) shows that health has a significant impact upon a person's decision to retire (AARP, 2005; Humphrey et al., 2003; Phillipson and Smith, 2005). Other important health factors in the decision to retire include factors that may inhibit a person's ability to carry out the work, such as physical limitations and health problems of the employee, as well as the health of the employee's partner (Shacklock and Brunetto, 2011). As long as the health of the older employee itself and the health of family members is perceived as good, the likelihood of prolonging working life is higher.

5.2.2 Finances

The financial situation of an individual includes issues of savings, housing ownership, other investments dependence of others (children, elderly parents or sick relative), expected income stream from combined pension and superannuation and adequacy of health insurance (Department of the Treasury, 2004a; Patrickson and Ranzijn, 2004). If finances are healthy, the decision to retire may be possible at any age or stage. On the contrary, if finances are unhealthy, the option to retire may not be realistic at a particular point in time. Many researchers found that financial circumstances are significant to the decision to retire (Department of the Treasury, 2004b; Jackson et al., 2006; Phillipson, 2004). So, it is possible that people in unhealthy financial conditions are more likely to prolong working life, because they simply have to. This is supported by findings of Barnes et al. (2004), respondents in their study reported that they had little choice but to continue working, this because of concerns about their financial prospects. In several cases, problems had been precipitated by a crisis approaching retirement, such as redundancy, divorce, health problems, or being forced out on early retirement programmes. Also financial commitments such as children still at university, non-working partners or other dependents, mortgages, and/or wish to ensure a fully-funded occupational pension are important (Higgs et al. 2003).

Smeaton and Mckay (2003) indicated that for men and women, working past state pension age is associated with a superior post state pension age financial situation in comparison with non-employees. Smeaton and Mckay (2003, page 48) comment that:

"The reasons these groups [i.e. men and women working past state pension age] felt better off is not surprising, when put against differences in their household incomes. The median income of employees were around two-thirds higher than among non-employees... for both men and women.''

Working after state pension age may in fact be crucial for many employees in raising their level of income. This is supported by Barnes and Parry's (2003) observation that extending work beyond state pension age may be important for some in improving the quality of life and the "affording of extras".

5.2.3 Attachment to work

Barnes et al. (2004), as well as Patrickson and Ranzijn (2004) confirm the role of work "passion" or attachment to work in the desire to continue working. Attachment to work is typically related to the content of the work or job itself. It has been found that positive views about work influence wellbeing and identity, encouraging older people to consider the extension to their working lives into later ages. Attachment to the work was found to affect people's retirement decisions (Barnes et al., 2004), including satisfaction with the current job (Anderson et al., 2002) and the motivation to work (Patrickson and Ranzijn, 2004). In general, the more motivated and satisfied people are with their job, the higher the probability that they will prolong their working life. Although, other factors are relevant as well, because if one is motivated and satisfied, but also has a lot of financial resources, it might be that because of this availability of financial resources one still decides to retire.

5.2.4 Importance of work to the individual

Within the retirement conceptual frame, Ekert and DeViney (1993) found psychological factors such as reduced commitment and job satisfaction, dissatisfaction with career attainment, and anxieties about leaving the workplace had a positive influence on the retirement decision. Similarly, positive views about work were found to influence wellbeing and identity, encouraging older people to consider the extension of their working lives into later ages (Shecklock & Brunetto, 2011). The review of this literature suggests that the importance of work to the individual may be an important variable affecting older employees intentions to continue paid work. A regression analysis, undertaken by Shacklock and Brunetto (2011) proved that there indeed is a positive relationship between "Importance of work to the individual" and "older employees" intentions to continue working.

5.2.5 Interpersonal relationships at work

It has been found that older employees are attracted by the fact that there is the opportunity to interact with others while at work, with retirees reporting they missed the relationships they had when they were still working (Shacklock, 2006). Furthermore, Choo (1999) found social relationship at work to be an important factor in working, particularly later in life, and after the traditional state pension age (Smeaton and McKay, 2003). This was examined by a regression analysis by Shacklock and Brunetto (2011) who found out that there is a positive relationship between "interpersonal relationships" and "older employees' intentions to continue working". This suggests that when an older employee has positive interpersonal relationships at work, their intentions to continue working are also positive.

As mentioned earlier (Chapter 3) the relationship between the manager and the older employee is of significant importance. The attitude of the manager towards prolonging working life plays an important role in the decision of the employee to prolong working life (Henkens & van Solinge, 2003). If the employee wants to retire early, the manager often sees this as a personal choice where he/she has little to do with (Cozijnsen et al., 2005). Prolong working life could be stimulated more when the manager would feel more responsible about this. The best way for the manager to deal with this is to have a conversation with the employee and if necessary offer alternatives, like part-time pension, other tasks or homework (Keijzer & Cremer, 2007).

5.2.6 Perception of personal autonomy at work

Another factor that may affect employees' decisions to continue working is their level of autonomy in the decision-making at work (Phillipson and Smith, 2005). Employees' autonomy in the workplace refers to their ability to make decisions about how and when to undertake workplace tasks (De Jonge, 1995). As evidence of the relationship between personal autonomy at work and continue working, early retirement (the opposite of continuing to work) was related to low levels of autonomy in job tasks among males in Norway (Blekesaune and Solem, 2005). This was also supported in the Australian context by Shacklock and Brunetto (2005), who found that perceived autonomy in the workplace was a negative influence on the decision to retire. Whilst Patrickson and Ranzijn (2004) argued that individuals make the decision to retire based on their "bounded choices" when considering their financial position and health situation, it seems likely that other factors (such as their perception of autonomy) may affect their decision. Unfortunately, there is no proof for this relationship. A regression analysis by Shacklock and Brunetto (2005) showed no significant relationship between "perceptions of autonomy" and "older employees' intentions to continue working".

5.2.7 Flexible work arrangements

Gallie and White (1993) as well as the Meaning of Working International Research Team (1987), found that continued interest in working without the financial need to do so was influenced by the flexibility of working arrangements (continue to work but under different conditions). In particular, there is some consensus that older employees want flexibility in their work arrangements if they are not to continue working (Arrowsmith and McGoldrick, 1997; Jackson et al., 2006). Furthermore, Patrickson and Ranzijn (2004) argued that offering flexible work to older employees close to their retirement decision, was viewed by them as an attractive option. Regression analysis carried out by Shacklock and Brunetto (2011) showed no significant relationship between "flexible working arrangements" and "older employees' intentions to continue working", therefore it cannot be proven that having flexible working arrangements as a company, will ascertain that your older employees will have more intention to continue working.

5.2.8 Interests outside work

As already mentioned in Chapter 3, interests outside work, that is leisure, is one of the most important factors influencing the decision for retirement or continue working. Humphrey et al. (2003) reported that a majority of (83 per cent) of those who intended to retire early reported they would do so in order to "enjoy life while they were still fit and young". Similarly, Laslett (1989) argued that retirement allows more time for generally pursuing life goals. Furthermore, Ginn and Arber (2005) found that older people were more likely to seek certain characteristics about jobs they might choose, including less manual labour and more quality-adding to their lives. Shacklock and Brunetto (2011) examined the hypothesis that there is a negative relationship between older employee's interests outside of work and their intentions to continue working. A regression analysis pointed out that there indeed is a negative relationship between "interests outside of work" and "older employees' intentions to continue working". Furthermore, this research also showed that interests outside of work alone accounted for approximately 24.2 per cent of the variance of older employees' intentions to continue working.

5.2.9 Management and organisational factors

The last factors mentioned by Shacklock (2008) are the management and organisational factors, here you can think of supervision, bureaucracy and work environment. Traditionally,

organisational policies have been of little support in encouraging employees to continue working beyond the traditional age of retirement (Shacklock en Brunetto, 2011). It was found by Platman (2004) that the type and characteristics of work and the working environment was important to older employees when considering their working futures. A healthy relationship with the manager can be very important to an older employee. If the manger enables the older employee to act on his own discretion. An older employee who is satisfied with the management and is involved in the decisions the management takes, is more likely to prolong working life (Martens et al., 2007). Furthermore, the structure in the company is important. A clear structure and function description makes it easier for the older employee to prolong his working life. Knowing what his or her tasks are, makes the older employer feel more comfortable with their job. On the contrary changing tasks and functions are negatively experienced by older employees and can accelerate the decision to retire.

5.2.10 Education and Training

Depending on the attitude towards education might be of influence for the older working when deciding to prolong working life (Boonstra, 2008). If an employee is interested in educating himself, but he is not offered the possibility to do so by his employer, he might be more reluctant to prolonging working life. On the other hand, if education is offer by the employer, it is possible that the older employee will prolong his working life, because he still wants to gain new knowledge and also bring this knowledge into practice.

5.2.11 Type of employment

The type of employment is strongly related to likelihood of working up to and beyond state pension age. For self-employed it is much more likely to prolong working life than for employees. For some individuals, however, self-employment may not be a "choice". Smeaton and Mckay (2003) examined whether some types of jobs appear to offer more opportunities beyond state pension age. The result suggested that male employees working after state pension age are overrepresented in distribution, hotels, restaurants and "other services", while men working after state pension age in the construction and manufacturing industries are under-represented. Older women were clustered in part-time employment in service-related positions reflecting a pattern set earlier in the life course. Smeaton and Mckay (2003) also identified company size as a relevant factor, with employees over state pension age twice as likely as other age groups to be employed in small companies with 1-10 staff. They are also far less likely to be employed in organizations with over 50 staff. They suggest that this distribution may:

 "… reflect the greater informality of small companies, which are far less likely to provide occupational pension schemes and less likely to impose specific ages of retirement."
(Smeaton and McKay, 2003, page 23)

5.3 Health care employees prolonging their working life

The number of employees in health care that works until the age of 65 is very small. 14 per cent of the employees is over 55 and after the age of 58 the labour participation strongly decreases (Smeets et al., 2009). Therefore it is important to indicate which factors can convince health care employees to prolong their working life.

Veer and Francke (2011) conducted a survey among health care employees in which was asked in what way the employer can contribute to retaining the employees over 50 in health care until 65 years of age. Therefore 5 themes were mentioned (table 5.1). Actions across all five themes can contribute to the prolonging of working life, according to the respondents.

Table 5.1 Themes that should be included in the elderly policy of an employer according to employees, in percentages defined (Source: Veer and Francke, 2011)

My employer can retain 50+ employees by:	N[1]	%
Offering the possibility to change the content of the work	947	71%
Having extra attention to certain operating conditions	953	93%
Offering the possibility to adjust working hours	950	83%
Having attention for their career	934	82%
Having attention for health and illnesses	942	76%

[1] Number of respondents which answered the question

The research showed that almost all health care employees (93%) indicate that the attractiveness of the work is important if it comes to the challenge of early retirement. Aspects as acceptable workload, receiving appreciation, a nice team atmosphere and good communication and decision-making are valued the most important for older employees to prolong their working life in health care. Research by Veer et al. (2010) proves that attention for the careers of older employees (82%) can contribute to maintaining the older health care employee. This attention can consist inter alia of more choice in working hours, like more regular working hours and less night shifts, and more possibilities to adapt tasks to the physical state. This also includes conversations about the older employee's health.

The 5 themes stated in table 5.2 are divided into several aspects in the survey. When it comes to the theme of the possibility to change the *content of the work*, the health care employees mainly think of decreasing the physical demand of the work (83%), but also decreasing the mental demand (29%). A shift towards more coaching and supporting tasks (55%) and coordinating tasks (30%) might be a possible solution. As for the general *operating conditions* the workload is the central problem. 85 per cent of the respondents thinks that the employer should prevent the workload from getting too high for the employee. In order to retain older employees in health care, the respondents think it is important that the employees experience appreciation (67%) and a pleasant team atmosphere (67%). Also a well-functioning team, a good contact with the general manager and a certain autonomy can contribute to longer participation by older employees. However, it should be noted that this is not specifically for the older employees, it holds for every employee in health care (and also outside of health care). According to the theme of *working hours*, the most respondents think of reducing irregular shifts (66%) and night shifts for older employees (57%). Also working less hours a week (46%) and extra leave hours (43%) are mentioned relatively often.

With respect to the *career*, career reversal is with 65 per cent the most often mentioned aspect. Hereby the respondents think of the employee working in another, similar in level, function. Training specifically for older employees (53%) and career counselling for older employees (45%) can contribute to ensuring that older employees have a suitable function. Only a small amount of the respondents report switching to a lower position with the same salary as an option (5%). *Attention for the health* of the older employee contributes to prolonging of the

working life, according to the respondents. They think it is especially important that the employer on a regularly basis speaks with the older employee about the work load and health (67%) and takes care of adjustments to ease the burden of the health care tasks (68%). The manager must make an effort to enable ill and older employees to come back into the workforce (40%). Finally, the majority of the respondents (73%) thinks it is important that the option of part-time pension or part-time early retirement is available.

5.4 Conclusion

Shacklock (2008) defined several factors influencing older employees' intentions to prolong their working life. These are:

- *Health of self and family*: good health increases probability of prolonging working life;
- *Finances*: unhealthy financial situation increases probability of prolonging working life, but also financial commitments like mortgages can be of relevance;
- *Attachment to work*: this includes motivation and satisfaction, high motivation and satisfaction increase the probability of prolonging working life ;
- *Importance of working to the individual*;
- *Interpersonal relationships at work*: when relationships at work are valued positively, prolonging working life is more likely for older employees;
- *Perception of personal autonomy at work*: It is likely that the level of autonomy an older employees perceives influences the decision to prolonging working life, unfortunately there is no proof to this;
- *Flexible work arrangements*: these have a positive influence on prolonging the working life of older employees;
- *Interests outside of work*: research shows that there is a negative relationship between interests outside of work and the decision to prolong working life; and
- *Management and organisational factors, such as supervision, bureaucracy and work environment*: if the working environment and management are positively reviewed by the older employees, they are more likely to prolong their working life.

Also education and training and type of employment can be of significant influence when deciding to prolong working life. The importance of education and training depends on the attitude of the older employee towards this subject. To some older employees it might be important, therefore deciding to prolong their working life. Some types of employment just do not allow people to prolong their working life because of for example the high level of physical work.

Again as in the chapter on retirement, not all factors can be influenced by (HR) managers. Health of self and family, financial situation, importance of work to the individual and interests outside work are those factors. But the other factors are all work-related and therefore can be influenced by the (HR) managers. From this chapter we can conclude that the working arrangements and working environment, but also the relationships at work and education are factors that, when positively evaluated by the older employee, can make them prolong their working life. Therefore, the (HR) manager should apply a strategy which makes sure these factors are valued positively, therefore giving the older employee incentives to prolong their working life.

Prolonging working life applied to health care employees reveals 5 important themes (Veer and Francke, 2011), which offer reasons why health care employees would prolong their working life. According to these themes several important factors can be conducted which contribute to the prolonging of the working life in health care:

- Attractiveness of the work;
- Offering the possibility to change the content of the work, this includes decrease of physical and mental demand;
- Decrease of the work load;
- Appreciation of the employees;
- A pleasant team atmosphere;
- Reducing of irregular and night shifts;
- Reducing number of working hours and increase of leave hours;
- Specific training and career counselling for older employees;
- Regular communication between the employee and manager;
- Option to take part-time early retirement.

Again, a lot of work-related factors are mentioned by the employees. If (HR) managers are able to offer the older health care employee the above mentioned factors, it will be more likely that they prolong their working life. Therefore the (HR) strategies should be focused on fulfilling these factors in the best way possible.

In the next chapter the (HR) strategies to retain older employees will be explored. These will compared to the findings about older employees' issues, motives to retire and motives to prolong working life. With as the final goal to provide (HR) managers in health care with strategies to retain the older employee in health care.

6. General Human Resource practices to retain older employees

In this chapter the general HR practices for retaining the older employees will be described. Chapter 2 already described that the demand for healthcare is increasing due to the greying society. A demand which cannot be fulfilled with only young employees, due to a declination in number of births in developed countries (Collins & Collins, 2006). Therefore it will be necessary to retain the older employee in health care. This can only be accomplished when (HR) managers apply human resource practices which are specified to the older employee. Human resource managers as well as managers (also called team leaders) in health care are important to retain the older employees. Human resource managers have an advising job and are the policy developers. General managers implement the policies and ask human resource managers for advice. So the general managers are directly in contact with the older employee as the human resource managers offer the general managers the frameworks and boundaries for working with older employees and have less personal contact with the employees (in general). Especially in health care, teams are managed by team leaders, therefore both the team leader/general manager and the human resource manager have an important role in retaining the older employee.

The first section of this chapter will describe the challenges for human resource managers defining HR practices for older employees. Section 6.2 will outline the HR bundles and practices for retaining older employees according to Kooij (2010). In section 6.3 these HR bundles will be extended with the seven HR strategies developed by Armstrong-Stassen (2008) after which these strategies will be further explained. Chapter 6.4 will provide a conclusion on the results.

6.1 Challenges for (HR) managers: defining HR practices for older employees

High commitment HR practices are used by human resource managers when they feel like the organisation would be at risk when not meeting the demands of the employers (Leopold and Harris, 2009). In health care organisation high commitment HR practices are necessary to retain employers, because otherwise the organisation faces the risk of employee shortages. Low commitment HR practices also exist, but this strategy is more appropriate where employees are not a major source of strategic uncertainty for the organisation (Leopold and Harris, 2009) and according to Watson (2004) employees are hired when needed. Watson (2004) gives a definition of high and low commitment HR practices, however he emphasized that this are ideal types:

"High commitment HR practices: a pattern of staff activities in which the employer seeks a close relationship with the employees making them psychologically or emotionally involved in the organisation. Opportunities for personal and career development are interwoven in the work. The contracts last long and possibly contains several tasks. Employees receive freedom on how they perform their tasks".

Low commitment HR practices: a pattern of activities in which staff activities are obtained at times when it is needed immediately. Employees are recruited for tasks requiring little training and the work is terminated once it is no longer needed. Work is highly specified, monitored and supervised. Efficiency is a leading cause. (Watson, 2004, page 456)

As mentioned in the earlier chapters 3, 4 and 5 older employees in health care want to be involved in what is going on in the organisation and they favour personal and career development (Veer and Francke, 2011). These are typically high commitment HR practices. Low commitment HR practices are used in health care by hiring flex employees when experiencing periods of labour shortage, however as stated in chapter 2 the labour shortage will rise up to 470.000 in 2025 (Klein Breteler et al., 2009), therefore these low commitment HR practices will not be a solution to the problem in health care.

One of the most pressing challenges for human resource managers is to find effective strategies for encouraging older employees to remain engaged and active members of the workforce (Barnes-Farrell and Matthews, 2007). Lifespan theories (such as the Selection Optimization and Compensation (SOC) theory; Baltes, Staudinger and Lindenberger, 1999) address how individual adults cope with age-related losses, such as declining health. Based on these theories, and results of a meta-analysis on how work-related motives change with age (Kooij, De Lange, Jansen, Kanfer and Dikkers, 2010) Kooij (2010) expects the utility of HR practices to change with age. Therefore it is possible that certain "universal" high commitment HR practices are not that appropriate for older employees. Indeed, several studies (Conway, 2004; Finegold, Mohrman and Spreitzer, 2002; Kooij, Jansen, Dikkers and De Lange, 2010) found that the association between high commitment HR practices on the one hand, and job satisfaction and affective commitment, on the other, changes with age or with life stage. For example, the American Association for Retired Persons (2005) observed that nurses preferences for benefits vary with age; younger nurses are typically interested in wages and career opportunities, while older nurses care more about benefits and retirement plans.

Conversely, other HR practices which are not normally perceived as high commitment HR practices could be considered as high commitment HR practices in terms of older employees. For example, age-related HR practices, such as semi-retirement or reduced workloads, are specifically aimed at retaining older employees (Remery et al., 2003).

6.2 HR Bundles and practices

According to her findings above about the relevance of high commitment and age-related HR practices Kooij (2010) identified 21 relevant high commitment and age-related HR practices from literature (Boselie et al., 2005; Combs et al,, 2006; Paul and Townsend, 1993; Remery et al., 2003; Wood and De Menezes, 1998). She conceptually distinguished between bundles of development, maintenance, utilization and accommodative HR practices based on the Selection Optimization and Compensation Theory (Baltes et al., 1999). Her article is used because it offers a review of the literature available on the strategies to retain the older employee, therefore very useful for this research as it contains all the relevant high commitment and age-related HR practices on retaining older employees. Kooij (2010) has defined it as bundles because the four areas each consist of different practices that are related to the subject of that particular area. She therefore puts together practices from different sources "bundling" them together.

Kooij (2010) notes that:

*"Development   HR practices are aimed at stimulating employees to reach higher levels of functioning **by increasing both job demands and job resources**, maintenance HR practices are aimed at **increasing job resources**, helping employees to maintain their current level of performance in the face of new challenges; utilization HR practices are aimed at **changing job demands**, helping employees to return to the previous level of performance after a loss; and finally, accommodative HR practices are aimed at **reducing job demands**, helping employees to function adequately at lower levels.* (Kooij, 2010, page 189-190) (see table 6.1)

Table 6.1 HR bundles (Source: Kooij, 2010)

Development	Maintenance	Utilization	Accommodative
Career planning	Flexible benefits	Participation	Additional leave
Continuous on-the-job development	Ergonomic adjustment	Task enrichment (knowledge transfer)	Long career break
Regular training	Performance pay	Reduced workload	Early retirement
Promotion	Compressed working week	Sideways job movement	Demotion
	Performance appraisal	Second career	Exemption from overtime working
			Part-time work / semi-retirement

In her research Kooij (2010) found that there is a positive relation between the perceived availability of development HR practices (according to the bundles in table 6.1) and the motivation to continue to work. According to Kooij (2010) above stated bundles are representative as the high commitment practices for older employees. The practices in table 6.1 can positively affect the motivation and job satisfaction of the older employees, encouraging them to continue working.

6.3 Extending the HR bundles

In the previous section the HR bundles defined by Kooij (2010) are stated, this section extends these bundles and practices with seven somewhat more concrete strategies and practices developed by Armstrong-Stassen (2008) with some of them being also part of the HR bundles by Kooij (2010). As Kooij (2010) offered the more general terms development, maintenance, utilization and accommodative, Armstrong-Stassen (2008) makes them more specific therefore being easier to relate to the findings in chapter 3, 4 and 5. Table 6.2 offers an overview of the strategies and practices defined by Armstrong-Stassen (2008). These strategies and practices will be described in the next sections.

Table 6.2 The seven HR strategies and their representative HR practices (Source: Armstrong-Stassen, 2008)

Flexible work options
1. Providing flexible work schedules (days/hours worked).
2. Providing a reduced work week (part-time).
3. Offering job sharing (two people sharing a full-time position).
4. Offering unpaid leave (education, elder or parental care).
5. Providing options to work from home.
Job design
1. Providing challenging and meaningful assignments.
2. Creating new roles for mature employees.
3. Redesigning jobs to be more appealing to mature employees.
4. Ensuring mature employees have input in determining their workload.
5. Providing opportunities to transfer to a less stressful/strenuous job.

Mature employee training 1. Targeting mature employees for training to update their job skills. 2. Targeting mature employees for training to acquire new skills. 3. Providing access to new technology that will assist mature employees in performing their job. 4. Providing the same opportunities as younger employees to be promoted or transferred.
Manager training 1. Providing age awareness training programs for managers (how to manage mature employees and how to avoid bias in appraising the performance of these employees). 2. Educating managers about effective ways to utilize mature employees.
Performance evaluation 1. Ensuring mature employees have input in setting performance standards. 2. Conducting fair performance appraisals (free from age bias). 3. Providing mature employees with useful feedback about their job performance. 4. Providing feedback to mature employees in a supportive manner.
Compensation 1. Offering incentives for continued employment. 2. Increasing financial compensation. 3. Improving benefits by providing more vacation time and additional time off.
Recognition and respect 1. Recognizing the accomplishments of mature employees. 2. Recognizing the experience, knowledge, skill and expertise of mature employees. 3. Recognizing the role that mature employees can play (e.g. serving as mentors). 4. Ensuring that mature employees are treated with respect by others in the organization. 5. Showing appreciation for a job well done.

6.3.1 Flexible work options

From chapter 3, 4 and 5 it has become clear that flexible working arrangements are important to older health care employees. It is also stated that this is either because of additional personal obligations (such as the need to care for relatives or to help with grandchildren), worsening health, declining physical energy or stamina, or a preference to sacrifice some income for more control over their time without giving up paid employment entirely. As table 6.1 indicates flexible work options can contain of :

- Providing flexible work schedules (days/hours worked).
- Providing a reduced work week (part-time).
- Offering job sharing (two people sharing a full-time position).
- Offering unpaid leave (education, elder or parental care).
- Providing options to work from home. (Armstrong-Stassen, 2008)

Flexible work schedules and providing a reduced work week are the most common practices for (HR) managers when it comes to flexible work options and are also the ones that are applicable to most job types (Armstrong-Stassen, 2008). The possibility of job sharing, unpaid leave and options to work from home is more dependent on the type of job.

6.3.2 Job design

The second strategy reported by Armstrong-Stassen (2008) is the strategy on job design. Job design is very important to older employees. In order to retain motivation and satisfaction in their job, it is important that the design of the job is satisfying to the older employee. Therefore the older employee needs challenging and meaningful assignments. Furthermore, it is important to enable the older employees' work ability. An important task for the manager is adapting the work to the older employees' work capacity. When someone is stuck in his current function, adjustments can be made within the function, reduction of tasks as well as task enrichment is

possible, perhaps creating complete new roles for mature employees. However, this adjustments should be made in collaboration with the older employees and should appeal to the older employees as they have more difficulties with changes (chapter 3). Besides the workload is also an important factor for older employees. As we have seen in chapter 4 a high workload can be a motivation for older employees to retire. Therefore the (HR) manager should ensure that the older employees has input in determining their workload, also providing the opportunity to transfer to a less stressful job.

6.3.3 Mature employee training

Mature employee training is often something that is forgotten by the employer. They invest a lot of money in educating new and young employees, but also the older employee values education highly. Also it is important that access to new technologies is provided to older employees as these can assist them in performing their job.

Due to the rapid changes in technology and the new way of thinking in terms of lifelong learning, also the older employees should continue to educate themselves. As mentioned in chapter 3, sometimes older employees are reluctant to learn. Therefore the strategy to promote education should give older employees incentives to learn. Employers should not advertise programs as being targeted towards older employees; rather they should market the skills that will be gained and make employees aware of the available supports and resources (Portland Community College Taskforce on Aging, 2007).

When developing a strategy for educating older employees, it is very important that the (HR) manager identifies which programs best match the needs of the employees. It is critical that adequate assessments are made of their knowledge and experience. There are many ways to value older employees' experiences and to best fit employees to individual training programs. Due to their age and their responsibilities outside of work, older employees value education and training that is specific to their career needs. When (HR) managers can fulfil these needs, the older employees will overcome the reluctance against education, because they do not have to sit through courses that cover material that is irrelevant or redundant to their jobs (Portland Community College Taskforce on Aging, 2007).

(HR) managers should be aware of the fact that older employees may have unique learning styles and needs. They typically have extensive work experience and often have been out of school for long periods of time. They learn the best from training programs that value their healthcare experience while building upon the assets they already have. Effective training programs for older health care employees should be tailored to meet specific learning needs, including the integration of specialized technology support, adapting materials towards older learners and structuring class schedules in a flexible manner. Furthermore, the courses should be adapted to the speed of learning of the older employee. (Project Mature Employee, 2007; Charness & Czaja, 2006).

The following list consist of ways in which training programs can meet the needs of older learners, according to Edghill and Erikson (2005) and Gross (2004):
1. Explain the purpose and benefits of the training at the beginning of the training course.
2. Facilitate dialogue that encourages students to discuss their own experience and allow for them to contradict a concept when they disagree.

3. Provide specialized healthcare technology training to mature students to foster self-confidence in the classroom. Healthcare technology rapidly changes and many older learners may feel their knowledge is not up-to-date.
4. Ensure that there are enough breaks throughout the training session for employers to learn comfortably.
5. Structure training in a hands-on, task-learning environment. The skills older health care employees will be learning will be performed on or in the presence of patients; by providing hands-on training, courses can foster older employees' confidence.
6. Ensure that the self-esteem of older healthcare learners is preserved at all times.
7. Prepare classroom materials and hand-outs in large print with sharp colours.
8. Schedule courses at flexible times to allow employees to maintain a balance between work, life and school.
9. Set up training in a manageable step-by-step format so that students are able to master the task gradually.

(Edghill, G. and Erikson, J., 2005; Gross, D., 2004)

6.3.4 Manager training

As chapter 3 and 4 already indicated, style of leadership is very important when you want to retain the older employee. Managers should know how to manager older employees and how to avoid bias in appraising the performance of these employees. Also young managers should be educated in how to work with older employees, as they often have difficulties with approaching them. Furthermore, managers should be educated how they can optimize the capacities of the older employees. Especially in health care it is important to know which tasks are doable for older employees and which tasks are not. Moreover, communication is essential when determining which tasks can be done by the older employee and which tasks are too demanding for them. The strategy should be focused on providing managers with knowledge about the older employee, therefore being able to offer the them the best possible guidance in working while aging.

6.3.5 Performance evaluation

Older employees should know what is expected from them according to performance. They like to know if they can do things differently and although they are aging they are still willing to learn and develop their skills. Older employees should feel supported when receiving feedback from their manager. The manager has to create an environment in which the older employee gets a feeling of respect and security about their job. The manager training mentioned in the section before, can be very useful to managers to learn how to handle this. Furthermore it is very important that older employees are treated equally compared to younger employees. Older employees do have more experience and knowledge, and maybe less physical abilities, but they should not be treated different from other employees. They do maybe need another approach as is already mentioned in chapter 3.

6.3.6 Compensation

Offering older employees incentives to prolong their working life is essential. These incentives can be in the form education, reduced working hours etc. But also financial compensation can be an incentive for older employees to prolong their working life. However, in the research on reasons for prolonging the working life in health care in chapter 5, financial compensation is not reviewed as important. However, the compensation of providing more vacation time and additional time off is valued buy the older health care employees. As literature in chapter 4

indicated that older employees often retire because they want to "enjoy life while still young and fit enough" and because they want to "spend more time with partner and family", it could be a good strategy for (HR) managers to offer the older employees more vacation time and additional time off. By doing this the older employees are enabled to fulfil the need for enjoying life and spending time with family.

6.3.7 Recognition and Respect

The last strategy is about recognition and respect, which is valued by older employees. In chapter 3 it is mentioned that manager should treat older employees with some level of respect, also recognizing their experience and knowledge in the field of work. In this case again regular communication between the general manager and older employee is important to make sure the older employees receive the recognition and respect they deserve. Furthermore these conversations offer the managers the possibility to show their appreciation for the older employee. Giving the older employee the feeling that he receives recognition for his/her work and this comes with some level of respect, can contribute to retaining the older employee.

Another way of recognizing the work of the older employee is by training them for new positions. After doing the same job for years, many older employees welcome the opportunity to gain new skills and move to new positions. However, for employees who indicate that they would retire because they want to "enjoy life while still young and fit enough" or who "want to spend more time with partner and family" (chapter 4), this type of education might not stimulate them to prolong working life. This because a management job is can be very demanding and is not a job everyone is able to do. Therefore, (HR) managers should carefully monitor which older employees fit to this kind of jobs.

6.4 Conclusion

In the first section the differences between high commitment and low commitment HR practices were described, as well as the fact that the high commitment HR practices are not the same for older and younger employees because also age-related factors influence the HR practices.

Kooij (2010) defined 21 high commitment and age-related practices which could be relevant to older employees, divided into four bundles which are development, maintenance, utilization and accommodative (table 6.3). These bundles are a review of all literature on the subject of HR practices specifically important for older employees and proven to have an effect on the motivation of older employees to continue work.

The four bundles can made more concrete by the seven HR strategies developed by Armstrong-Stassen (2008). She defined flexible work options, job design, mature employee training, manager training, performance evaluation, compensation and recognition and respect as the most important strategies for retaining the older employee. All of these strategies can be linked to the HR bundles development, maintenance, utilization and accommodative. Each strategy defined by Armstrong-Stassen (2008) can be placed in one of the four bundles (table 6.3).

Table 6.3 Strategies assigned to each of the four HR bundles

Development	Maintenance	Utilization	Accommodative
Mature employee training Manager training	Flexible work options Job design Performance evaluation Recognition and Respect	Job design	Compensation

Table 6.3 shows that job design can be assigned to both maintenance and utilization. This because job design is related to the maintenance of older employees by offering ergonomic adjustments and flexible benefits as well as related to utilization with offering task enrichment and reduced working load. However task enrichment can also be a form of recognition and respect towards the older employee.

The total overview of the combination of the four HR bundles by Kooij (2010) and strategies Armstrong-Stassen (2008) is presented in table 6.4.

Table 6.4 A combination of the four HR bundles and practices by Kooij (2010) and strategies by Armstrong-Stassen (2008).

Development	Maintenance	Utilization	Accommodative
Career planning Continuous on-the-job development Regular training Promotion Mature employee training Manager training	Flexible benefits Ergonomic adjustment Performance pay Compressed working week Performance appraisal Flexible work options Job design Performance evaluation Recognition and Respect	Participation Task enrichment (knowledge transfer) Reduced workload Sideways job movement Second career Job design	Additional leave Long career break Early retirement Demotion Exemption from overtime working Part-time work/ semi-retirement Compensation

The next and last chapter will describe the specific human resource strategies relevant for health care and will provide an advice to the human resource manager as well as the general manager (team leader) in health care for retaining the older employee in health care.

7. Human Resource Strategies for retaining the older health care employee

This chapter will answer the main research question: "Which HR strategies can (human resource) managers in healthcare apply to retain their older employees?" The first section will give an overview of the findings from chapter 3, 4 and 5 forming a framework from the factors that need to be covered by the strategies to retain the older employee. Section 7.2 will offer the strategies to retain the older health care employee and section 7.3 will provide a conclusion and section 7.4 a discussion on the findings, advising the (HR) managers in health care.

7.1 Overview

The issues found in chapter 3, the factors for retiring found in chapter 4 and the factors for prolonging working life found in chapter 5 can be classified into four different categories. These categories are conducted from a comparison between the issues and factors found in these three earlier chapters. From all three chapters the most relevant issues and factors for health care where listed, after which the corresponding issues and factors were grouped together. Table 7.1 provides an overview of the most relevant findings (in keywords) on the issues and factors in the four different categories.

Table 7.1 Most relevant issues and factors from chapter 3, 4 and 5 grouped together

Category 1	Category 2	Category 3	Category 4
Technological changes Education (reluctance) Unfamiliar with life-long learning Education training and career counselling to prolong working life	Reducing irregular/night shifts Reduce the number of working hours Part-time working Part-time early retirement (phased retirement plans) Flexible working hours	Physical/ Mental disabilities (ill-health) Reluctant to change Less flexible Unclear working arrangements/unstructured organizational culture Low satisfaction about job working environment Low motivation Relationships at work Workload Appreciation Attractive work	Individualization Communication with manager Career counselling Career planning Involving employee Respect Fair distribution of tasks (fear treatment for everyone) Team atmosphere Security

Category 1 consists of all issues and factors related to education and training, therefore this category is called education and training and this will be discussed in section 7.1.1. The factors and issues in category 2 all have to do with the number of working hours and the work options. Older employees like these to be flexible, therefore this category is called flexible work options and this category will be discussed in section 7.1.2. The third category consists of varying issues and factors, but taken a close look, they are all related to the work what has to be done and how it has to be done. These issues and factors indicate that the way the job is designed is very important to the older employee (in health care), therefore this category is named job design. This category is described in section 7.1.3. Lastly category four also consists of varying issues and factors. These all have to do with how the older employee is treated and how communication between the older employee and manager as well as the team is established. As indicated in chapter 3, 4 and 5 and in table 7.1 individual treatment of older employees is very

important, this requires different communication, therefore this category is named communicate differently. This category will be described in section 7.1.4.

7.1.1 Education and Training
Education is defined as the first category human resource managers should focus on when applying strategies for older employees. In chapter 3 it was mentioned that people who are less educated are less likely to participate in business-related education (Groot and Maassen van den Brink, 1997). Also, older employees did not grow up with the idea of "lifelong learning", which could lead to resistance against learning. Often older employees reviewed the offered education negatively because of the speed and unstructured courses they were offered. Also the technological changes make education more important to older employees (SCP, 2001; Thunnissen et al., 2000). Chapter 5 offered motives for prolonging working life in which the possibility of learning at older age was mentioned as one of the motivators (Boonstra, 2008). Furthermore, health care employees also mentioned education, training and career counselling as favourable at older age (Veer and Francke, 2011). It should be noted that according to AARP (2007a) " in the next 10 years, over two-thirds of job openings in the healthcare industry will require specialized education and on-the-job training. This supports the importance of education when you want to retain your older employees in health care.

7.1.2 Flexible work options
The second category is defined as flexible work arrangements and consists of several issues and factors mentioned in the chapters 3, 4, and 5. One of the issues the older employee experiences are unclear working arrangements (Veer and Francke, 2011). Due to changes in the organization, it is often not clear for the older employee what exactly it is what they are supposed to do. They need clarity in what is expected from them. This could take away the dissatisfaction about the work which is defined in chapter 4 as one of the push factors for retirement. Furthermore, part-time early retirement is favoured by older employees (Keijzer & Cremer, 2007). Part of the flexible working arrangements are the working hours. Irregular and night shifts are typical characteristics of health care work as defined in chapter 4.

7.1.3 Job design
As defined in chapter 5 health care employees value attractive work highly, as well as appreciation for the job they are doing (Veer and Francke, 2011). Also it was stated that a pleasant working environment contributes to the prolonging of the working life of older employees. Part of the working environment is a pleasant team atmosphere as is mentioned in chapter 5. This is in line with was stated in chapter 4 on dissatisfaction about the working environment being one of the factors "pushing" employees in to retirement. In chapter 3 work load, stress and pressure to perform were mentioned as issues experienced by older employees (Gaillard, 1996). Supported by chapter 5 in which health care employees mention decreased work load and a decrease of physical and mental demand as favourable to prolonging the working life(Veer and Francke, 2011). According to these findings it is necessary for both human resource managers and general managers (team leaders) to make use of a strategy which stimulates the attractiveness of the working environment.

7.1.4 Communicate differently
The fourth and last theme is communicate differently, including different communication within the team as well as with the manager. Communication is essential when involving the older employee in for example changes in the organization. Chapter 3 mentioned that older

employees are reluctant to change, less flexible and more conventional compared to younger employees (Warr, Miles and Platts, 2001). Involving the older employee is the key to solve this issue. The general manager (team leader) has to give the older employee a feeling of being respected, appreciated and a feeling of security, by communicating regularly. Also the contact with colleagues is important for the older employee, as mentioned in chapter 5 (Veer and Francke, 2011). The relationships at work contribute to the decision for retirement as well as the team atmosphere. If this is reviewed positively, it is more likely an older employee will be retained. To focus on a strategy which stimulates different communication therefore is essential to the (HR) manager. Also career counselling is defined as part of communication because it provides the older employee with insights about his/her abilities to continue working and possible adjustments that have to be made to adjust the work to the physical/mental state of the health care employee (Veer and Francke, 2011).

Figure 7.1 provides a summary on the four categories and the issues and factors in these categories described above.

Education and Training
- Accompany employees with "lifelong learning
- Take away reluctance against learning
- On technological changes
- Offer Career counselling

Flexible work options
- Offer clear working arrangements
- Part-time early retirement
- Offer flexible working arrangements in the form of less irregular working hours and night shifts.

Job Design
- Offer attractive work
- Offer a pleasant working environment (pleasant team atmosphere)
- Reduce work load, stress and pressure to perform
- Lower physical and mental demand

Communicate Differently
- In order to overcome reluctance
- Expression of recognition, respect and appreciation
- Offering security
- With teammembers (team atmosphere) r
- Career counselling

Figure 7.1 Categories in which (HR) strategies for the older employee are needed

7.2 Human Resource strategies to retain the older employee in health care

This section examines to which extent to HR bundles, strategies and practices from chapter 6 apply to the older health care employees. It will be examined if the strategies and practices under each of the four bundles (table 6.1) are in line with the outcomes of chapter 3, 4 and 5 on

the factors and issues influencing the prolonging of the working life of older health care employees which are reviewed in the section before. Coming to a table which is a combination of the 21 practices defined by Kooij (2010) and the strategies and practices defined by Armstrong-Stassen (2008) and which shows the most important strategies and practices within each bundle to retain the older health care employee.

7.2.1 Development

In chapter 5 the health care employees indicated that they value education and training as an important factor to prolong their working life (Veer and Francke, 2011). As well as development regarding to the work related tasks, because of the changing physical abilities older health care employees experience. This is related to career planning, which can prevent unexpected surprises when older employees experience difficulties in their work. Career planning forces managers as well as (older) employees to think about the future, when their abilities might decrease. Promotion is not mentioned by the older health care employees as important to them.

This is supported by the strategies defined by Armstrong-Stassen(2008) which indicate that mature employee as well as manager training are important for retaining the older employee. Research shows that healthcare employees, especially nurses, value continued education and new learning opportunities. Schooler et al. (1998) state that the longer an employee remains in a job, the more likely he or she is to require training. Studies suggest that new employee training and educational opportunities provide healthcare employers with a competitive edge in successfully recruiting and retaining older employees (Hatcher et al., 2006). In a survey of healthcare employers, the American Association for Retired Persons found that tuition reimbursement and training to keep skills up-to-date were the most effective means of retaining older employees (AARP, 2007b). Also they state that health care managers that recognize older trainees' knowledge and that gear training courses towards workplace skills will be more successful at training and retaining older employees.

Therefore HR practices should be focused on education and training as well as career planning and support for older health care employees. This training should not only be focused on the older employee but also on the (HR) managers, because they need to learn how to work with the older employee and how to provide the older employee with enough support to make them prolonging their working life.

7.2.2 Maintenance

Maintenance contains the more flexible working schedules mentioned by older health care employees. This is also mentioned as a strategy by Armstrong-Stassen (2008). In health care workload and stress are often indicated as unfavourable conditions to work. Workload is often valued to high because of the physical and mental demand of health care work. Therefore the job design strategy in health care should also have the focus on decreasing the physical and mental demand. Proper et al. (2009) interviewed health care employees who suggest that using tools to reduce the physical work in order to be able to prolong participation in the workforce. Also some interviewees offered a possible solution for the mental demands. They suggested implementing a relaxation programme or creating possibilities for relaxation, e.g. by means of rooms where employees can rest, or through implementation of a yoga programme. (HR) managers should investigate the attainability of the implementation of these suggestions and adjust their strategies to the wishes of the older employees.

Furthermore, the interviewees indicated that the (HR) managers should invest in a healthy workforce (Proper et al., 2009). A healthy lifestyle is generally seen as a responsibility for the employee himself, but there is also agreement on the fact that there should be attention for a healthy lifestyle within the organization. The following was mentioned:

"The employer will do right if he implements a 'vitality policy' including physical activity, fitness, walking in lunchtime or walking during meetings. In most cases the corporate culture needs to be changed in that it promotes health management with even more stringent measures when neglecting certain activities"(Proper et al, 2009, page 10).

In chapter 5 career counselling was indicated by health care employees as one of the important factors for prolong their working life (Veer and Francke, 2011). It is important that the health care organization has a strategy for developing an effective career counselling program for older employees. This career counselling must also contain of performance appraisal because this is indicated by health care employees as important to them (Veer and Francke, 2011). Human resource managers as well as general managers can review the work and work abilities of the older employees and if necessary make adjustments to the tasks of the older health care employee.

As said before in chapter 6 the manager has to create an environment in which the older employee gets a feeling of respect and security about their job. Also (HR) managers in health care should take care that the older employees fit into the team and are treated with respect by the team. Furthermore one of the practices defined by Armstrong-Stassen (2008) and also mentioned by the health care employees in chapter 5, is that they are treated equally compared to younger employees. Older employees do have more experience and knowledge, and maybe less physical abilities, but they should not be treated different from other employees. They do maybe need another approach as is already mentioned in chapter 3. The remaining factors are less important to the health care employees. HR practices therefore should focus on the working schedules, supporting resources and performance evaluation for older health care employees.

7.2.3 Utilization

Utilization consists of the enrichment of tasks. This is not stated literally by the older health care employees, but they are interested in more educative tasks like being a sort of mentor to new employees (Veer and Francke, 2011). In health care task enrichment can be applied very easily, because the older employees can get the tasks to transfer their knowledge and skills to the younger employees. With their experience and knowledge, older healthcare employees are perfect candidates for management positions as they often have the knowledge to effectively run and supervise less experienced health care employees (Hatcher. et al., 2006). Thereby enriching their work by being a kind of mentor, which is agreed on by Armstrong-Stassen (2008) as it being a form of recognition and respect for the older employee. Health care human resource managers that develop programs that allow older employees to transition to new positions will have a competitive edge in retaining experienced employees (Hatcher et al., 2006).

This also stimulates the feeling of autonomy which is valued highly by older employees (Shacklock and Brunetto, 2005). It can be very important for the organization to have older health care employees transferring their knowledge and experiences. Most important in the

bundle of utilization is the workload. Health care employees as well as employees in other sectors repeatedly indicate that the high workload is an important factor for deciding to retire (Gaillard, 1996; Veer et al., 2010). Therefore the HR practices should certainly focus on the workload, trying to decrease it and bringing it to an acceptable level for older health care employees.

7.2.4 Accommodative

Part of the accommodative bundle is additional leave. This is one of the desires of older employees in general, but also older health care employees. As indicated in chapter 4 older employees would like to spend more time with partner and family (Humphrey et al., 2003). Additional leave can be welcome to fulfil this wish of the older employee, therefore stimulating the older employee to continue working, while also being able to spend time with loved ones. Furthermore, part-time work and semi-retirement options are favoured by the older health care employees (Veer and Francke, 2011). Exemption from overtime working is not mentioned by the health care employees, but they do mention favouring less night and irregular shifts (Veer and Francke, 2011). A long career break, demotion and early retirement are not relevant because these are the factors human resource managers in health care are trying to prevent because of the employee shortages in health care.

7.2.5 HR bundles applied to the older health care employee

Table 7.2 offers an overview of the above stated review on the best practices and strategies for (HR) managers to retain their older employees in health care, dived into the four bundles defined by Kooij (2010).

Table 7.2 HR bundles applied to the older health care employee

Development	Maintenance	Utilization	Accommodative
Career planning/ counselling Regular Training for the older employee and the manager	Flexible work options/job design: Flexible benefits Ergonomic adjustment Compressed working week/schedule Performance appraisal Recognition and respect (communication)	Job design: Task enrichment (knowledge transfer) Reduced workload	Flexible work options: Additional leave Exemption from overtime working/night shifts and irregular shifts Part-time work/Semi-retirement

7.3 Conclusion

This paragraph contains all the elements that have been discussed in chapter 2, 3, 4, 5 and 6. From the demographic situation in health care to the issues older employees experience, the motivations for retirement, the motivations to prolong working life as well as the strategies regarding the retaining of older employees in general and in health care. The problem statement for this research was which HR strategies (human resource) managers in health care can apply to retain their older employees.

The Dutch population is greying rapidly. An aging, post-second world war baby boom is one reason for the greying population, but two more important underlying drivers are an increase in life expectancy and a reduction of the number of births (Collins & Collins, 2006). The workforce is confronted with a big labour challenge. A greying and shrinking workforce and the changing nature of retirement is responsible for this labour challenge. Societies are significantly affected by the low employment rates of older employees, this does also affect the health care sector.

The health care sector might be growing, but it is not growing fast enough to provide for the increasing number of elderly people. According to Klein Breteler et al. (2009) there will be 470.000 extra employees needed in the Dutch health care if policies are not changed, because the need for care is growing with 2 per cent a year. One of the solutions to provide these extra employees is by retaining the older employee in health care. If the older employee can be retained depends on different factors. Important in this case are the classifications of care and especially the care to treatment site and the care to treatment level. Table 2.1 provides an overview types of care having a high, medium and low demand. Outpatient zeroth and first line care and semi mural zeroth and first line care are classified as having the lowest demand on the older health care employee. However, also on the other, more demanding levels, it must be possible for older health care employees to prolong their working life by making adjustments to the work tasks.

Examining which issues older employees experience, which motives they have for retirement and which motives they have for prolonging their working life, concluded into figure 7.1 in section 7.1.4. According to this figure, education and training, flexible work options, job design and communicate differently are the categories that need attention from (HR) managers in health care. In each category several specific aspects are mentioned.

Chapter 6 examined which human resource strategies for retaining older employees in health care are existing. Overall the four bundles developed by Kooij (2010) after reviewing literature on the retaining of older employees could be applied to what was found in the earlier chapters. However, not every practice was applicable to the health care sector, because in the bundles of Kooij (2010) also practices as offering early retirement and demotion were stated. Early retirement is what we trying to prevent by doing this research and demotion is stated in chapter 5 as being not favoured by health care employees even if they would get extra money or the same money they would not want to accept a lower level job (Veer and Francke, 2011).

Therefore in section 7.2 the HR bundles are extended with the practices defined by Armstrong-Stassen (2008) in table 6.4. This table provides more strategies and practices to retain the older

employee in health care. According to this table the most important subjects that should be focused on by HR managers in health care:

- Flexible work options;
- Education and training for older employees as well as for managers;
- Job design; and
- Performance evaluation and recognition and respect.

The first three subjects are in line with what was found in figure 7.1, the summary of the overview from the chapters 3, 4 and 5. According to these three chapters the categories flexible work options, education and training and job design were also the relevant categories to focus on. As chapter 2 already mentioned that style of leadership and the way managers approach the older employee are important, this is agreed on in chapter 7 by Armstrong-Strassen (2008) who states that education and training is also necessary for managers to understand the older employee. From the overview in section 7.1 it appeared that communicating differently is necessary, especially because treating the older employee as an individual is essential for retaining him/her. In section 7.2 performance evaluation and recognition and respect are described as one of the most important subjects managers should focus on. This is also part of communicating differently as is visible in table 7.1.

Flexible work options are very relevant to older health care employees, because in health care they often have to deal with irregular shifts and night shifts. As employees get older, the body is less able to adapt to irregular working hours (Chapter 2), therefore the HR strategy should be focused on flexible work options therefore enabling older employees to continue working in health care. Also it is possible older employees want to work less hours, for example because they have to take care of their parents or grandchildren. Managers (team leaders) should make an effort to comply with the needs of those older employees regarding the working hours.

As defined according to chapter 3 an individual treatment by the human resource manager as well as the general manager (team leader) is very important for the older employee. As is mentioned in this chapter (HR) managers must take into account that individualization has made it impossible to lump older employees together. Therefore the starting point for every strategy should be treating the older employee as an individual by communicating with the older employee (in health care). HR strategies should focus on the communication skills of the (HR) manager with the older employee, because as seen in chapter 3 the (HR) manager does not always know how to deal with the older employee.

Besides, the older employee also needs education, because of technological changes but also to develop new skills or refresh old skills. The advice to (HR) managers in general, but also definitely in health care, is to provide education to their older employees, as well as to the managers managing the older employees. This education should be adapted to the older employee, by speed of teaching, but also by content and field of interest.

In health care job design is very important, because health care work is physical as well as mentally demanding. When getting older the physical abilities of the health care employees decline and therefore the work may have to be adjusted to their abilities. The task of the

manager is to notice when the older employee experiences difficulties and lend an ear to their disabilities. The manager should try to adjust the work to the older health care employee then.

The last strategy is focused on performance evaluation and recognizing and respecting the older employee. Because the work in health care is physical demanding and the working hours are often irregular, the older employees earn respect and recognition for the work they are doing for all these years. By making compliments to the older employee, but also communicating regularly about their performance, the manager makes them feel taken seriously and can give the older employee the feeling that he/she is being supported. Older employees value this highly because they often feel insecure about their position in the organizations as younger employees enter the organization.

So, concluding from the above findings the most important thing for human resource managers as well as general managers (team leaders) in health care is to manage every older employee as an individual, so not lump all older employees together. As already stated at the beginning of chapter 6, there must be made a distinction between the human resource manager and the general manager (team leader). The human resource manager defines the boundaries as it comes to policies regarding older health care employees, thereby offering the general manager (team leader) a framework for making decisions regarding these older health care employees. That individual management of older employees was important we already knew, according to research by the Social Cultural Planning Bureau (2001) and Schabracq (1998). However up to now it was unknown on which subjects this individual management should focus and who should focus on them, the human resource manager or the general manager (team leader).

The human resource manager is responsible for the career planning and counselling of the older health care workers. This can be done in a conversation once a year, but because of evaluative purposes it is preferred to do this twice a year. For example at the beginning of the year (in January) and half way through the year (in June). At the beginning of the year the human resource manager and the older employee can set certain goals for the employee of which the progress can be evaluated in June. The general manager or team leader should have a conversation with the older employee more often, preferably once a month. By having a conversation with your older worker you know which problems he or she experiences and more important the employee feels respected and feels that his or her problems are recognized. This is very important because often human resource managers, as well as general managers, because of rapid changes in function, do not know which experiences older employees have and therefore without having individual conversations cannot guide them optimally (Thunissen et al., 2000).

Career planning and counselling by the human resource manager as well as the conversations the general manager has with the older employee, can help design an attractive job for the older health care employee. By determining which goals should be achieved during the career planning and counselling conversations the pressure to perform can be reduced, because together with the human resource managers the older health care workers sets his/her boundaries. As stated in chapter 3 older employees can compensate for their decrease of speed and precision by factors as experience and wisdom. Also they are more sharp witted, better able to deliberate, more committed to work, more loyal to the employer and more motivated to learn (Ilmarinen, 2001). This can be important when determining which kind of tasks are most

suitable to the older health care employee. However, according to Warr, Miles and Platts (2001) older employees are not in favour of changes, therefore the human resource manager should make sure that the older employee agrees on the changes in tasks.

Also lower physical and mental demand can be taken care of after having career counselling or planning conversation, whereby the tasks for the older health care worker can be adapted to his or her capabilities. The general managers job according to job design is to make sure there is a pleasant working environment and team atmosphere. To accomplish this again regular conversations, with the individuals, as well as with the whole team are important.

Education and training should be an integrated subject in the career planning and career counselling conversations between the human resource manager and the older health care employee. Together they can determine if and what training are relevant for the older health care employee and which are feasible for them taking into account possible disabilities.

Lastly, the flexible work options should be taken into account by the human resource manager as well as the general manager (team leader). Together with the human resource manager the number of working hours should be determined. For example as the health care employee is getting older these can be, in consultation with the human resource manager, decreased. Also the human resource manager is responsible for clear working arrangements and can offer part-time early retirement, if the older health care employee favours this. However, the general manager is responsible for the scheduling, therefore he or she should also take into account the situation of the older employee, by for example reducing the number of irregular and night shifts.

Moreover, the older health care employee (and also the older employee in general) should not be approached indirectly by the system (quality and schedules) but they also very much appreciate one on one contact with the human resource manager, as well as the general manager (team leader). This is contrast with younger employees who for example have no problems with communicating via social media. As managers often are younger than the older employee (in health care) they should be aware of this fact, as older employees can get annoyed by the "fast" and impersonal acting of younger (HR) managers as well as colleagues (De Boer, 1996b).

7.4 Discussion

This literature study has offered a relatively manageable overview of strategies for (human resource) managers in health care for retaining their older employees. This is also the first limitation of this research, because it only consists of findings according to literature. For further research it is recommended to conduct survey's among health care employees and managers to get a better view on reality. Also interviews with older health care employees and (HR) managers can offer more insight into how older employees want to be approached by human resource managers as well as general managers (team leaders). Also interesting would be to investigate if the resources that are used in the organisation, for example equipment to lift someone used in hospitals or nursing homes, are adjusted to the older health care employee. In the sense of being practical to use, but also not being to have or too much of a physical demanding equipment.

Furthermore, the literature studied in this research is not all Dutch literature therefore it is possible that not all findings are relevant to the Dutch health care employee and the Dutch older employee in general. For example in chapter 4 were the research by Evandrou and Glaser (2004) is used. This research only contains of numbers from Great Britain and not from the Netherlands, therefore it is possible that these outcomes do not hold for older employees in the Netherlands. Furthermore, there are a lot of differences in the design of health care systems in developed countries, which can make the health care organizations and health care employees also differ. Therefore it is possible that certain assumptions are made according to older (health care) employees which are not consistent with the reality.

Lastly, it must be taken into account that certain strategies to retain the older health care employee, bring along costs. For example adjusting the strategies to the individual can be very time consuming therefore being a costly job. These costs are not considered in this research, because the perspective of this research is on what the older health care employee needs, and not on what organizations are able to offer them. Besides, feasibility also plays an important role. Can the demands and needs of older health care workers be reached, is it feasible for the human resource manager as well as the general manager to meet these demands and needs? And more important, is it fair compared to the younger health care workers. Human resource managers as well as general managers must make sure that all the workers are treated equally and that the tasks are divided fairly. Therefore it is also a subject for further research if the recommended strategies can be applied based on costs, feasibility and fairness/equality.

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