NHS Working Longer Review

RCN submission

October 2013

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RCN submission

With a membership of more than 410,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector, across the widest variety of specialisms and fields of practice.

The RCN is opposed to the raising of the NHS Pension Scheme normal pension age (NPA), in line with the state pension age (SPA), and has voiced its opposition throughout pension scheme negotiations and the passage of the Public Pensions Bill through Parliament. However, the RCN recognises the new legal position and will work constructively as a key member of the NHS Working Longer Review to identify the areas of NHS service and staff roles that may be most affected by this change, and to identify the changes in service provision and working policy and practice that will be necessary to mitigate any adverse impact.

The challenge of an ageing workforce is not a new one, and is one that the RCN has raised, and given attention to repeatedly over recent years. However, the nature of the challenge has changed. Historically, organisations needed ways to tempt older and retired staff back into the workforce; now the challenge is to ensure that the increasing numbers of older staff in the health service are enabled to work safely, efficiently and productively.

Our submission to this call for evidence is formed from a number of sources:

- preliminary findings from the RCN’s 2013 employment survey
- an online survey of members (either retired or aged 60+) conducted in July 2013
- previous RCN publications and reports concerning the ageing workforce
- member consultation and feedback from discussion within branches and boards from across the four countries of the UK.
Summary of evidence findings

- More than five per cent of RCN members are aged over 60 and 67 per cent of those are in a membership category that indicates they may be undertaking paid employment.
- 77 per cent of respondents to our 2013 employment survey did not feel they would be capable of continuing to work until they were 68 years old.
- This same survey shows that nurses aged 55 and over are more likely to be working part time than their younger nursing colleagues and that they were less likely to report having fewer opportunities to work flexibly than younger members.
- 49 per cent of retired members who responded to our targeted *Working longer* survey had returned to health care employment after retirement.
- Shorter hours, often supplemented by pension income, flexible working and reduced or no night shifts were the most important issues that made a return to work possible, although management support and a less physically demanding and stressful role also scored highly.
- 59 per cent of these returned retired respondents said these conditions were not available in their previous pre-retirement role or with their previous employer.
- Of those who indicated that they had not returned to work post retirement, shorter hours supplemented by pension income and a less demanding (physically and emotionally) role were identified as the most important elements that might have encouraged or enabled them to return.
- The top three challenges our older members faced at work are physical demands, the changing pace of work and not feeling valued by their employer.
- Members identified that employers needed to redesign working patterns to better suit the individual worker and promote flexible working opportunities as well as encourage discussion of retirement plans and aspirations to help tackle these challenges. Ensuring equitable access to training and development also scored highly.
**Summary of evidence commentary**

- Anger and disappointment that older nurses do not feel valued and respected within the workforce, despite their wealth of experience and maturity.
- Significant concern that the physical, mental and emotional demands of nursing are too great to allow the majority of nurses to work into their late 60s.
- Acknowledgment that those that currently continue working past the age of 60 do so because they are able and willing to do so and often receive targeted support in their workplace and from their employer. This is not necessarily representative of the employment offer to the nursing workforce as a whole at that age.
- Concern that work stresses and pressures are exacerbated by inadequate staffing levels and skills mix.
- Concern that the political changes and restructuring and reorganisation of health services will lead to further staff shortages and deter new entrants to the profession as well as lead to increased demands on the ageing workforce.
- Concern that the care needs of an ageing patient community (increasingly being treated in their own homes), many of whom have increasingly complex medical conditions often complicated by chronic disease and/or obesity coupled with an increasingly fast pace of work, leads nurses to feel they are not able to or will not be able to deliver the best care they can as they age.
- Concern that the impact of changing personal status is not adequately accommodated at work, for example, caring responsibilities for elderly parents or younger grandchildren and changing health and capability.

**Employment survey of RCN members 2013**

The RCN Employment survey 2013 was published in September and a number of findings emerged.

We wanted to determine attitude to proposed pension age changes and asked respondents across all health care sectors about their attitudes to working until 68, to assess whether they think they would be able to cope with the nursing role.
The chart below shows that the majority (77 per cent) stated that they would not feel capable of doing so, with only 12 per cent stating they would feel capable. (Responses were assigned scores, with strongly agree=5 and strongly disagree=1.)

**In my current role, I would feel capable of working until the age of 68 (n=8,709)**

There was a small difference in attitudes between respondents with a disability and those without; 84 per cent of those with a disability stated they would not feel capable of working until the age of 68, and 77 per cent of those with no disability stated they would not be capable.

Self employed respondents, plus those working for NHS bank or agencies (ie those that can set their own work and times of work) are most likely to be positive about working until 68 while those working in NHS hospitals, community settings and trusts or boards are the least positive (indicated in the chart below).
In my current role, I would feel capable of working until the age of 68 (according to sector)

In terms of age, those nearest the age of 68 are most likely to feel capable of working at this age. This might be expected since this is a group who have actively chosen to remain working in nursing, compared to their contemporaries who are likely to have retired.

In my current role, I would feel capable of working until the age of 68 (according to age)
Targeted member survey
At the end of July 2013 all RCN members who were aged 60 or over and/or were in a retired membership category were asked, by email, to complete an online survey about their experience of work and retirement. A total of 1,470 members replied – a response rate of 21 per cent. Not all respondents answered every question so where this is the case, the number of responses is indicated as n=** as appropriate.

Sixty per cent stated that they were, or had at some time, retired (n=1464) and 94.9 per cent declared they were in receipt of an occupational pension (NHS or other) (n=871).

Of those who answered the question, 49.3 per cent (n=868) had returned to health care employment (not necessarily in the NHS) after they had retired. These members were then asked how important certain employment factors were when they returned to health care employment, and the importance of these factors (scored 1-5 where 1 is not important and 5 is very important) were ranked as follows:

<table>
<thead>
<tr>
<th>Rank</th>
<th>Factor</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Working shorter hours</td>
<td>4.59</td>
</tr>
<tr>
<td>2</td>
<td>Shorter hours supplemented by pension</td>
<td>4.53</td>
</tr>
<tr>
<td>3</td>
<td>Flexible working</td>
<td>4.53</td>
</tr>
<tr>
<td>4</td>
<td>No night shifts</td>
<td>4.3</td>
</tr>
<tr>
<td>5</td>
<td>Less physically demanding role</td>
<td>4.13</td>
</tr>
<tr>
<td>6</td>
<td>Management support</td>
<td>4.11</td>
</tr>
<tr>
<td>7</td>
<td>Less stressful role</td>
<td>4.08</td>
</tr>
<tr>
<td>8</td>
<td>Less responsibility, ie, lower banded role</td>
<td>3.84</td>
</tr>
<tr>
<td>9</td>
<td>Occupational health support</td>
<td>3.72</td>
</tr>
<tr>
<td>10</td>
<td>Fixed working patterns</td>
<td>3.63</td>
</tr>
<tr>
<td>11</td>
<td>More responsibility, ie, higher banded role</td>
<td>3.51</td>
</tr>
</tbody>
</table>
Of those who specified an ‘other’ factor that was important, many reported the choice and flexibility offered by working to be of great importance as well as support from colleagues and management and less paperwork/IT requirements.

Members were then asked if these factors were available to them in their pre-retirement role and only 40.9 per cent said yes they were (n=425). When asked why they were not available he most common response was poor management support and understanding and many reported that part time hours were just not available, many stating the to work at their band they ‘had’ to work full time with rotational shifts.

Members who indicated they had NOT returned to health care employment post-retirement were asked which employment factors might have encouraged or enabled them to do so. Respondents were asked to tick all the factors that might have been relevant and their responses are ranked as follows

<table>
<thead>
<tr>
<th>Rank</th>
<th>Factor</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less stressful role</td>
<td>53.1</td>
</tr>
<tr>
<td>2</td>
<td>Less physically demanding role</td>
<td>46.7</td>
</tr>
<tr>
<td>3</td>
<td>Shorter hours supplemented by pension</td>
<td>43.5</td>
</tr>
<tr>
<td>4</td>
<td>Flexible working</td>
<td>38.3</td>
</tr>
<tr>
<td>5</td>
<td>Management support</td>
<td>35.3</td>
</tr>
<tr>
<td>6</td>
<td>Working shorter hours</td>
<td>34.1</td>
</tr>
<tr>
<td>7</td>
<td>No night shifts</td>
<td>28.6</td>
</tr>
<tr>
<td>8</td>
<td>Occupational health support</td>
<td>22.5</td>
</tr>
<tr>
<td>9</td>
<td>Less responsibility, ie, lower banded role</td>
<td>21.5</td>
</tr>
<tr>
<td>10</td>
<td>Fixed working patterns</td>
<td>11.6</td>
</tr>
<tr>
<td>11</td>
<td>More responsibility, ie, higher banded role</td>
<td>3.5</td>
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Comments made in relation to this question often referred to unsupportive management particularly in relation to ill health, and perceptions about income and taxation implications of returning to work.
Members were asked if they could identify and describe any specific issues related to their field of practice that particularly concerned them in relation to a higher retirement age and nurses having to work longer (not necessarily just themselves).

Overarching comments for all areas of practice included:

- emotional and physical demands (back, hip and knee problems mentioned)
- encountering ageism and negative attitudes
- long shifts/night shifts
- keeping up with changes in IT/medical technology (and be trained and supported to do so with adequate time).

Some respondents reported feeling intimidated with some aspects of IT work and no allowances being made to give them more time to grasp some of the principles).

The table below outlines comments made from particular fields of practice. Comments in bold indicate a higher frequency of concern.

<table>
<thead>
<tr>
<th>District/community nurses</th>
<th>Winter driving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kneeling (to do leg ulcer dressings)</td>
</tr>
<tr>
<td></td>
<td>Moving and handling large patients (common to be on your own in patient’s home)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health</th>
<th>The physical demands (fitness levels) of carrying out physical restraint and moving quickly when issues escalate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A&amp;E</th>
<th>Fast pace of the work</th>
</tr>
</thead>
</table>

| Radiography and imaging/A&E/theatres | Lead aprons (frequency of wearing them and weight compared to physical stature of staff member) |
Theatre nursing

High levels of concentration
Postural issues (bending)
Heavy instruments (particularly in orthopaedics which can be compounded by wearing lead aprons)

**Difficulty with night shifts** was a particular concern for many with comments made including:

- higher energy levels in the morning and decreasing concentration levels in afternoon.

- **less tolerance to 12 hour shifts**
  - needing more recovery time between shifts and breaks within shifts (particularly 12 hours).

Additionally, a number of cross-cutting issues were also raised, not specific to any specialty:

- increasing workload
- staff shortages
- need for support and respect from colleagues and management
- impact of reorganisations and political changes
- hearing difficulties (nurse has been provided with stethoscope she can use with hearing aid)
- demands of commuting, especially to central London
- working with younger staff who are quicker at the job
- eye sight issues (eg, when removing sutures)
• standing for long periods of time
• noise, heat and light in physical environment
• hormonal changes
• physical demands of resuscitation.

Finally members were asked to make any other relevant comment or observation. A number of themes emerged and a sample of quotes, given from separate individuals, from each theme is given below.

Long working hours

“Having worked 40 years full time, with a 40 hour week to begin with then 37.5 hour week, I feel I deserved to concentrate on doing other things with my life. While we were supposed to be working 37.5 hours this invariably was up to 50 hours plus a week, with work also been done at home. I am not alone in these long hours and know that nurses on wards will not just be working their contracted hours but more due to workload and pressure.”

“My employer was supportive in allowing me to reduce my hours, which has enabled me to continue working.”

“I appreciated having a pension at 60 years, reducing my working hours shortly after and then choosing to retire at 64 years of age.”
I was physically and mentally tired at the age of 64 when I finally retired. The gradual reduction of hours helped and I enjoyed it. There is no way I could have continued to the age of 68 either with the physical demands or in keeping clinically up to date.

Valuing older workers

There is often an assumption that age is the prime problem when in fact it can be a lack of pragmatism by managers in service design. Lots of older workers have good health and like to be valued more.

Older workers have a wealth of knowledge and experience which needs to be captured and nurtured to keep them working happily for longer. They easily become disillusioned by changes that can be perceived as something that has been done before. Subtle cultural and practical changes need to happen in order to keep older workers productive, happy, healthy and therefore willing to continue to work. Failure to do so could lead to a large drain on resources and poor service quality from unhappy, unproductive and unhealthy older workers.

Working longer has its advantages; it provides the opportunity for senior skilled staff to pass on their knowledge to junior staff. It provides and avenue for more senior older staff to mentor junior staff into their roles so that when they retire there would not be a deficit in skills.

Management/colleague support

Forced retirement is catastrophic. Planned retirement is ok and welcomed by many of my friends BUT many would have stayed or returned if the support overall or individually had been better before the retirement. Many friends have said that they are glad to retire, glad to get out. Isn’t this sad, and these are sometimes the best staff!

Do not feel valued as an older staff member of trust. People keep asking when I am going to retire. I’m not worth investing in because they think I will leave soon. No one has offered me flexible working which I would consider.

It appears that not all managers are truly aware of the importance of planning when members of staff are coming up to retirement age. There is very little communication
about the options available to an older member of staff, eg, reducing hours, accepting pension and whether a job would still be available to you.”

**Impact of physical and emotional demands**

“There needs to be acknowledgment that after over 40 years of practice, long days and physically and emotionally demanding roles can be a real challenge for nurses. I observed many struggling to fulfil their role however if adjustments can be made and continuing education provided then the experience and knowledge of older nurses is highly valuable.”

“I was able to retire at 55 due to my mental health officer status. In the modern age I would not have been able to reach the new targets as the stress of the job would have been too accumulative, and I would have left nursing earlier, which would have an impact on the effectiveness of care to the group of patients that I was responsible for.”

“All staff are challenged at the present time. It is perhaps more difficult to rise to the daily staffing shortage problems with as much vigour as when younger.”

“I would actually love to still be working if I could be employed in an interesting, less physically demanding role with limited travel. This is unlikely as my registration lapses this month and while it is possible to remain in a job, I would be highly unlikely to be employed again.”

“I am, at the age of 63, finished with nursing because my body can no longer take the strain. I feel that the nature of nursing in areas demanding extra physical exertion causes the joints to wear out more quickly especially in older female nurses who are post-menopausal. I feel that to expect a nurse to work in clinical areas with these extra physical demands for this extra time is impossible and if the age has to be increased then the nurses’ workplace needs to be changed before damage to the joints becomes too advanced.”

“I happily worked until I was 66 years old but decided that my role was becoming too stressful and would damage my health, and although I was offered a lower grade role, I did not feel that this would give me job satisfaction. Many roles in nursing are stressful and very physically demanding; I can see that having to work longer will lead to more staff having long term sickness. It is very difficult if you have been in a
senior role for many years to consider a lower grade. Perhaps another consequence of staff working longer will mean a reduction of posts for newly qualified nurses.”

“I was really pleased to retire because I know I could not continue to work at the rate I was expected to. Staff will never be able to work full time until they are 65 years, particularly in mental health. At this time I personally know of three full time colleagues (50-60yrs old) who are off work due to work related stress. And over the years I have known over a dozen other colleagues who have really suffered psychologically due to the pressures they were put under – very sad.”

“I consider myself to be a fit 63 year old but find bending and crawling on the floor, which is a feature of the job, is becoming more difficult. Concentration levels are a little harder to maintain.”

“I am 65 and continue to work part time, I have colleagues working part time up to 70 but they are rare. I think an aged workforce requires more staff and things demanding very intense effort become difficult. Resuscitation for example. Health failure is going to be a big issue. As even though we don’t lift’ anymore, nursing is a very physical job.”

“Whereas I am fortunate to be able to have some control over my work environment and how it impacts on me physically and mentally, there are others not so privileged. I see the stresses brought to bear on younger colleagues and I know that I would be unable to continue nursing under those conditions. Shift patterns, night duty and staff shortages all put strain on ageing nurses, plus constantly being on your feet for hours at a time and repetitive moving and handling of patients all takes its toll on older nurses, with more likelihood of injuries occurring to themselves.”

“I was beginning to find full time exhausting due to degenerative changes to my knee. I consider myself fortunate not to have had any back problems. I do feel that nursing is physically tiring as you get older and that patient care could inadvertently suffer due to tasks taking longer. Most of the nurses on the ward are in their mid-fifties upwards to 64 and all are physically tired by the end of 7.5 hour shift. With older staff there may be a need for more flexibility in hours,”
“Most people’s physical and mental concentration and stamina are considerably less. I worked until 67 ending with a very few hours a week, eg, three hour session. My memory and concentration was definitely reduced!”

Choice
“At the age of 64 I was happy to go onto the nurse bank to enable the choice of when and where to work.”
“We are all individuals with different health problems; respect and support those problems and if needed redeploy. I applied and was accepted in outpatients having the ophthalmic qualification, as the fast pace and responsibility of the ward was beginning to tell on my wellbeing.”

Previous RCN publications and reports
Who will care? Nurses in the later stages of their careers (PDF 1.4 MB)
Publication code: 004 126
Publication date: 19 July 2011

The UK’s ageing population will place mounting challenges on the NHS and other health and social care providers, both in terms of the amount and kind of services provided and the workforce supply. In 2008, around one in three nurses were over 50 compared to just one in five in 1997. Greater reliance on older nurses in delivering nursing care means that it will be increasingly important to pay attention to the needs of older nurses. Over the next decade, key policy considerations will need to address such issues as the retention and motivation of older nurses and the extent to which nurses work beyond their retirement age. This research provides vital information about the employment patterns, preferences and retirement decisions of nurses approaching retirement age. The older nursing workforce shares many of the characteristics and employment requirements of their younger colleagues, yet they also have specific needs. This means an emphasis on support for continuing professional development, policies that enable a work-life balance, involvement and engagement in decision-making, as well as specific policies which positively acknowledge and value older nurses’ experience. This report was published alongside Who will care? Protecting employment for older nurses (publication code
It is well documented that the UK has an ageing population. The consequent increase in chronic and long-term conditions and the increased focus on a preventative approach to public health will change the demands for health care. The provision of high quality health care will be increasingly important in the future and nursing is vital in meeting this need. This guidance provides information for RCN representatives and officers to help them influence health and social care employers to apply good practice in the effective management of the older nursing workforce. It includes details on the changes in the nursing workforce demographic, the employment needs of older nurses, stereotypical assumptions that build barriers to their continuing in work, influencing employers and discrimination legislation. There is also a detailed section on sources of further information.

In 2008, the RCN in Scotland commissioned a report to consider policy responses to the ageing workforce. The report, Older but wiser? was launched at a reception at the Scottish Parliament, and attracted significant interest from politicians, our members and the media. It was supported by a number of seminars and stakeholder events across Scotland which gave members the opportunity to debate their issues and concerns and demonstrate the key role of nurses and nursing.
**Member views**

Throughout July and August 2013 RCN members were asked to consider the matter of working longer at branch meetings and in board meetings. Overwhelmingly members expressed concern at the physical and mental toll of having to work to the age of 68 and reiterated the RCN’s opposition to this policy change.

“There is little understanding of people’s ability to cope in a demanding environment” (South West).

“We simply don’t know the effect of longer working on NHS staff and therefore any changes must be kept under review” (Scotland).

“Older workers may be the subject of capability issues going forward” (East Midlands).

RCN members have also considered and voiced their opinion on the changes necessary within the NHS to ensure that NHS staff can work productively and effectively to a later retirement age. These can be summarised as follows:

- more choice – for example, over work arrangements and shift patterns
- flexibility at work and in pension provision (eg, drawdown opportunities and ensuring that taking up flexible work arrangements does not have a detrimental impact on further pension entitlement)
- access to training
- better job design that reflects the needs of the individual
- support in making career and retirement decisions
- better access to quality pension information and advice
- supportive attendance management practices
- good team working, management support and access to occupational health
- adequate staffing levels and skills mix.

“Staff need to be supported throughout their careers to remain well and prevent age and ill health being automatically linked. There needs to be more recognition that
staff are often carers too (as much for elderly relatives as for children). More innovative ways of making use of the knowledge and experience of older staff should/could be developed” (Scotland).

Phased retirement – “the upshot is that services retain their experienced staff for a few more years rather than lose them completely” (South East Region).

“(working longer will be) easier in a place where team work is excellent” (North West).

“We need to encourage employers to alter work to make it easier for older employees” (North West).

“Consider using people’s skills in different ways…Expand CPD in years prior to retirement to broaden horizons to look at other options available” (West Midlands).

“Regular health assessments; timely access to specialists such as OH, physio, consultants etc…” (London).

These comments complement the evidence submitted from the Joint Staff Side to the Working Longer Review that gave a clear message from nurses that, in order to be able to work longer, they need:

- shorter shifts
- more opportunity to work part time, using pension draw down where possible
- fixed working patterns (ie, less shift work)
- a less demanding work environment.
**Conclusions**

RCN members remain opposed to the rise of normal pension age and have stated a number of concerns about the impact this will have, both to themselves and to the patients they care for. The physical, mental and emotional demands of nursing are too great to allow the majority of nurses to work into their late 60s. Those who currently continue working past the age of 60 do so because they are able and willing to do so and often receive targeted support in their workplace and from their employer.

Where members have been able to stay longer in work they have usually been supported by their employer and manager to do so, and have taken advantage of flexible or shorter working arrangements often supplemented by pension income (C4E - Question 1).

However, many members have stated that such arrangements and support have not been available to them; there has been opposition from management to reducing working hours, and they have not been able to take advantage of pension flexibilities. Coupled with a lack of respect and value for their maturity and experience, discriminatory attitudes to older workers and increasing physical, mental and emotional demands, RCN members remain sceptical of the profession’s ability to respond to the challenge of an ageing workforce. Too little is known to be able to assess the impact a later retirement age will have on service provision and the health and wellbeing of nursing staff (C4E – Question 2).

A number of difficulties particular to various specialties have been identified above but these are all seen in the context of an increasingly demanding work environment through the NHS; increasing acuity of patients, increasing pace of work, administrative and IT demands and staff shortages and inadequate skill mix (C4E – Question 3).

RCN members are clear that much needs to change within the service to support staff working longer but that not of these necessary changes are especially radical or
even difficult to implement if an organisation is willing to support its staff. Having the choice over working arrangements (eg, shorter hours and fixed shifts) in a less demanding work environment were key elements identified alongside flexibility within pension arrangements to support changed working arrangements. Employer, management and team support were also identified as important – as they are for any member of staff at any age (C4E – Question 4).

The RCN remains concerned about the impact of a raised retirement age on a profession whose work is so demanding, and also the lack of robust evidence available about the impact this may or will have. We believe that this change in pension arrangement needs to be kept under review for many years, with indepth, longitudinal research undertaken to assess the impact on the heath and wellbeing of the nursing workforce, the way the service responds and the employment policies and practices it needs to develop.