



Editorial

The retirement of orthopaedic nurses: A new challenge



According to the author of the Narnia books, C.S.Lewis (1950).

“Some day you will be old enough to start reading fairy tales again.”

Oh, what a lovely dream for any orthopaedic nurse who has thought about retirement to think that they would have the TIME to read again and visit all those stories that they wanted to read for many years but never had the energy or time. There are many such things that working nurses dream about having the time and energy to do in retirement. But this is probably one of the least simple dreams of all – planning retirement and being retired after a nursing career, is complicated.

The nursing profession is currently affected by the retirement of ‘baby boomers’ – a large cohort of those born roughly between 1946 and 1964 when there was a spike in births following the Second World War. This ‘exodus’ from nursing is happening just when the demand for nurses across the world is high (Johnson and Morrissey, 2016). The World Health Organization (WHO) has designated the year 2020 as the “Year of the Nurse and midwife”, in honour of the 200th anniversary of the birth of Florence Nightingale. The WHO is also leading the development of the first ever “State of the World’s Nursing” report which will be launched in 2020, prior to the 73rd World Health Assembly. In that report, it is certain that the global resourcing of the nursing workforce will be part of the discussion as it is a significant challenge for health care everywhere. There are many specific issues that need to be considered from this perspective, but retirement of experienced nurses is a topic much in the limelight, along with other issues related to retention of nurses in the workforce.

The nursing workforce is ageing and demands on health care services continue to increase. The recruitment and retention crisis in nursing in most developed countries is partly driven by the fact that a significant proportion of the nursing workforce is older than average. In the literature, nurses over the age of 40 years are considered ‘older’ – and those over 50 years older still. These ‘older’ colleagues are those with the most experience and skill, they are often nurse leaders who teach and support younger, less experienced colleagues. When they leave the nursing profession, they leave a gap that is hard to fill.

The cultural norm for the length of any career, depending on location and social norms, has often been said to be around 40 years. For a registered nurse graduating at the age of 21 years this means that they will work until around the age of 60 years. In many developed countries, the retired population is growing while the working population is shrinking. These changing demographics mean that retirement, with a government funded pension, around the age of 60 is no longer considered affordable and all employees will be expected, in the future, to work for longer before they can receive a pension that is provided by the state. There is an expectation that any additional funds will be provided by a contributory workplace pension. In the European Union, for example, there is ongoing discussion about ways to retain workers

in the workforce for longer and some countries have plans in place to increase the state retirement age, at varying paces, to 67 years for both men and women.

But nursing is a challenging profession with a workforce that experiences high levels of stress and burnout because of the physical and emotional demands of their work as well as their shift work and unpaid extra hours. Hence, there is also much discussion about the potential impact of a longer working career on the nursing workforce. The European Commission (2016) defines this situation very well and categorises nursing as a profession involving ‘workers with arduous or hazardous jobs’ as follows (p4);

“Occupations involving the exposure of the worker over a period of time to one or several factors leading to professional situations susceptible to leave long lasting and irreversible effects on his/her health; these factors are related to physical constraints, psychosocial risks, an aggressive physical environment, working organisation and working rhythms, including shift work”

This reflects the situation in nursing generally, but in some nursing specialties this may be even more the case. For example, orthopaedic nursing has a reputation for placing additional stress on nurses because of the physical needs of very immobile and frail patients and high workload demands. The development of musculoskeletal disorders and chronic pain are often, therefore, common factors in orthopaedic nurses’ decisions to retire early – or not stay longer than they need to financially. This also means that, following retirement, orthopaedic nurses may suffer further from the physical and emotional effects of their career, affecting their quality of life in their later years. If orthopaedic nurses are, therefore, to continue to work into their 60s and beyond, both they and their employers need to consider how this can be facilitated. Measures to improve working conditions that better protect the health of nurses are needed.

Retirement is a transition that can have both positive and negative effects. Leaving behind workplace stress and shift patterns and being able to relax and have time to undertake new activities is an aim many dream about during their working lives. Many nurses perceive retirement as an opportunity to enjoy life more, focus on themselves and change, for the better, the way they live their lives while still staying active and busy.

However, working gives structure to daily life and provides a sense of fulfilment which can define a person for most of their adult life. Nursing is a career which demands much of those who chose it. Even so, it is also a very rewarding role that often defines who nurses are and how they relate to their colleagues, families, friends and local communities. Suddenly ending a career which has defined an individual nurse can be a difficult undertaking – impacting on identity, self-concept and fulfilment in later life. For this reason, as well as financial and

social ones, many nurses choose to work part-time for some years beyond their pension age – keeping their skills in the workforce for longer to the benefit of patients and the health service. Again, the arduous nature of nursing needs careful management of every nurse's workplace health and safety if this is to become a strategy for retention of older nurses.

Advice provided by [Evans and Tabloski \(2018\)](#) goes as follows:

“After leaving the job market, we need to redefine and expand our ideas and expectations regarding retirement because most of us will have many more productive years in our lives. Many people equate retirement planning with financial planning. While essential, a financial plan is only one part of a retirement plan. A nurse who has spent his or her lifetime in service to others and has found satisfaction in that work will face a major life transition and will need to choose activities to fill this unstructured time with zest and meaning. Some will choose to work part-time or engage in professional consultation, while other will change venues to business or education, volunteer, travel or pursue new hobbies and past times. The thoughtful retiree is advised to choose wisely, balancing the need for meaningful engagement with sufficient time for self, recreation and enjoyment, and personal fulfilment.”

Finding a balance in that is much easier said than done. As I reflect on the first few months of my own recent retirement from full time paid employment, I wonder what the future holds for the colleagues who are younger (or even older if they are still working) than me and how the organisations they work in are going to support them. I hope that they

will all take the time to consider what their own individual needs are and seek to make sure they are met.

If you are already a retired orthopaedic nurse – I hope you can look back on your career and realise what a difference you made, and that you are enjoying some time to take care of you instead of others. If you are planning, or on the verge of, retirement, I hope you will find the process of reaching this important milestone as positive as it can be. If you are yet to even contemplate the possibility of the end your nursing career and a pension is just something that comes out of your salary, but you do not completely understand what it is for, then spare a thought for those who are at the other end of their working lives and make the most of what they can offer you before they go off into the Narnia that is the world of not having to get up in the morning for any other reason than because each day is beautiful. Live well and be happy and calm.

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