

Journal Pre-proof

Organisational support for older nurses' continuation of practice:
A qualitative interpretive descriptive study

Chunxu Chen, Sara Napier, Eleanor Holroyd, Kay Shannon



PII: S0020-7489(26)00372-X

DOI: <https://doi.org/10.1016/j.ijnurstu.2026.105700>

Reference: NS 105700

To appear in:

Received date: 2 June 2026

Revised date: 9 September 2026

Accepted date: 15 September 2026

Please cite this article as: C. Chen, S. Napier, E. Holroyd, et al., Organisational support for older nurses' continuation of practice: A qualitative interpretive descriptive study, (2026), <https://doi.org/10.1016/j.ijnurstu.2026.105700>

This is a PDF of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability. This version will undergo additional copyediting, typesetting and review before it is published in its final form. As such, this version is no longer the Accepted Manuscript, but it is not yet the definitive Version of Record; we are providing this early version to give early visibility of the article. Please note that Elsevier's sharing policy for the Published Journal Article applies to this version, see: <https://www.elsevier.com/about/policies-and-standards/sharing#4-published-journal-article>. Please also note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Title: Organisational support for older nurses' continuation of practice: A qualitative interpretive descriptive study

Authors: Chunxu **Chen**, BHSc (Hons)^{1,2}; Sara **Napier**, PhD¹; Eleanor **Holroyd**, PhD²; Kay **Shannon**, PhD¹

Affiliations: ¹AUT Active Ageing Research Centre, Auckland University of Technology, Auckland, New Zealand

² AUT Migrant and Refugee Health Research Centre, Auckland University of Technology, Auckland, New Zealand

Corresponding author: *Chunxu Chen, Auckland University of Technology, AA Building, 90 Akoranga Drive, Northcote, Auckland 0627, New Zealand

email: chunxu.chen@aut.ac.nz

Author note:

Chunxu Chen is a Lecturer in the School of Nursing at Auckland University of Technology.

Sara Napier is a Senior Lecturer in the School of Nursing at Auckland University of Technology.

Eleanor Holroyd is a Professor in the School of Nursing at Auckland University of Technology.

Kay Shannon is a Senior Lecturer in the School of Nursing at Auckland University of Technology.

Funding: This work was supported by the AUT doctoral scholarship and HOPE Foundation for Research on Ageing.

Data Availability Statement:

The datasets generated during the study are not publicly available due to the sensitive nature of the data. Participants were assured that the raw data would remain confidential and would not be shared beyond the research team.

Abstract

Background: Global population ageing is increasing pressure on healthcare systems, contributing to workforce shortages and the loss of experienced practitioners as many approach retirement age. Retaining older nurses is essential because they provide critical clinical expertise, mentorship, workforce stability, and continuity of patient care in increasingly strained healthcare systems. Yet, little is known about how older nurses perceive organisational support for their continuation of practice.

Objective: To explore older registered nurses' perceptions of organisational support, and to understand how nurse leaders perceive organisational support offered to older nurses.

Design: A qualitative interpretive descriptive study was conducted using two datasets: older registered nurses and nurse leaders. A convergent design was used.

Methods: Research was conducted in a publicly funded organisation providing acute hospital, outpatient and community-based healthcare services in a metropolitan city in New Zealand. Data were collected through individual semi-structured interviews between June and August 2024 and analysed using the thematic analysis approach.

Results: Thirteen older registered nurses and four nurse leaders participated in semi-structured interviews. All except one of the nurses were female, and most were aged 61–70 years. Nurse leaders worked at frontline, operational or strategic levels within the organisation. Four themes were identified from the nurses' interviews: Tensions in continuation of practice, with sub-themes *health decline*, *caring responsibilities*, and *stigmatisation*; Drivers for continuation of practice, with sub-themes *passion for care*, *financial incentives*, and *positive collegial relationships*; The experience of being an older nurse in practice, with sub-themes *feeling valued and cared for*, *feeling unseen*, and *navigating technological challenges*; and Retirement from a large organisation, with sub-themes *support for part-time practice*, *pension advice*, and *fear of leaving an empty spot*. Three themes were identified from the nurse leaders' interviews: Perceived complexities in continuation of practice; Support at the interpersonal level; and Support at the organisational level.

Conclusion: This study offers valuable insights into supporting older nurses to continue practising. Relationships with managers and organisational support play a key role. To support older nurses, healthcare organisations need to address interpersonal and institutional ageism and respond to personal level challenges. Nurse leaders recognised the importance of fostering a supportive workplace culture and developing flexible, inclusive career pathways for older nurses.

Keywords: Older nurses, Organisational support, Continuation of practice, Age discrimination, Interpretive descriptive

What is already known

- Older nurses are valuable workforce who enhance quality patient care and play a key role in supporting and training novice nurses.
- Support from healthcare organisations is essential to enable older nurses to continue to practise.

What this paper adds

- Offers a unique and contemporary perspective on organisational support for older nurses' continuation of practice, informed by both nurses and nurse leaders.
- Identifies intersecting forms of ageism across intrapersonal, interpersonal, and organisational levels, shaping older nurses' practice as they approach and work beyond pensionable age.
- Identifies gaps in organisational practices related to preparing and supporting older nurses' transition towards retirement.

Full text**1. Introduction**

The global population is ageing at an unprecedented rate, leading to significant implications for healthcare delivery systems worldwide (Ismail et al., 2021). As people live longer, the demand for high-quality care has surged. This demographic shift places immense pressure on the nursing workforce. Meanwhile, the nursing workforce is ageing globally, as the proportion of nurses aged 55 years and over increased from 17% in 2020 to 19% in 2025 (WHO, 2020; WHO, 2025).

With the global trend of longer working lives (Tabieh et al., 2025), it is increasingly important to recognise the complexities involved in deciding whether to continue working in later life. Internationally, older women often experience inequities in retirement savings due to unpaid care work, time out of employment, part-time work, and lower or more precarious earnings—leaving them with less financial security in later life (OECD, 2025). Older women who are the sole earners in their households—particularly those who are single, widowed, or divorced—may face heightened financial vulnerability as they approach retirement (Chen & Baddeley, 2025). For many older nurses, work transcends merely offering a source of income by adding meaningful enrichment to their lives (Sousa-Ribeiro et al., 2024). Nonetheless, these inequities can influence nurses' retirement timing and their practical ability to leave the workforce.

Approximately 19% of the global nursing workforce is expected to retire within the next decade (WHO, 2025), highlighting the ageing nursing workforce and the importance of supporting older nurses to continue to practise. The literature highlights important and unique contributions older nurses make to healthcare systems, professional practice, and patient care. A study conducted across 25 nursing homes in Belgium found that older nurses reported lower levels of burnout, potentially reflecting stronger emotional regulation developed through life experience (Geyskens et al., 2026). Further, older nurses in inpatient hospital settings in the USA were found to place a strong emphasis on patient care and patient advocacy (Fackler, 2019). In an intensive care unit in Sweden, older nurses reported that novice nurses often view them as role models holding institutional knowledge and valuable resources to help bridge the gap between education and practice (Sousa-Ribeiro et al., 2022).

Nonetheless, older nurses may face challenges such as fatigue, musculoskeletal disorders, and pain which can impact their stamina, confidence and job satisfaction (Ryan et al., 2017; Uthaman et al., 2016). Additionally, older nurses often encounter age-related biases and discrimination (Denton et al., 2024; Wray et al., 2009). It is often assumed that older workers take more sick leave however recent data from Health New Zealand (2024) shows that nurses aged 55 to 64 have less annual sick leave on average than younger age groups. Further, healthcare managers may perceive older nurses as less competent, despite evidence to the contrary (Denton et al., 2021). Such ageism can result in exclusion from training and promotional opportunities and contribute to strained professional relationships (Chen et al., 2024). These experiences can be demoralising and may prompt premature retirement (Uthaman et al., 2016), highlighting the importance of organisational support. Strategies to retain older nurses include flexible work arrangements, promoting equitable access to professional development and promotion opportunities, and transitioning into mentoring roles (Montayre et al., 2024; Nurmeksela et al., 2023). However, implementing targeted support can be challenging due to inconsistent definitions of “older nurses”.

The defining age of “older nurses” has changed over time, from 40–60 years in earlier studies (Gabrielle et al., 2008a; Gabrielle et al., 2008b) to 60–70 years in more recent research (Denton et al., 2023). Other studies define older nurses by career stage, generational cohort (Price & Reichert, 2017; White et al., 2021), self-identification, or years of work experience (Denton et al., 2021; Sinoski, 2020). In Aotearoa New Zealand, 39% of nurses are aged 50 or older, and 19% are aged 60 or over (Nursing Council of New Zealand [NCNZ], 2023). However, these definitions often lack sensitivity to geographical and cultural contexts. For example, Māori (indigenous people of New Zealand) nurses comprise 7% of the workforce (NCNZ, 2023) and have a younger age profile than non-Māori (NCNZ, 2023), reflecting the enduring impacts of colonisation on life expectancy (Roguski et al., 2025). Similar challenges are faced by First Nations healthcare practitioners globally (Best et al., 2025). The absence of a culturally and contextually inclusive definition of “older nurses” makes it difficult for researchers, organisations and policymakers to identify this population and develop support informed by their perceptions.

Nurse leaders and managers also play a pivotal role in influencing workplace environments for older nurses (Gadolin et al., 2022; Geyskens et al., 2026) and their actions are reflective of organisational culture, values and policies. Nonetheless, there is limited research exploring how individuals responsible for organisational support, such as managers, leaders, and human resource personnel, perceive organisational support for older registered nurses.

The overall aim of this study was to explore the perceptions of older registered nurses and nurse leaders regarding organisational support for older registered nurses’ continuation of practice. An associated aim was to provide recommendations to stakeholders on the ways to effectively support older registered nurses to continue to practise.

The two research questions were:

- (1) What are the perceptions of registered nurses aged 60 years and older (50 years and older if Māori or Pasifika) on organisational support to continue to practise?
- (2) How do nurse leaders perceive organisational support for older registered nurses?

2. Methods

2.1 Study design

A qualitative interpretive description methodology (Thorne, 2025) was employed to explore organisational support for older nurses, which is a practice-driven, context-dependent phenomenon. A convergent approach was used, in which the two datasets were collected concurrently, analysed separately, and then integrated to compare areas of concordance and discordance (Denzin & Lincoln, 2018).

2.2 Sampling

Purposive sampling (Patton, 2023) was used to recruit registered nurses with the sampling criteria including those aged 60 years and over providing direct patient care, with Māori and Pasifika nurses aged 50 years and over also eligible. Subsequently snowball sampling (Etikan et al., 2016) was used to identify additional participants. Nurses who worked in managerial positions or were personally known by the authors were excluded from the recruitment of registered nurses.

Again, purposive sampling (Patton, 2023) and snowball sampling (Etikan et al., 2016) were used to recruit nurse leaders. Eligible participants were personnel whose roles involved influencing or providing organisational support for older registered nurses. Individuals who were personally known by the authors were excluded.

A total of 13 registered nurses and four nurse leaders were included, generating a rich dataset suitable for in-depth data analysis. Decisions about when to conclude data collection were guided by the concept of information power, which considers the richness, relevance and quality of the interview data (Malterud et al., 2016). Data collection concluded after 13 nurse interviews and four nurse leader interviews, when the information power was considered sufficient to address the study aim and research questions.

2.3 Setting and participant recruitment

The study was conducted within a publicly funded healthcare organisation, comprising two acute hospitals and associated community and outpatient services serving a diverse metropolitan population. Nurses and nurse leaders were recruited via a research advertisement poster that was distributed to the organisational mailing list within the organisation with assistance from a contact person at the research site between April and September 2024. Recipients who were interested in taking part contacted the corresponding author (C.C) directly. Participation was voluntary with no line managers' involvement in recruitment to minimise the risk of coercion. All eligible individuals were included in the study.

2.4 Approach to data collection

Interview guides were developed based on relevant literature to facilitate meaningful discussion and gather high-quality data from registered nurses and nurse leaders. Older nurses were asked about their motivations for continuing to practise, while nurse leaders were asked, for example: "From an organisational standpoint, what are the reasons or incentives for supporting older registered nurses to continue practising?"

To test the flow and relevance of interview questions, the corresponding author (C.C) conducted a practice interview with a member of the research team (S.N). This process provided an opportunity to reflect on assumptions and personal biases, and to ensure the interview was conducted professionally and effectively within an appropriate timeframe. No changes were made to the interview questions.

Semi-structured interviews were conducted by the corresponding author (C.C) between June and August 2024. The interviews were scheduled at a time, place and mode convenient to participants. Iterative inquiry (Morgan & Nica, 2020) was used during data collection to reflect on each interview afterward, allowing for continuous refinement of the interview process. Interview questions were adjusted iteratively based on participants' responses and the dynamics of each interaction to ensure that emerging insights were explored in greater depth and that the data collected were aligned with the aim of the study.

Data collection with nurses was conducted using a hybrid approach, with some participants interviewed in person and others interviewed online to accommodate participants preferences. Interviews conducted in person were held mainly at participants' workplaces. The interviews lasted

34 to 85 minutes. All nurse leaders were interviewed face to face at their workplace. Interviews lasted 54 to 68 minutes.

2.5 Data analysis

Audio recorded interviews were transcribed verbatim by the corresponding author (C.C) and data were kept securely on a university approved cloud service in a de-identified format. The nurses and nurse leaders' data were analysed individually following the six phases of thematic analysis process outlined by Braun and Clarke (2022), with an inductive, data-driven approach (Patton, 2023). For each dataset, during the familiarisation phase, the corresponding author (C.C) became immersed in the data by reading and re-reading transcripts with notes. In phase two, coding, the corresponding author (C.C) generated preliminary codes across three randomly selected transcripts. These preliminary codes were reviewed by and discussed with two additional coders (K.S & S.N) to identify commonalities and differences in interpretation. Following this all transcripts were coded. Codes were reviewed and refined iteratively by the research team (C.C, K.S, E.H, S.N) to capture both semantic and latent meanings before progressing to theme development. The subsequent phases—generating, reviewing, and refining themes—were carried out iteratively to ensure internal coherence, clear distinctions between themes, and the identification of meaningful patterns across the dataset. Finally, findings from the two datasets were integrated to identify areas of concordance and discordance.

2.6 Rigour

The criteria of credibility, transferability, dependability and confirmability outlined by Lincoln and Guba (1985) informed the strategies used to enhance the trustworthiness of the findings. Credibility was strengthened through regular discussions among research team members during coding and theme development, enabling interpretations to remain grounded in the data. The description of the study setting and participants enables readers to assess the transferability of the findings to other settings. Dependability was enhanced through the maintenance of a research diary and audit trail documenting analytical decisions, changes to the coding and themes, and the rationale for these decisions. Confirmability was supported through the corresponding author's reflexive practice and research team members' review of the analysis, which helped identify and address the potential influence of researcher bias.

2.7 Ethical considerations

Ethics approval for this study was granted by the Auckland University of Technology Ethics Committee (23/323), and locality authorisation was obtained from the research site (WAI20116). An informed consent process was followed. Before the interviews, each participant was emailed the study information and provided written consent. Participants were informed that their participation was voluntary and that they could withdraw from the study at any stage before data analysis was completed. Interview transcripts were de-identified and stored securely on a password-protected cloud platform approved by the university. Participants received koha (a gift) after the interview as a gesture of gratitude for their time and contribution.

3. Results

3.1 Characteristics of participants

A total of thirteen registered nurses and four nurse leaders were interviewed. Registered nurse participants were assigned codes beginning with "N" (e.g., N1), and nurse leaders were assigned codes beginning with "R" (e.g., R1). Nurse leaders in this study occupied leadership roles across frontline, operational, and strategic levels within the organisation.

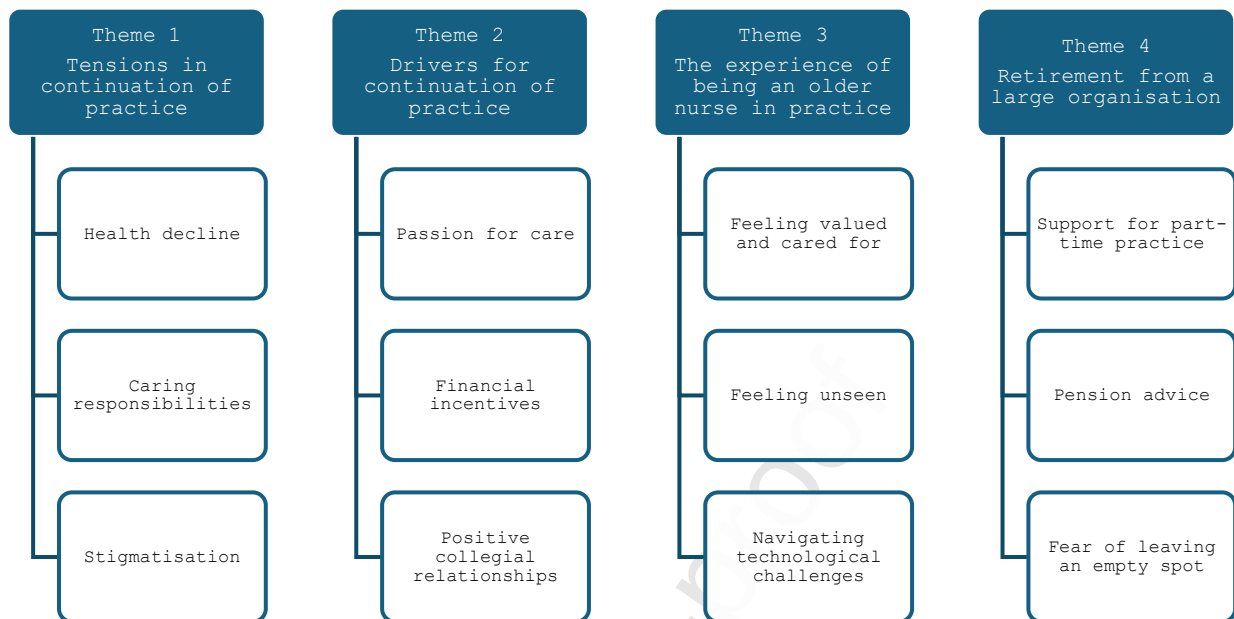
All but one of the nurses were female. Participants were predominantly of European descent, with one identifying as Māori, one as Pasifika, and one as Eurasian. Participants ranged in age from 52 to 74 years; nine were aged 61–70 years, and two were aged between 55 and 60 years. Most had completed postgraduate education, with four holding a master's degree; one nurse had a diploma from hospital-based training. Five worked part-time and eight full-time. Four had no plans to retire, two intended to retire within a year, and most expected to cease practice within five years.

All nurse leaders were female and European. Two held master's degrees and two had postgraduate diplomas. Three were aged 51–60, and one was over 60 years old. Their tenure in current roles ranged from under five years to more than 15 years.

3.2 Findings from Nurses

Four themes were identified from nurses' dataset, which captured older registered nurses' perceptions of organisational support for their continuation of practice: (1) Tensions in continuation of practice, (2) Drivers for continuation of practice, (3) The experience of being an older nurse in practice, and (4) Retirement from a large organisation. The four themes and subthemes are presented in Figure 1.

Figure 1

Findings from nurses**3.2.1 Tensions in continuation of practice**

Older nurses shared their deeply personal perspectives on continuing their practice in later life. This theme reflects the complex realities of remaining in practice, as they navigate tensions across personal circumstance and work requirements.

Health decline

Nurse participants shared how changes in bodily function can impact their practice. For example, one participant highlighted concerns about deteriorating vision.

I've got cataracts coming on both eyes, early cataracts so I could expect to go blind eventually, but at the moment I'm able to sort of run around and do everything that I need to do. (N11)

Other nurses described an acute awareness of declining health with age. They noted that these changes made it increasingly challenging to manage ongoing health-related issues while striving to continue practising.

Caring responsibilities

Nurses spoke to a practice reality that demands navigating work with caring responsibilities. One participant reflected on her continuation of practice while living and working away from her ageing mother residing overseas. Similarly, another participant shared the reason she decided to reduce her work hours by one day per week.

I've got a niece, she went on drugs and we've taken the kids. So I'm helping my sister to look after the kids. (N9)

This section highlights the tension between maintaining continuation of practice and fulfilling family responsibilities. A participant referred to Te Whare Tapa Whā (Durie, 1985), a holistic health model that reflects te ao Māori, Māori worldview, where one's wellbeing is deeply interconnected with their family.

Stigmatisation

Continuation of nursing practice was situated within a wider context of societal norm, where older nurses are expected to retire soon as one participant shared. Another nurse described generalised beliefs that older nurses continue working primarily for financial reasons. This perception aligns with broader age-related stigma surrounding extended workforce participation, potentially heightening older nurses' awareness of, and concern about, how their practice is evaluated by others.

I've told my colleagues, if you think that I'm actually not cutting it you need to tell me. (N4)

The quote highlights self-stigmatisation arising from prevailing social stigma surrounding older nurses. Consequently, older nurses may engage in anticipatory decision-making to pre-empt biases associated with ageing in the workforce.

3.2.2 Drivers for continuation of practice

Participants identified a range of factors that motivated their continuation of practice including personal values, varying financial considerations and social contexts that shaped their decisions to remain in practice.

Passion for care

Participants perceived nursing as profoundly meaningful and expressed a strong passion to continue practising. For many participants, continuation of practice was not driven by aspirations for promotion or seniority, but by the intrinsic satisfaction derived from delivering meaningful care.

I'm not on a career trail, I'm not trying to run a department or be a charge nurse or anything. I'm here because I want to be here. (N2)

Nurses described their passion for roles involving direct patient care. The ability to provide nursing care and contribute meaningfully to patients' health outcomes was an important source of motivation for older nurses' continuing to practice.

Financial incentives

Meanwhile, financial incentives played an important role in motivating older nurses to continue practising. For some nurses, continuation of practice enabled a "comfortable standard of living", whereas others indicated they would be in a difficult financial situation if they stopped practising. One nurse explained that the responsibility of supporting a dependent adult child who lives with disabilities and managing mortgage debt left her with little choice but to continue working, as retirement pension alone would not meet her financial needs.

I don't see myself retiring because of my personal circumstances...I've made that decision I am just going to just work till I drop. Because otherwise we would not be able to survive. (N11)

Participants highlighted that continuation of practice can be driven by financial considerations. While some nurses described paid work as supporting lifestyle maintenance, others indicated that ongoing employment was essential to meeting basic needs.

Positive collegial relationships

Nurses interviewed valued the relationships with colleagues in their teams, with collegial interaction described as a positive aspect of work. Others valued camaraderie with colleagues of a similar age and training background, describing these relationships as safe spaces for confiding and seeking clinical guidance.

I've said to [colleague], she's not to retire...otherwise I'm gonna retire too. (N9)

Nurse participants commonly described close relationships with colleagues. These accounts highlighted the importance of collegial relationships within older nurses' work environments, which were perceived as a key motivator for their continuation of practice.

3.2.3 The experience of being an older nurse in practice

This theme captures the contrasting realities of older nurses in practice, highlighting how some experienced recognition and care, while others felt overlooked and stigmatised within their work environments.

Feeling valued and cared for

Older nurses shared the experience of being recognised as repositories of knowledge within their workforce teams. Others perceived their experience and skills to be valued through having opportunities to mentor new nurses.

I love supporting the other nurses and seeing them grow in confidence. (N7)

Additionally, nurses described managerial actions that contributed to feeling cared for and supported. One nurse explained how consistent shift allocations, aligned with her physical capacity, enabled her to remain in practice. Similarly, another nurse shared that her manager was very understanding and supported her to take time off to visit her unwell father during an emotionally challenging period. This section highlights positive experiences of workplace recognition and managerial care that contributed to older nurses feeling supported within their teams.

Feeling unseen

Nonetheless, older nurses' relationships with their manager were also seen as challenging at times. A nurse practising part-time, described feeling increasingly unseen by his manager as he grew older:

I think you sort of become invisible after a while, you become, just not particularly seen. (N3)

This participant felt underutilised and excluded by his manager, with his expertise recognised only by colleagues. Further, long serving nurses expressed concern about a lack of organisational pastoral care as they approached preretirement, noting a stark contrast with the support they experienced earlier in their careers. A perceived lack of organisational care could result in emotional distress, with participants describing feelings of invisibility and being treated as "part of the furniture" (N6).

Navigating digital technologies

Older nurses described challenges navigating digital systems as part of their continuation of practice, including difficulties completing Performance Development and Recognition Programme (PDRP) [A New Zealand-based professional development programme that recognises and rewards nurses based on their level of practice and contributions to the nursing profession] portfolio requirements.

The system is so bad that... and you have to keep saving or you lose what you're doing. So most people tend to do it on word and cut and paste, which shouldn't be for a computerised system. (N5)

Several participants identified technology as the greatest challenge in their continuation of practice. They acknowledged not having been exposed to digital technologies early in their education and professional training, unlike younger nurses. A lack of support for technology use negatively affected everyday workflow for some older nurses. For others, adjusting to these learning gaps was emotionally challenging, as it required time and, in some cases, undermined their confidence.

3.2.4 Retirement from a large organisation

The final theme identifies perceived gaps in organisational practices for supporting older nurses, highlighting the need for structured support around transitions to part-time work, pension and retirement planning, and knowledge transfer prior to departure.

Support for part-time practice

Nurses shared perspectives on their future career plans. Although retirement was often anticipated, participants described uncertainty about when they would reach that point. Still, participants aspired to transition into part-time roles to improve work–life balance.

While I like my job, it's not your life. (N5)

Yet, for participants who reduced their hours, practising part-time did not automatically translate into a lighter workload. Participants shared that the lack of job-sharing arrangements meant that reduced working time still came with full workload expectations, resulting in increased stress and more challenging workdays.

Pension advice

Nurses shared their views on organisational support that could enable them to enhance financial security in later life. Some participants described continuing to work for financial reasons, noting the importance of maintaining income until they reached eligibility for government funded retirement pension at age 65.

Next year when I turn 65, I can retire. Because there's always the financial aspect, next year I would be fine to retire. I would probably be fine to retire now. But I might as well earn properly until I'm 65. (N8)

Financial decision-making surrounding retirement was described as a largely unsupported process, with participants navigating complex financial spaces independently. A nurse with a background in human resources advocated for greater organisational input into pension advice, enabling nurses to retire when they need to and choose to do so.

Fear of leaving an empty spot

Participants shared their views on the significant gap in workforce planning, particularly for nurses working in small, highly specialised service teams rather than larger ward-based settings. Nurses felt that the organisation lacks effective succession planning for older nurses in these specialised areas. The perceived absence of workforce planning created concern about how their eventual retirement would be managed and whether service continuity could be maintained.

I'm leaving next year, we need somebody who can learn the role and who can actually fall into my place without much stress at all. (N1)

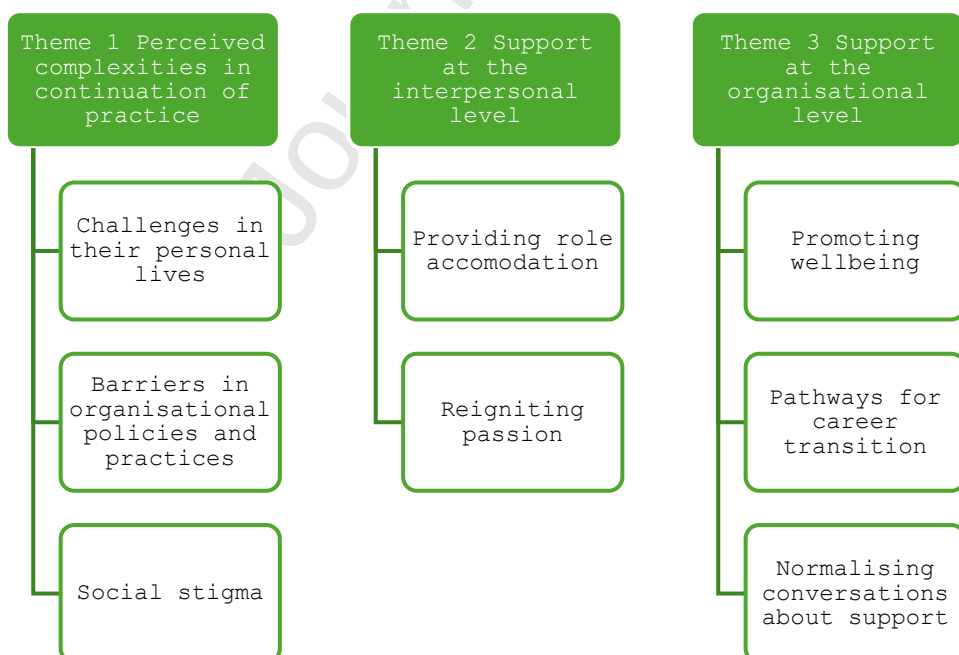
Most nurse participants reported that succession-planning focused on clinical expertise would enable knowledge transfer to colleagues and ensuring continuity of patient care. In contrast, retirement preparation was most often shaped by informal, individualised arrangements negotiated with line managers. Participants noted that this support was highly dependent on individual line managers and could be disrupted by leadership changes.

3.3 Findings from Nurse Leaders

Analysis of the nurse leaders' dataset identified three themes related to their perceptions of organisational support for older registered nurses' continuation of practice. The themes are: (1) Perceived complexities in continuation of practice, (2) Support at the interpersonal level, and (3) Support at the organisational level. The three themes and subthemes are presented in Figure 2.

Figure 2

Findings from nurse leaders



3.3.1 Perceived complexities in continuation of practice

Nurse leaders recognised the complex practice realities faced by older nurses, noting that challenges stem not only from their personal circumstances—such as financial pressures and health concerns—but also from the negative effects of age-related biases within their work environments.

Challenges in their personal lives

Nurse leaders recognised that financial necessity drove many older nurses to continue working, reflecting long-standing issue of being underpaid throughout much of their careers.

Because we were underpaid for so many years as nurses, a lot of us aren't in a position to have the luxury of retiring at 65. (R1)

They also acknowledged the physical demands of nursing, noting that bodily limitations can restrict older nurses' ability to practise despite their enduring passion for patient care. Participants' accounts reveal that nurse leaders have an understanding that many older nurses are practising within complex personal circumstances.

Barriers in organisational policies and practices

Nurse leader participants described the ageism within the organisation. One participant noted that many older nurses working part-time were being systematically disadvantaged, quoting a policy:

You shouldn't be an Expert Nurse if you work less than 0.6FTE, you know that's quite ageist. (R4)

This participant, who holds a senior leadership position, did not perceive the policy supportive of older nurses' practice. She indicated that many older nurses needed to scale back from full-time work due to health or family commitments. However, they would lose access to the Expert Nurse title—a formal designation that reflects a high level of practice and its associated benefits.

Social stigma

Additionally, nurse leaders reflected on the broader social stigma surrounding older workers. This was illustrated by one participant, who described a conversation with her mother, an older worker in her 80s.

You wanna leave when everybody still thinks you're great. You don't want to stay there so long that people are looking for how to tell you that you need to leave and she's like, I know, I know [laughter]. (R2)

Similarly, another participant working in an acute care unit expressed concern that age-based assumptions influence how colleagues perceived her clinical practice and interacted with her in the workplace. She feared that, when aspects of her clinical practice required discussion or adjustment, colleagues might attribute them to her age and work around them rather than provide direct, constructive feedback.

3.3.2 Support at the interpersonal level

Nurse leaders shared how support was implemented at an interpersonal level, particularly through their day-to-day interactions with older nurses.

Providing role accommodation

They shared how older nurses were enabled to continue practising and to make meaningful contributions in the workplace through supportive managerial practices. One participant shared the support for one older nurse who was no longer managing inpatient care.

Through conversations with her, her manager, and Occupational Health, she moved to a role in outpatients where she stayed for another six years. (R4)

Nurse leaders recognised that adjustments may be needed to accommodate changes in older nurses' physical capabilities. They highlighted the importance of exploring alternative roles when older nurses experience challenges in meeting the demands of their current positions.

Reigniting passion

Participants also discussed support aimed at strengthening older nurses' motivation and engagement in practice, noting perceived disengagement among some older nurses.

I have seen that kind of thing where people will start to cruise to the finish line like, OK, I'm going to retire in three or four years, I've just got to keep my head down. (R2)

Nurse leader participants described identifying areas of interest and creating opportunities for older nurses to reconnect with their passion, such as policy review. They described using a strengths-based approach when working with older nurses perceived to be disengaged.

3.3.3 Support at the organisational level

This theme centres on the importance of promoting health and wellbeing, developing pathways that enable effective transitions for older nurses as they approach retirement, alongside cultivating an organisational culture where discourse surrounding support for older nurses can be normalised.

Promoting wellbeing

Participants identified organisational support for promoting older nurses' health and wellbeing, including that nurses who turn 60 no longer have to work night shifts. Others noted that the organisation offers access to menopause clinics for staff.

Occupational health menopause clinics. So they're running menopause clinics for staff and they're recognising the changes that come with women when they start to lose oestrogen, and how that impacts on their function and cognition at times. (R4)

Additionally, one participant proposed subsidised gym memberships, drawing on her own experience of the benefits of maintaining physical exercise. Participants identified existing organisational policies and practices aimed at supporting older employees' wellbeing, while also advocating for additional initiatives to further promote health and wellbeing.

Pathways for career transition

Nurse leaders recognised the valuable knowledge and skills that older nurses bring to the workforce. However, they noted that transitions into less physically and emotionally demanding roles may sometimes be necessary due to changing capacity, and they highlighted the lack of organisational support for these transitions.

Pathways to help them, like if you feel like you want to move...there's maybe some sort of career advice, people have that option to look at that. (R1)

Participants highlighted the need for more organisational initiatives to help older nurses navigate career transitions when needed. From the nurse leaders' perspectives, organisational support for older nurses to transition into less physically and emotionally demanding roles would enable them to continue practising and make meaningful contributions.

Normalising conversations about support

Lastly, while recognising the responsibility for supporting older nurses' practice, nurse leaders reflected on the prevailing narratives surrounding such support. They highlighted how conversations about support for older nurses remain difficult to navigate due to concerns about appearing ageist or discriminatory.

I'm not managing a ward but I don't even know how they do it without sounding like they were being ageist...suddenly starts when you're 60 and people will start going, you know, where do you see yourself? Because they're almost implying they already are seeing trouble ahead. (R2)

Nurse leaders advocated for support conversations throughout nurses' careers, including discussions about their goals and future plans. They viewed the normalisation of these conversations with older nurses as a way to promote a strengths-based approach that recognises their experience, capabilities and ongoing contributions, rather than focusing on perceived limitations.

3.4 Integration of findings

Table 1 *Joint display of the datasets*

Nurses' perspectives	Areas of concordance and discordance	Nurse leaders' perspectives
Theme 1 Tensions in continuation of practice • Health decline • Caring responsibilities • Stigmatisation	Concordance: Theme 1 and 2 from nurses and Theme 1 from nurse leaders highlight that both groups recognised the influence of personal factors on older nurses' continuation of practice. Discordance: Theme 3 in nurses' dataset and Theme 2 in nurse leaders' dataset show that while both groups acknowledged the perceived disengagement among some older nurses, they differed in their interpretation of its likely cause. Nurse leaders attributed disengagement to factors associated with approaching retirement and reduced commitment, whereas nurses described more nuanced experiences of disengagement linked to feeling undervalued and unseen by managers.	Theme 1 Perceived complexities in continuation of practice • Challenges in personal lives • Barriers in organisational policies and practices • Social stigma
Theme 2 Drivers of continuation of practice • Passion for care • Financial incentives • Positive collegial relationships	Concordance: Both groups identified the importance of relational and managerial support as demonstrated in Theme 3 from nurses and Theme 3 in nurse leaders. Participants in both groups identified a need for greater organisational involvement in supporting older nurses. Nurses focused on practical support in their day-to-day work (Theme 4) whereas nurse leaders emphasised the need to foster a more inclusive organisational culture (Theme 3).	Theme 2 Support at the interpersonal level • Providing role accommodation • Reigniting passion
Theme 3 The experience of being an older nurse in practice • Feeling valued and cared for • Feeling unseen • Navigating technological challenges		
Theme 4 Retirement from a large organisation • Support for part-time practice • Pension advice • Fear of leaving an empty spot		Theme 3 Support at the organisational level • Promoting wellbeing • Pathways for career transition • Normalising conversations about support

The findings were converged to identify areas of concordance and discordance, as presented in Table 1. Nurses and nurse leaders described tensions and challenges influencing older nurses' continuation of practice, particularly in relation to health, caring responsibilities, and the use of digital technologies. These factors were perceived as potential barriers to sustaining full capacity and confidence to continue practising. Across both datasets, passion for nursing and financial considerations were also acknowledged as influencing nurses' decisions to remain in the workforce.

Nurses emphasised the importance of workplace relationships, noting that collegial interactions and managerial practices played a significant role in shaping their experiences and decisions to continue practising. From nurse leaders' perspectives, managerial practices that accommodated older nurses were also viewed as supportive and facilitative of continuation of practice.

In addition, both datasets highlighted social and self-stigmatisation associated with working in later life. Nurses and nurse leaders described age-based bias within the workplace and wider society. The findings suggested these biases were at times internalised by older nurses and nurse leaders. At times, nurse leaders projected age-based assumptions onto older nurses, attributing perceived disengagement to their age and proximity to retirement. Such perspectives overlooked the nuanced

realities of older nurses' practice, including experiences of underutilisation and exclusion within their team.

Participants across both cohorts expressed a desire for greater organisational involvement and support. Older nurses emphasised the need for practical supports across continuing practice, planning for retirement, and transitioning out of the workforce. These supports included flexible or part-time roles, access to pension advice, and succession planning. In contrast, nurse leaders identified support needs at a more strategic level, highlighting the importance of clearly articulated pathways for older nurses and the normalisation of conversations about ageing and support, career planning, and transition—similar to those routinely provided for younger nurses.

4. Discussion and implications

This study contributes to the relatively scarce evidence on organisational support for older nurses, particularly research that incorporates both the perspectives of older nurses and nurse leaders. The nurses in this study are approaching, at, or beyond pensionable age, and many are actively planning for retirement. The transition towards retirement is a stage at which negative age-based stereotypes can intensify (Levy, 2009). From an organisational age perspective, employees who engage in retirement planning are often conceptualised by managers as “older”, which may shape the attributes assigned to them and influence work-related decision-making (McCarthy et al., 2014). This study highlights the nuanced interplay between older nurses' personal circumstances, work-related relationships and social stigma of practising in older age in influencing their continuation of practice. Our findings extend current understandings of organisational support beyond retention to include preparation for retirement transitions and identity negotiation in later-life nursing practice.

Nurse participants described a tension between their passion for nursing care and personal circumstances influencing continuation of practice. Almost all participants were female and identified health status, family caregiving responsibilities, and financial considerations as key influences, consistent with a previous UK study (Cleaver et al., 2022). These experiences are shaped by wider structural inequalities within a female-dominated profession, where women remain more likely to undertake family caregiving roles (Pharr et al., 2014; Rexhaj et al., 2023), contributing to disrupted career trajectories and cumulative disadvantage in retirement savings (Feng et al., 2019; Steffan et al., 2026). Although generational shifts and policy initiatives increasingly support shared family caregiving (Barzallo et al., 2024), inequalities persist, with fathers in New Zealand remaining less involved in early childcare and household labour than mothers (Hennecke et al., 2022). Policy responses, including pension reforms in countries such as Mexico and Chile, seek to mitigate these cumulative inequities and improve women's retirement outcomes (OECD, 2025); however, many nurse participants in this study, reflecting their generational cohort, are likely to have already experienced career interruptions and associated disadvantages shaped by these intersecting influences.

Some relational challenges between older nurses and their managers were identified. Nurse participants highlighted experiences of exclusion and marginalisation by managers, which they attributed to age-based assumptions about their capabilities. Ageism encompasses stereotypes, prejudice, and discrimination that are directed towards individuals based on age (WHO, 2021), has important implications in employment settings. Older nurses are often subject to stigmatising perceptions by nurse managers, which can result in inequitable access to training and promotion

opportunities (Schüttengruber et al., 2024). Public stigma can induce and reinforce self-stigma and prompt the internalisation of ageist beliefs (Stuetzle et al., 2023). Some nurse participants appeared to have internalised ageist beliefs, distancing themselves from peers perceived as working primarily for financial reasons or considering early retirement to pre-empt age-related bias. Internalised ageism may operate as a self-fulfilling process, in which older workers internalise societal expectations about ageing and act in accordance with them, including withdrawing from the workforce earlier than desired (Levy, 2009; Vickerstaff & Van der Horst, 2021). These findings indicate that ageism operates across both intrapersonal and interpersonal levels, shaping older nurses' experiences of practice and support.

Older female nurses may experience heightened ageism, as age-based stereotypes intersect with gendered expectations to influence how they are perceived and treated in the workplace (Harris & Fasbender, 2025). Older women face greater age discrimination than men, reflecting gendered valuations of ageing that advantage men and devalue women (Harris & Fasbender, 2025). This double standard reinforces inequities and may influence both how older female nurses are perceived and how they view their own professional worth. In addition, older Māori women may experience compounded disadvantage arising from the intersection of age, gender, and ethnicity (Te Kawa Mataaho Public Service Commission, 2021). Similarly, older Aboriginal and Torres Strait Islander peoples in Australia report intersecting age-based, gender-based, and racial inequities in experiences of ageing (Yashadhana et al., 2022). This evidence further highlights the need to consider multiple, intersecting forms of inequity when understanding older nurses' continuation of practice and support available to them.

Participants highlighted perceived gaps in organisational policies and practices. Nurse participants described the emotional burden associated with navigating rapidly evolving digital technologies in the absence of adequate support. This finding reflects broader assumptions within healthcare systems that all nurses possess comparable levels of technological literacy. Although global evidence has documented generational differences in the adoption of digital technologies among healthcare workers have been documented (Provenzano et al., 2024) organisational training approaches often privilege the learning styles and technological familiarity of younger healthcare workers (Iseni et al., 2026), inadvertently marginalising older nurses and reinforcing perceptions of inadequacy. Systemic ageism within institutions permeates everyday practice, contributing to both interpersonal and internalised ageism (WHO, 2021; Zhang et al., 2026). Additionally, our study highlights gaps in organisational support for older nurses. Our findings illustrate how practising part-time may support older nurses to balance continuation of practice with other life priorities, while underscoring the importance of carefully managed workloads to ensure appropriate support. Further, nurses were actively contemplating retirement while continuing to practise; however, organisational support for retirement preparation and post-retirement financial wellbeing was perceived as limited. Nurses advocated for greater organisational support, particularly in relation to pension advice, to enable more effective retirement planning. International evidence suggests that organisational interventions that support this transition can help older nurses feel that their expertise is recognised and valued (Cleaver et al., 2022; Mirzaee et al., 2025; Uthaman et al., 2016). However, there remains a lack of support tailored to the specific career stages of older nurses.

Nurse leader participants offered distinct insights into organisational support for older registered nurses, with their shared professional background and proximity in age to nurse participants

enabling a nuanced understanding of older nurses' circumstances and practice realities. At the same time, some nurse leaders were found to project age-based stereotypes onto older registered nurses or internalise ageism themselves. A systematic mapping review synthesised evidence from studies conducted in Europe, South America, the USA, New Zealand, and Australia, and found that ageism among clinical managers and leaders can influence work-related decision-making and may disadvantage older nurses (Schüttengruber et al., 2024). These findings highlight the need for organisational interventions that challenge and dismantle ageism within nursing practice environments. Nurse leaders reported uncertainty about discussing ageing and continuation of practice with older nurses, fearing that such conversations might be perceived as ageist. This uncertainty may contribute to delaying proactive support conversations until performance concerns arise. Their emphasis on normalising support conversations with older nurses underscores the importance of organisation-led interventions aimed at reshaping organisational attitudes towards ageing and better equipping managers and leaders to provide appropriate support.

5. Strengths and limitation

A key strength is the use of in-depth interviews, which enabled rich, contextualised exploration of participants' perspectives. The perspectives of older registered nurses was further strengthened by the inclusion of nurse leaders' perspectives, enabling depth and nuance of the findings. The findings of this study provide valuable insights to inform policy and practice on supporting older registered nurses to continue to practise.

There are some limitations to this study. Although the findings may be transferable to other high-resource healthcare settings internationally, the data were collected from a single healthcare organisation in New Zealand. Consequently, the findings reflect perceptions within a specific organisational context and may not be transferable to all healthcare settings. The inclusion of only one Māori and one Pasifika nurse participant did not allow for sufficient exploration of diverse perspectives. Future research should explore Māori and Pasifika nursing workforce perspectives in greater depth using Kaupapa Māori (Māori research methodology) and talanoa (Pasifika research approach).

6. Conclusion

This study provides important insights into older nurses who continue to practise. While many older nurses demonstrate a strong passion for remaining in the workforce, they also experience tensions related to their personal circumstances. Their experiences of practising vary, with managerial relationships and organisational practices significantly shaping their practice realities. Support that addresses ageism in everyday practice and at the organisational level, while accommodating individual circumstances, is crucial for sustaining older nurses' practice. From the perspective of nurse leaders, fostering supportive workplace cultures and developing flexible, inclusive career pathways are essential to enabling older nurses to continue practising in ways that align with their individual needs.

Declaration of generative AI and AI-assisted technologies in the manuscript preparation process

During the preparation of this work the author(s) used Microsoft Copilot in order to support wording and phrasing enhancements. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.

Journal Pre-proof

References

- Barzallo, D., Schnyder, A., Zanini, C., & Gemperli, A. (2024). Gender differences in family caregiving. Do female caregivers do more or undertake different tasks? *BMC Health Services Research*, 24(1), 1-11. <https://doi.org/10.1186/s12913-024-11191-w>
- Best, O., Richards, C., Stuart, L., Deravin, L., & Ward, A. (2025). Exploring first nations nursing and midwifery leadership development: An international scoping review. *Contemporary Nurse*, 61(4), 332-351. <https://doi.org/10.1080/10376178.2025.2461556>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International Encyclopedia of Education* (pp. 1643–1647). Elsevier.
- Chen, C., Shannon, K., Napier, S., Neville, S., & Montayre, J. (2024). Ageism directed at older nurses in their workplace: A systematic review. *Journal of Clinical Nursing*, 33(7), 2388-2411. <https://doi.org/10.1111/jocn.17088>
- Chen, E., & Baddeley, S. (2025). Women and Retirement Income: A life-course perspective on policy solutions. *Policy Quarterly*, 21(3), 45-52. <https://doi.org/10.26686/pq.v21i3.9939>
- Cleaver, K., Markowski, M. & Wels, J. (2022). Factors influencing older nurses' decision-making around the timing of retirement: An explorative mixed method study. *Journal of Nursing Management*, 30(1), 169-178 <https://doi.org/10.1111/JONM.13447>
- Denton, J., Evans, D., Qunyan, X., & Vernon, R. (2024). Supporting older nurses and midwives in the Australian healthcare workplace—A qualitative descriptive study. *Journal of Advanced Nursing*, 80(5), 2065-2079. <https://doi.org/10.1111/jan.15965>
- Denton, J., Evans, D., & Xu, Q. (2021). Being an older nurse or midwife in the healthcare workplace—A qualitative descriptive study. *Journal of Advanced Nursing*, 77(11), 4500–4510. <https://doi.org/10.1111/jan.14964>
- Denton, J., Evans, D., & Xu, Q. (2023). Managers' perception of older nurses and midwives and their contribution to the workplace—A qualitative descriptive study. *Journal of Advanced Nursing*, 79(2), 727–736. <https://doi.org/10.1111/jan.15494>
- Denzin, N. K., & Lincoln, Y. S. (2018). *The Sage handbook of qualitative research*. SAGE.
- Durie M. H. (1985). A Māori perspective of health. *Social Science & Medicine*, 20(5), 483–486. [https://doi.org/10.1016/0277-9536\(85\)90363-6](https://doi.org/10.1016/0277-9536(85)90363-6)
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>

- Fackler, C. A. (2019). Retaining older hospital nurses: Experienced hospital nurses' perceptions of new roles. *Journal of Nursing Management*, 27(6), 1325-1331. <https://doi.org/10.1111/jonm.12814>
- Feng, J., Gerrans, P., Moulang, C., Whiteside, N., & Strydom, M. (2019). Why women have lower retirement savings: The Australian case. *Feminist Economics*, 25(1), 145-173. <https://doi.org/10.1080/13545701.2018.1533250>
- Gabrielle, S., Jackson, D., & Mannix, J. (2008a). Adjusting to personal and organisational change: Views and experiences of female nurses aged 40–60 years. *Collegian*, 15(3), 85–91. <https://doi.org/10.1016/j.colegn.2007.09.001>
- Gabrielle, S., Jackson, D., & Mannix, J. (2008b). Older women nurses: Health, ageing concerns and self-care strategies. *Journal of Advanced Nursing*, 61(3), 316–325. <https://doi.org/10.1111/j.1365-2648.2007.04530.x>
- Gadolin, C., Larsman, P., Skyvell Nilsson, M., Pousette, A., & Törner, M. (2022). How do healthcare unit managers promote nurses' perceived organizational support, and which working conditions enable them to do so? A mixed methods approach. *Scandinavian Journal of Psychology*, 63(6), 648-657. <https://doi.org/10.1111/sjop.12851>
- Geyskens, L., Khan, N., Declercq, A., Godderis, L., Heeren, P., Janssens, L., Özkan, Ş., Trybou, J., Vlaeyen, E., Zúñiga, F., Milisen, K., & Deschodt, M. (2026). Burnout levels among nursing home care workers and its associations with workplace and individual factors: Results from a multicenter cross-sectional study. *International Journal of Nursing Studies*, 177, Article 105367. <https://doi.org/10.1016/j.ijnurstu.2026.105367>
- Harris, A., & Fasbender, U. (2025). Gender differences in retirement decisions and outcomes: A systematic literature review and recommendations for future research. *Work, Aging and Retirement*, 00(00), 1-41. <https://doi.org/10.1093/workar/waaf011>
- Health New Zealand | Te Whatu Ora. (2024). *Districts Employed Workforce Quarterly Report: 1 January to 31 March 2024*. Quarterly-Report-March-2024.pdf <https://www.tewhatuora.govt.nz/assets/Whats-happening/What-to-expect/For-the-health-workforce/Health-workforce-initiatives/District-Employed-Workforce-Quarterly-Reports/District-Employed-Workforce-Quarterly-Report-March-2024.pdf>
- Hennecke, J., Meehan, L., Pacheco, G. & Turcu, A. (2022) *Fathers' household and childcare involvement in New Zealand: A snapshot, determinants and consequences*. NZ Work Research Institute.
- Iseni, J., Swoboda, W., Houben, D., & Hilla, R. (2026). Acceptance of Digital Technology Among Nursing Staff in Geriatric Long-Term Care: Systematic Review. *JMIR nursing*, 9, Article e82223. <https://doi.org/10.2196/82223>
- Ismail, Z., Ahmad, W. I. W., Hamjah, S. H., & Astina, I. K. (2021). The Impact of Population Ageing: A Review. *Iranian Journal of Public Health*, 50(12), 2451-2460. <https://doi.org/10.18502/ijph.v50i12.7927>

- Kilanowski, J. F. (2017). Breadth of the socio-ecological model. *Journal of Agromedicine*, 22(4), 295-297. <https://doi.org/10.1080/1059924X.2017.1358971>
- Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions In Psychological Science*, 18(6), 332-336. <https://doi.org/10.1111/j.1467-8721.2009.01662.x>.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. SAGE.
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753-1760. <https://doi.org/10.1177/1049732315617444>
- McCarthy, J., Heraty, N., Cross, C., & Cleveland, J. N. (2014). Who is considered an 'older worker'? Extending our conceptualisation of 'older' from an organisational decision maker perspective. *Human Resource Management Journal*, 24(4), 374-393. <https://doi.org/10.1111/1748-8583.12041>
- Mirzaee, M., Salehi, T., & Ashghali-Farahani, M. (2025). Succession planning in nursing management: A scoping review. *BMJ Leader*. Advance online publication. <https://doi.org/10.1136/leader-2025-001227>
- Montayre, J., Harris, C., Li, W., Tang, L., West, S., & Antoniou, M. (2024). Older nurses and work-related factors that impact their mental health and wellbeing: A qualitative systematic review. *Contemporary Nurse*, 60(5), 537-554. <https://doi.org/10.1080/10376178.2024.2368625>
<https://doi.org/10.1080/10376178.2024.2368625>
- Morgan, D. L., & Nica, A. (2020). Iterative thematic inquiry: A new method for analyzing qualitative data. *International Journal of Qualitative Methods*, 19, 1-11. <https://doi.org/10.1177/1609406920955118>
- Nurmeksela, A., Välimäki, T., Kvist, T., Savolainen, H., Tahiraj, V., & Hult, M. (2023). Extending ageing nurses' working lives: A mixed-methods systematic review. *Journal of Advanced Nursing*, 79(6), 2119–2135. <https://doi.org/10.1111/jan.15569>
<https://doi.org/10.1111/jan.15569>
- Nursing Council of New Zealand. (2023). *The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2022-2023*. https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Workforce%20Statistics/workforce_statistics/Workforce%20statistics%202022%E2%80%9323.pdf
- OECD (2025). *Pensions at a Glance 2025*. https://www.oecd.org/en/publications/2025/11/pensions-at-a-glance-2025_76510fe4.html
- Patton, M. Q. (2023). *Qualitative research & evaluation methods: Integrating theory and practice*. SAGE.
- Pharr, J. R., Francis, C. D., Terry, C., & Clark, M. C. (2014). Culture, caregiving, and health: Exploring the influence of culture on family caregiver experiences. *International Scholarly Research Notices*, 2014(1), Article 689826. <https://doi.org/10.1155/2014/689826>

- Price, S., & Reichert, C. (2017). The importance of continuing professional development to career satisfaction and patient care: Meeting the needs of novice to mid-to late-career nurses throughout their career span. *Administrative Sciences*, 7(2), 1-13.
<https://doi.org/10.3390/admsci7020017>
- Provenzano, M., Cillara, N., Curcio, F., Pisu, M. O., González, C. I. A., & Jiménez-Herrera, M. F. (2024). Electronic health record adoption and its effects on healthcare staff: A qualitative study of well-being and workplace stress. *International Journal of Environmental Research and Public Health*, 21(11), 1-14.
<https://doi.org/10.3390/ijerph21111430><https://doi.org/10.3390/ijerph21111430>
- Rexhaj, S., Nguyen, A., Favrod, J., Coloni-Terrapon, C., Buisson, L., Drainville, A. L., & Martinez, D. (2023). Women involvement in the informal caregiving field: A perspective review. *Frontiers in Psychiatry*, 14, Article 1113587.
<https://doi.org/10.3389/fpsyt.2023.1113587><https://doi.org/10.3389/fpsyt.2023.1113587>
- Roguski, M., Officer, T. N., Good, G., & McBride-Henry, K. (2025). Reclaiming Indigenous systems of healing: Experiences of disabled Māori of Māori-centric health service responses in Aotearoa New Zealand during the COVID-19 pandemic. *BMC Health Services Research*, 25(1), Article 29. <https://doi.org/10.1186/s12913-024-12012-w>
- Ryan, C., Bergin, M., White, M., & Wells, J. S. (2019). Ageing in the nursing workforce—a global challenge in an Irish context. *International Nursing Review*, 66(2), 157-164.
<https://doi.org/10.1111/inr.12482>
- Sinoski, J. A. M. (2020). *Retention of experienced nurses: A phenomenological approach to understanding workplace challenges*. American College of Education.
- Sousa-Ribeiro, M., Lindfors, P., & Knudsen, K. (2022). Sustainable working life in intensive care: A qualitative study of older nurses. *International Journal of Environmental Research and Public Health*, 19(10), Article 6130. <https://doi.org/10.3390/ijerph19106130>
- Schüttengruber, G., Olsson, M. M., Holmberg, C., Großschädl, F., Hessman, E., Sjöblom, H., & Heckemann, B. (2024). Understanding ageism towards older nursing staff and service users: A systematic mapping review from the perspective of clinical leaders and healthcare managers. *Geriatric Nursing*, 58, 171-182. <https://doi.org/10.1016/j.gerinurse.2024.05.017>
- Steffan, B., Jandric, J., Loretto, W., & Airey, L. (2026). The long shadow of divorce: Lifecourse, gender and later-life work and retirement. *Ageing & Society*, 46, Article e8.
<https://doi.org/10.1017/S0144686X25100202><https://doi.org/10.1017/S0144686X25100202>
- Stuetzle S, Brieger A, Lust C, Ponew A, Speerforck S and von Peter S (2023) Internalized stigma in mental health staff with lived experience of mental crises—Does the professional role protect against self-stigmatization? *Frontiers in Psychiatry*, 13, Article 1078478.
<https://doi.org/10.3389/fpsyt.2022.1078478><https://doi.org/10.3389/fpsyt.2022.1078478>
- Tabieh, A. A., Pashazadeh, F., Safaiyan, A., & Matlabi, H. (2025). Job skill training for re-employment of the older workers: A scoping review. *Educational Gerontology*, 51(3), 227-245.
<https://doi.org/10.1080/03601277.2024.2392921>

- Te Kawa Mataaho Public Service Commission. (2021). *Kia Toipoto — Mahere Mahi Āputa Utu Ratonga Tūmatanui 2021–24 Kia Toipoto — Public Service Pay Gaps Action Plan 2021–24* <https://www.publicservice.govt.nz/assets/DirectoryFile/Kia-Toipoto-V8.pdf>
- Thorne, S. (2025). *Interpretive description: Qualitative research for applied practice*. Taylor & Francis.
- Uthaman, T., Chua, T. L., & Ang, S. Y. (2016). Older nurses: A literature review on challenges, factors in early retirement and workforce retention. *Proceedings of Singapore Healthcare*, 25(1), 50–55. <https://doi.org/10.1177/2010105815610138>
- Vickerstaff, S., & Van der Horst, M. (2021). The impact of age stereotypes and age norms on employees' retirement choices: A neglected aspect of research on extended working lives. *Frontiers in Sociology*, 6, Article 686645. <https://doi.org/10.3389/fsoc.2021.686645>
- White, J., Hepworth, G., Alvarado, J., Lemmon, C., & Brijnath, B. (2021). Managing workplace change: Intergenerational perspectives from Victorian public hospital nurses. *Collegian*, 28(2), 178–183. <https://doi.org/10.1016/j.colegn.2020.06.006>
- World Health Organization. (2021). *Global report on ageism*. <https://iris.who.int/server/api/core/bitstreams/71ad96a0-d29a-4457-9d54-52029c24c76c/contenthttps://iris.who.int/server/api/core/bitstreams/71ad96a0-d29a-4457-9d54-52029c24c76c/content>
- World Health Organization. (2025, May 12). *Nursing workforce grows, but inequities threaten global health goals*. <https://www.who.int/news/item/12-05-2025-nursing-workforce-grows--but-inequities-threaten-global-health-goals>
- World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. <https://www.who.int/publications/i/item/9789240003279>
- World Health Organization. (2025). *State of the world's nursing 2025: Investing in education, jobs, leadership and service delivery*. <https://www.who.int/publications/i/item/9789240110236>
- Wray, J., Aspland, J., Gibson, H., Stimpson, A., & Watson, R. (2009). “A wealth of knowledge”: A survey of the employment experiences of older nurses and midwives in the NHS. *International Journal of Nursing Studies*, 46(7), 977–985. <https://doi.org/10.1016/j.ijnurstu.2008.07.008>
- Yashadhana, A., Howie, A., Veber, M., Cullen, P., Withall, A., Lewis, E., ... & Andersen, M. (2022). Experiences and perceptions of ageing among older First Nations Australians: A rapid review. *Australasian Journal on Ageing*, 41(1), 8-19. <https://doi.org/10.1111/ajag.13031>
- You, W., Verrall, C., Willis, E., & Hills, D. (2025). Sustaining the general practice nursing workforce in Australia: Demographics, job satisfaction, and professional development challenges. *Nursing & Health Sciences*, 27(2), 1-15. <https://doi.org/10.1111/nhs.70130>
- Zhang, J., Liu, Y., & Chen, X. (2026). Digital ageism in hospitals: Perspectives from older patients, caregivers, and service providers. *The British Journal of Social Work*, 56(2), 549–570, <https://doi.org/10.1093/bjsw/bcaf257>

Journal Pre-proof

Ethics declaration

Informed consent and patient details

Written informed consent to take part in the study and to publish the article has been obtained from all participants or their legal representatives. The privacy rights of participants have been observed.

Studies in Human

This study was performed in compliance with relevant laws, regulatory frameworks and guidelines where the research took place.

This study was approved by the Auckland University of Technology Ethics Committee.

(Approval No. 23/323)

Data Availability Statement

The datasets generated during the study are not publicly available due to the sensitive nature of the data. Participants were assured that the raw data would remain confidential and would not be shared beyond the research team.