



# Approaching retirement: A qualitative study of older nursing assistants' experiences of work in residential care and late-career planning

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## ABSTRACT

In many countries, eldercare workers are approaching retirement. To remain attractive to older and experienced workers, organizations need to understand how employees nearing retirement think about and experience their work situation. This qualitative study investigated how older nursing assistants within residential care for older people experienced aging at work, their psychosocial work environment, and their late-career planning. Semi-structured interviews with eight nursing assistants (aged 55–61 years) in Sweden were analyzed using an Interpretative Phenomenological Analysis approach. The results show that the psychosocial work environment was perceived as stressful and considered a long-term health risk, and that (future) health and work ability were key factors determining nursing assistants' late-career planning. Moreover, personal resources and social support from colleagues seemed protective against job demands. Aspects considered in late-career planning also included personal finances and meaningfulness of work. While these findings may be sample-specific, they still provide insights into the experiences of an important occupational group. This means that the findings can be useful for organizations aiming at promoting successful and sustainable aging-in-workplace and encouraging extended working lives.

## Introduction

In several countries, demographic aging is challenging labor markets and the sustainability of pension systems (OECD, 2019). In Sweden, women and men aged 65 in 2017 can expect living an additional average of 22 and 19 years (of which 16 and 15 years, respectively, involve a reasonably good health) (European Union, 2019). Also, the number of Swedish residents aged 80 years or older is expected to increase by 50% in 2029 (Statistics Sweden, 2020). This increases the need for healthcare and eldercare services. Indeed, in Sweden as elsewhere, eldercare providers are pressured and facing a serious shortage of qualified and experienced staff (Eurostat, 2015; Statistics Sweden, 2015). Within the Swedish municipal health and social care sector, eldercare nursing assistants have the greatest recruitment needs, intensified by employee retirement (Swedish Association of Local Authorities and Regions [Sveriges Kommuner och Regioner, SKR], 2020). Thus, organizations aiming to retain their older employees and take advantage of their competence and experience would benefit from understanding how nursing assistants approaching retirement think about late-career decisions. This calls for in-depth investigations of how older nursing

assistants in eldercare experience aging at work, their psychosocial work environment, and late-career planning. In Sweden, there is no statutory retirement age and individuals may retire between ages 62 and 68, with most having a possibility to work beyond age 68, with the employer's agreement (Swedish Pensions Agency, 2020). The considerable flexibility workers have in deciding their retirement age, at least formally, makes Sweden an interesting context to study the retirement process and related decisions at the individual level (see Örestig, Strandh, & Stattin, 2013).

## Background

Retirement has been described as a decision-making process rather than a discrete or single-time event (Beehr, 1986). This process occurs over a period of time and typically starts with envisioning the possibility of retirement (preferences regarding retirement), continues with a decision to retire, and ends with actual retirement (Feldman & Beehr, 2011). Yet, older workers are a heterogeneous group (Zacher, Kooij, & Beier, 2018), and late career and retirement decisions are nuanced and vary between individuals (Furunes et al., 2015), which is reflected in

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increasingly dynamic and individualized retirement patterns (Beehr & Bennett, 2015). Conceptualizing retirement as a decision-making process assumes that retirement decisions result of a purposeful and motivated choice, grounded in information older workers have regarding their individual characteristics and their work and non-work context (Wang & Shi, 2014). However, retirement decisions are not always voluntary, and individual latitude to choose may be constrained by several factors and circumstances (Ebbinghaus & Radl, 2015). Individual disposition and ability to continue working or retire depend on the contextual opportunity structure in which the retirement decision-making process occurs (Hofäcker, 2015; Örestig et al., 2013; Solem et al., 2016). Even if late career and retirement preferences and planning not always translate into actual behavior (Solem et al., 2016; Steiber & Kohli, 2017), to understand factors involved in such preferences is important, since policies and organizational practices aligned with older workers' wishes and needs have better possibilities of being successful in encouraging extended working lives (Esser, 2005).

Retirement is an increasingly researched topic with much research having focused on retirement preferences, intentions, and actual timing (for systematic reviews and meta-analyses, see Fisher, Chaffee, & Sonnega, 2016; Scharn et al., 2018; Topa, Depolo, & Alcover, 2018; Topa, Moriano, Depolo, Alcover, & Morales, 2009). While most studies use a quantitative approach, qualitative studies exist as well (Brown & Vickerstaff, 2011; Furunes et al., 2015; Gyllenstein, Wentz, Håkansson, Hagberg, & Nilsson, 2019; Hovbrandt, Håkansson, Albin, Carlsson, & Nilsson, 2019; Lundgren, Liliequist, & Landén, 2018; Nilsson, 2012; Oakman & Howie, 2013; Sandmark, 2014; Vickerstaff, 2006).

Wang and Shultz (2010) categorized factors impacting the retirement process in four areas: 1) individual (e.g., demographic characteristics, health and ability, and financial circumstances); 2) family (e.g., marital and dependent care status, spouse's working status); 3) job and organizational (e.g., job characteristics, job attitudes, age stereotypes at work); and 4) socioeconomic (e.g., social norms about retirement, social security system). Individual factors have been, by far, the most frequently studied (Fisher, Chaffee, & Sonnega, 2016), and health status is considered the most consistent predictor of retirement timing (Topa et al., 2018). The psychosocial work environment is also a determinant of retirement intentions and actual retirement (Browne, Carr, Fleischmann, Xue, & Stansfeld, 2019), as is associated with work-related outcomes (e.g., job satisfaction, work engagement, turnover, and absenteeism) and mental and physical health (Sverke, Falkenberg, Kecklund, Magnusson Hanson, & Lindfors, 2017). Thus, organizations have a central role in defining opportunities for extended working lives (Mulders, Henkens, & van Dalen, 2020), by creating conditions for employees to continue carrying out their work throughout their working lives in healthy and safe work environments, to facilitate successful and sustainable aging-in-workplace.

The Job Demands-Resources model (Bakker & Demerouti, 2017; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) proposes that job demands and resources have overall implications for mental health, work-related attitudes, and behaviors, and has been used to explore implications of work-related factors for retirement decisions. In line with this model, high demands and low job control have been associated with an earlier workforce exit (Eloviano et al., 2005; Liebermann, Wegge, & Müller, 2013; Robroek, Schuring, Croezen, Stattin, & Burdorf, 2013; Schreurs, Van Emmerik, De Cuyper, Notelaers, & De Witte, 2011), particularly among blue-collar workers with strenuous work (Poulsen et al., 2017), which would surely include nursing assistants.

Indeed, the psychosocial work environment of nursing assistants has been characterized by high physical and psychosocial demands and low control, which have been associated with poorer health and well-being (Gyllenstein, Wentz, Håkansson, Hagberg, & Nilsson, 2019; Sandmark, 2014; Sverke et al., 2017). Nilsson (2020a) found that in workplaces mainly employing women (as is the case in many human services occupations), there was a higher risk that employees, independent of their gender, felt that unable to keep working until the age of 65. In a study of

intentions to work until 65 and beyond among healthcare employees, most nursing assistants stated they were unable or unwilling to work until age 65 or beyond (Nilsson, 2006). Nursing assistants who envisioned a possibility of working beyond age 65 seemed to have better conditions to aging-in-workplace. They worked in less physically demanding work environments, and had less physically straining work. Moreover, they had better health and well-being, were not exhausted, nor experiencing work-private life conflicts to the same extent as nursing assistants not seeing themselves working until age 65.

Using a focus group approach, Gyllenstein, Wentz, Håkansson, Hagberg, & Nilsson, 2019 explored retirement decisions of nursing assistants in eldercare, which shares many of the characteristics of nursing work within healthcare. Their findings suggest that the main factors involved in retirement decisions were organizational, including highly demanding work and lack of recovery, health-related issues, poor personal finances, lack of private life, support from colleagues, and a meaningful job. Similarly, Sandmark (2014) found that, although experiencing their work as meaningful, older eldercare nursing assistants perceived physical and mental work demands as hindering their ability to work until 65 years of age. None of the interviewees had the intention to work beyond age 65. Feelings of insufficiency were frequent and job demands had increased in recent years, as residents had become older and more often had multiple diseases that required more skills, which increased the scope of the tasks to be performed.

### *The present study*

This study investigates how older nursing assistants working in eldercare experienced aging at work, their psychosocial work environment, and their late-career planning. Using a qualitative approach, this study responds to recent calls for further qualitative research to add in-depth knowledge and provide a fine-grained perspective on individual experiences and thoughts about work and retirement (see Amabile, 2019). Moreover, with a phenomenological approach, this study sets out to add to existing qualitative findings including the retirement decision making among eldercare nursing assistants (Gyllenstein, Wentz, Håkansson, Hagberg, & Nilsson, 2019; Sandmark, 2014). Specifically, in allowing for insights into individual experiences in a particular context, the study may aid policy-makers and organizations in facilitating aging-in-workplace and targeting retention strategies with a focus on the needs and challenges of a key occupational group in a welfare sector handling severe labor shortage.

## **Method**

### *Participants and procedure*

The study was approved by the Regional Research Ethics Board in Stockholm (Ref. No. 2017/1720-31/5) and is part of a research project investigating the retirement decision-making process of older workers. The recruitment of interviewees involved purposeful sampling of employees within a municipal residential care home for older people in a middle-sized city in Sweden, which employed 52 nursing assistants, 13 of whom aged 55 or older. The sampling procedures were guided by the principles of the analytical approach of this study, Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2009), with its focus on including a relatively small and homogeneous sample allowing for detailed accounts, and thorough and systematic analyses of individual experiences in a particular context. To ensure a sufficiently homogeneous sample, the following inclusion criteria were used: (1) working as a nursing assistant; (2) age 55 years or older; (3) not yet retired, and (4) working within the organization where the study was set.

The second author contacted the organization and implemented the study within the organization. The operational manager granted permission and distributed leaflets about the research project to the

different departments. All nursing assistants interested in participating were contacted by the researcher and then received a brief description of the study and provided written informed consent.

The final study sample included eight certified nursing assistants aged between 55 and 61 years, working in different departments within the same residential care home. This sample size was considered appropriate for the identification of commonalities and divergences between participants, while keeping with the ideographic focus characterizing the IPA-approach of this study. Half of the participants worked full time, while the others worked part time (ranging between 80 and 88% of a full-time schedule, i.e., 40 h per week). Organizational tenure ranged between 6 and 38 years, with participants with the shortest tenures having previous experience as nursing assistants elsewhere. All but one interviewee were women. This gender distribution reflects that of the occupation, which in Sweden mainly includes women (Sverke et al., 2017). The decision to keep the man in the sample was taken to have the sample reflect the overall gender distribution of the occupation despite the study not focusing on gender, and with this man otherwise fulfilling the sampling criteria and, gender aside, sharing key features of other participants. Names of participants have been changed to follow research ethics and maintain confidentiality. This includes avoiding any singling out of the male nursing assistant.

Interviews

Interviews were carried out from January to March 2018 in a private room at the residential care home during working hours and lasted around 45–65 min. Interviews were conducted by the second author, in Swedish, and were audio-recorded. All interviews were transcribed verbatim by the second author. The transcripts' length ranged between 4606 and 10,306 words (median 6230 words). Procedures to protect participant integrity were applied prior to the analyses.

The semi-structured interview guide was rather flexible and covered the following topics: (1) experience of work within eldercare; (2) perceptions of aging in the workplace, and (3) thoughts and preferences regarding retirement. Following Smith et al. (2009), questions were open-ended and the interviewees were encouraged, through prompts, to expand on the topic until no further supplementary questions could be asked or additional prompts were needed. Example questions were as follows: “Can you tell me a bit about what it is like to work as a nursing assistant here?”, “What are your thoughts on retirement?”. Potential prompts were prepared in advance to facilitate the interview flow, such as, “How did this make you feel?” or “What do you mean by ‘sensitive’?”. The interview guide was piloted to test the questions, which resulted in minor adjustments and rephrasing of some questions.

Analytic approach

This study used the qualitative IPA (Smith et al., 2009) approach, considered appropriate when exploring individuals' sensemaking of life experiences (Smith, 2004). Since retirement is a major life transition evolving over a longer time (Wang & Shi, 2014) and is an idiosyncratic experience (Furunes et al., 2015), IPA was an ideal approach. This approach encourages interviewees to talk freely and reflect on a topic which allows for a detailed, in-depth investigation of contextualized individual experiences (Smith, 2004). The lived experience of the participant and their interpretation of it is the focus (Smith et al., 2009). With the researcher attempting to interpret the participants' sense-making of their own experiences, it can also be said to imply a so-called double hermeneutic (Smith et al., 2009). Using IPA involves following an inductive approach, with interviewee narratives forming the point of departure which later yields theoretically driven interpretations from the meanings identified in the transcripts.

The analyses were performed separately by the first and second authors to increase the robustness of findings. The process followed a heuristic framework (Smith et al., 2009) for analyzing qualitative data

with the six steps of the IPA approach. The first and second steps involved reading each transcript several times, and making initial or provisional notes of quotations considered interesting and meaningful. The third step included establishing relationships, associations and patterns of meaning across the initial notes within each transcript, to identify emergent themes, which reflected both the interviewee's words and thoughts, and the researcher's interpretations. Step Four involved developing a structure, searching for relationships across the emergent themes, retaining those relevant for the study aim. This led to the development of higher level “superordinate themes”, representing a higher concept of meaning and clustering together a number of related “subordinate themes”. These four steps were followed in all subsequent transcripts, allowing new themes to emerge, keeping with an ideographic focus on the individual voices (this comprises the analysis' fifth step). The sixth step involved looking for patterns, identifying commonalities and convergences, as well as nuances and divergences across the transcripts, which led to a reconfiguration and relabeling of some themes. The superordinate and subordinate themes were retained based on their prevalence across transcripts, their richness and meaningfulness in representing interviewee experiences and perspectives, and relevance for the study aim. The discussion around the thematic structure and possible interpretations of the accounts increased validity and coherence.

Results

The analysis yielded three superordinate themes, namely (1) Late-career plans, (2) Health, work ability, and aging in a stressful work environment, and (3) Work-related motives to continue working. Each superordinate theme was supported by a number of subordinate themes (Table 1 provides an overview).

Late-career plans

Participants reflected on their career, and referred specifically to the timing when they expected to retire and their plans for full or partial retirement.

Retirement timing

While recognizing that it was common to retire earlier in this occupation, the age of 65 was the most common expected retirement age among the nursing assistants.

I don't know how many have gone over 65 [years]. That's probably one I know of. And she was extreme [laughs]. Yes, she ran, so she ran a marathon at 68, so that ... she wasn't a typical retiree. But she

Table 1  
Thematic structure.

| Thematic level | Theme  |
|----------------|--|
| Superordinate  | 1. Late-career plans   |
| Subordinate    | 1.1. Retirement timing<br>1.2. Openness for post-retirement work   |
| Superordinate  | 2. Health, work ability, and aging in a stressful work environment   |
| Subordinate    | 2.1. Good health and work ability are factors determining continued employment<br>2.2. A stressful work environment<br>2.3. Few possibilities to adjust job demands to potential limitations due to aging<br>2.4. Social support and personal resources partially protect against the impact of job demands<br>2.5. A healthier work environment for a more sustainable working life |
| Superordinate  | 3. Work-related motives to continue working  |
| Subordinate    | 3.1. Financial considerations<br>3.2. Meaningfulness of work – helping others, contribution to society   |

worked until 69, I think. She's the only one I can think of. Many have gone at 62–63 [years], something like that. [Robin]

Kiran questioned the upper age protected by the Swedish law of employment security, which was 67 years at the time of the study, “Now, you're supposed to work until 67? Anyway, I want to work until I'm 65. Unless something happens, you never know”. Alex, in turn, considered it difficult working beyond the age of 65 as a nursing assistant, “God, I think it's enough to work until 65. Especially if you work in care or have the job we have”.

#### *Openness for post-retirement work*

Retirees who continued working at the residential care home after retirement were valued as an additional resource, “We encourage the ones that have retired to come in and work. I mean, it's really great that we can rely on them. Otherwise, the eldercare sector wouldn't work, when many [employees] are sick [absent from work].” [Camille].

Participants were open to continue working after retirement as an hourly paid nursing assistant. Kiran and Sam, respectively, considered this a path to gradually exiting the workforce, “[...] and maybe after 65, I'll work a little now and then, not every day”; “So completely abruptly you hope you don't have to do it [stop working from one day to the other] ... that you might work a bit anyway, jump in a little now and then maybe.”

Working as an hourly paid employee was also perceived as an opportunity to establish a sense of control over work and to reduce the current workload and responsibilities.

I also think, once I retire, I can imagine working a bit, to sort of... well, you're then allowed to choose when to work. I can say ‘no’ without getting a bad conscience. [...] I believe this would be pleasant, I do. That you're allowed to get rid of some parts and that you don't necessarily need to report to the same extent, this thing with the action planning and all that you're supposed to write. No, that bit I believe will be good”. [Camille]

#### *Health, work ability, and aging in a stressful work environment*

Health and work ability were central factors shaping participants' late-career plans. Work was experienced as a potential health risk, due to high levels of job demands and stress. While participants perceived few possibilities for adjusting job demands due to aging, social support and personal resources partially protected against the impact of such demands. Participants also reflected upon possible organizational strategies that may promote a healthier work environment and facilitate aging-in-workplace and extended working lives.

#### *Good health and work ability are factors determining continued employment*

Participants emphasized the critical role that good health and work ability played in determining their retirement age and the likelihood of extending their working lives.

If you can manage your work both physically and mentally ... Actually, I believe you have to be, how do I put this... have good health in order to work. Should I come to work and drag my heels? That I won't do. No. [Ashley].

While participants felt relatively healthy, they still reflected on how fragile life is and shared their concerns regarding future diseases and ill-health, acknowledging that a good health was not guaranteed at any age, “When you get older, you constantly consider the possibility that you might fall ill soon and need care. When you get older you tend to think a bit like that. Especially at the age of 60, you get these thoughts...” [Kiran].

Health pessimism was also rooted in the experience of older residents, close friends or former colleagues who did not live a long life after retirement. The realization derived from these experiences led to the awareness of the importance of retiring with one's health still intact,

“Yes, you have seen so many ... it can happen so much with someone who is older, that perhaps you should not wait too long to get anything out of it [retirement]” [Robin].

#### *A stressful work environment*

Work was generally described as physically demanding, yet more focus was placed on the mental demands. Participants reported constant time pressures, which added frustration and negatively affected the quality of care, and in turn resulted in feelings of being insufficient and increased stress.

If someone [a patient] is sad and for example asks me to stay a little while and sit down and talk. Well, then you know there are several others who are waiting [...]. Then you need to try to tell them ‘I'll be back in a while when I have more time’, but it... it wears on you. And this is bad because then this patient will be even sadder because you have to leave. So that's, well... It's a shame you don't have the time. It's such a crammed schedule all the time. [Kim]

Conflicting demands and the “human factor” – something that were outside their control, disrupted the workflow, and demanded flexibility – contributed to the perceived lack of autonomy at work. The constant need to make tough decisions that required prioritizing was experienced as stressful. This is well described by Sam, through an example of the challenge of giving medication to the residents – a cognitively demanding task requiring full focus – and simultaneously paying attention to residents' alarms of needing immediate assistance.

You're scared to death to get the medication wrong if you're stressed. [...] I'm standing there in the noise, and people are coming, and nurses are coming by to tell me something, and I'm standing there with the medication in front of me, counting and checking. I'm not allowed closing the door behind me because at the same time I have to be out there to monitor patients and respond to alarms. [...] We have the duty to respond to an alarm at the same time as we are thinking about whether this [medication] is right. [...] And the alarm sounds all the time, not any emergency, but it does sound [...] and you need to start all over again. And then you have to do it several times, it makes you lose focus. [Sam]

Relatedly, being “scared to death” is reinforced by staffing shortages, also perceived as a source of stress, for the enormous negative impact on participants' work and the stability of the working team such disruptions of ordinary routines and workflow cause. Temporary workers were often unfamiliar with the work or with residents' needs, and this was sometimes seen as an extra burden for experienced staff. Kiran reflected on the positive impact of having changed units within the organization, moving to a department with a more stable team, despite it resulting in a lower salary.

At [this unit] there is work to be done, but we have good routines and good staffing, so we know each other well and give each other a lot. But at [the other unit] we were always short of staff and the temps they hired didn't have the same responsibilities... [...] but that's why I lose almost SEK 2000 every month, because I like this unit [...]. Imagine if we'd be short of staff and there's a lot to do, you get stressed and it's the stress they say is the cause of all illnesses. [...] That's why it's sometimes worth losing some money. Be a bit satisfied and confident at work. [...] It feels great. [Kiran]

Working time was felt as a burden, as it involved working day-, night- and weekend shifts, with a rigid schedule, “And we work evenings and nights. And these evenings, I think, ... they wear a lot because it's such a change. First, you're awake and working and then you work nights and sleep during the day, and then you're free” [Misha].

Split shifts entailed a full workday, from 7 am to 10 pm, with only a

few hours off in the middle of the day, and were described as both mentally and physically draining. Sam described the mental strain relating to this type of work schedule and was critical of the management, who were perceived as failing to respond to employee complaints regarding split shifts.

I instantly feel trapped in my work. [...] Just that ... at 06.45 in the morning I think '17 hours before I can get out of here...', because mentally it's a huge pressure, I can tell you. My body doesn't feel tired, it's a more mental thing. Some patients who are heavy and psychologically more difficult, you may be able to cope with one morning and during the day. But during a split shift, you're supposed to come back and start again several times and deal with this person. And then they [the management] say that when employees start freaking out, it's time to train social skills. [Sam]

The stressful work environment was perceived as a threat to future health and long-term ability to work. Working as a nursing assistant required flexibility and the cognitive ability to focus on several things simultaneously, and aging was considered a factor that could negatively impact job performance. Sam had reflected greatly on the aging process, and although not having experienced any physical constraints that affected work ability to date, was concerned with the risk of losing a "sharp mind", if continuing experiencing the current levels of work stress.

So, no, no [age] limitations. But I wonder what it would be like if you continue stressing like this. I mean, I can handle it now, but I can imagine that once you're a few years older it might be harder thinking as quick and as much ahead as today. [Sam]

#### *Few possibilities to adjust job demands to potential limitations due to aging*

Participants perceived few possibilities to adapt the work tasks or adjust their job demands to their individual abilities and possible limitations due to aging, which could threaten their future health.

We do the same work. It doesn't matter if you're old or young, you're supposed to do the same job and... you wouldn't see any difference, really you wouldn't. So sure, that's a pressure then. So, you somewhat feel like: 'what if I get sick or get something that makes me...?'. Well, 'knock on wood', hope you don't. You never know. [Kim]

In today's society, you almost have to be an A-person. You can't go a bit slower or ... you really have to be strong and be able to do most things for it to work out. [...] There's no place for those who might need a little longer. [Robin]

Robin later described the lack of influence at work, not feeling allowed to say "no" or adjust the workload, "I don't have any mandate to say: 'no, I can't take on any more'. I don't, so you just have to carry on with the things you've been told to do".

#### *Social support and personal resources partially protect against the impact of job demands*

Colleagues were considered an important source of social support and a vital job resource to help balance job demands and positively impacting job satisfaction.

It almost does ... what should I say? Not 100%, but it does very much, if you have good work colleagues. Whom you can trust and have fun and laugh with, and so on ... Yes, it's a great part indeed. And this is why I'm still around here too. Having thrived, or that you thrive. Because if you didn't, well... then you would have moved elsewhere ... if you felt like that, yes. [Kim]

Participants emphasized the team climate and the importance of a

good working collaboration among colleagues, "But [despite you having to do what you have to do] ... since we are a stable group among us, we can do it, we help" [Robin].

While reflecting on stress at work, there was also a tendency to focus on personal coping strategies to deal with job demands. Personal resources, including being structured, proactive, and aware of one's own limits and confidence in one's abilities, were related to feelings of control and considered important to manage the workload and minimize stress.

But that [feeling control and not overwhelmed by one's workload] is because I'm very structured and fast in what I do, I always think forward and am one step ahead all the time. I even plan for the evening, meaning that I prepare things such that the evening shift can make use of it. I'm always like this, so I don't get so stressed. [Sam]

Aging was perceived as positively associated with higher mastery and self-confidence, "I was probably more... got more stressed out from it [the high demands] when I was younger, but the older I get, I can put things aside now" [Micha]. Participants had mostly positive experiences of aging and considered their accumulated experience as an advantage in handling job demands and stressful situations at work, which enabled them feeling in control and remaining calm, "Yes, you get more experienced if you work for a long time and if you get old, there are many things that go faster. [...] The job gets easier; it actually gets easier because you know a lot [Kiran].

#### *A healthier work environment for a more sustainable working life*

Participants also reflected on organizational practices that would enable aging-in-workplace and encourage longer working lives. While organizational priorities to cut down costs were negatively appraised, having adequate and stable job resources was important to balance the efforts put into work and to reduce psychosocial stress, and was consequently experienced as a driver for continuing working. Perceived job security, knowing there would not be any sudden layoffs, was also valued.

Let me work where I work! Don't mess with my schedule! Don't start fighting over the fact we have to be fewer and cut down here and there. If not, I'll manage working full-time because I'm not tired in that sense. But the frustration over them constantly pulling from the little we've got... then I'd think it might be better to leave as soon as possible and jump in and work whenever I like. [Sam]

The general perception was that the organization did not have strategies directed at facilitating or motivating older nursing assistants to prolong their working lives. Moreover, practices only targeted at older workers were seen as carrying a risk of inducing ageism and confirming negative age-stereotypes, "An older employee will never be accepted at work if that person will get benefits while others are running around like fools" [Sam].

[...] I don't think you can get that [special work arrangements]. We're all here on the same terms. 'Now she can do that today but she can't'. No, but it doesn't work, I don't think so. 'Yes, but she can do that just because she's over 60, she's old and she cannot cope'. No, but I don't think it would work. I think our managers would probably want us to be here on the same terms. And as I said, if you can't cope then you have to reduce your working time. [Micha]

Sufficient staffing was perceived as important for participants' job satisfaction, reducing psychosocial stress through decreased workload, and increasing the willingness to remain in the organization. A satisfactory schedule (that is, the possibility to have more control over one's working schedule, to work off-schedule as well as fewer hours, leaving enough time for leisure and recovery) and more possibilities to work on



one's own terms, in particular, were considered to protect health in the pre-retirement years, and seemed important drivers for continuing working, "[I work] approximately 85%. [...] *It's such a tough schedule we have. To get some leave and time for recovery, this is probably just enough*" [Misha].

But, if there would be more people working we wouldn't need to work that many weekends. So, it's the working schedule [that plays a role in the retirement decision making], and maybe having a few more motivators at work [...]. But it's not just the salary. It's the salary and the working hours, I think working hours are almost more [important] today. That people get to decide a bit more about the schedule and how they want to work. [Sam]

#### *Work-related motives to continue working*

Participants cited two main work-related motives to continue working: the financial compensation from work and the meaningfulness derived from helping people and contributing to society.

#### *Financial considerations*

The financial situation was a central factor considered in the retirement decision making, and interviewees felt that their future pension would be just sufficient to cover their living costs, "*How much money you will receive in retirement pension, how you will survive [...]. Yes, financially. Because you wouldn't want to lower your status or your living standards. Not that much anyway*" [Micha].

Ashley emphasized the need to continue working due to a fragile economic situation that did not allow an earlier retirement, "*I'd rather prefer retiring at 61, but I don't believe that my pension will be that high by that time [...]. Like I said, I haven't saved any money privately for retirement.*"

Thus, one of the drivers to take on part-time work after retirement included the extra income to improve quality of life for the retirees, "*If I want to do something special like going away for a trip for three weeks, then I can work [extra] and earn a little extra and get a 'golden lining' to my living*" [Micha].

Retaining older employees and attracting more people to work as nursing assistants was believed to require increasing the status of the occupation, which would only be possible with better working conditions and higher salaries.

I hope it [the status of the occupation] increases, because it's not very high at the moment. If they can't attract people who want working like this, above all nursing assistants, then they have to raise the bar and the status. Most of all more money, higher salaries, because it's quite a big gap, I think. If you consider what you get, having worked all these years, it's not a high salary. [Micha]

#### *Meaningfulness of work – helping others, contribution to society*

Notwithstanding the perceived job demands and experience of stress, work was perceived to be meaningful and enjoyable.

So, I really, really enjoy it [the job] [...]. This suits me. [...] They give a lot, actually, the residents ... It's actually nice ... [...] but it's also a stressful work, because we have a lot going on all the time. [...] It really means so much, this job, and feeling you do something ... that you're needed [laughs] and all that. That you work. So that's it. [Kim]

I have to say I don't know what else I would do. No. So this is probably my calling. I love working like this. [...] But it's like this ... I think I can give so much and I get a lot back too. [Micha]

Meaningfulness of work was an important factor in retirement planning and contributed to the willingness to engage in post-retirement employment, which was perceived as a means for sustaining social and personal meanings of life, "*It's about my interest too [at work]. I believe I would go crazy being at home every day*" [Kiran].

No, I think it [retirement] will just be emptiness. Like feeling that 'now you're done with your professional life. Now it's over'. So that's why I think it's very good with a step down, that I have no position but they call and say 'I need you', then I can say yes if I want. If I don't want, I don't need to go there. [Micha]

## **Discussion**

This interview study investigated how nursing assistants working in eldercare experienced aging at work, their psychosocial work environment, and their retirement preferences and late-career planning. Three superordinate themes were identified: (1) Late-career plans, (2) Health, work ability, and aging in a stressful work environment, and (3) Work-related motives to continue working. This aligns with the SwAge-model (Nilsson, 2020b), a theoretical model of sustainable working life for all ages, which in addition to individual considerations regarding health, economy, social inclusion and self-fulfillment includes employee health, ability, physical and mental work environment, working and recovery time, finances, and organizational practices. Taken together, the different aspects of the model emphasize factors that are important for aging-in-workplace.

#### *Late-career plans*

While the nursing assistants were in different phases of their retirement processes, all had started envisioning their retirement and reflecting on their final years at work. The age of 65 seemed the norm guiding retirement intentions. While there is no statutory retirement age in Sweden, the age of 65 is when individuals are eligible to basic protection and a guaranteed pension and is the most common retirement age (Swedish Pensions Agency, 2020). Yet, nursing assistants considered the possibility to continue working at the same residential care home on an hourly basis after retirement. They felt welcomed by the organization as retirees, and, besides increasing their monthly incomes, post-retirement work was considered a way to continue working on one's own terms and with a reduced workload. Moreover, it allowed for a gradual distancing from work (Schalk & Desmette, 2015), avoiding an abrupt discontinuity in life after retirement and maintaining important parts of their identity and lifestyle (Kim & Feldman, 2000; Zhan & Wang, 2015).

#### *Health, work ability and aging in a stressful work environment*

Nursing assistants had worked many years in the eldercare sector and were in relatively good health. They may be considered "survivors" in an occupation with high rates of turnover, sick leave, and early retirement (Swedish Association of Local Authorities and Regions [Sveriges Kommuner och Regioner, SKR], 2021). Notwithstanding being healthy at the present, the experience of working in eldercare increased awareness of old age bringing a higher propensity for illness, which had implications on the thinking and planning of retirement.

Overall, and aligning with earlier findings from the eldercare sector (Gyllenstein, Wentz, Håkansson, Hagberg, & Nilsson, 2019; Sandmark, 2004), our findings suggest that the psychosocial work environment involved high psychosocial demands, and was perceived as stressful, thus having long-term risks to health and ability to work. Despite having a strong ability to continue working and mostly being able to handle their high job demands, nursing assistants were concerned about their future decreasing productivity levels, including an inability to manage

the workload and stressful work environment when getting older. Such work-related stress may have a detrimental impact on the aging process (Nilsen et al., 2021), and healthy life expectancy (Magnusson Hanson et al., 2018), and may in turn push employees towards early retirement (Sverke et al., 2017; Swedish Work Environment Authority [Arbetsmiljöverket], 2014).

Work schedule and, in particular, the need to work split shifts emerged as markedly stressful, which follows previous findings (Härmä, 2015; Nilsson, 2012; Stattin & Bengs, 2021). While shift work makes individuals leave work, part-time work may allow for a more sustainable work situation and protect older workers' health, thus facilitating aging-in-workplace and encouraging an extended working life (Härmä, 2015; Loretto & Vickerstaff, 2015). However, reducing working hours to allow recovery from work and maintain health, involves income reduction, and far from all could afford part-time work. In line with previous research (Nilsson & Nilsson, 2017; Sverke et al., 2017), nursing assistants perceived low autonomy and job control from handling and juggling the ever-changing residents' needs and constant interruptions at work.

Social support from colleagues sharing the workload and work responsibilities and helping each other to fulfill work tasks with less stress was mentioned a way for nursing assistants to circumvent organizational constraints. Importantly, social support was vital to balance negative effects of untenably high job demands. According to the JD-R model (Bakker & Demerouti, 2017; Demerouti et al., 2001), job resources, including social support, are key to work engagement, and buffer the impact of high demands, particularly in highly demanding jobs (Bakker & Demerouti, 2017; Bakker & van Wingerden, 2021). In this study, meaningful relationships with colleagues, but also with residents, constituted important sources of support and contributed to a sense of belongingness and connectedness. As Baltes, Rudolph, and Bal (2012) acknowledged, social interactions provided by work may fulfill important emotional needs, which may be of particular relevance as people age and the social network outside work is limited. Moreover, personal resources (Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007) including self-efficacy and being structured and proactive, were often used successfully by nursing assistants to influence and feel being in control at work when handling job demands and stressful situations. Following previous studies (Taneva, Arnold, & Nicolson, 2016), the accumulated work experience and competence which also increased their self-confidence were major resources for the nursing assistants; that is, their age was a resource which facilitated managing the competing needs of their work.

The nursing assistants also reflected on organizational practices that may promote a healthy work environment and sustain aging-in-workplace. Specifically, their accounts revealed that there were no such practices in place. The organizational context itself seemed to constrain possibilities for engaging in job crafting behaviors, that is, self-initiated adjustments individuals make to improve person–job fit (Kooij, Tims, & Kanfer, 2015), which allow individuals to manage their workload and adjust it to their current health and work ability. Limited opportunities for job crafting may threaten person–job fit and hinder successful aging at work (Kooij et al., 2015), despite employee willingness to modify job situations. Furthermore, more satisfactory and flexible working schedules (particularly being exempted from split shifts) were considered to leave more time for recovery and leisure; and thereby prevent future health decline, allow a better work–life balance and increase job satisfaction. This aligns with previous research (Kojola & Moen, 2016; Sewdas et al., 2017) showing that older workers are attracted by less demanding tasks, flexible working arrangements, opportunities for part-time work, and more control over working time and consider such aspects when making retirement decisions. The practices of adjusting job demands and working schedules to compensate for potential age-related decline in physical and cognitive capacities, are called *accommodation practices* (van Dalen, Henkens, & Wang, 2015). These may be particularly beneficial for older employees to maintain

their current levels of functioning (Kooij et al., 2013) and facilitate aging-in-workplace. Yet, nursing assistants considered the importance of having enough and stable job resources, which allow balancing effort and mental stress. Such practices, that include creating new or more resources, are called *development practices* (Veth, Emans, Van der Heijden, Korzilius, & De Lange, 2015).

These findings underscore two issues: First, seniority was celebrated by eldercare nursing assistants, who not only felt their vast experience allowed them to do a better job but also did not feel being discriminated by their younger peers. Second, while these were older nursing assistants, many of the mentioned practices to improve health and well-being at work would indeed improve the daily work for nursing assistants of any age.

#### *Work-related motives to continue working*

Work-related motives can be categorized in terms of content (growth-related, social/affiliative, and security/maintenance motives) and locus (extrinsic and intrinsic motives) (Kooij, De Lange, Jansen, Kanfer, & Dikkers, 2011). The nursing assistants emphasized two types of work-related motives to continue working: extrinsic security/maintenance motives (i.e., financial compensation from working) and intrinsic social/affiliative motives (i.e., helping others and contribution to society, which sustained work meaningfulness). Regarding the first, financial resources available for retirement are known to affect retirement timing (Fisher, Chaffee, & Sonnega, 2016; Topa et al., 2018). Aligning with previous studies (Gyllensten, Wentz, Håkansson, Hagberg, & Nilsson, 2019; Hovbrandt et al., 2019; Sandmark, 2014), the present findings suggest that finances played an important role when deciding to retire at age of 65 (and not earlier, as some wished to), while the openness to work after retirement was related to prospects of receiving an insufficient retirement pension due to lower salaries.

The nursing assistants mentioned that their health would benefit from working fewer hours and retiring; however, most could not make ends meet on a reduced income. This may increase risks of sickness presenteeism, that is, working despite having health problems that should prompt employees to call in sick (Aronsson, Gustafsson, & Dallner, 2000). Restricted financial assets may thus result in individuals with poorer health (not entitled to disability pension) being denied the possibility to retire early (Steiber & Kohli, 2017). Previous research has referred to this situation as “job lock due to money” (Fisher, Ryan, Sonnega, & Naudé, 2016, p. 345). With increasing statutory retirement ages and tightened qualifications for disability pension, growing numbers of older workers who feel unable to cope with job strain, but lack the financial opportunity to retire, may become stuck in their jobs. Beyond individual consequences including poorer health and life satisfaction, such job lock may have negative organizational consequences. For instance, employees wanting to retire without doing so can start to detach from work and be “mentally distant” and thus have difficulties to engage in work (Henkens & Leenders, 2010).

Despite describing their work as demanding and as a potential future health risk, nursing assistants mostly enjoyed working and experienced their work as rewarding and as having a positive impact on other people's lives. This finding is similar to those of previous studies of eldercare nursing assistants (Gyllensten, Wentz, Håkansson, Hagberg, & Nilsson, 2019; Sandmark, 2014). Moreover, meaningfulness of work played a role for intentions to work on an hourly basis after retirement. This too is consistent with earlier studies (Fasbender, Wang, Voltmer, & Deller, 2016; Hansson, Zulka, Kivi, Hassing, & Johansson, 2019) showing that meaningful work and feeling important to others increase the likelihood of post-retirement employment.

#### **Methodological considerations**

The main methodological issue of this study relates to the small and fairly homogenous sample (eight nursing assistants working in the same

residential care home for older people). Yet, with IPA, such homogeneity is a core requirement (Smith et al., 2009). Rather than representing a population, IPA strives to represent a perspective (Smith et al., 2009). Thus, using IPA allowed for the in-depth analysis of the subjective experiences of a group of nursing assistants working in the same workplace in Sweden, focusing on the job and organizational aspects linked to late-career planning in a specific context. While generalization of findings to different populations is no goal of qualitative research, investigating other occupational groups and organizations in other welfare states would contribute to a wider understanding of the topic. Importantly, longitudinal qualitative studies of experiences and late-career planning among older workers are needed.

### Practical implications

The present findings reinforce the importance of healthy psychosocial work environments promoting aging-in-workplace, to enable and encourage extended working lives. Thus, healthy working conditions and disability prevention management interventions should be organizational concerns throughout the employees' working-life span (De Wind et al., 2014). Stable working teams, with adequate staffing, may allow for a reasonable workload and work pace, while also including a sense of control over work. While such conditions are beneficial for all, they may be of particular importance to older employees in protecting their current health, thus reducing staff rotation and sickness absence, and contributing to stable teams. Such stability, in turn, provides opportunities for social support from colleagues, which here, as in other studies, emerged as an important resource of health and well-being at work. Some control over working time, without split shifts, and with opportunities for recovery were other valued key resources. Moreover, possibilities to adjust job demands to individual work ability may promote perceived person–job fit and aging-in-workplace, and thus facilitate the postponing of retirement.

Personal resources, including self-efficacy, are important for workers in demanding occupations such as nursing assistants. Thus, eldercare managers should support older nursing assistants' efficacy beliefs, for example through realistic encouragement, that highlight employee strengths (Bandura, 1997), and continuous skill development, which may prevent obsolescence and contribute to a sense of competence. As suggested in other studies of eldercare (Gyllenstein, Wentz, Håkansson, Hagberg, & Nilsson, 2019; Sandmark, 2014), the accumulated experience of older nursing assistants may be valued by the organization through, for example, having older workers mentoring younger colleagues, thereby promoting older employees' feelings of being needed and appreciated. Finally, by valuing and creating opportunities for nursing assistants to have a positive impact on residents' quality of life, managers may promote meaningfulness at work, here found an important motive to continue working.

### Conclusions

The coronavirus pandemic has uncovered major structural shortcomings in the Swedish eldercare sector, which was unprepared to handle this unprecedented crisis (Swedish Ministry of Health and Social Affairs, 2020). Among the issues contributing to the severe impact of the pandemic on residents of long-term residential facilities were shortage of qualified staff and poor working conditions (Swedish Ministry of Health and Social Affairs, 2020). This points at the importance of increasing the attractiveness of occupations within eldercare and promoting sustainable employment in this sector, through improving the psychosocial work environment of eldercare work in line with the present study findings.

An important contribution of this study is the access to detailed first-person accounts of the sensemaking of eldercare nursing assistants approaching retirement, which suggests that retirement planning is strongly related to considerations regarding the extent possibilities to

continue working are determined by health, work ability, and aging at work, with the psychosocial work environment being central. With this study targeting a key occupation within the welfare sector, its findings may inform the design of organizational practices relating to the specific needs and challenges of this particular occupation vis-à-vis aging-in-workplace.

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### Declaration of Competing Interest

None.

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