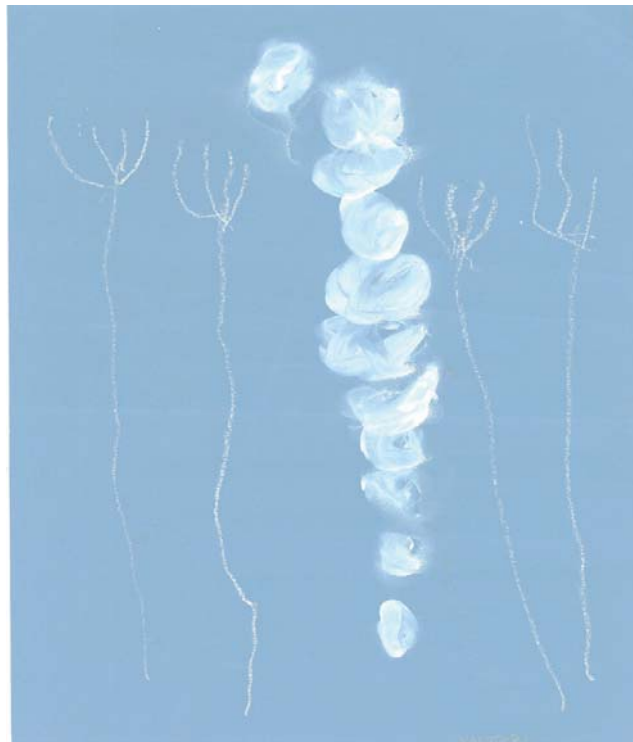


Hanna Salminen

The Significance of Perceived Development Opportunities in the Context of Retention

Comparing Ageing and Younger Nurses



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UNIVERSITY OF JYVÄSKYLÄ

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ABSTRACT

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Finnish summary

Diss.

The aim of this dissertation is to examine the significance of perceived development opportunities for ageing nurses in the context of retention. The theoretical background of the dissertation is based on three perspectives: human resource management (HRM), age management and job withdrawal. Three surveys were conducted when collecting the empirical data: one in Central Finland Central Hospital and two in Kuopio University hospital during the years 2004–2007. This dissertation consists of an introduction and five independent articles. Four of the articles are empirical and share the same quantitative research approach. The fifth article is a critical literature review concerning ageing employees and HRM with special reference to the gender perspective. The results indicate that there are few differences between the participation of ageing and younger nurses in the training and development activities provided by their hospitals. In terms of perceived development opportunities, age-related differences appeared most clearly in the area of career progress. Younger nurses perceived their opportunities for career progress as being better than the oldest nurses. The perceived development opportunities were positively associated with nurses' organisational commitment and job satisfaction. Factors that increased the likelihood of intentions for occupational turnover were young age, low job satisfaction, low organisational commitment, low work ability and skills in balance with or above present work demands. The intention to take early retirement increased with older age, being male, working shifts, low work ability, low job satisfaction and poor job control. In addition, affective organisational commitment correlated strongly with nurses' intentions to remain in the workplace. Antecedents of affective organisational commitment were older age, skills in balance with present work demands, perceived supervisory support for development and opportunities to use one's competencies. The central conclusion of the theoretical paper is that the concept of age is fundamentally gendered, but studies related to ageing and HRM are mostly gender-blind. Therefore, there is a need for research that studies both age and gender in the area of HRM and ageing employees.

Keywords: age, nursing profession, HRM, perceived development opportunities, organisational commitment, job withdrawal intentions

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In Pirkkala November 2012
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LIST OF ORIGINAL PUBLICATIONS

The dissertation is based on the following papers, which will be referred to by their Roman numerals.

- I Salminen, H. 2009. Access to learning – focus on ageing Finnish nurses. *Lifelong Learning in Europe*, 4/2009, 216-224.
- II Salminen, H. 2012. Turning the tide: Registered nurses' job withdrawal intentions in a Finnish university hospital. *SA Journal of Human Resource Management* 10 (2), Art. #410, 11 pages.*
- III Salminen, H. & Miettinen, M. 2012. Ammatillisen osaamisen kehittäminen – ikääntyvien ja nuorien hoitajien näkökulma. *Tutkiva Hoitotyö* 10 (1), 4-12.
- IV Salminen, H. & Miettinen, M. Affective organizational commitment of ageing and younger nurses – Focus on perceived development opportunities. Accepted to be published in *International Studies of Management and Organization*.**
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1. Sole author
2. Sole author
3. Constructed the research plan and coordinated the writing of the paper. Collected and analysed the quantitative data. Wrote most of the paper. Was responsible for revising the paper during the journal review process.
4. Constructed the research plan and coordinated the writing of the paper. Collected and analysed the quantitative data. Wrote most of the paper. Was responsible for revising the paper during the journal review process.
5. Wrote most parts of the following chapters: conceptualisations and images of age and gender, analysing of studies related to HRM and ageing employees and theoretical implications; wrote some parts of the introduction, practical implications and limitations and future directions; and was mainly responsible for revising the paper during the journal review process.

ABBREVIATIONS

α	Cronbach's Alpha
β	Standardised Beta Coefficient
n	Number
R ²	The coefficient of determination
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
X ²	Chi-Square

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ORIGINAL PAPERS

1 INTRODUCTION

1.1 Ageing workforce - a challenge in contemporary working life

Changes in population age structure mean that the average age of employees in working life will increase over the coming decades and, at the same time, in most industrialised countries there will be insufficient numbers of younger people to compensate for the ageing employees (Henkens et al. 2008). In Europe, the ageing of the population is due to the interaction of four demographic developments: 1) fertility rates are below the natural population replacement levels, 2) the post-war baby boom generation, 3) increased life expectancy at birth and 4) the fact that migration inflows will not offset the low fertility and growing life expectancy (Carone & Costello 2006). In the European Union (EU), the number of younger people (aged 25–39) has started to decrease and at the same time, the number of people aged 55 or over is expected to grow by more than 15 per cent between 2010 and 2030 (van der Heijden et al. 2008). The exceptionally large baby boom generation, along with the low birth rate of the last several decades has made Finland the fastest ageing society in the EU (Ilmarinen 2006). In 2009, the average age in Finland was 41.8 years, the old age dependency ratio was 25.2% and the total age dependency (calculated as the ratio of dependent people, young and old, over the population aged 15 to 64 years) was 50.3%. In the EU, the old age dependency ratio is projected to more than double from 25.6 % in 2009 to 53.5% by 2060 and the total age dependency ratio is expected to rise from 48.9% in 2009 to 78.5% by 2060. (Europe in figures. Eurostat Yearbook 2011.)

Our social security system is organised in such a way that the workforce carries the retirement and healthcare expenses of the elderly. However, the current situation is challenging because over the last 20 years, the main characteristic of the labour market profile of ageing employees in the EU has been the steady decline in their employment rates. The low participation rate among the older workforce has different causes – existing institutional policies regarding retirement and salary, employee characteristics and preferences, the type of work

and employee attitudes, which are all mutually interrelating and enhancing factors. (Buyens et al. 2009.)

However, there has been a remarkable shift in official attitudes towards early exit in the majority of EU countries and there has been a growing tendency to close the early exit gates as well as to raise the pension age (Walker 2005; Pärnänen 2011). In other words, the key objective of policymakers has been to raise the participation level of ageing employees (Henkens et al. 2008). The EU itself has made an effort to push this issue concerning ageing employees up the policy agenda, and at the national level different policies have been introduced (Walker 2005). For example, the European Foundation for the Improvement of Living and Working Conditions (2004) has stated that creating a supportive work environment by implementing new human resource policies and practices will benefit not only older employees, but also employees of all ages.

Nordic countries and especially Finland have been active in addressing issues related to retaining ageing employees in working life. This is due to the fact that Finland will be more severely affected than other European countries by the ageing population (Piekkola 2008). During the last two decades, in Finland, extensive national programmes (Respect for the Ageing 1990–1996; Committee on Ageing 1996; National Programme on Ageing Workers 1998–2002; Coping at Work 2000–2003; TYKES 2004–2009; VETO 2003–2007; KESTO 2004–2007; NOSTE 2003–2007) were launched in order to support the retention of ageing employees in working life, increase the appeal of working life and prevent the early retirement (Ilmarinen 2006). In addition, the retirement system was reformed in 2005. After the reform, employees could choose to retire between the age of 63 and 68. Employees also have the option of retiring at the age of 62, but then their pension is permanently lower than the normal pension. (Hietaniemi & Ritola 2007.) As a consequence of these actions, the employment rate of older individuals in the population (55–64) has increased in recent years in Finland (Ilmarinen 2006; Pärnänen 2011). In 1998, the employment rate of 55–64 years-old individuals was 36 per cent (Lehto & Sutela 2008), and in 2008 it was 55.5 per cent in Finland. The average employment rate of the older population (55–64) was 46.0 per cent in 2008 in the EU. (Europe in figures. Eurostat Yearbook 2011.)

The need for continuous development and lifelong learning has been emphasised in discussions related to the retention of ageing employees (Tikkanen 1998; Ilmarinen 2006; Ruoholinna 2009). Providing opportunities for training and development has been seen as one of the key incentives for retaining ageing employees in different reforms in Finland (Julkunen & Pärnänen 2005; Ruoholinna 2009). In recommendations concerning ageing employees given by the World Health Organization (WHO), it is also stated that training should be part of every employees' work (Ilmarinen 2006). In age management literature, opportunities for development are seen as one way to maintain work ability of ageing employees, but also one area where age discrimination and ageist practices exist (Walker 2005).

In the field of human resource management (HRM), ageing employees have received more attention in recent years (Guest 2011), and researchers have presented a wide range of HR practices deemed important for the retention of ageing employees, including opportunities for development (Patrickson & Hartman 1995; Armstrong-Stassen 2008b). In addition, the ageing workforce has brought new attributes, such as age-awareness or age-sensitiveness, to the traditional terminology of human resource management (Tikkanen 1998). In Finland, studies related to age management or HRM related to ageing employees have been diverse. These studies have focused, for example, on the concept and theoretical background of age management (Halme 2011), the significance of emotional intelligence as part of age management (Simström 2009), managers' own ageing processes (Frantsi 2009), sharing tacit knowledge (Virta 2011; Virtainlahti 2005) or the age policies used in Finnish organisations (Pärnänen 2011). Early retirement from working life among ageing employees has also received attention among researchers (Harkonmäki 2007; von Bonsdorff 2009; Järnefelt 2010).

Walker (2005) has argued that regardless of what national and EU policy-makers do, the focal point for age management and adjusting to workforce ageing has to be the individual organisation. Piekkola (2008) has also stated that there is a need for joint action between political decision-makers and employers. However, good practice in the employment of older employees remains a minority pursuit, because only a few organisations have seriously led the way in adjusting to workforce ageing. It seems, based on research evidence, that long working careers are supported only if it is strategically sound. Organisations' age policy choices are influenced, for example, by the current economic situation, the age structure of the organisation's personnel, preparation for predicted labour shortages and age-based service segmenting in services. (Parry & Tyson 2009; Pärnänen 2011.) There is also some evidence that public sector organisations have been more proactive in addressing the issue of an aging workforce than employers in the private sector (Taylor & Urwin 2001; Armstrong-Stassen & Schlosser 2008). For example, Pärnänen (2011) concluded in her study that the age policy of Finnish public sector organisations can be described as "appreciative of experience, longing for young people", meaning that the public sector organisations are investing in the long working careers of aged employees because of their elderly age structure and the threat of labour shortages, but at the same time, young people are preferred in recruitment (Pärnänen 2011).

1.2 The ageing nursing workforce in the public healthcare field

Despite the ageing workforce, labour shortages are expected to vary across occupations and sectors because of the different age profiles of occupations and industries (Ilmarinen 2006; Armstrong-Stassen & Ursel 2009). In the EU, one of the largest employers of ageing employees is health care (Ilmarinen 2001). Demographic changes are expected to put pressure on the healthcare system in

many countries. The term 'demographic double whammy' is used to describe this situation: an ageing nursing workforce coupled with greater demands for health care services because of the ageing population. (Buchan & Calman 2004; Armstrong-Stassen & Schlosser 2010.)

At the moment, there is already a shortage of registered nurses in many European countries, and the situation is estimated to be worsening (Attree et al. 2011). The nursing shortage is expected to be severe also, for example, in Canada (Armstrong-Stassen & Schlosser 2010).

There are many negative consequences related to the shortage of nurses. Nursing shortages increase the workload of existing staff, inducing stress and burnout (Tallmann & Bruning 2005), and have negative impacts on nurse's job satisfaction and health, but also on care quality and patient outcomes (Rafferty et al. 2007; Attree et al. 2011). Nursing shortages can be distinguished between structural and real nursing staff shortages. Structural shortages refer to the situation where more nurses are required to adequately care for the patients, but no resources (staff vacancies) are available for this. This is the case, for example, in Eastern European countries, in Spain and in Germany. A real nursing shortage means that vacancies cannot be filled due to a lack in the supply of nurses. This situation exists in the UK, the Netherlands, Belgium and France as well as Scandinavia. It has been stated that four components determine nursing shortages: 1) the need for nursing care, 2) the presence of nurses in the population, 3) the willingness of qualified nurses to work as nurses (occupationally active nurses) and 4) the financial resources for health care and nurses. (Hasselhorn et al. 2005.)

In Finland, there were 9.6 nurses per 1 000 population in 2008, which is a higher number than the OECD average of 8.4 (OECD Health data 2011). However, the nursing population is relatively old in Finland (Flinkman et al. 2010). The mean age of Finnish nurses has risen from 41.6 to 43.6 from 1999 to 2010 (Laine et al. 2011). Public funding dominates the healthcare sector in the majority of EU member states (Europe in figures. Eurostatistics 2011), and also in Finland, the main responsibility for arranging health care services belongs to municipalities and most of the nurses are employed by publicly owned and run institutions (Kankaanranta & Rissanen 2009). In the Finnish public sector, a large number of nurses are retiring now or in the near future (Attree et al. 2011). In 2010, the retirement age of Finnish nurses was 57.4 in the public sector. This average retirement age of nurses is influenced by the fact that lower retirement age agreements still exist which allow nurses to retire at a lower age. (Kuntien työntekijät eläkkeelle yhä myöhemmin).

One part of the nursing shortage problem is that 40% of all qualified nurses are estimated to be not practicing nursing in Finland (Attree et al. 2011). Compared to other occupational groups, nurses tend to abandon the profession at a much greater rate (van der Heljden et al. 2009). Occupational turnover concerns young nurses in particular (Hasselhorn et al. 2005; Flinkman et al. 2008; 2010). The Nurses Early Exit study (NEXT), conducted in 10 European countries, has shown that 14% of the nurses studied had frequently thought about giving

up nursing. However, the differences between different countries are great. The highest intentions of occupational turnover were found in the UK (37%) and the lowest intentions in the Netherlands (11%). (Hasselhorn et al. 2005.) The intention of Finnish nurses to leave their profession has varied in different studies from 15% (Laine 2005) to over 30% (Kuokkanen et al. 2003; Hintsala 2005; Flinkman et al. 2008).

In general, organisations can use different policies and practices in order to increase the labour supply in ageing labour markets. For example, organisations can intensify their search behaviour by using effective recruitment methods, expand the supply of new labour by offering higher wages or reduce dependence on labour by boosting investments in technological development. However, public healthcare organisations are examples of labour-intensive organisations where budgeting and remuneration systems tend to be fixed. Therefore, in these organisations, one of the main options for responding to the labour shortage is to make greater use of existing employees. In other words, healthcare organisations are likely to resort to utilising existing trained staff. This can mean, for example, improving the employability of the employees and reducing the number of employees leaving the market. (Henkens et al. 2008.)

The ageing workforce challenges public health care organisations like hospitals by forcing them to pay more attention to HR practices for retaining both ageing and younger nurses. In recent years, a wide range of HR practices important for the retention of ageing nurses have been presented in the literature (Lavoie-Tremblay et al. 2006; 2010). For example, Armstrong-Stassen and Schlosser (2010) have pointed out that a myriad of recommendations can be found in the nursing literature concerning HR practices that hospitals should implement to retain ageing nurses. However, there is little empirical evidence of how HR practices influence the retention of ageing nurses because there has been little attention on the mechanisms through which HR practices may influence employees' intentions to remain in or leave the organisation (Armstrong-Stassen & Schlosser 2010).

Occupational turnover among nurses (Flinkman et al. 2008; 2010), recruitment and retention of nurses (Heilmann 2010), early retirement intentions (von Bonsdorff 2009), organisational commitment (Laine 2005), autonomy at work (Hintsala 2005), changes in the work and the work organisations (Ruoholinnä 2009) and the well-being of ageing nurses (Utriainen et al. 2010) have attracted the interest of Finnish researchers in recent years. In addition, national questionnaires have been used in Finland to study the working conditions and well-being of health care employees (Laine et al. 2011). There is, however, a need to understand how nurses perceive the HR practices provided by their organisation in order to retain nurses, both ageing and younger. In this study, the focus is on development opportunities, because they have been identified as being important factors related to the retention of ageing nurses (Hayes et al. 2006; Lavoie-Tremblay et al. 2006; 2010), but also influencing younger nurses' intentions to leave the organisation (Fochsen et al. 2005) or the profession (Flinkman et al. 2008).

1.3 Positioning and the aims of the study

The significance of perceived development opportunities for ageing nurses in the context of retention provided a starting point for this dissertation. In this study, age is mainly understood as chronological age in the empirical part of this dissertation in line with previous studies related to age management (Walker 2005; Ilmarinen 2006) and age-aware HRM (Armstrong-Stassen & Schlosser 2008; 2010). However, the multidimensional nature of age is acknowledged and discussed in the theoretical paper. The age of 45 has been adopted as the starting point for referring to 'ageing' employees in this study in line with some other Finnish (Ilmarinen 2006; 2001; Rouholinna 2009) as well as foreign studies (Camerino et al. 2008; Brough et al. 2011) concerning ageing employees, where the threshold of 45 years for ageing employees has been justified by changes related to work ability.

In this study, perceived development opportunities are understood as an organisation's effort to provide employees with opportunities for learning, development and career advancement (Armstrong 2003). Additionally, development opportunities are seen as one way that an organisation can retain employees in their current workplace (Beardwell et al. 2004; Conway 2004; Torrington et al. 2011). The concept of retention can be understood differently. In this study, retention is seen as an important issue on the HRM agenda, especially when organisations are faced with labour or skill shortages (Torrington et al. 2011). There are basically two lines of HRM studies that have focused on the topic of retention. Firstly, there are studies that have focused on retaining employees, like nurses, generally (Armstrong-Stassen & Schlosser 2010; Armstrong-Stassen & Ursel 2009). Secondly, there are studies which have concentrated primarily on retaining their 'best performers' (Michaels et al. 2001). (Torrington et al. 2011.) This study adapts the former line of research approach. In other words, the interest of this study is not on 'war of talent', when it refers to only a small number of employees with high potential to reach the top jobs in the organisation (Michaels et al. 2001). Instead, this study focuses on the question how to retain ageing nurses in their current organisation. In other words, this study seeks to explore the antecedents of work-related attitudes and job withdrawal intentions with special reference to perceived development opportunities.

Research concerning the retention of ageing employees is diverse and overlaps many scientific disciplines, such as social gerontology, work ability research, psychology of retirement, adult education and HRM. For instance, Julkunen and Pärnänen (2005) have concluded that in European ageing research, explanations for the early exit from working life have been related to institutional early exit pathways, employer's interests, ageist practices as well as the appeal of the third age¹. Early exit pathways as well as employers' interest

¹ The term 'third age' refers to the appeal of the time after working life and to employees' expectations related to that period. The third age is often seen as a time for self-fulfillment and free from obligations (Laslett 1989; Julkunen & Pärnen 2005; Ruoholinnä 2009.)

in preferring younger employees when recruiting have reduced older employees' willingness to remain in or seek employment (Julkunen & Pärnänen 2005; Walker 2005). For example, reasons for employers choosing younger employees include ageing employees' higher salary and expected returns on investment: because of older age it is expected that ageing employees will not remain with the organisation as long as younger ones (Buyens et al. 2009). There is also evidence that ageist practices exist in the areas of HRM (Lyon & Glover 1997; Kouvonon 1999; Walker 1999; Snape & Redman 2003).

Järnefelt (2010) has made a fairly similar categorisation as Julkunen and Pärnänen (2005) by identifying four different approaches to how the early exit from working life has been studied in Finland: 1) political-economy, 2) working conditions, 3) work-ability and 4) retirement. This study falls mostly within the category of working conditions and especially studies related to HRM, but work ability and early retirement studies are also briefly discussed. Studies related to HRM and ageing employees could be further categorised using the typology in Figure 1. The horizontal axis represents the level of the studies: organisation or employee. The vertical axis describes the focus of the studies: has HRM been studied as a whole or just a certain area of HRM. Studies adopting an organisational perspective have studied, for example, HR managers' conceptions about the HR practices in their organisation and the age policy choices made in the organisation (Rosen & Jerdee 1990; Vaahtio 2002; Parry & Tyson 2009). In this line of enquiry, representatives of organisations, such as HR managers or supervisors have been interviewed in order to gain information about the actual HR practices used in the organisation. In analyses at the organisational level, the assumption is that all employees will receive the same HRM treatment. However, there might be differences between the intended practices at organisational level and actual practices, and there might also be differences between employees' perceptions, especially in large and complex organisations such as hospitals (Nishii & Wright 2008; Veld et al. 2010).

Studies that have concentrated on employee perspective have been interested in the employees' perceptions and experiences of working conditions and HR practices in their organisations (Tikkanen 1998; von Bonsdorff 2009; Ruoholinna 2010). However, there are also studies that have incorporated both the organisational and the employee perspective (Simström 2009; Pärnänen 2011; Halme 2011). Studies where HRM is studied as a whole, are interested in gaining a general picture of the current state of HRM practices and policies (Pärnänen 2011). Finally there have also been studies that have concentrated on a specific area of HRM; for example, rewarding (von Bonsdorff 2009), recruitment (Vaahtio 2002) or managerial actions (Simström 2009). The position of this study is marked by the dashed circle. In this study, an employee perspective has been adopted focusing on perceived development opportunities because they have been identified as being important factors related to the retention of ageing nurses (Hayes et al. 2006; Lavoie-Tremblay et al. 2006; 2010).

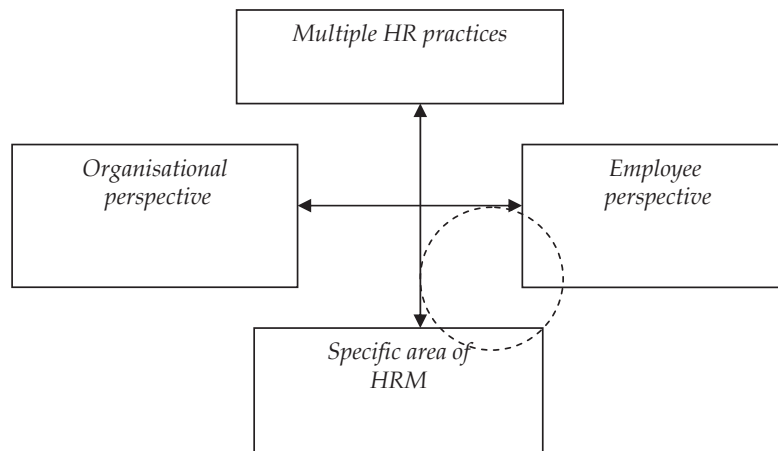


FIGURE 1 Classification of studies related to HRM and ageing employees

The specific aims of this study can be defined as follows:

- 1) to describe and compare ageing and younger nurses' participation in training and development activities provided by the organisation and perceived development opportunities (Papers I, III)
- 2) to clarify the relationships between age, perceived development opportunities, work-related attitudes (Papers I, IV) and job withdrawal intentions (Paper II)
- 3) to present a critical literature review concerning ageing employees and HRM with special reference to the gender perspective (Paper V).

It has been stated that the literature related to training older employees in general concerns three key issues: 1) access to training; 2) adjustments of training methods and the development environment to meet the needs, preferences, and development styles of older employees; and 3) manager awareness training (Armstrong-Stassen & Templer 2005). Previous studies have shown that participation in training and development activities often declines among older employees (Cleveland & Shore 1992; Birdi et al. 1997; Henkilöstökoulutus 2002). There are, however, studies that show that the link between age and participation in training and development activities is not that straightforward (Tikkanen 1998). For example, some studies have shown that older employees are more willing to participate in targeted career and job-related development activities (Simpson et al. 2002). There is also evidence that human resource development is one area where age discrimination exists in the form that, for example, older employees are not nominated, selected or informed of training and development opportunities. Discouragement and lack of support are less obvious forms of age discrimination. (Noe & Wilk 1993; Maurer & Rafuse 2001.) Therefore, the first aim is to describe and compare ageing and younger nurses' participation in training and development activities provided by the organisa-

tion and perceived development opportunities and to identify whether any differences based on chronological age actually exist (Papers I and III).

In HRM literature one of the central themes is the identification of HR practices that will enhance both organisational performance and employees' commitment. Theories about the relationship between HR practices and organisational performance have suggested that HR practices influence organisational performance through employees' work-related behaviour, such as turnover intentions and work-related attitudes, such as organisational commitment and job satisfaction. (Armstrong 2003; Conway 2004.) However, little is known about how HR practices have an effect at the level of the individual. For example, Guest (2011) has argued that there is a need to expose the way in which employees interpret practices and how this interpretation can shape their response. In particular, the influence of age on associations between HR practices and work-related attitudes at the individual level is rarely studied (Finegold et al. 2002; Conway 2004; Kooij et al. 2010). Therefore, the relationships between age, perceived development opportunities and work-related attitudes are studied in Papers I and IV.

Studies related to HRM and ageing employees can also be categorised by the age-range used in these studies. Some of the studies have focused solely on ageing employees (Tikkanen 1998; Ruoholinna 2009; Armstrong-Stassen & Schlosser 2010) while other studies have used the full age-range and compared ageing and younger employees (Tikkanen et al. 2002; Pillay et al. 2003; 2006). The use of the full age-range in this study can be justified by the fact that the shortage of nurses is influenced by both occupational turnover and early retirement. Previous studies have demonstrated that occupational turnover is related to young nurses in particular (Flinkman et al. 2008; 2010), while early retirement is related to ageing nurses (von Bonsdorff 2009). In order to prevent nursing shortages it is important to investigate both forms of job withdrawal intentions, and understand what work-related factors contribute to these intentions. However, there is scant research where these two forms of job withdrawal intentions, occupational turnover and early retirement, are studied together, even though there is evidence that these two forms of job withdrawal may have some common antecedents (Hanisch & Hulin 1991; 1990). Therefore, it makes sense to investigate the antecedents of both forms of job withdrawal intention. In addition, most of the studies concerning nurses' turnover have focused on organisational turnover, and less on occupational turnover (Flinkman et al. 2008; van der Heijden et al. 2009). In this study, intentions are used to reflect the actual decision to leave the job because previous studies have consistently shown that the intention to leave the job is a powerful predictor of actual withdrawal behaviour (Beehr 1986; Adams & Beehr 1998). For example, Fishbein and Ajzen (1975, 369) have stated that: "the best single predictor of an individual's behaviour will be a measure of his intention to perform that behaviour" (see Chew 2004). The antecedents of job withdrawal intentions are studied in Paper II.

The theoretical literature review in Paper V explores issues related to ageing employees and HRM with special reference to the gender perspective. Age

as a concept can be seen as fundamentally gendered (Ainsworth 2002; Julkunen & Pärnänen 2005; Irni 2009). In addition, there is evidence that women are generally more inclined to social devaluation in ageing compared to men (Powell & Hendricks 2009). However, there has been little research that combines the gender perspective in studies of HRM and ageing employees. For that reason, the aim of the theoretical paper is to analyse studies related to HRM and ageing employees and explore how age and gender are understood, conceptualised and examined in these studies. The purpose is also to outline some new directions for studies related to HRM and ageing employees.

Taken together, the overall purpose of this study is to contribute to knowledge building in HRM research focusing on the significance of perceived development opportunities for retaining ageing nurses in the organisation. The main argument in this study is that the way ageing nurses perceive opportunities for development is related to their retention in the organisation.

2 THEORETICAL FRAMEWORK

2.1 The concept of age

Age is usually understood as chronological age referring to a person's calendar age, but there are also other ways to conceptualise age. For example, Sterns and Doverspike (1989) have divided the concept of age into chronological age, functional age, psychosocial age, organisational age and lifespan age. Functional, physical or biological age refers to changes in health, functioning and appearance. Psychological age reflects the phases of an individual's psychological development; for example, cognitive functioning and behaviour. Subjective or personal age can be defined as the individual's personal project, or a certain moment in the life course that she or he judges to have been reached in relation to personal aims, and which refers to age as experienced by the individual. Social age relates to the norms and expectations related to age and this defines, for example, the ways in which men and women are expected to behave describing the social status he or she occupies in a given society. Organisational age refers organisational tenure or career stage, skill obsolescence and age norms within the organisation. Lifespan age relates, for example, to life stage or family status. (Doering et al. 1983; Laslett 1989; Sterns & Doverspike 1989; Vaahio 2002; Uotinen 2005; Kooij et al. 2008.)

Taken together, age can be seen as multidimensional concept. These different conceptualisations of age are often interrelated (Kooij et al. 2008), and the meanings that are attached to different age phases are socially and culturally constructed (Uotinen 2005) and present simultaneously in working life (Vaahio 2002; Ilmarinen 2006). Individuals with the same chronological age may differ in terms of health, career stage and family status. It has also been argued that with age, individual differences increase because older employees have lived longer and experienced more than younger employees (Greller & Simpson 1999). Therefore, chronological age can only serve as a proxy for age-related processes that can influence work outcomes directly or indirectly (Kanfer & Ackerman 2004; Kooij et al. 2008). In addition, age serves as a social organising

principle and societies proscribe appropriate behaviour and obligations based on age. This defines individuals as well as groups. In other words, different age groups gain identities and power in relation to another and age relations intersect with other power relations, such as gender. (Calasanti & Slevin 2006.)

Previous studies have shown that the different conceptualisations of age predict work-related attitudes differentially (Kooij et al. 2008). For example, Cleveland and Shore (1992) found in their study that employees who perceived themselves to be older than most of the people in their work group, exhibited more job satisfaction and organisational commitment (Kooij et al. 2008).

However, age-related differences in work-related attitudes are not only caused by age itself but also by cohort and period. Cohort effects are a result of the impact of shared experiences or environment. In practitioner literature, 'generation' is often used synonymously with cohort. The concept of generation cannot be defined only in terms of age, its formation is rather based on a combination of birth cohort, shared experience of historical and political events, collective culture as well as competition for resources. In Western societies, the dominant view has been that there are now four generations referred to respectively as Veterans, Baby-Boomers, Generation X and Generation Y, even though there is some variation between studies in terms of the years in which these groups were born. (Parry & Urvin 2011.) A cohort effect is something that members of a cohort carry with them throughout their careers. Contrary to the effect of life or career stages it is a constant. (Finegold et al. 2002.)

A period effect is a time-of-measurement difference that represents environmental effects. Changes in the work environment or age-related expectations of others are examples of period effects. In other words, the period effect means that people's values are affected by influences that exist at any particular point in time. In sum, age-related, cohort and period effects are inter-related, and they are therefore hard to distinguish. (Doering et al. 1983; Ilmarinen 2006; Parry & Urvin 2011.) In addition, it is not possible to isolate cohort effects in research without longitudinal data (Doering et al. 1983; Finegold et al. 2002).

Although acknowledging the fact that age is a multidimensional concept that is both socially and culturally constructed, age is primarily understood as chronological age in the empirical part of this dissertation in line with in previous literature related to age management (Walker 2005; Ilmarinen 2006) and HRM (Armstrong-Stassen & Schlosser 2008; 2010). Additionally, it can be argued that chronological age is strongly related to legislation (Vaahtio 2002) and to institutional settings, and therefore, chronological age cannot be ignored in the context of working life (Pärnänen 2011).

2.2 How to define an ageing employee?

Ageing refers to all changes that occur in biological, psychological and social functioning over time. Biological ageing is related to changes that are anatomical and physiological in nature. These changes occur, for example, in sensor

motor performance, muscle strength, visual activity, reaction times and balance. Psychosocial ageing refers to changes, for example, in personality, needs, expectations, behaviour and changes in status and roles and changes in relations to others. Previous research has demonstrated that ageing employees' physical capacity decreases over time but social and mental skills may increase, even though individual differences are great. (Sterns & Miklos 1995; Ilmarinen 2006; Loretto & White 2006.) However, the results of different studies are often varied. For example, Salthouse (1994) has stated that crystallised intelligence increases with age and compensates older employees for their loss of fluid intelligence. However, Brough et al. (2011) did not find significant differences in cognitive ability between older (45 and older) and younger (under 45) employees. In general, it has been argued that the individual differences in performance are greater than age group differences (Ilmarinen 2006). Despite this, stereotypical assumptions concerning ageing employees' abilities and job performance continue to influence organisations' HR practices and policies (Brough et al. 2011).

The terms 'ageing', 'older' or 'mature' employee are commonly used in both practice and research. However, scholars are not unanimous in regard to these concepts, and they have been defined differently according to the purpose and field of the study (Warr 2000). For instance, studies that have explored labour market participation have considered employees aged 50 or 55 years and above as "older" because this is the age range where labour market participation starts to decline (Brough et al. 2011). There are also studies that have adopted the age of 45 as the starting point for referring to 'older' or 'ageing' employees (Brooke 2003; Ilmarinen 2006; Rouholinna 2009). For example, the World Health Organisation (WHO) has defined the "ageing worker" threshold at 45 years (Brough et al. 2011). The rationale for this is that this is the period when concrete changes in people's health and functional capacity start to appear (Ilmarinen 2001; 2006; Camerino et al. 2008; Brough et al. 2011). It has also been argued that this "early" definition of ageing employees provides better possibilities for preventive actions concerning early retirement (Ilmarinen 2001). There are also authors, like Super and Hall (1978), who have identified around the age of 40 there is a turning point for many in their careers. At that age, some employees have reached their peak, while others may still be ambitious. Therefore, 40 can be considered the minimum age at which employees' career aspirations decrease and thoughts about ending their career start to increase. (Buyens et al. 2009.)

However, it should be noted that categorising older or ageing employees can also mean that they are in danger of becoming a member of a stigmatised group in the workplace (Desmette & Gaillard 2008). In recent years, ageing has been seen more as individualised (Paloniemi 2004) and ageing itself as socially constructed and negotiated (Halme 2011). In addition, successful ageing means not looking old, and therefore, the body has become central to identity and to ageing. Proponents of "agelessness" argue that we could avoid becoming old by simply not thinking or acting "old". (Calasanti & Slevin 2006.) However, as Andrews (1999, 302) has argued:

“there is not much serious discussion about eliminating infancy, adolescence, or adulthood from the developmental landscape. It is only old age which comes under the scalpel.”

In other words, whether we are trying to be ageless or to age successfully, the need to deny old age lies at the heart of ageism. (Calasanti & Slevin 2006.) In this study, while acknowledging the fact that age categories are social constructions, the distinction between ageing and younger employees rests on a definition based on chronological age and the age of 45 has been adopted as a starting point when referring to ageing or older employees in line with previous studies (Ilmarinen 2006; Brough et al. 2011).

2.3 Age and gender

Age and gender are both major criteria for how human beings are categorised (Desmette & Gaillard 2008) and they are constantly present in working life. Gender can be defined as a cultured knowledge that differentiates women and men. In other words, feminine and masculine genders consist of values and ideals that are rooted in culture. (Aaltio & Mills 2002.) There are many stereotypes related to gender. For instance, attributes such as forcefulness and strength in decision-making are typically ascribed to men, whereas nurture and relationship orientation are ascribed to women (Wood 2008). However, there is also evidence that stereotypes of femininity are strongest when they are related to younger women. This implies that age stereotypes may replace the salience of gender stereotypes as individuals age. (Cleveland et al. 1999.) However, there is also evidence that women are more inclined to social devaluation in ageing compared to men (Powell & Hendricks 2009). This is because much of a woman’s worth is based on her attractiveness, she may find herself devalued as she ages. (Cleveland et al. 1999.) In other words, women’s ageing is seen more in the context of bodily changes than men. In addition, women’s model of ageing is stated to be more narrow and negative compared to men. (Nikander 1999; Ruoholinna 2009.)

The interchange between age and gender, which places women in a disadvantaged position compared to men, is called a ‘double standard’ (Cleveland et al. 1999) or ‘double jeopardy’ (Itzin & Phillipson 1995). Despite the interrelatedness of age and gender (Ainsworth 2002; Julkunen & Pärnänen 2005; Irni 2009), there has been little research which combines the gender perspective in studies related to HRM and ageing employees. In management literature, gender stereotyping has mostly concerned the obstacles women face in their management career (Wood 2008). Feminist studies, on the other hand, have rarely concentrated on older women who are in waged work (Irni 2009). Ainsworth (2002) has argued that the neglect of gender in research on ageing employees illustrates an often repeated cultural characteristic of older women - their ‘invisibility’, which is a form of cultural non-recognition or ‘cultural imperialism’

where a group is rendered 'invisible at the same time that it is marked out and stereotyped'. Therefore, there is much to be gained from analysing the combined influence of age and gender rather than treating them as separate social categories. (Ainsworth 2002.)

2.4 Development opportunities perceived by employees

Human resource development (HRD) is multidisciplinary by nature and therefore it is difficult to define precisely. According to the simple definition suggested by Nadler and Nadler (1994, 19), human resource development is:

“an organised learning experience provided by an employer in a specified period of time for the purpose of increasing the possibility of improving job performance and providing individuals.”

McGoldrick et al. (2002) have argued that attempts to define the concept of human resource development (HRD) by academics, researchers and practitioners are proving frustrating and confusing because HRD has not established a distinctive conceptual or theoretical identity. Two parallel streams of debate in HRD research can be identified. First, some researchers have focused on clarifying and analysing the underlying assumptions, values and philosophies of HRD. In this stream of research, a major philosophical debate concerns whether HRD should promote “performance” or “learning”. (Garavan et al. 2000.) In other words, it concerns the question of whether HRD practices should focus on the well-being of the individual or whether the interests of the shareholders should predominate (Sambrook 2000; McGoldrick et al. 2001).

The other group of HRD researchers has paid attention to seeking explanations that help to broaden our understanding of the role and contributions of HRD in organisations. These HRD researchers have looked beyond the general HRD literature and sought explanations, for example, within the fields of human resource management (HRM), economics, general management and psychology. More specifically, the latter stream of HRD research can be categorised in three theoretical perspectives: 1) capabilities, 2) learning organisation/organisational learning and 3) the psychological contract. The first, capability driven perspective, is an economic theory-based perspective that focuses on human capital theory and resource-based theories of the firm. The learning organisation perspective draws from the fields of general management and organisational theory, and the main focus is on organisational learning processes and the creation of a learning organisation. The psychological contract perspective focuses on conceptualising the employment relationship using notions of expectations, perceptions and obligations as well as specifying alternative types of psychological contracts. (Garavan et al. 2000.)

This study adopts the HRM perspective. Contrary to the adult education research perspective, this study is not interested in learning per se. In this study, HRD is understood as a central part of HRM, referring to the organisa-

tion's effort to provide employees with opportunities for learning and development, realise their potential as well as plan and develop their careers (Armstrong 2003). In more detail, this study examines development opportunities perceived by nurses who work in non-managerial positions and focuses on examining the possible differences between ageing and younger nurses in terms of participation in training and development activities and perceived development opportunities.

Armstrong-Stassen and Schlosser (2008) have stated that studies related to the development of ageing employees can be distinguished according to their focus. On the one hand, there are studies focused on ageing employees' development orientation (Maurer & Tarulli 1994; Maurer 2001), and on the other hand, there are studies examining job development climate perceived by employees (van der Heijden 2003; Armstrong-Stassen & Schlosser 2008; 2010). This study can be categorised into the latter line of research. The concepts of training, learning and development are closely related. Training can be described as organised efforts to assist learning through instruction. Learning can be defined as an increase or change in knowledge or skills that occurs as a result of some experience, whereas development is an on-going, longer-term change that occurs through many learning experiences (Birdi et al. 1997.) In this study, opportunities for development are defined as perceptions of the availability of organisational resources to prepare for future job demands covering training and development activities that can maintain or enhance employees' ability to work and proceed in their work (Mikkelsen et al. 1999), including both formal and informal opportunities for learning and development. However, it is acknowledged that HRD can also refer to management development or organisation-level activities that aim to develop organisational learning processes (Armstrong 2003). These activities are not studied here because this study adopts an employee level perspective on HRD.

In different studies, employees' perceptions of the development opportunities provided by their organisation have been measured differently. In addition, there are no established measures or scales concerning perceived development opportunities. The scales used in different studies vary according to the purpose of the study and the profession or sector under study. Finnish studies of well-being at work have examined employees' opportunities for developing oneself, for receiving training that promotes one's professional competencies and opportunities for career progress (Lehto & Järnefelt 2000; Lehto & Sutela 2004). Tuomi et al. (2002) have defined opportunities for training and development at work, including the following: encouragement to try new things, opportunities to learn new things and develop oneself and to receive training that promotes professional competencies. In the study of Mikkelsen et al. (1999), opportunities to develop included perceptions of the workplace as providing opportunities to learn new jobs, to vary the type of job, and to have room for creativity and learning beyond different jobs, an awareness of what learning materials and options exist and opportunities for participating in discussion plans. There are also studies, which have examined employees' opportunities to use

competences gained through training or work experience (Adult Education Survey 2006; Tikkanen et al. 2002). In the Adult Education Survey (2006), opportunities for career progress have been examined by using questions concerning both hierarchical and vertical advancement. Furthermore, van der Heijden (2003) has pointed out that at the heart of the development climate lays the relationship between the employee and his or her immediate supervisor.

The importance of supervisory support for ageing employees, and especially for ageing nurses has been acknowledged in recent studies (Armstrong-Stassen & Schlosser 2010; van der Heijden et al. 2010). However, the measures used to investigate the supervisory support have been diverse. For example, Armstrong-Stassen and Schlosser (2010) have stressed the importance of supervisor-related procedural justice, whereas van der Heijden et al. (2010) have focused on managers' capability to evaluate employee work performance and provide them constructive feedback. Moreover, there is no established scale for the supervisory support for development. For example, Maurer et al. (2003) have stated that support for development from a supervisor may include such things as encouragement, coaxing, persuasion about the value of development, providing time, information, assistance, resources and rewards for performance.

In the first two surveys in this study, perceived development opportunities were examined by focusing on opportunities for training, development, career progress and workplace learning, mainly based on the scales used in previous Finnish studies (Järnfelt 2000; Tuomi & Vanhala 2002; Lehto & Sutela 2004). Before the third survey, perceived development opportunities scale was further developed in order to gain a broader understanding of the opportunities provided by the organisation for development, but also to include aspects of opportunities for using one's competencies (Mikkelsen 2002; Tikkanen et al. 2002; Armstrong-Stassen & Cameron 2005; Adult education survey 2006) as well as supervisory support for development (London 1993; Noe & Wilk 1993; Maurer & Tarulli 1994; Maurer et al. 2003; van der Heijden 2003; Armstrong-Stassen & Cameron 2005) as suggested in the literature.

2.5 The significance of perceived development opportunities for retaining ageing employees - different perspectives

In this chapter, three different perspectives concerning the significance of perceived development opportunities for ageing employees in the context of retention are briefly discussed: 1) human resource management, 2) age management and 3) the job withdrawal perspective (Figure 2).

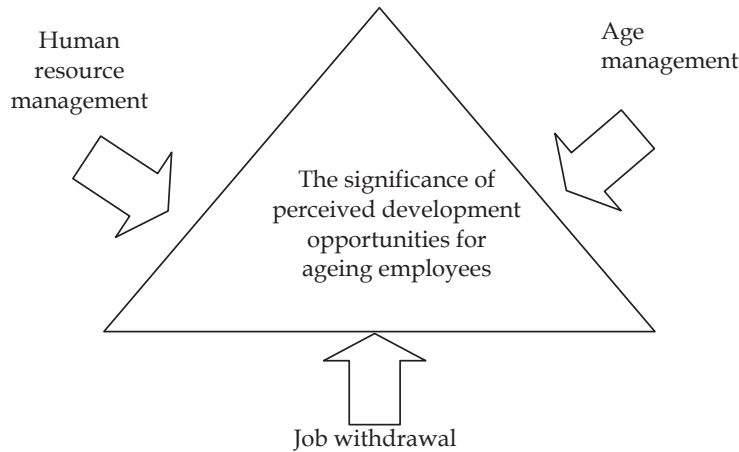


FIGURE 2 Different perspectives on studying the significance of perceived development opportunities for ageing employees in the context of retention

2.6 Human resource management perspective

There are different ways to define the concept of human resource management (HRM). On the one hand, HRM can be seen as a philosophy or a particular approach concerning how employees should be managed in organisations (Torrington et al. 2005). On the other hand, HRM can be seen to describe a body of management practices (Torrington et al. 2005) or processes (Viitala & Jylhä 2011) referring to the individual practices and policies intended to achieve a particular objective. There are also different models of HRM. However, a broad distinction can be made between 'hard' HRM and 'soft' HRM approaches. The former approach emphasises the need to manage employees in ways that will obtain added value from them and thus achieve competitive advantage. The latter stresses the need to gain employee commitment through involvement, communication and trust. It has been also argued that even if the rhetoric of HRM is soft, the reality can be hard, with the interests of the organisation prevailing over those of the employee (Armstrong, 2003; Legge, 1995.)

In HRM literature, retaining employees is one of the central themes (Beardwell et al. 2004). This is particularly what is referred to as "soft" HRM literature which argues that organisational performance is gained through employee commitment and high trust in the organisation. For example, Beer et al. (1984) have stated that HRM policy choices made by managers affect the competence and commitment of employees and in the long run, these will increase individual well-being, but also organisational effectiveness.

Recent HRM studies that have focused on retaining ageing employees have often been rooted in social exchange theory (Armstrong-Stassen 2008b;

Armstrong-Stassen & Schlosser 2010; Kooij et al. 2010), although this does not concern specifically ageing employees. According to social exchange theory, HR practices provide employees with concrete evidence of the organisation's intent to meet their needs, and the employees respond to the organisation's actions by continuing their participation in the organisation, resulting in commitment to the organisation (Armstrong-Stassen 2008b). In other words, employees' work-related attitudes and behaviours reflect their perceptions, reciprocating the treatment they receive from their organisation (Tsui et al. 1997; Chew 2004).

2.6.1 Social exchange theory

Social exchange theory was first introduced by Blau (1964), and the theory has been considered a cornerstone for research on organisational commitment (Jokivuori 2002; Armstrong-Stassen & Schlosser 2010). The norm of reciprocity (Gouldner 1960) underlies social exchange relationships. It refers to the idea that, an employee's perception of support from his or her organisation creates an obligation to repay the organisation for its commitment and caring and one way to do this is through continued participation in the organisation. (Allen et al. 2003; Armstrong-Stassen & Ursel 2009.)

According to the social exchange perspective, HR practices can be interpreted as communications from the employer to the employee (Bowen & Ostroff 2004; Rousseau 1995; Tsui et al. 1997). Therefore, access to training and development activities can be seen as one means by which the organisation communicates the value it places on employees' contribution, which in turn can enhance their commitment to the organisation (Patrickson & Hartmann 1995). In HRM literature, opportunities for development, career progression, job control and managerial support are examples of important factors influencing employees' commitment to the organisation and job satisfaction (Armstrong 2003). What are known as 'high commitment HR practices' or 'best HR practices' are broadly based on three key issues: opportunities to participate, performance-based incentives and the development of skills and competencies (Huselid 1995; Conway 2004). The perception by employees of high commitment HR practices is usually measured using items such as 'My company provides me with the opportunity to improve my skills and knowledge' referring to the availability of HR practices as perceived by employees (Allen et al. 2003; Kooij et al. 2010).

Social exchange relationships are found between employees and their organisation as well as between employees and their supervisors. From social exchange perspective, supervisors can be seen as representatives of the organisation sending messages of what the organisation can offer to employees. (Bowen & Ostroff 2004.) Supervisors are seen as being critical agents in social exchange processes and also playing an important role in developing employees' perceptions of the organisation. (Armstrong-Stassen & Schlosser 2010.) For example, Armstrong-Stassen and Schlosser (2010) concluded in their study that in order to retain older nurses, it will require supportive HR policies and practices, but also supportive supervisors who administer them.

Guest (1999) has argued that at the individual level HR practices can be considered to have an impact on employees' evaluation of management policies and practices, which in turn will affect employees' behaviour and their personal feelings of job satisfaction and well-being. When employees' expectations concerning HR practices are in line with what the organisation is offering, the result should include such positive outcomes as job satisfaction, employment security, lower pressure at work and higher motivation (Guest 1999). However, according to social exchange theory employees' reciprocation is related to the utility or value to them of high commitment HR practices (Finegold et al. 2002; Kooij et al. 2010). Recently, there have been HRM studies that argue that ageing employees have different priorities to younger employees and they respond more positively to HR practices that reflect these priorities (Kooij et al. 2010).

Some of HRM studies dealing with age differences draw upon career stage models (Finegold et al. 2002; Conway 2004). According to career stage models, career stages influence the needs and expectations of employees (Finegold et al. 2002). Therefore, perceived development opportunities may have a different meaning and significance for employees at different career stages. Career stage models (Super 1957; Hall 1976) suggest that satisfaction with development opportunities may be more strongly related to the commitment and retention of young employees. This is because they have just entered the workplace and have a greater need for development, as they seek to identify and build competencies. (McEnrue 1989; Finegold et al. 2002.) During mid-career, the focus is expected to be more on establishment and growth (Conway 2004). For example, during this stage, employees often take on broader organisational roles (Finegold et al. 2002). Therefore, HR practices should relate to career development and job security (Conway 2004). Finally, during the later career stage, the focus is expected to shift to maintaining interest in the job, extending one's work role (Conway 2004), seeking greater opportunities for consulting and providing guidance as well as detaching from the organisation (Finegold et al. 2002). In sum, career stage theories suggest the association between perceived development opportunities and work-related attitudes, such as affective organisational commitment should first increase and then decrease with age (an inverse U-shaped effect) (Kooij et al. 2010).

However, it has been argued that the concept of career is undergoing a paradigmatic shift, which means that lifetime employment in a single organisation is becoming increasingly rare. In addition, the responsibility of managing one's career has shifted from the organisation to the individual employee. This would mean that opportunities to develop and use one's professional competencies would be crucial for employees of all ages and career stages. (Finegold et al. 2002.) For example, Hall and Mirvis (1996) described this new career as a 'protean career', which involves many cycles of learning in a sequence of moves that can span multiple work roles and organisations.

From the employee's point of view, opportunities to develop and use one's competencies and career progress are aspects of the employment relationship covered by the psychological contract (Armstrong 2003). A psychological

contract comprises subjective beliefs regarding an exchange agreement between an individual and an organisation (Rousseau 1995). The psychological contract encompasses the actions employees believe are expected of them as well as what response they expect in return from the organisation. In the psychological contract literature, the relationships between perceived development opportunities and work-related attitudes and job withdrawal intentions are explained in terms of the psychological contract creating attitudes and emotions that form and govern behaviour. However, it can be that organisations are unable to clearly articulate the new values they are operating with, or the different representatives of the organisation, such as supervisors and HR managers send different and even incompatible messages regarding what the organisation expects, and therefore, they give a mixed message of the psychological contract to the employees. (Hendry & Jenkins 1997; Herriot & Pemberton 1997.) It can also be assumed that ideas about the employment relationship (psychological contract) change over time caused by changes related to ageing and events in a person's private life, and because of the development of the employment relationship itself (van der Heijden et al. 2008).

In previous studies, the psychological contract perspective has been used in different ways. For example, it has been used to describe the changing nature of the psychological contract (Hendry & Jenkins 1997; Herriot & Pemberton 1997) or the different types of psychological contracts (Rousseau 1995; Viitala & Mäkipelkola 2005). In this study, psychological contract has been used as a metaphor, which helps to understand the state of the employment relationship (Armstrong 2003).

2.6.2 Organisational commitment and job satisfaction as work-related outcomes

The development of organisational commitment is closely related to the notion of the social exchange perspective and the psychological contract. Definitions of organisational commitment vary, but in general organisational commitment can be defined as a psychological link between an employee and his or her organisation that makes it less likely that the employee will voluntarily leave the organisation (Allen & Meyer 1996). There are also many concepts that are closely related to the concept of organisational commitment for example, intention to leave as well as work commitment (Jokivuori 2002). There are two well-known definitions of organisational commitment. Firstly, Mowday et al. (1979) have defined organisational commitment as characterized by three factors: 1) a strong belief in and an acceptance of the organisation's goals and values, 2) willingness to exert considerable effort on behalf of the organisation, and 3) a strong desire to maintain membership of the organisation. This kind of commitment to the organisation can be named 'attitudinal commitment' which derives from the pleasure of being associated with the organisation reflecting the strength of the relationship between an employee and an organisation (Mathieu & Zajac 1990; Finegold et al. 2002).

Meyer and Allen (1991) have provided an alternative definition of organisational commitment consisting of three separate components: affective, normative and continuance commitment. The fundamental difference between these two definitions is whether organisational commitment is seen as a uni-dimensional construct (Mowday et al. 1979) or a three-dimensional construct (Meyer & Allen 1991), where each of the three components reflects a unique, underlying psychological state. Affective commitment refers to an employee's affective, emotional attachment to the organisation; in other words, an employee continues in the employment because she or he wants to. Normative commitment relates to the feeling of obligation: an employee continues in the employment because she or he feels obligated to do so. Finally, continuance commitment refers to an awareness of the costs related to leaving the organisation – more precisely, an employee remains in the organisation because she or he needs to do so. (Meyer & Allen 1991; Conway 2004.) In previous studies, affective organisational commitment has been seen as a most desirable form of organisational commitment, because it has been associated with higher productivity, positive work attitudes, lower absenteeism and higher financial performance (Swales 2002; Conway 2004). Affective organisational commitment has been seen as a key variable in turnover literature (Allen et al. 2003), being significantly negatively related to turnover intentions (Armstrong-Stassen & Schlosser 2010).

Job satisfaction can be conceptualised as the individual's opinion about how well personal expectations at work correspond to outcomes and denotes positive emotions towards a particular job. Job satisfaction has been considered in empirical studies to be either an overall feeling about the job (global approach) or a related set of attitudes about different aspects of the job (facet approach). (Currivan 1999; Coomber & Barribal 2007.) Job satisfaction denotes positive emotions towards a particular job. Researchers have defined and measured satisfaction both as a global construct and as a concept with multiple dimensions or 'facets'. The global approach answers the question, how employees feel about their jobs overall, and the facet approach, how employees feel about different aspects (pay, promotion, supervision, nature of work etc.) of their job? (Currivan 1999; Armstrong 2003.) Porter et al. (1974) have argued that job satisfaction is a rather unstable and immediate affective reaction to the work environment, whereas organisational commitment is a more long-term, slowly developing attitude that has a behavioural component to it, making it more stable (Tallman & Bruning 2005). There is solid evidence that the relationship between job satisfaction and organisational commitment is strong. The dominant view in the literature states that satisfaction causes commitment, but empirical research has not always confirmed this causal ordering. (Currivan 1999; Tallman & Bruning 2005.)

2.7 Age management perspective

Walker (2005) has argued that there are five main reasons why age management has moved up the organisational and labour market agendas in recent years: 1) the ageing of the European workforce, 2) the age/employment paradox, 3) public policy imperatives, 4) initiatives by individual employers, and 5) the European-wide drive against age discrimination. In general, age management refers to managing people of different ages (Ilmarinen 2006). The definitions of age management vary and there is no complete conceptual definition of age management (Halme 2011). For example, Ilmarinen (2006) has presented a definition which emphasises occupational health and work objectives:

“Age management requires taking the employee’s age and age-related factors into account in daily work management, work planning and work organization, thus everyone -regardless of age - can achieve personal and organizational targets healthy and safely”.

In the age management literature, training, development and promotion have been defined as one of the key areas of age management. For example, Casey et al. (1993) have defined five dimensions of age management, which are (1) job recruitment and exit, (2) training, development and promotion, (3) flexible working practices, (4) ergonomics/job design and (5) changing attitudes to ageing workers within organisations (Walker & Taylor 1998). In the dimension of training, development and promotion, good practices include activities that aim to ensure that ageing employees are not neglected in training and career development. In other words, opportunities for learning are offered throughout working life and that positive action is taken where necessary to compensate for discrimination in the past. Examples of good practices and policies are the creation of a learning environment at the workplace; ensuring that training is available regardless of age; and making training ‘older worker friendly’ by tailoring it to the learning methods and experience of older employees or by providing special courses to redevelop the ability and enthusiasm to learn. (Walker & Taylor 1998.) Literature concerning age management also suggests that flexible work options are important for ageing employees and an important element in the retention of them (Walker 2005; Ilmarinen 2006). In general, the rationale behind age management lies in the notion that more efforts need to be directed to the redesign of jobs to improve their suitability for ageing employees by matching job demands to employee’s skill and experience (Patrickson & Hartmann 1995).

Walker and Taylor (1998) have reported the results of studies across the EU which has been aimed to document initiatives in both public and private sectors to combat age barriers in employment, particularly in recruitment and training. The portfolio presented over 150 examples of good practice in age management. ‘Good practice’ was defined as the best available given particular national circumstances and the shortage of time in which to identify initiatives. ‘Good practice’ may be intended for or claimed at a senior level in an organisa-

tion but not implemented further down the organisational hierarchy. In general terms, good practice in the employment of older workers consists of combating age barriers, either directly or indirectly, and providing an environment in which each individual is able to achieve his or her potential without being disadvantaged by their age. However, these policies do not have to be labelled 'older worker' policies – they may be general human resource (HR) strategies that benefit all employees. (Walker & Taylor 1998.) For example, Walker (2005) has argued that the most effective approach would be an integrated age management strategy, which encompasses both preventative measures (such as life-long training and job redesign) and remedial ones (such as special training for older workers). In addition, its focus should be on the whole working life and not only on its later part in order to neutralise the negative ways that ageing impacts on employment prospects. (Walker 2005.)

2.7.1 Work ability

According to Ilmarinen (2006), the theoretical rationale behind age management relies on a longitudinal study of about 6500 Finnish municipal employees over a period of 11 years. The objective of the study was to investigate changes in the health, functional capacity, work ability, work environment and stress of employees over 45 years of age as a result of ageing. In particular, it aimed to pinpoint the reasons behind changes in work ability. The results demonstrated, for example, that work management was the most significant factor influencing the respondents' work ability. (Tuomi et al. 1997; Ilmarinen 2006.)

An individual's work ability can be defined as a process of human resources in relation to work. Human resources can be described in terms of health and functional capacities (physical, mental, social), education and competence, values and attitudes and motivation. When these individual factors are related to work demands (physical, mental), work community, management and work environment, the outcome can be called individual work ability. The optimal balance between individual resources and work demands may vary in different phases of working life. Finnish follow-up studies have demonstrated that among people over 45 years of age, for about 60% of them work ability remained good or excellent. A decrease in work ability was more common, for example, for women with mentally and psychically demanding work, like nursing (Tuomi 1997; Ilmarinen et al. 1997). (Ilmarinen 2006.)

From the workability point of view, opportunities to develop one's competencies are necessary in order to meet the changing demands of working life. Professional competence can be understood as the balance between job demands and abilities. In other words, it describes the ability of an employee to do his or her job (Lehto & Järnefelt 2000) and is closely related to performance (Simström 2009; Meretoja et al. 2004; Armstrong 2003). Professional competence develops in the interaction between the individual and his or her job and is also content dependent. Therefore, both individual and job-related factors affect professional competence development and the ability to use those competencies. (Paloniemi 2004.) In addition, the employee's ability to develop his or her work

and act in different work communities can also be considered to be part of competence (Ilmarinen 2001; 2006). In this study, competence is understood as a part of the employee's workability (Ilmarinen 2006) referring to the employee's ability to do his or her work well (Lehto & Järnefelt 2000; Armstrong 2003).

According to Ilmarinen (2006), work ability is essentially a question of balance between personal resources and work. This definition of work ability is closely related to the well-being at work literature, where the key notion is that a person's competence should be in balance with his or her work demands (Karasek & Theorell 1990). For example, Karasek and Theorell (1990) have stressed that an ideal work environment emphasizes opportunities for learning and development as well as opportunities for participative decision making (Lavoie-Tremblay et al. 2006). Karasek's (1979) Job Demand - Control Model specifies two independent inputs influencing job strain: job demands (amount of work, complexity of work and time constraints) and control of the work situation (the capacity to use one's qualifications and develop new job skills and employees' authority to make decisions concerning their work). According to this model, job strain and related health problems occur in situations where high demands coincide with low control. Lack of control is a significant source of workplace stress. On the other hand, high demand together with high decision latitude can lead to the positive learning of new skills and behaviours. (Elovainio et al. 2005.) This model has been studied and applied extensively, and especially the importance of job control as a protecting factor for health problems has repeatedly been demonstrated (Elovainio et al. 2005). There is evidence that work that requires a lot of physical effort and involves repetitive tasks makes employees tired of working and can lead them to consider early retirement (Beehr et al. 2000; Zappalá et al. 2008). For example, poor job control and high job demands have been found to increase the likelihood of early retirement thoughts in Finnish health care and social employees (Elovainio et al. 2005). Recent studies have also shown that dissatisfaction with the use of one's abilities, a lack of autonomy and difficulties with working hours were important work-related reasons for occupational turnover among nurses (Estryn-Behar et al. 2010; Flinkman et al. 2010).

2.7.2 Ageism

The significance of age management practices has also been seen as a way to tackle ageism in working life and to ensure that ageing employees have a fair access to jobs along with other age groups (Walker 2005). The term 'ageism' was first introduced by Robert Butler in 1969 who used the term referring to prejudice and discrimination towards older people and ageing itself (Julkunen & Pärnänen 2005). Later the concept of ageism has been taken to describe ageist practices, prejudices and stereotypes found in working life. In addition, it has been broadened to cover employees of all ages. It has been also argued that age discrimination differs from other forms of discrimination because everyone is prone to age discrimination. In other words, individuals may be both victims and perpetrators of ageism, or can be discriminated against by those of a similar

age. (Bytheway 1995; Duncan & Loretto 2004; Julkunen & Pärnänen 2005.) There is also some evidence that ageism varies across age categories according to gender and that women of all ages would be more likely to experience ageist attitudes concerning appearance or sexuality than men. (Duncan & Loretto 2004.) Despite of the efforts made in recent years to prevent ageism, there is evidence that it still exists in current workplaces (Glover and Branine, 2001; Duncan and Loretto, 2004; Taylor and Walker, 1998). For example, ageism has been found in different areas of HRM (Kouvonen 1999; Julkunen & Pärnänen 2005; Vaahtio 2002). However, age discrimination is not always easy to detect because of its hidden and indirect nature (Walker, 2005).

2.8 The job withdrawal perspective

Organisational withdrawal can be defined as a general construct composed of a variety of acts or intentions that reflect both negative attitudes to the job and the target of those negative attitudes. Two forms of organisational withdrawal have been empirically distinguished: work withdrawal and job withdrawal. Work withdrawal refers to employees' efforts to avoid specific aspects of their specific work role, while job withdrawal reflects employees' efforts to remove themselves from a specific organisation and their work role. In other words, work withdrawal reflects the behaviours that dissatisfied employees use to avoid aspects of their specific work role or to minimize the time spent on their work tasks while maintaining their current role in the organisation. Examples of work withdrawal forms include lateness and absenteeism. (Hanisch & Hulin 1990; 1991; Adams & Beehr 1998.) This study focuses on two types of job withdrawal: occupational turnover and early retirement. Occupational turnover means leaving a profession, while early retirement refers to leaving a position or a career path before normal retirement age (Hanisch & Hulin 1990; 1991). Both of these forms of job withdrawal can be either imposed or voluntary. In this study, the focus is on the latter. Occupational turnover and early retirement are described as long-lasting psychological processes (Beehr 1986; Flinkman et al. 2010). Given the similarities with these two concepts, it has been stated that they may have some similar antecedents (Hanisch & Hulin 1990).

Factors influencing the job withdrawal process have been categorised in different ways. For instance, Beehr (1986) have identified three main dimensions influencing the retirement process: 1) personal, 2) work-related and 3) environmental. A simpler distinction is based on work-related and non-work dimensions (Beehr et al. 2000). The decision to leave the profession and the decision to retire early are both likely to be the result of a process with numerous simultaneous underlying causes referred to as "push" and "pull" factors (Beehr et al. 2000; Hayes et al. 2006). Push factors are adversely perceived aspects of jobs that make employees want to end their current employment (e.g. conflicts at work or ill health), and pull factors are attractive external incentives, such as university studies or early retirement opportunities (Schultz et al. 1998; Estryn-

Behar et al. 2010). However, employees' perceptions of pushes and pulls occur in a context, and therefore, the same event may be rated as either a push or pull for different employees. For example, early retirement incentive programmes can be viewed as either a push or pull by different employees. (Schultz et al. 1998; Pärnänen 2011.)

2.8.1 Personal factors influencing job withdrawal intentions

Several personal factors have been identified as influencing employees' job withdrawal intentions. For example, age has been found to influence withdrawal by limiting the options available to the employee (Adams & Beehr 1998). An inverse relationship between age and nurses' intentions to leave the profession has been demonstrated (Hayes et al. 2006; Flinkman et al. 2010). With early retirement, the tendency to retire will increase as employees get older (Lehto & Sutela 2008; von Bonsdorff 2009). Health is another important factor contributing to employees' intentions to retire early (Beehr 1986; Elovainio et al. 2005; von Bonsdorff 2009). Poor health limits an employee's ability to perform on the job and to remain in their role at work (Hanisch & Hulin 1991). In addition, low work ability has been associated with the intention to leave the nursing profession (Camerino et al. 2008).

It has been stated that women are more likely to choose professional change or early retirement because they typically have more discontinuous work histories, lower tenure and lower pay (Adams & Beehr 1998). However, previous studies have shown that the intention to leave the profession is greater among male nurses than female nurses (Hasselhorn et al. 2005; Hintsala 2005; Flinkman et al. 2010). Family responsibilities, such as children, spouses and ageing parents, are seen to affect the work and turnover habits of nurses, possibly leading to a change in the working environment (Hayes et al. 2006; Flinkman et al. 2010). With early retirement, marital status and the retirement status of the spouse have been reported as potential predictors. Early retirement intentions among women are said to be influenced more than men by family responsibilities and the retirement status of the spouse. (Blakeley & Ribeiro 2008; von Bonsdorff 2009.)

Findings related to the impact of pay on nurses' turnover intentions are varied (Hayes et al. 2006). Flinkman et al. (2008) found that dissatisfaction with their salary was one of the most important reasons for young Finnish nurses to consider ending their nursing career. A similar result was found in a Swedish study that demonstrated that unsatisfactory salary contributed most to the nursing personnel's decision to leave nursing care (Fochsen et al. 2005). This can be explained by the discrepancy between the high responsibility of the job and perceived low pay (Coomber et al. 2007). Income is also a strong predictor of the decision to retire (Beehr et al. 2000). However, the empirical results of studies into the financial variables associated with early retirement have been mixed (Hanisch & Hulin 1990; Zappalá et al. 2008; von Bonsdorff 2009).

Educational level is argued to have an impact on nurses' turnover intentions: more highly educated nurses are more likely to leave in order to seek ca-

reer advancement, especially if there are limited career opportunities in their current organisation (Hayes et al. 2006; Flinkman et al. 2010). Previous Finnish studies have demonstrated that the risk of early retirement is higher among employees with lower levels of education (Järnefelt 2010).

2.8.2 Work-related factors influencing job withdrawal intentions

The central element of the organisational withdrawal model is the notion that both occupational turnover and early retirement are enacted in response to work-related attitudinal antecedents, especially organisational commitment and job satisfaction (Adams & Beehr 1998). Organisational factors include for example, opportunities for training and development, while environmental factors refer to alternative job opportunities outside the organisation. (Hayes et al. 2006.) Organisational withdrawal theory suggests that the same antecedents should be found for retirement, but the empirical data are somewhat mixed (Adams & Beehr 1998; Hanisch & Hulin 1991). This has been explained by the fact that retirement involves withdrawal from working life and an entirely new lifestyle with different societal norms, and therefore, it is possible that the relationship of job satisfaction and organisational commitment to early retirement intentions could be weaker than has been found for their relationship to occupational turnover intentions. (Adams & Beehr 1998.)

In previous studies concerning nurses' occupational turnover intentions, perceived development opportunities have been associated with a stronger intention to leave the profession (Hasselhorn et al. 2005; Flinkman et al. 2008). A 16-year follow-up study in the Finnish municipal sector showed that appealing factors that prevented thoughts of retirement included, for example, good work ability, job satisfaction, opportunities to develop and contribute to work and to make use of one's work experience. The study also provided evidence that employees' focus changed during the follow-up study: issues related to the work community were emphasised among the appeal factors; instead of emphasising on opportunities to develop and contribute; the focus shifted towards making use of work experience. (Huuhtanen & Piispa 1991; Ilmarinen 1999; Ilmarinen 2006.)

2.9 Summary of the different perspectives

Table 1 presents the different perspectives in studying the significance of perceived development opportunities for ageing employees in the context of retention. These different perspectives differ in terms of their theoretical background and focus, but they also overlap each other and their boundaries are blurred.

TABLE 1 Summary of the different perspectives

<i>Perspective</i>	<i>Theoretical background</i>	<i>The significance of development opportunities for the retention</i>	<i>Example of studies</i>
Human resource management (HRM)	Social exchange theory, norm of reciprocity, psychological contract, career stage models	Development opportunities are seen as an organisation's way of communicating to an employee the value it places on his or her contribution, which in turn can enhance his or her commitment to the organisation.	Armstrong-Stassen 2008a; 2008b; Armstrong-Stassen & Schlosser 2010; 2008; Armstrong-Stassen & Templer 2005; Armstrong-Stassen & Ursel 2009; Conway 2004; Finegold et al. 2002; Kooij et al. 2010; van der Heijden et al. 2008
Age management	Work ability studies and ageism research	Development opportunities are seen as a way to maintain and enhance employees' work ability. Development opportunities are also seen as one area where age discrimination may exist.	Ilmarinen 2001; 2006; Walker 1999; 2005; Walker & Taylor 1998
Job withdrawal	Retirement models, turnover models	Development opportunities are seen as a part of work-related factors that may influence either directly or indirectly employees' decisions to continue working.	Beehr 1989; Elovainio et al. 2005; Fochsen et al. 2005; Flinkman et al. 2008; 2010; Hanish & Hulin 1990; 1991; Lum et al. 1998; Price & Mueller 1981; Zappalà et al. 2008

Taken together, HRM literature describes the significance of perceived development opportunities for the retention of ageing employees by using notions of expectations and perceptions that can contribute to employees' work-related attitudes and their decisions to stay in the organisation. From this perspective, development opportunities are seen as one means by which the organisation communicates the value it places on the employee's contribution, which in turn is expected to enhance his or her commitment to the organisation (Patrickson & Hartmann 1995). The focal point in this perspective is the reciprocal nature of the relationship between an ageing employee and his or her organisation. From the HRM perspective, one way to foster the retention of ageing employees is to show that the organisation values their contribution and cares about their well-being (Armstrong-Stassen & Ursel 2009).

In age management literature, development opportunities are related to the retention of ageing employees through the concept of work ability. With good

age management, work is planned and organised so that it is in balance with the resources of the employee (Ilmarinen 2006). In other words, age management literature stresses the importance of personal resources in relation to work demands. According to this perspective, perceived development opportunities can be seen as both preventive and remedial measures, which can be used to enhance employees' competencies and in this way influences their ability to continue working. In other words, training, for example, plays an important role in maintaining and extending the competencies of ageing employees (Brooke 2003).

In addition to that, age management has been seen as a way to raise awareness of age discrimination in working life and a way to tackle the ageist practices in the areas of HRM. Walker (2005) has argued that at the heart of age management is the employment contract: the relationship between employees and employers. This means that employers have a duty to create the conditions in which individuals can manage their own careers and ageing, whereas employees have a parallel duty to take advantage of all opportunities to improve their work ability. (Walker 2005.) This line of thinking is close to the social exchange perspective adopted in many HRM studies concerning ageing employees.

In both HRM and age management literature, researchers have presented a wide range of HR practices deemed important for the retention of older employees (Patrickson & Hartman 1995; Walker & Taylor 1998). However, many of these studies have been normative by nature focusing on finding general indications for how employees and especially ageing employees *should* be managed in a more age-sensitive manner. A smaller number of studies have asked ageing employees themselves about their preferences in terms of HR practices (Armstrong-Stassen 2008b). There are also a few studies that have analysed the contextual factors influencing the management of ageing employees (Pärnänen 2011). Based on evidence from existing research, it is possible that heterogeneity among employees can result in different attitudes towards HR practices, even if these practices are applied consistently. In addition, it is possible that attitudes towards certain HR practices will be more important at a particular age or career stage than others (Finegold et al. 2002; Conway 2004; Kooij et al. 2010).

According to the job withdrawal perspective, the decision to stay or leave the organisation is seen as a result of a process with numerous simultaneous underlying causes known as "push" and "pull" factors (Beehr et al. 2000; Hayes et al. 2006). There are many factors – individual, work-related, but also environmental factors – which may contribute to an employee's decision to stay or leave the organisation. For example, a number of models have been developed to explain nurses' turnover behaviour. A common theme in these models is that turnover behaviour is seen as a multistage process which includes attitudinal, decisional and behavioural components. In addition, behavioural intentions are related to actual turnover behaviour. (Lum et al. 1998.)

From this perspective, development opportunities are seen as a part of work-related factors which can influence employees' job withdrawal intentions either directly or indirectly through work-related attitudes, such as organisational commitment and job satisfaction. However, in this perspective, the mech-

anisms for how development opportunities may influence employee job withdrawal intentions have been rarely explained in detail. For example, in the turnover model by Price and Mueller (1981), turnover is seen as a product of job satisfaction and commitment, which in turn are influenced by personal, organisational and environmental factors. In the literature, intentions to remain and intentions to quit seem to be interchangeable. Many of the same questions are used to examine these intentions with the words 'remain', 'stay', or 'quit' used interchangeably in the wording of the question. For example, in a meta-analysis of nurses' job satisfaction, behavioural intentions and turnover, Irvine and Evans (1995) used studies that measured both intentions to quit and intentions to stay in their analysis. (Tallman & Bruning 2005.)

This study draws upon the above-mentioned three perspectives (HRM, age management and job withdrawal). The conceptual model of the study is presented in Figure 3. This study builds upon a theoretical framework wherein personal factors (such as age) and work-related factors (such as perceived development opportunities) are interpreted as antecedents of work-related attitudes, in this case, organisational commitment and job satisfaction. It is also assumed, based on the theoretical review that personal and work-related factors may influence job withdrawal intentions, intentions to leave the profession and intentions to retire early. Taken together, it is expected that personal and work-related factors may have particular relevance for the level of organisational commitment and job satisfaction as well as for job withdrawal intentions.

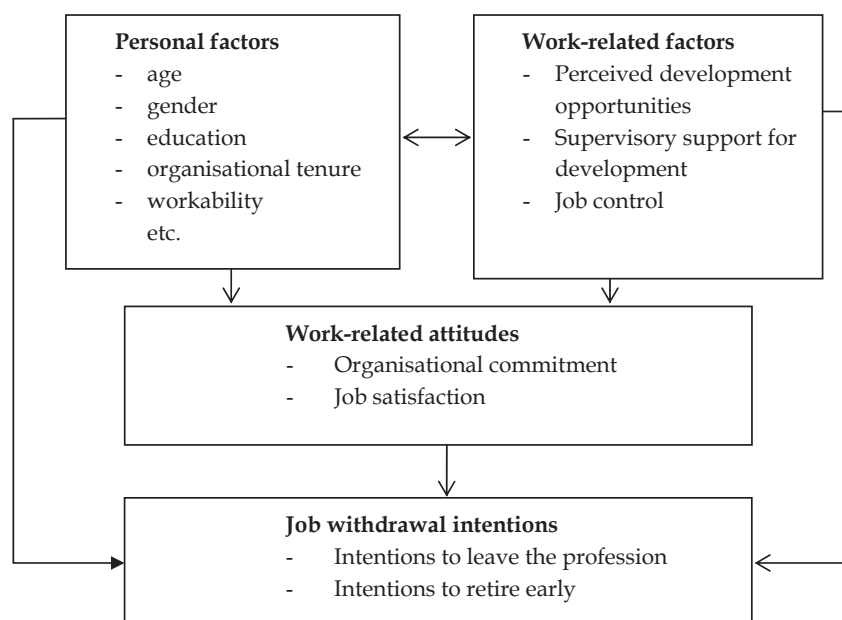


FIGURE 3 A conceptual model of the study

3 RESEARCH METHODOLOGY AND DATA COLLECTION

3.1 Research approach

A research paradigm can be defined as a philosophical framework that guides how the scientific study is carried out (Collis & Hussey 2009). For example, Bryman (1988, 4) has provided the following definition of a paradigm:

“ A cluster of beliefs and dictates which for scientist in a particular discipline influence what should be studied, how research should be done, how results should be interpreted and so on... ”.

A research paradigm can be used at three levels: 1) the philosophical level reflecting basic beliefs about the world, 2) the social level providing guidelines about how a researcher should conduct his or her endeavours and 3) the technical level specifying the methods and techniques which should be adopted when conducting a study (Collis & Hussey 2009). In other words, a paradigm frames what questions to ask, what methods to use, what knowledge claims to pursue, but also what defines high-quality work (Lincoln & Guba 1985; Patton 1990; Greene & Garaselli 1997). This means that a paradigm is based on certain fundamental perceptions of ontology, epistemology and methodology. Ontology refers to the existence of and relationships between different aspects of society, such as social actors and social structures. Ontological issues are related to questions pertaining to the kinds of things that exist in society, while epistemology concerns about the issue of knowledge, and specifically, who can be a 'knower'. Methodology can be defined as the philosophy of methods, which encompasses both epistemology and ontology. (Jupp 2006.) A method is a procedure for gathering or analysing data (Greene & Caracelli 1997).

Burrell and Morgan (1979) have distinguished four different paradigms: functionalist, interpretivist, radical humanist and radical structuralist. The functionalist paradigm can be described as a positivist or analytical research, which rests on the assumption that social reality is objective and is not affected by the

act of studying it. This kind of research usually involves a deductive process where theories provide the basis for explanations, which consist of establishing causal relationships between variables. Under the interpretivist paradigm, the assumption is that social reality is subjective, and therefore, it is affected by the act of investigating it. A study adopting this approach often involves an inductive process with a view to providing an interpretive understanding of the phenomenon within a particular context. Radical humanist and radical structuralist paradigms refer to a critical research. (Collis & Hussey 2009.)

Guba and Lincoln (1994) have provided an alternative categorisation of paradigms by identifying four paradigms: positivism, post-positivism, critical theory and constructivism. Positivism represents a “received view” where a comprehensible reality is assumed to exist and is driven by immutable natural laws and mechanisms. In post-positivism, reality is assumed to exist but to be only imperfectly comprehensible because of basically flawed human intellectual mechanisms. Critical theory denotes a set of several alternative paradigms, including, for example, feminism. In critical theory, and in related ideological positions, a reality is shaped by the aggregation of social, political, cultural, economic, ethnic and gender factors and then crystallised into a series of structures that are inappropriately taken as “real”. Constructivism assumes that realities are comprehensible in the form of multiple, intangible mental constructions, which are socially and experimentally based and local and specific in nature. (Guba & Lincoln 1994.)

In this study, a quantitative study approach has been adopted in order to examine age-related differences in terms of participation in training and development activities and perceived development opportunities. In addition, the relationships between age, perceived development opportunities, work-related attitudes and job withdrawal intentions are studied. In a quantitative research, the ontological nature of society is based upon the understanding that society is a separate entity, existing quite distinctly from the social actors of that society. Therefore, quantitative studies are typically categorised within ‘objective perspectives’ such as positivism and postpositivism. This study relies on the quantitative research tradition. However, in this study, in line with postpositivism, the criticisms of positivism have been acknowledged and it has been accepted that the reality can be comprehended only imperfectly. (Guba & Lincoln 1994.)

The fifth article is a theoretical paper that presents a literature review concerning HRM and ageing employees with special reference to the gender perspective. The aim of theoretical article was to broaden the understanding concerning HRM and ageing employees by adapting a gender perspective. This required adopting a more critical approach.

The use of different methods to gather information can be called a mixed method approach, which intentionally combines different methods that are linked to different paradigms. The rationale for using a mixed method approach is to understand more fully, to generate deeper insights and to develop knowledge claims that respect a wider range of perspectives. (Greene & Caracelli 1997.) There seems to be a broad consensus that mixing methods at the

technical level is not problematic, rather it can be seen to strengthen the given study. However, at the philosophical or paradigmatic level there are different views about whether mixing methods that are linked to different inquiry paradigms is justifiable. On the one hand, there are proponents (Guba & Lincoln 1989) who have argued that different inquiry paradigms embody fundamentally different and incompatible assumptions about human nature, terminology and what it is possible to know. Therefore, it is not possible to mix different inquiry paradigms in a single study. On the other hand, according to a pragmatic standpoint, the philosophical assumptions are logically independent, and therefore, can be mixed in conjunction with choices about methods to achieve the most appropriate combination for the given study. (Greene & Caracelli 1997.)

One proponent of the pragmatic position is Michael Patton (1988), who has argued that descriptions of alternative paradigms represent ideal types. In other words, paradigms contrast opposing ends in methodological continua, for example, objectivity-subjectivity. This means that real studies seldom represent all the ideal characteristics of either paradigm. (Greene & Caracelli 1997.) The pragmatic way of thinking represents the standpoint adopted in this study. The critical literature review concerning HRM and ageing employees from a gender perspective, is seen as supplementing the quantitative study and providing a deeper understanding of the phenomenon and also providing new insights into how this topic should be studied in the future.

It should also be borne in mind that, as Guba and Lincoln (1994) have stressed, any given paradigm represents the most informed and sophisticated view that its proponents have been able to devise, given the way they have chosen to respond to questions related to ontology, epistemology and methodology. However, there is no way to establish the ultimate truthfulness of these basic beliefs, rather that advocates of any particular paradigm must rely on persuasiveness and utility rather than proof in arguing their position. (Guba & Lincoln 1994.)

3.2 Description of target population

The empirical data were gathered in two Finnish public hospitals: the Central Finland Central Hospital and Kuopio University Hospital. The target population consisted of registered nurses and nursing personnel.

The Central Finland Central Hospital is located in Jyväskylä and is part of the Central Finland Health Care District (KSSHP), which is the largest non-university health care district in Finland. The health care district comprises the Central Finland Central Hospital, Kinkomaa Hospital and Sädesairaala Hospital, which are responsible for the treatment of general diseases. Juurikkaniemi Hospital and Kangasvuori Hospital take care of adult psychiatric treatment on inpatient wards. The Central Finland health care district is owned by 23 municipalities located in Central Finland. In 2008, the health care district employed 2763 persons (offices), of whom 1584 were nursing staff, 290 physicians and 889

other staff. In the same year, the health care district had 88385 persons treated as patients. (KSSHP Health through knowledge, expertise and co-operation).

Kuopio University Hospital (KUH) is located in Kuopio, Northern Savo. It is own by 23 local authorities. KUH is one of the five university hospitals in Finland. It offers special services for the healthcare districts in the region and specialised nursing services for people in the local district. In 2008, KUH employed 4150 employees, of whom 2580 were nursing staff, 550 doctors, 150 research staff and 950 maintenance employees. In 2008, there were 20800 operations completed in the hospital and 800 bed places. (KYS:in esitteet.)

3.3 Questionnaires and study variables

The questionnaires used in this dissertation were developed by the researchers of Age Management research project. The overall purpose of the research project was to examine and compare ageing and younger employees' perceptions of different HR practices provided by their organisations and examine how these perceptions are related to work-related attitudes as well as job withdrawal intentions. Every researcher in the research project had her own research interest (training and development, rewarding and leadership) and was responsible for the questions and scales related to her own topic, but the outcome variables (organisational commitment, job satisfaction, job withdrawal intentions) were determined and selected together.

Several preliminary phases took place before the first survey. Firstly, preliminary interviews were conducted in order to achieve an overall picture of the phenomena related to the ageing working force. Preliminary interviews were conducted in four large Finnish organisations (two retail companies and two manufacturing companies). In every organisation one supervisor, one HR manager and one ageing and one younger employee were interviewed (Tamminen & Moilanen 2004). Based on the literature review and the preliminary interviews, a questionnaire was formulated and tested in a health care unit of one municipal organisation (Moilanen et al. 2005; Tamminen 2005). Based on the results of the test the questionnaire was modified. The reformulated questionnaire was subsequently piloted. Nine nurses from the Central Finland Central Hospital completed the questionnaire and then discussed it with the researchers. The questionnaire was perceived by the nurses as comprehensible and no changes were made after piloting. In the first and in the second survey, the questionnaire was the same in terms of training and development variables and work-related variables. The third questionnaire differed from the previous questionnaires and was designed in co-operation with the HR manager of the studied hospital.

The questions, variables and scales used in the questionnaires were adapted or modified from already established scales. In all three questionnaires demographics were addressed first (age, gender, marital status, education, form of employment, pay, shift work, years in present organisation, number of chil-

dren, the ward they were stationed) followed by work-related variables. The covering letter with the questionnaires explained the objective of the research project and assured confidentiality for the respondents.

In the following chapters, the variables and scales used in this study are described in detail. The Roman numerals (I-IV) indicate the paper in which each variable is used. The outcome variables were organisational commitment (I, IV), job satisfaction (II), intentions to leave the nursing profession (II) and intention to retire early (II).

3.3.1 Age and organisational tenure

Age was operationalized as calendar age in the empirical papers (I-IV). In the statistical analysis age was treated either as a continuous variable or categorised into four age groups: under 35, 35–44, 45–54 and over 54 in line with earlier studies (Lehto & Järnefelt 2000; Lehto & Sutela 2004). Organisational tenure was used to indicate the career stage in the fourth paper (IV). Respondents were asked to state the length of time (years and months) in the organisation. This variable was subsequently defined by three categories: 1) less than 2 years, 2) between 2 and 10 years, and 3) more than 10 years, consistent with previous research on employees' organisational commitment (Allen & Meyer 1993; Conway 2004).

3.3.2 Competence at doing one's job

Respondents were asked to indicate what they felt was their competence at doing their job. The response scale was 1) I need additional training in order to perform well in my present job, 2) my skills are in balance with the present work demands, and 3) I have the potential to carry out more challenging tasks. This scale has been used in previous studies of the working conditions conducted by Statistics Finland (Lehto & Järnefelt 2000; Lehto & Sutela 2004). This scale was applied in the empirical papers (I-IV).

3.3.3 Participation in training and development activities

In the first paper (I), participation in training was measured using two different items: 1) attending training provided by the organisation during the previous 12 months, and 2) intention to attend training provided by the organisation during the coming 12 months. This scale was formed based on the scales used in previous Finnish studies (Lehto & Järnefelt 2000; Henkilöstökoulutus 2002).

In the third paper (III), respondents were asked if they had participated in qualified or non-qualified training provided by the organisation during the last 12 months. Qualified training was defined as training which has given the trainee a diploma or certificate. (Lehto & Järnefelt 2000; Henkilöstökoulutus 2002; Tikkanen et al. 2002.) Additionally, respondents were asked if they had participated during the last 12 months in 1) project work, 2) team or group work, 3) pair work, 4) job introduction, 5) guidance, 6) mentoring, 7) supervision of work, 8) familiarization in work of others 9) job rotation, or 10) devel-

opment discussions. These options were based on previous studies concerning human resource development (Tikkanen et al. 2002) and the professional development of nurses (Clarke 2005).

3.3.4 Perceived development opportunities

In the first (I) and second paper (II), the perceived development opportunities scale consisted of four items. Respondents were asked to consider what kind of opportunities they have in their present job for 1) training that promotes their professional skills, 2) self development, 3) career progress, and 4) learning new things at workplace. The items were selected from earlier Finnish studies (Lehto & Järnefelt 2000; Tuomi & Vanhala 2002). A 5-point response scale was used for these items varying from very poor (1) to very good (5). A sum variable called 'development opportunities' was formed from these four items. Cronbach's Alpha values in both studies were 0.77.

In the third questionnaire, the development opportunities scale was further developed and used in the third (III) and fourth (IV) paper. The scale consisted of 13 items, which were collected from previous studies concerning the perceived development opportunities of nurses (Armstrong-Stassen & Cameron 2005) and employees from different occupations (Lehto & Järnefelt 2000, Tikkanen et al. 2002, Tuomi & Vanhala 2002; Adult Education Survey 2006). A 5-point response scale was used for these items varying from (1) very poor to (5) very good. A Principal Component Analysis with Varimax-rotation was applied in order to find the possible dimensions of perceived development opportunities (KMO value = 0.834, Bartlett's test $p < 0.001$). Two items were dropped because they did not load well. Eleven items explained 68.3 per cent of the variance and they loaded on three factors, which were named as: 1) *opportunities for professional competence development*, 2) *opportunities to use one's professional competencies*, and 3) *opportunities for career progress*. The Cronbach's Alpha values for these were 0.87, 0.74 and 0.78 respectively. The factor loading structure can be seen in Table 2.

TABLE 2 Factor loading structure for perceived development opportunities

Rotated component matrix	1	2	3
Opportunity to receive training that promotes professional competencies	0.828		
Opportunity to participate during working time in training provided by the employer	0.796		
Opportunity to develop one's professional competencies	0.869		
Opportunity to learn new things	0.738		
Opportunity to get guidance related to the work	0.676		
Opportunity to use knowledge and skills gained through professional training		0.663	
Opportunity to use knowledge and skills gained through work experience		0.819	
Opportunity to choose own working methods and develop those		0.746	
Opportunity for career progress			0.782
Opportunity to move from work assignment to another work task that is at the same level			0.707
Opportunity to progress to more challenging work tasks			0.872

3.3.5 Perceived supervisory support for development

A literature review preceded the development of the perceived supervisory support for development scale. The items used in this scale were based on the items noted by London (1993), Noe and Wilk (1993), Maurer and Tarulli (1994), Maurer et al. (2003), van der Heijden (2003), and Armstrong-Stassen and Cameron (2005). A 5-point Likert scale was used for these items varying from (1) totally disagree to (5) totally agree. A Principal Component Analysis with Varimax-rotation was used (KMO value = 0.889, Bartlett's test $p < 0.001$). All items loaded on one factor which was named as perceived supervisory support for development. The Cronbach's Alpha value was 0.91. The factor loading structure can be seen in Table 3.

TABLE 3 Factor loading structure for perceived supervisory support for development

Rotated component matrix	
My supervisor tells me about the available opportunities for professional competence development	0.754
Supervisor encourages me to participate in training and development activities in the workplace	0.863
Supervisor supports me in learning new things	0.857
Supervisor discusses my development goals with me regularly	0.726
Supervisor rewards me based on my development	0.690
Supervisor plans my work so that I have an opportunity to develop within it	0.751
Supervisor treats me with fairly in terms of training and development matters	0.819
Supervisor provides equal development opportunities for all employees	0.793

3.3.6 Job control

The job control scale was applied in the second (II) paper. The scale was a reduced version of Karasek's (1979) Job Demand – Control Model (Lehto & Järnefelt 2000; Elovainio et al. 2005). Job control was measured as the extent to which nurses felt free to determine the quantitative and qualitative factors of their own work process. Controllability was measured using eight items. Respondents were asked about their opportunities to determine 1) their working methods, 2) the pace at which they worked, 3) how work was shared among the staff, 4) who they worked with, 5) procedures at work, 6) the content of their work, 7) the objectives of their work and 8) working hours. The scale anchors were 1 = not at all, 2 = to a limited extent, 3 = quite a lot, 4 = considerably. The Cronbach's Alpha value was 0.81.

3.3.7 Work ability

Work ability was assessed using one question from the Work Ability Index (WAI) (Tuomi et al. 2002). Respondents were asked to estimate their current work ability compared to their lifetime best. The scale varied from 0 to 10, with 10 indicating work ability at its best. Previous studies have found that this single-item question concerning employees' estimations of their work ability correlates highly with the entire Work Ability Index and is therefore a reliable measure of self-rated work ability. (Tuomi et al. 2002.) This question was used in Paper I and II.

3.3.8 Organisational commitment

Two of the most studied and well-known organisational commitment scales are Porter's et al. (1974) Organisational Commitment Scale and Allen and Meyer's (1990) scale. The organisational commitment scale used in the first and second papers (I and II) was a reduced version of Porter's et al. (1974) Organisational Commitment Scale consisting of six Likert scale items (Tuomi & Vanhala 2002). Organisational commitment was characterized by three factors: 1) a strong belief in and acceptance of the organisation's goals and values, 2) a willingness to exert considerable effort on behalf of the organisation, and 3) a strong desire to maintain membership in the organisation. Two items indicated each of these three factors. The sum variable included all six items and described organisational commitment as a whole. The Cronbach's Alpha values were 0.79 and 0.77 respectively.

In the fourth paper (IV), the affective organisational commitment scale was based on Allen and Meyer's (1990) scale. A 5-point Likert-scale was used (1 = totally disagree – 5 = totally agree), with higher scores indicating higher levels of commitment. Affective organisational commitment was measured using eight items: 1) I would be very happy spending the rest of my career with this organisation, 2) I enjoy discussing my organisation with people outside it, 3) I really feel as if this organisation's problems are my own, 4) I do not think that I could easily become as attached to another organisation as I am to this one, 5) I

feel like 'part of a family' at my organisation, 6) I feel 'emotionally attached' to this organisation, 7) this organisation has a great deal of personal meaning for me, and 8) I feel a strong sense of belonging to this organisation. The Cronbach's Alpha value was 0.83.

The use of two different organisational commitment scales made it difficult to compare the results of these two scales. However, Allen and Meyer's affective organisational commitment scale has been shown to form a single factor with high reliability and it has been reported to have a strong correlation ($r = .83$) with the Organisational Commitment Scale by Porter et al. (Allen & Meyer 1990; see Rhoades et al. 2001).

3.3.9 Job satisfaction

Job satisfaction was examined in Paper I and II and it was measured using one question: "How satisfied are you in your present work?" The 5-point response scale varied from very dissatisfied (1) to very satisfied (5). This question has been used in previous studies of working conditions conducted by the Statistics Finland (Lehto & Järnefelt 2000; Lehto & Sutela 2004).

3.3.10 Job withdrawal intentions

Job withdrawal intentions were studied in Paper II. Previous studies concerning early retirement and occupational turnover have taken two approaches: either measuring the intentions or the actual behaviours. The former approach uses cross-sectional survey designs to measure future job withdrawal intentions and the latter examines actual withdrawal behaviours (Flinkman et al. 2010; Davies & Cartwright 2011). In this study, the former approach was used because it was more practical to ask nurses about their job withdrawal intentions rather than conduct a longitudinal study and track down nurses who have actually left the profession or working life for good.

The intention to leave the nursing profession was measured using one question: 'How often have you thought about giving up nursing completely?' The question was a modified version of one used in the NEXT-study (Hasselhorn et al. 2003; Hasselhorn et al. 2005). The specific period (during the past 12 months) used in the original question was excluded because the aim was to examine and compare current intentions regarding both forms of job withdrawal. Earlier studies have shown that the consideration process of occupational turnover (Hasselhorn et al. 2005; Flinkman et al. 2010) and retirement (Beehr 1986; Taylor & Shore 1995) differs in the length of time.

Early retirement intentions were measured using the question: 'How often have you thought about seeking retirement before your full retirement age?' The question was based on questions used in earlier Finnish studies (Lehto & Sutela 2004; Elovainio et al. 2005). There was a minor modification of the wording concerning the early retirement question so that it was congruent with the occupational turnover question. In both questions, the scale ranged from 1 to 5 (1 = never, 2 = a few times a year, 3 = a few times a month, 4 = a few times a

week and 5 = every day). This five point response scale was dichotomised: those who have frequent thoughts of leaving (a few times a month or more often) and those who consider leaving a few times a year or not at all. It could be regarded as natural for most professional people to consider leaving their job a few times a year (Hasselhorn et al. 2005; Flinkman et al. 2008; Estryn-Behar et al. 2010).

3.3.11 Intention to remain in the workplace

The intention to stay has often been seen as the most direct determinant of turnover. The intention to stay refers to an employee's behavioural intentions and to the degree of likelihood that an employee will maintain membership in an organisation. The intention to stay has been demonstrated to have a strong negative association with actual turnover (Price & Mueller 1981; Currivan 1999.) In this study, intention to remain in the workplace was assessed using one item: 'I will continue working for as long as possible in this workplace' in line with the study by Armstrong-Stassen and Schlosser (2008). A 5-point Likert scale was used with the higher scores indicating higher intent to remain (1 = totally disagree, 2 = somewhat disagree, 3 = neither agree nor disagree, 4 = somewhat agree, and 5 = totally agree). This scale was re-graded on a three-grade scale: 1) disagree, 2) neither agree nor disagree and 3) agree.

3.4 Study design

All three empirical studies were cross-sectional and were conducted as part of the Age Management research project at the School of Business and Economics at the University of Jyväskylä. The study population consisted of registered nurses (Papers I-IV) and nursing personnel (Papers III and IV). All the respondents who participated in these studies worked in non-managerial positions.

In every study, the questionnaires were distributed via the internal post of the hospital because the researchers did not have the respondents' home addresses. Each respondent received a personalised envelope containing a questionnaire and a return envelope. The covering letter indicated the purpose of the study and included instructions for answering the questions. The confidentiality of the study was guaranteed in the covering letter. Respondents completed the questionnaires by themselves and then returned them to the researchers via the internal hospital post.

Each questionnaire was coded to preserve anonymity whilst allowing researchers to identify non-returns. No statistically significant differences were detected between respondents and non-respondents in terms of demographic data (age, gender and form of employment), which meant that no systematic bias occurred among nurses participating in these studies (Salminen 2005; von Bonsdorff et al. 2006; Salminen & Miettinen 2012).

In the first paper (I), the study population consisted of 694 registered nurses working at Central Finland Central Hospital. Nurses participating in the study were permanently or temporarily employed at the hospital and they worked in the operative or conservative division of care. The sampling was systematic so that every sixth nurse was left out. The systematic sampling left us with a total of 573 nurses who actually participated in the study. Questionnaires addressed to these nurses were sent out in December 2004. The response rate was 53% (N = 304).

In the second paper (II), the study population consisted of 896 permanently or temporarily employed registered nurses working in the operative or in the conservative division of care at Kuopio University Hospital. The sampling was systematic: every fifth nurse was left out. A total of 747 nurses participated in the study. Questionnaires were distributed in March 2005. The response rate was 46% (N = 343).

In the third (III) and fourth (IV) papers, the study population consisted of registered nurses and nursing personnel working at Kuopio University Hospital. Respondents were permanently or temporarily employed at the hospital and they worked in the operative division of care or in psychiatric treatment. The survey was conducted between December 2006 and January 2007. A total of 937 questionnaires were distributed and 510 questionnaires were returned representing a response rate of 54%.

3.5 The background characteristics of the respondents

The background characteristics of the respondents are presented in Table 4. A comparison of the studies shows that the respondents were relatively similar in terms of background characteristics. The third survey differed from the two earlier surveys because some of the respondents also represented other nursing personnel, not only registered nurses and a portion of the respondents also worked in the psychiatric division of care. The mean age of the respondents in these studies varied from 40.8–41.5. The health care field is female-dominated (Laine et al. 2011) and the majority of the respondents in this study were also female. The respondents' educational background was recoded into two groups: college level education or lower and bachelor's degree in nursing. In the 1990s, the nursing education changed from college level to bachelor level in Finland (Råholm et al. 2010). The majority of the respondents had college level education and the majority of them had a permanent job. Over 70 per cent of the respondents were permanently employed and worked in shifts. The mean of pay per month was around 2000 euro. However, the pay per month was not possible to report in the first study due to the different measuring instrument applied in that study.

TABLE 4 The background characteristics of the respondents

	Central Finland Central Hospital 2004 (n = 304) (Paper I)	Kuopio University Hospital 2005 (n = 343) (Paper II)	Kuopio University Hospital 2006-2007 (n = 510) (Paper III and IV)
Age, mean \pm SD	40.8	41.2	41.5 \pm 9.7
Age groups, % (n)			
Under 35	30 (89)	27 (94)	29 (146)
35-44	31 (95)	35 (119)	30 (153)
45-54	29 (87)	30 (104)	30 (155)
Over 54	10 (31)	8 (26)	11 (56)
Gender,% (n)			
Women	96 (291)	92 (315)	83 (423)
Men	4 (11)	8 (28)	17 (87)
Education,% (n)			
College level or lower	76 (230)	79 (271)	69 (346)
Bachelors' degree or upper	24 (71)	21 (72)	31 (158)
Profession,% (n)			
Registered nurses	100 (304)	100 (343)	82 (415)
Other nursing personnel			18 (95)
Form of employment,% (n)			
Permanent	72 (217)	76 (261)	75 (384)
Temporary	28 (85)	24 (82)	25 (120)
Working time,% (n)			
Shift work	77 (230)	79 (271)	74 (375)
Day work	23 (70)	21 (72)	26 (133)
Pay €/month, mean \pm SD	-	2068 \pm 323	2145 \pm 332
Division of care,% (n)			
Conservative	44 (133)	40 (137)	-
Operative	56 (169)	60 (206)	71 (363)
Psychiatric	-	-	29 (147)

3.6 Research methods

The data analyses were carried out using SPSS 14.0 and SPSS 18.0. In terms of statistical significance, a value of 95% confidence interval level ($p < 0.05$) was applied. In the descriptive analysis, cross-tabulations with chi-square statistics were used to study the bivariate association between age groups and participation in training and development activities provided by the organisation (Paper I and III). One-way Anova (Paper I) and Kruskal-Wallis (Paper III) analyses were applied to examine the differences between age groups in terms of perceived development opportunities. Principal components analyses with Varimax rotation were performed on perceived development opportunities (Papers

III and IV) and supervisory support items (Paper III IV). The reliability of the sum variables was assessed by calculating Cronbach's Alpha coefficients. Pearson (Paper I) and Spearman (Paper II, IV) correlations were used to study the bivariate correlations between age, perceived development opportunities, work-related attitudes and job withdrawal intentions. In the first paper, linear regression analyses were implemented in order to study the antecedents of organisational commitment and job satisfaction. The antecedents of affective organisational commitment were studied using a hierarchical regression analysis (Paper V). Logistic regression analyses were performed to identify the significant antecedents of intent to leave the nursing profession and the intent to retire early (Paper II). In correlation and regression analyses, age was used as an original continuous variable. A summary of the studies in terms of study design, study population, response rates, statistical analyses and research questions/objectives is presented in Table 5.

TABLE 5 Summary of the studies

Paper	Study design	Study population (N)	Response rate	Statistical analyses	Research questions/ objectives
I	Cross-sectional study in Central Finland Central Hospital in December 2004	Registered nurses N = 694	304 (53%)	Chi-square test, One-way Anova, Pearson correlation, Linear regression analysis	<p>1) To what extent ageing nurses participated in training provided by the organisation?</p> <p>2) How do ageing nurses assess their development opportunities?</p> <p>3) What are the relationships between age, development opportunities, job satisfaction and organizational commitment?</p>
II	Cross-sectional study in Kuopio University Hospital in March 2005	Registered nurses N = 747	343 (46%)	Chi-square test, Spearman correlation, logistic regression analysis	<p>The first objective was to examine the intentions of younger and ageing registered nurses to leave the nursing profession and their intentions to retire early.</p> <p>The second objective was to investigate how nurses' perceptions of their development opportunities and job control, together with other work-related and personal factors are associated with the intentions for job withdrawal.</p>
III	Cross-sectional study in Kuopio University Hospital in December 2006-January 2007	Registered nurses and nursing personnel N = 937	510 (54%)	Chi-square test, Principal components analysis, Kruskal-Wallis non-parametric group comparison	<p>1) How ageing and younger nurses assess their competencies to do their current job?</p> <p>2) How ageing and younger nurses differ in terms of participating in training and development activities??</p> <p>3) How ageing and younger nurses assess their opportunities for professional competence development?</p>
IV	Cross-sectional study in Kuopio University Hospital in December 2006-January 2007	Registered nurses and nursing personnel N = 937	510 (54%)	Chi-square test, One-way Anova, Pearson correlation, Hierarchical regression analysis	<p>The first objective was to examine the age-related differences in terms of intention to remain in the workplace and affective organisational commitment</p> <p>The second aim was to explore the relationship between studied HR practices and affective organisational commitment and determine whether this relationship was moderated by age or career stage.</p>

3.7 Validity and reliability of the research

Validity and reliability can be considered the appropriate criteria for judging the quality of an inquiry in positivist and postpositivist studies (Guba & Lincoln 1994). Validity refers to the extent to which the results of the study accurately reflect the phenomena being studied (Collis & Hussey 2009). Reliability refers to the extent to which a measuring instrument gives consistent results (Jupp 2006).

The validity of the results can be evaluated on the basis of internal and external validity. Internal validity refers to the fact, how well the findings describe the object of the study. External validity refers to the generalisation of the results. (Metsämuuronen 2003; Jupp 2006.) The following steps were made in order to increase the internal validity of the empirical studies. Firstly, a careful literature review preceded the development of the questionnaire. Secondly, the scales used in the surveys were mostly adapted from established scales. However, the items used in the perceived development opportunities and supervisory support scales were collected from multiple previous studies because there was no ready-made scale available. Organisational commitment was measured using two different scales. In the first and second survey, the organisational commitment scale was a shorted version of Porter et al. (1974), which has been used in the study by Tuomi and Vanhala (2002). In the third inquiry the affective organisational commitment scale was based on Allen and Meyer's (1990) scale. A two-way translation was used in order to confirm the content of this scale. Thirdly, the questionnaire used in the first survey was piloted; nine nurses from the studied hospital completed the questionnaire and concluded that all the questions were comprehensible. The questionnaire applied in the third survey was commented upon by a HR manager of the studied hospital and by an adult education expert in order to confirm the suitability of the variables.

As far as the external validity is concerned, the following issues were made in order to increase the external validity. Firstly, the sampling procedure was carefully planned and executed with the researchers involved in the research project. In addition, statistical experts were consulted in order to ensure that the systematic samplings were correctly carried out. Secondly, the supervisors of the studied nurses were informed and asked to remind their subordinates about the survey in order to increase the number of respondents. In each of the three surveys conducted the response rate was around 50%, which can be considered fair for a postal survey.

Reliability can be assessed in three different ways. First, test-retest reliability means that the same test is done to the same set of respondents but on different occasions. The second method is alternative-form reliability testing, which means that the same variable is measured using differently worded items. (Jupp 2006.) These two alternatives were not possible in this study. Firstly, test-retest would have been too time consuming and expensive to do in this study. Using alternative scales, on the other hand, was not possible in this study be-

cause it would have made the questionnaire too arduous for the respondents to complete.

The third alternative for assessing reliability is internal consistency reliability, which refers to the use of the groups of items for measuring different items within the same concept (Jupp 2006). The scales used in this study proved to be reliable in terms of internal consistency (Cronbach's Alpha). The reliability of the applied sum variables were shown to be satisfactory, with alpha coefficients larger than 0.70 (Cronbach 1951; Nunnally & Bernstein 1994).

It should be noted that the use of one-sentence items for measuring job satisfaction, job withdrawal intentions and the intention to remain in the workplace can be criticised because the internal consistency reliability of these measures cannot be verified. However, some researchers have demonstrated, for example, that single-item measures of overall job satisfaction correlate quite highly with multiple item or scale measures of overall job satisfaction (Wanous et al. 1997; Nagy 2002). Moreover, in a review of overall measures of job satisfaction, the conclusion was that the best global rating of job satisfaction is a one-item, 5-point scale that simply asks, "Overall, how satisfied are you with your job?" (Scarpello & Campbell 1983). It has also been argued that a single item measuring overall satisfaction is superior to summing up facet scales because multiple-item facet scales may neglect some components. Furthermore, facet scales may include aspects of a job that are not important to an employee. (Nagy 2002.)

3.8 Ethical considerations

The ethical committees of the hospitals have approved the study. Participation in the study was voluntary. Consent was assumed when respondents returned a completed questionnaire. Respondents had the right to withdraw at any stage in the research process. Data collection, recording, analysing and reporting in this study have been carried out according to good scientific practices.

4 RESULTS

In this section the empirical results of papers I-IV are presented.

4.1 The relationships between age, perceived development opportunities and organisational commitment (Paper I)

The aim of the first paper was two-fold. The first objective was to examine the extent to which ageing employees had participated in training and how they assessed their development opportunities. The second aim was to explore the associations between age, perceived development opportunities, job satisfaction and organisational commitment. The results demonstrated that ageing and younger nurses had participated and intended to participate in training in a similar way (Table 6). Permanent employees had participated more often in training than temporary employees ($\chi^2 = 10.622$, $df = 2$, $p = 0.005$). During the previous 12 months 91 per cent of all respondents had attended training. However, most of the respondents had attended training only 1-3 times during the previous 12 months. Almost everyone intended to participate in training in the following 12 months.

TABLE 6 Relationships between age groups and training variables (%)

Variables	Age groups				Total (N= 302)
	under 35 (n = 89)	35-44 (n = 95)	45-54 (n = 87)	over 54 (n = 31)	
Participation in training provided by the organisation during the previous 12 months	90	93	91	90	91
Number of training events participated in during the previous 12 months					
1-3	70	46	47	57	55
4-5	19	34	32	25	28
Over 5	11	20	21	18	17
Intent to participate in training provided by the organization in the following 12 months	94	97	99	93	96

In terms of perceived development opportunities, nurses perceived their opportunities for training, self development and learning at workplace as moderate (Figure 4). The highest mean value was found in terms of opportunities for learning at workplace. Opportunities for career progress were considered weak. Age differences appeared in terms of perceived opportunities for career progress ($F = 5.711$, $df = 3$, $p = 0.001$), opportunities for learning at workplace ($F = 5.245$, $df = 3$, $p = 0.002$) and the sum variable of development opportunities ($F = 3.467$, $df = 3$, $p = 0.017$). The oldest age group (over 54) perceived opportunities for career development, opportunities for workplace learning and perceived development opportunities as a whole (sum variable) as lowest and the youngest age group (under 35) perceived their opportunities as highest.

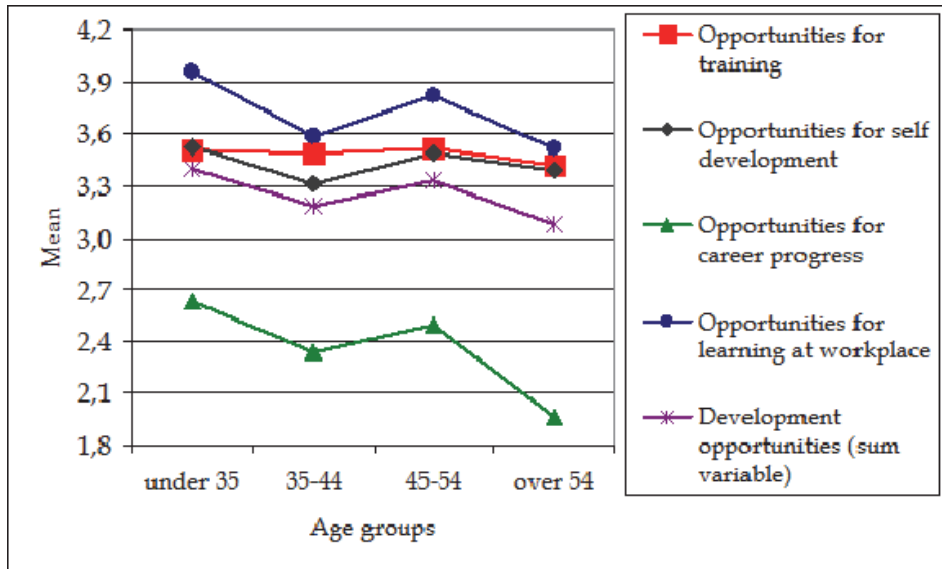


FIGURE 4 Means of perceived development opportunities

Means, standard deviations, reliability estimates and bivariate correlations are presented in Table 7. The mean value of organisational commitment (mean = 3.09) was lower than the mean value of job satisfaction (mean = 3.75). Age correlated negatively with perceived career development opportunities and with opportunities for learning at the workplace. But age had no significant correlation with perceived training opportunities or with self development opportunities. Age correlated positively with organisational commitment indicating that ageing employees are more committed to the organisation than younger employees. The different areas of perceived development opportunities also correlated positively with job satisfaction and organisational commitment.

TABLE 7 Means, standard deviations, reliability estimates, and correlations for all variables

Variables	Mean	SD	α	1	2	3	4	5	6	7
1 Age	40.78	9.92								
2 Opportunities for training	3.49	0.79		-.021 (n = 301)						
3 Opportunities for self development	3.43	0.78		-.041 (n = 300)	.703** (n = 300)					
4 Opportunities for career progress	2.43	0.84		-.165** (n = 301)	.287** (n = 301)	.457** (n = 300)				
5 Opportunities for learning at workplace	3.75	0.75		-.157** (n = 301)	.408** (n = 300)	.566** (n = 299)	.369** (n = 300)			
6 Development opportunities (sum variable)	3.28	0.61	0.77	-.123* (n = 299)	.774** (n = 299)	.878** (n = 299)	.698** (n = 299)	.748** (n = 299)		
7 Job satisfaction	3.75	0.83		-.069 (n = 297)	.235** (n = 296)	.302** (n = 295)	.274** (n = 296)	.333** (n = 296)	.368** (n = 294)	
8 Organisational commitment (sum variable)	3.09	0.73	0.79	.134* (n = 296)	.245** (n = 295)	.321** (n = 294)	.275** (n = 295)	.300** (n = 296)	.369** (n = 294)	.467** (n = 292)

*p < 0.5; **p < 0.01

Linear regression analyses for the antecedents of job satisfaction and organisational commitment are presented in Table 8. The results demonstrate that perceived development opportunities were positively related to both forms of work-related attitudes, job satisfaction and organisational commitment. Perceived development opportunities were associated with job satisfaction explaining about 10 per cent of the variance. Organisational commitment was predicted by development opportunities that were perceived as good, higher age and skills that are in balance with present work demands (compared to those who perceived that they need additional training in order to perform well in their present job) explaining approximately 20 per cent of the variance.

TABLE 8 Stepwise regression analyses for job satisfaction and organisational commitment

<i>Variables</i>	<i>Job satisfaction</i> (standardised beta coefficient)	<i>Organisational commitment</i> (standardised beta coefficient)
Development opportunities (sum variable)	.335***	.399***
Age	.009	.248***
Education (dummy)	-.011	-.005
Form of employment (dummy)	.008	.031
Part-time job (dummy)	-.011	.031
Shift work dummy)	.098	.050
Pay	-.037	-.075
Field of patient care (dummy)	-.032	.000
Potential to carry out more challenging tasks (dummy 1)	.009	.064
Skills in balance with present work demands (dummy 2)	.142	.190*
Number of training events during the past 12 months	-.063	-.027
N	253	254
R ²	.141	.226
adj. R ²	.101	.191
F-test	3.59***	6.44***
df	11	11
Standard error of estimate	0.77	0.66

p<0.05*, p<0.01**, p<0.001***

4.2 Antecedents of job withdrawal intentions with special reference to perceived development opportunities and job control (Paper II)

The second paper focused on ageing and younger nurses' job withdrawal intentions and the antecedents of these intentions with special reference to perceived development opportunities and job control. A total of 25 per cent of the studied nurses had frequently (a few times a month or more often) thought about leaving the profession and 19 per cent had frequently thought about early retirement (Table 9). There was a statistically significant difference between age groups and intentions to give up nursing ($\chi^2 = 13.296$, $df = 3$, $p = 0.004$) and intentions to take early retirement ($\chi^2 = 10.466$, $df = 3$, $p = 0.015$). The youngest nurses (under 35) thought most often about leaving the profession whereas the oldest nurses (over 54) considered early retirement. Thirty-seven per cent (37%) of the nurses who were under 35 had frequently thought about leaving the profession and 31 per cent of the oldest nurses (over 54) had frequently thought about early retirement.

TABLE 9 Age groups and frequent intentions for job withdrawal

Age groups	Frequent intention to leave the profession		Frequent intention to retire early	
	%	(n)	%	(n)
Under 35	37	(34)	9	(8)
35-44	27	(32)	23	(27)
45-54	17	(17)	22	(22)
Over 54	12	(3)	31	(8)
Totally	25	(86)	19	(65)

As can be seen from Table 10, the mean value of organisational commitment (mean = 2.88) was lower than the mean value of job satisfaction (mean = 3.54). The intention to leave the profession and the intention to take early retirement were positively and significantly correlated ($r = .407$, $p < 0.01$). In terms of personal variables, age had a weak negative correlation with intentions to leave the profession ($r = -.239$, $p < 0.01$) and a weak positive correlation with intentions to retire early ($r = .210$, $p < 0.01$). With work-related variables, the strongest negative correlation was found between job satisfaction and intentions to leave the profession ($r = -.459$, $p < 0.01$). A significant negative correlation was also found between organisational commitment and the intention to leave the profession ($r = -.424$, $p < 0.01$). Work ability, job control and perceived development opportunities correlated significantly and negatively with both forms of job withdrawal intentions.

TABLE 10 Means, standard deviations, reliability estimates and bivariate correlations for the variables

Variables	Mean	SD	α	1	2	3	4	5	6	7	8	9	10	11
1 Intention to leave the profession	2.10	1.61												
2 Intention to retire early	1.19	1.06		.407** (n = 338)										
3 Age	41.15	9.20		-.239** (n = 339)	.210** (n = 338)									
4 Number of children	1.79	1.24		-.036 (n = 300)	.104 (n = 299)	.372** (n = 302)								
5 Pay	2067.67	322.51		-.011 (n = 309)	.019 (n = 308)	.161** (n = 312)	.040 (n = 277)							
6 Work ability	8.33	1.42		-.170** (n = 337)	-.300** (n = 336)	-.272** (n = 341)	-.141* (n = 300)	.036 (n = 310)						
7 Job satisfaction	3.54	1.00		-.459** (n = 337)	-.268** (n = 336)	.052 (n = 338)	.045 (n = 298)	.008 (n = 308)	.260** (n = 336)					
8 Organisational commitment	2.88	0.72	0.77	-.424** (n = 330)	-.163** (n = 329)	.209** (n = 333)	.102 (n = 293)	-.034 (n = 303)	.180** (n = 331)	.517** (n = 329)				
9 Perceived development opportunities	3.21	0.58	0.77	-.179** (n = 332)	-.123* (n = 332)	-.010 (n = 336)	-.067 (n = 295)	-.102 (n = 305)	.169** (n = 334)	.361** (n = 331)	.374** (n = 327)			
10 Job control	2.10	0.49	0.81	-.262** (n = 331)	-.229** (n = 330)	-.004 (n = 3319)	.048 (n = 292)	.028 (n = 304)	.148** (n = 329)	.329** (n = 330)	.369** (n = 322)	.316** (n = 324)		
11 Competence at doing one's job	2.22	0.69		.172** (n = 337)	.016 (n = 336)	.037 (n = 341)	.068 (n = 300)	.006 (n = 310)	.146** (n = 339)	-.102 (n = 336)	-.019 (n = 331)	-.091 (n = 334)	-.012 (n = 329)	

*p<0.05; **p<0.01

Logistic regression analyses were performed to examine the personal and work-related variables associated with the intention to leave the profession and intention to retire early. The predictive power of the variables was indicated in terms of multivariate odds ratios. Table 11 demonstrates that age was significantly associated with intentions to leave the profession. Older age decreased the odds ratio for the intentions to leave the profession (OR = 0.926). In addition to that, good work ability (OR = 0.657), high job satisfaction (OR = 0.459) and high organisational commitment (OR = 0.376) decreased the likelihood of occupational turnover intentions. In addition, having skills in balance with their present work demands (OR = 7.277) or having the potential to carry out more challenging tasks (OR = 13.176) increased the likelihood of intentions to leave the profession compared to those who perceived that they needed additional training in order to perform well in their present job. The Nagelkerke R-square of 0.43 indicates the amount of variation in the dependent variable accounted for by the model (Pallant 2005).

TABLE 11 Logistic regression analysis of intention to leave the profession

<i>Independent variables</i>	β	<i>SE</i> β	<i>Wald's</i>		<i>Sig.</i>	<i>Exp</i> (β) (<i>odds ratio</i>)
			χ^2	<i>df</i>		
Age	-0.077	0.030	6.399	1	0.011	0.926
Gender	-0.644	0.618	1.084	1	0.298	0.525
Education	0.527	0.545	0.933	1	0.334	1.694
Form of employment	-0.155	0.506	0.093	1	0.760	0.857
Shift work	-0.031	0.498	0.004	1	0.950	0.969
Number of children	0.194	0.182	1.130	1	0.288	1.214
Pay	-0.001	0.001	0.984	1	0.321	0.999
Work ability	-0.420	0.161	6.793	1	0.009	0.657
Job satisfaction	-0.778	0.228	11.692	1	0.001	0.459
Organisational commitment	-0.978	0.346	8.007	1	0.005	0.376
Perceived development opportunities	0.701	0.382	3.370	1	0.066	2.015
Job control	-0.521	0.463	1.263	1	0.261	0.594
Competence at doing one's job (categorical)						
Need for additional training (reference category)			9.667	2	0.008	
Skills in balance with present work demands	1.985	0.792	6.282	1	0.012	7.277
Potential to carry out more challenging tasks	2.578	0.836	9.503	1	0.002	13.176
Constant	-1.093	0.146	56.404	1	0.000	0.335
<i>Overall model evaluation</i>						
Chi-square χ^2 86.487, <i>df</i> = 14, <i>p</i> = 0.000						
Cox and Snell R^2 = 0.291						
Nagelkerke R^2 = 0.431						
Hosmer and Lemeshow test χ^2 = 11.224, <i>df</i> = 8, <i>p</i> = 0.189						

Table 12 demonstrates that, from the personal variables, age, gender, workability and shift work were significantly associated with intentions to retire early. Older age increased the odds ratio (OR = 1.081), whereas, being female (OR = 0.226), better work ability (OR = 0.837) and not working in shifts (OR = 0.331) decreased the odds ratio for early retirement intentions. As far as work-related variables were concerned, higher job satisfaction (OR = 0.520) and higher job control (OR = 0.199) decreased the risk of intentions to retire early. The Nagelkerke R-square was 0.33.

TABLE 12 Logistic regression analysis of intention to retire early

<i>Independent variables</i>	β	<i>SE</i> β	<i>Wald's</i> χ^2	<i>df</i>	<i>Sig.</i>	<i>Exp</i> (β) (<i>odds ratio</i>)
Age	0.077	0.030	6.514	1	0.011	1.081
Gender	-1.488	0.657	5.125	1	0.024	0.226
Education	0.838	0.659	1.620	1	0.203	2.313
Form of employment	-0.274	0.528	0.269	1	0.604	0.760
Shift work	-1.105	0.521	4.492	1	0.034	0.331
Number of children	0.011	0.169	0.004	1	0.948	1.011
Pay	-0.001	0.001	3.761	1	0.052	0.999
Work ability	-0.177	0.145	1.493	1	0.022	0.837
Job satisfaction	-0.653	0.230	8.063	1	0.005	0.520
Organisational commitment	0.188	0.381	0.244	1	0.621	1.207
Perceived development opportunities	0.338	0.353	0.916	1	0.339	1.402
Job control	-1.613	0.506	10.180	1	0.001	0.199
Competence at doing one's job (categorical)						
Need for additional train- ing (reference category)			4.571	2	0.102	
Skills in balance with pre- sent work demands	.252	0.633	0.159	1	0.690	1.287
Potential to carry out more challenging tasks	1.042	0.644	2.622	1	0.105	2.836
Constant	-1.416	0.159	79.118	1	0.000	0.243
<i>Overall model evaluation</i>						
Chi-square χ^2 58.023, <i>df</i> = 14, <i>p</i> =0.000						
Cox and Snell R^2 = 0.206						
Nagelkerke R^2 = 0.329						
Hosmer and Lemeshow test χ^2 = 6.147, <i>df</i> = 8, <i>p</i> =0.601						

4.3 Professional competence development perceived by ageing and younger nurses (Paper III)

The focus of the third article was to describe and compare the development of professional competence at work among ageing and younger nurses. The results showed that the oldest nurses (over 54-years old) felt that they needed more training than other nurses in order to do their job well (Figure 5). Whereas, nurses at the age of 35–44 thought most often that they have the potential to carry out more challenges tasks. Half of the respondents (49%) perceived that their skills were in balance with present work demands, while 30 per cent of all respondents believed that they had the potential to carry out more challenging tasks and 20 per cent felt that they needed additional training in order to perform well in their present job.

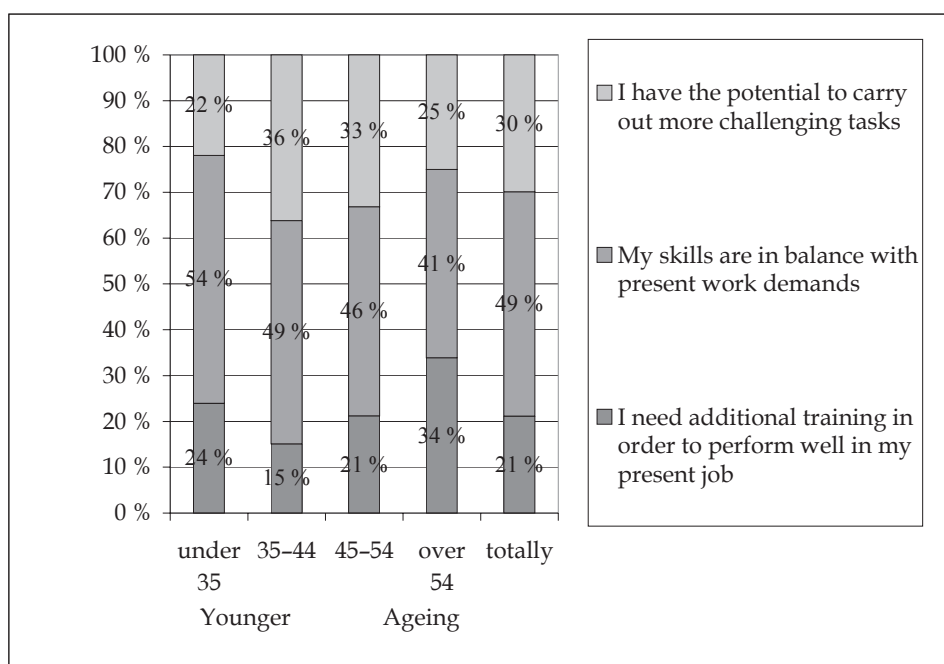


FIGURE 5 Younger and ageing nurses' competence at doing their job (%)

Both ageing and younger nurses had participated most often in non-formally qualified training provided by their employer – 81 per cent of all respondents (Table 13). Statistically significant differences between ageing and younger nurses appeared only in terms of job introduction, familiarization in work of others and development discussions. Ageing nurses had participated more often in development discussions, whereas younger nurses were attended more often attended job introduction and familiarizations.

TABLE 13 Participation in training and development activities among younger and ageing nurses

	Younger		Ageing		Totally n = 510	p
	under 35 n = 146	35-44 n = 153	45-54 n = 155	over 54 n = 56		
Formally qualified training organised by the employer	38	32	31	25	33	ns
Non-formally qualified training organised by the employer	74	84	83	83	81	ns
Project work	13	21	20	25	19	ns
Team or group work	73	67	72	78	72	ns
Pair work	60	58	61	69	61	ns
Job introduction	70	63	55	46	61	0.005
Guidance	79	69	66	66	71	ns
Mentoring	31	39	34	39	35	ns
Supervision of work	32	26	38	41	33	ns
Familiarization in work of others	34	33	21	27	29	0.042
Job rotation	12	19	16	8	15	ns
Development discussions	40	55	63	63	54	0.001

The means, standard deviations and Cronbach's Alpha values are presented in Table 14. The differences between ageing and younger nurses in terms of perceived development opportunities were analysed using the Kruskal-Wallis test. The only statistically significant difference between ageing and younger nurses appeared in terms of perceived opportunities for career progress.

TABLE 14 Sum variables concerning perceived development opportunities and the differences between younger and ageing nurses

Sum variables	Number of items	Min-max*	Mean	SD	Cronbach's Alpha	Kruskal-Wallis' test (p)
Perceived opportunities for professional competence development	5	1-5	3.72	0.65	0.871	0.850
Perceived opportunities to use one's professional competencies	3	1-5	3.88	0.62	0.742	0.345
Perceived opportunities for career progress	3	1-5	2.71	0.82	0.775	0.001

* Response rate 1-5, min = very poor, max = very good

Both ageing and younger nurses perceived their opportunities to develop and use their professional competence as good. Nurses perceived their opportunities for career progress as weaker than other development opportunities, and especially the oldest of them (over 54) in particular assessed their career opportunities as being poor (Figure 6).

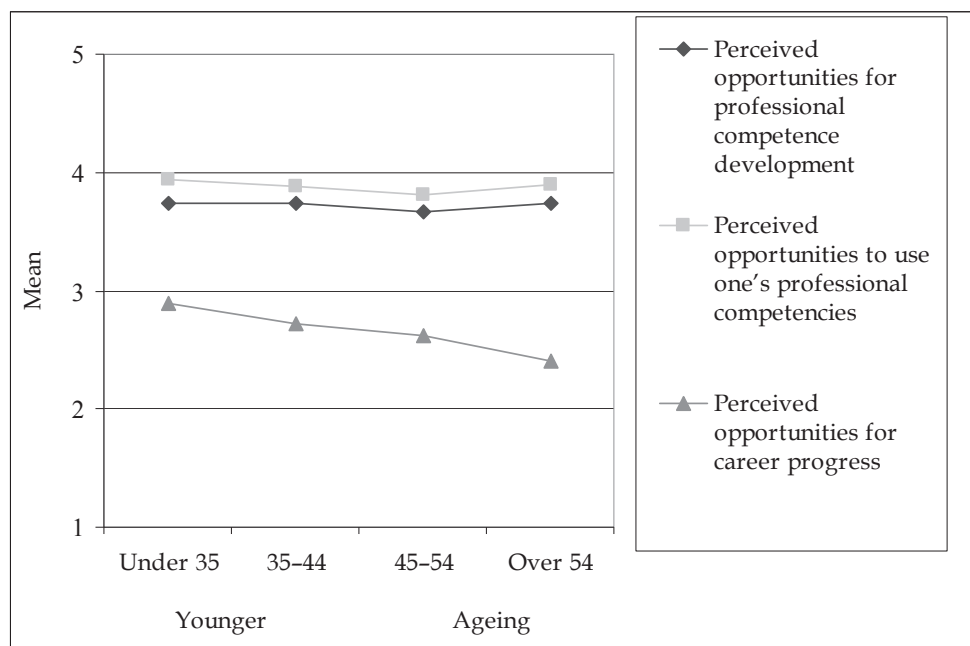


FIGURE 6 Perceived development opportunities of younger and ageing nurses (mean)

4.4 Ageing and younger nurses' affective organisational commitment - the significance of perceived development opportunities (Paper IV)

The aim of the fourth paper was two-fold. The first objective was to study the age-related differences in terms of the intention to remain in the workplace and affective organisational commitment. The second aim was to determine whether the relationship between HR practices and affective organisational commitment was moderated by age or career stage.

In total 43 per cent of the respondents agreed totally or somewhat with the statement 'I will continue working for long as possible in this workplace' (Table 15). However, almost half of the nurses under 35 (47%) disagreed totally or somewhat with this statement. The χ^2 -test showed that there was a statistical difference between age groups and intention to remain in the workplace ($\chi^2 = 22.923$ df = 6, $p = 0.001$). The oldest nurses (over 54) had the strongest intentions to remain in the workplace. The relationship between organisational tenure categories and intention to remain in the workplace was also statistically significant ($\chi^2 = 15.881$, df = 4, $p = 0.003$), indicating that those who had the longest tenure had the strongest intention to remain in the workplace. However, those who had worked 2-10 years in the organisation had the lowest intentions to remain in the workplace.

TABLE 15 Age-related differences in terms of intention to remain in the workplace

	Disagree % (n)	Neither agree nor disagree % (n)	Agree % (n)
Age group			
Under 35	47% (68)	20% (28)	33% (47)
35-44	35% (53)	25% (37)	40% (60)
45-54	25% (38)	26% (40)	49% (76)
Over 54	31% (17)	13% (7)	56% (31)
Organisational tenure			
Under 2 years	38% (15)	18% (7)	44% (17)
2-10 years	42% (78)	27% (50)	31% (58)
Over 10 years	30% (82)	20% (54)	50% (134)
Total	35% (176)	22% (112)	43% (214)

Statistically significant differences appeared in the level of affective organisational commitment in terms of age groups ($F = 7.773$, $df = 3$, $p = 0.001$) and organisational tenure categories ($F = 9.654$, $df = 2$, $p = 0.001$). The oldest nurses and those who had worked for over 10 years in the present organisation were most affectively committed to the organisation (Table 16).

TABLE 16 Age-related differences in terms of affective organisational commitment

Age group	Mean	SD	F-test	df	sig
Under 35	2.824	0.722			
35-44	2.945	0.799			
45-54	3.042	0.788			
Over 54	3.396	0.697	7.773	3	0.001
Organisational tenure					
Under 2 years	2.760	0.756			
2-10 years	2.825	0.723			
Over 10 years	3.117	0.793	9.654	2	0.001

Means, standard deviations, reliability estimates and bivariate correlations (Spearman) for the variables are reported in Table 17. Of all the variables, affective organisational commitment had the strongest positive correlation with intention to remain in the workplace ($r = .512$, $p < 0.01$). The level of affective commitment was moderate (mean = 2.988). The mean age of the respondents was 41.5 and the mean of organisational tenure was 12.7 years. In terms of personal variables, age and organisational tenure (continuous variable) were positively and significantly associated with affective organisational commitment, indicating that ageing nurses and those who had worked longer in the organisation are more affectively committed to the organisation than others. All HR practices studied were positively and significantly related to affective organisational commitment. From the HR practices studied, the strongest positive correlation was found between supervisory support for development and affective organisational commitment.

TABLE 17 Means, standard deviations, reliability estimates and bivariate correlations

Variables	Mean	SD	α	1	2	3	4	5	6	7	8	9
1 Intention to remain	3.06	1.260										
2 Affective organisational commitment	2.988	0.779	0.829	.512** (n = 494)								
3 Age	41.52	9.739		.190** (n = 502)	.193** (n = 496)							
4 Organisational tenure	12.74	9.011		.143** (n = 495)	.209** (n = 489)	.719** (n = 503)						
5 Opportunities for develop one's professional competencies	3.718	0.647	0.871	.168** (n = 495)	.299** (n = 490)	-.022 (n = 500)	-.070 (n = 493)					
6 Opportunities for use one's professional competencies	3.878	0.623	0.742	.146** (n = 497)	.275** (n = 492)	-.058 (n = 502)	-.022 (n = 495)	.441** (n = 497)				
7 Opportunities for career progress	2.706	0.819	0.775	.153** (n = 496)	.227** (n = 491)	-.194** (n = 501)	-.143** (n = 494)	.387** (n = 496)	.326** (n = 499)			
8 Supervisory support for development	3.146	0.855	0.908	.204** (n = 489)	.394** (n = 487)	.074 (n = 494)	.036 (n = 487)	.551** (n = 488)	.405** (n = 490)	.415** (n = 489)		
9 Competence at doing one's job	2.08	0.713		-.118** (n = 501)	-.079 (n = 495)	.011 (n = 508)	.114* (n = 501)	-.030 (n = 499)	-.011 (n = 501)	-.079 (n = 500)	-.142** (n = 493)	

*p<.05, **p<.01.

A hierarchical regression analysis with the Stepwise method was used in order to examine the antecedents of affective organisational commitment. Independent variables were entered as follows: personal variables (age, organisational tenure, education, gender, competence of doing one's job) were entered in the first block. Age was treated as a continuous variable. Two dummy variables were created for the categories of organisational tenure and the variable of competence at doing one's job. Educational level and gender were also controlled for because prior research indicates that they are related to organisational commitment, and so they were treated as dummy variables, which could only have the value 0 or 1. Opportunities to develop and use one's professional competencies, opportunities for career progress and supervisory support for development were subsequently entered. The interaction effects terms were entered in the final block, created by multiplying perceived opportunities to develop one's professional competencies, opportunities to use one's professional competencies, opportunities for career progress and supervisory support for development by age and by two organisational tenure dummies. In total, 12 interaction terms were included in the analysis. In terms of organisational tenure categories; the longest organisational tenure (over 10 years) served as a point of comparison. In terms of the variable 'competence at doing one's job' the first category (I need additional training in order to perform well in my present job) served as the point of comparison. Multicollinearity was assessed by examining tolerance and the Variance Inflation Factor (VIF). The VIF values were under 5 and tolerance values above 0.20, which can be considered satisfactory (O'Brien 2007). Standardised coefficients (β), the proportion of the variance explained (R^2) and the adjusted R^2 for the model are presented in Table 18.

TABLE 18 Hierarchical regression (Stepwise) of affective organisational commitment

Variables	Affective organisational commitment (Standardised beta coefficient)
Age	.187***
Skills in balance with present work demands	.106*
Perceived supervisory support for development	.321***
Perceived opportunities to use one's competencies	.158**
N	461
R^2	.231
adj. R^2	.224
F-test	34.289***
df	4
Standard error of estimate	.686
Durbin-Watson	1.884

p<0.05*, p<0.01**, p<0.001***

In total, four variables predicted over 20 per cent of the variance of affective organisational commitment. The positive beta coefficient for age indicates that

affective organisational commitment increases with age. The results also demonstrate that skills in balance with present work demands (compared to those who perceived a need for additional training), positive perceptions of supervisory support for development and opportunities to use one's competencies were positively related to affective organisational commitment. Perceived supervisory support for development was the strongest predictor of affective organisational commitment. None of the age-related interaction terms were significant in the regression model.

4.5 Summary of the empirical papers

The main findings of the empirical papers are gathered to the following table (Table 19). Taken together, the results showed that there was little difference in ageing nurses' participation in the training and development activities provided by the hospitals compared to the participation of the younger nurses (Papers I and III). In terms of perceived development opportunities, age-related differences appeared in the areas of workplace learning (Paper I) and career progress (Papers I and III). Perceived development opportunities were significantly associated with organisational commitment and job satisfaction (Paper I). Factors that increased the likelihood of occupational turnover intentions were young age, low job satisfaction, low organisational commitment, low work ability and skills in balance with or above present work demands. The intention to take early retirement was increased with older age, being male, working shifts, low work ability, low job satisfaction and poor job control (Paper II). Antecedents of affective organisational commitment were older age, skills in balance with present work demands, perceived supervisory support for development and opportunities to use one's competencies. Affective organisational commitment correlated with nurses' intentions to remain in the workplace (Paper IV). In addition, age correlated positively with both attitudinal organisational commitment and affective organisational commitment, indicating that older nurses were more committed to the organisation than the younger nurses (Papers I and IV).

TABLE 19 Summary of the results in the empirical papers

<i>Paper</i>	<i>Title of the paper</i>	<i>Results</i>
I	Access to learning - focus on ageing Finnish nurses	Ageing and younger nurses participated and intended to participate in training in a similar way. The youngest age group (under 35) found their opportunities for development significantly better than the oldest (over 54) age group. Age-related differences appeared in terms of opportunities for learning at workplace and for career progress. Development opportunities perceived as good were positively related to nurses' job satisfaction and organisational commitment.
II	Turning the tide: registered nurses' job withdrawal intentions in a Finnish university hospital	A quarter (25%) of the nurses had frequently thought about leaving the profession and 19% of the nurses had thought about taking early retirement. The youngest nurses (under 35) thought most often about leaving the profession whereas the oldest nurses (over 54) considered early retirement. Factors that increased the likelihood of intentions for occupational turnover were young age, low job satisfaction, low organisational commitment, low work ability, skills in balance with or above present work demands. The intention to take early retirement was increased with older age, being male, working shifts, low work ability, low job satisfaction and poor job control.
	Professional competence development at work perceived by ageing and younger nurses	The oldest (over 54 years old) of the ageing nurses felt that they need more training than other nurses in order to do their job well. There were not clear differences between ageing and younger nurses in terms of participating in training and development activities. Both ageing and younger nurses perceived their opportunities to develop and use their professional competencies as good. Nurses perceived their opportunities for career progress as being weaker than other development opportunities and the oldest of them assessed their career opportunities as poor.
IV	Affective organisational commitment of ageing and younger nurses - the significance of perceived development opportunities	The oldest nurses and those who had the longest organisational tenure were most affectively committed to the organisation and had the highest intentions to remain in the workplace. Affective organisational commitment was predicted by age, skills that are in balance with present work demands, supervisory support for development and opportunities to use one's competencies. No significant age-related interaction effects were detected.

5 DISCUSSION

5.1 Key findings

The purpose of this dissertation was to take part on the discussion concerning the significance of perceived development opportunities for ageing employees in the context of retention. More specifically, the aims of the study were as follows: 1) describe and compare ageing and younger nurses in terms of participation in training and development activities and perceived development opportunities; 2) to clarify the relationships between age, perceived development opportunities, work-related attitudes and job withdrawal intentions; 3) to present a critical literature review concerning HRM and ageing employees with special reference to the gender perspective. The key findings of this study are presented and discussed next in accordance with the aims of the study.

5.1.1 Ageing nurses' participation in training and development activities and perceived development opportunities compared to younger nurses

The first aim of the study was to describe and compare ageing and younger nurses in terms of participation in training and development activities and perceived development opportunities with a view to identifying if any differences based on chronological age actually exist. In some European countries, like in the UK and in France, occupational further training for nurses is compulsory in order for them to remain fully eligible for work (Hasselhorn et al. 2005), but this is not the case in Finland. The results of the first and third paper demonstrated that most of the respondents had participated in training provided by the organisation and that both ageing and younger nurses had participated in training a similar way in both hospitals studied. It has also been demonstrated in previous studies that differences between age groups are diminishing (Blomqvist et al. 2002; Adult Education Survey 2006). For example, it was found in the NEXT-study that the number of annual training days did not decrease with increasing age in Finland (Hasselhorn et al. 2005).

The third paper demonstrated that age-related differences in terms of participation in training and development activities appeared only in terms of job introduction, familiarization and development discussions. Younger employees had participated more often in job introduction and familiarization in work of others and less in development discussions compared to ageing nurses. However, these differences can be as a result of the fact that the form of employment was more often temporary among younger nurses than among ageing nurses. As much as 54 per cent of the studied nurses had participated in development discussions during the last year. In the study of working conditions and the well-being of Finnish social and health care staff, 60 per cent of the respondents reported that they had had a development discussion in 2010 (Laine et al. 2011). According to the recent study of well-being at work, 59 per cent of all Finnish wage-earners had had a development discussion with his or her own supervisor in 2008 (Lehto & Sutela 2008).

The majority of the nurses studied were registered nurses, which means they have a valid qualification and are registered by the National Supervisory Authority for Welfare and Health (Valvira). In other words, the educational background of the nurses was quite similar, which can partly explain the similarities found in the participation of ageing and younger nurses in training and development activities. For example, Tikkanen (1998) has demonstrated that the lower educational background of ageing employees can explain their lower participation in training activities. It has also been argued that occupational achievements in general play a smaller role in older employees' lives compared to that for younger employees, who are in the early stages of their careers. It has also been stated that ageing employees avoid situations that are likely to place them at a disadvantage compared to younger employees. (Kanfer & Ackerman 2004.) This means that ageing employees' avoidance of training and development activities is explained by the protection of self-concept (Maurer 2001).

Ageing nurses assessed their opportunities as being weaker than younger nurses in terms of learning at the workplace (Paper I) and career progress (Papers I and IV). In addition, the studied nurses perceived their opportunities for career progress as being weaker than other areas of development opportunities (Papers I and IV). It has also been found in a national study that nurses assessed their opportunities for advancing professionally as being rather limited. In 2010, 16 per cent of respondents in the social and healthcare sector perceived their opportunities for hierarchical career progress as good and 40 of the respondents for vertical advancement as good (Laine et al. 2011). Finnish employees in general perceive their opportunities for career progress as weak. In 2008, only 13 per cent of Finnish employees perceived their opportunities for career progress as good. (Lehto & Sutela 2008.)

Rosen and Jerdee (1990) examined the causes and consequences of career problems associated with the ageing workforce. The survey findings were based on the responses by 600 HR managers, and indicated that career plateaus and skill obsolescence problems are attributed to a loss of motivation on the part of mid-career and older employees, to the absence of organisational career

management systems, and the rapid change of job duties. The research demonstrated that HR managers perceived a significant gap between existing policies for overcoming career problems and the necessary policies. The researchers concluded that in order to develop and ensure a productive workforce composed mostly of middle-aged and senior employees, new career management policies for employees in these age groups are needed to focus on career maintenance and career renewal. This means that fundamental changes in career planning, performance management, training and job design may also be required. (Rosen & Jerdee 1990.)

In recent years, ageing employees' opportunities for career progress have been discussed in the context of career plateauing. Hierarchical plateauing describes the situation where an employee has little chance for further vertical movement within an organisation. Job content plateauing occurs when employees are no longer challenged by their job responsibilities. Ageing employees are more likely to experience both hierarchical and job content plateauing than younger employees. Given the large baby boom cohort, ageing employees can view hierarchical plateauing as unavoidable. (Armstrong-Stassen & Ursel 2009.) Allen et al. (1998) have suggested that employees may recognise that hierarchical plateauing is an inevitable part of organisational life, and therefore, advancement and promotion no longer play an important role in their career. Having interesting job assignments is more important. (Armstrong-Stassen & Ursel 2009.) Therefore, preventing job content plateauing could be especially relevant for the retention of ageing employees. For example, Armstrong-Stassen and Ursel (2009) found in their study concerning older Canadian nurses that job content plateauing had a strong relationship to career satisfaction, but the same was not true for hierarchical plateauing. In Finland, it has been found that Finnish employees in general valued more opportunities to develop themselves than opportunities for career progress. Only younger employees (15–24) felt it more important to progress in career than other age groups. (Lehto & Sutela 2008.)

The third paper showed that half of the respondents (49%) felt that their skills were in balance with present work demands and 30 per cent of all respondents believed that they have the potential to carry out more challenging tasks. Every fifth respondent (20%) felt that they needed additional training in order to perform well in their present job. These figures are in line with those found in the survey conducted in the Finnish social and healthcare sector (Laine et al. 2011).

The oldest nurses (over 54 years old) in the studied hospital felt that they needed more training than other nurses in order to do their job well. It is well established in the literature that ageing employees are more prone to skill obsolescence because they tend to have longer work histories, over which skills and knowledge can deteriorate. Obsolescence can be a result of a deterioration in present skills, the failure to acquire new ones as job requirements change or the failure to take opportunities to acquire the new skills necessary to meet changing job requirements. (Kooij et al. 2008.) In addition, ageing employees may have lower expectations that the acquisition of new skills will result in valued

rewards (Fossum et al. 1986). For example, Kooij et al. (2008) concluded in their review concerning older employees' motivation to continue to work, that organisational ageing is likely to result in skill obsolescence with potentially negative effects on the motivation to continue to work, and an increased likelihood of encountering a career plateau or to accomplish one's career goals resulting in detachment from the career. On the other hand, organisational ageing is also likely to result in increased work commitment and career resilience. (Kooij et al. 2008.)

5.1.2 The relationships between age, perceived development opportunities, work-related attitudes and job withdrawal intentions

The results of the first and fourth paper demonstrated that age correlated positively with both attitudinal and affective organisational commitment, indicating that older nurses were more committed to the organisation than younger nurses. The increase in organisational commitment with age is well documented in the literature (Meyer et al. 1993; Jokivuori 2002; Labatmediéné et al. 2007). Studies concerning the organisational commitment of nurses have also demonstrated that ageing nurses tend to report higher levels of organisational commitment than younger nurses (Laine 2005; Flinkman et al. 2008). This phenomenon has been explained in different ways. Firstly, it has been argued that employees with longer organisational tenure will identify more with the goals of the organisation (O'Reilly & Chatman 1986; Conway 2004). Secondly, according to the life stage perspective, individuals pass through different development states when they get older and these stages affect their priorities (Erikson 1963). For example, as individuals age they may have different family responsibilities concerning children or ageing parents, which can influence how easily they can leave the organisation. (Finegold et al. 2002.) Thirdly, ageing influences job withdrawal intentions by limiting the options available to the employee (Adams & Beehr 1998).

The results of the first and second paper showed that job satisfaction and organisational commitment were positively related with each other, which is also well documented in the research literature (Currivan 1999; Jokivuori 2002). However, the level of job satisfaction was higher than the level of organisational commitment. By using social exchange theory as a theoretical framework, positive associations between perceived development opportunities and both organisational commitment and job satisfaction were expected. The results demonstrated that perceived development opportunities were positively and significantly related to the feelings of job satisfaction and organisational commitment. This result is in line with previous studies, which have shown that when employees perceive their development opportunities as good it is positively related to employees' organisational commitment (Mikkelsen et al. 1999; Pate et al. 2000; Tuomi & Vanhala 2002) and job satisfaction (Mikkelsen et al. 1999). For instance, Bartlett (2001) has found that perceived access to training was positively related to nurses' organisational commitment. The result of the first paper also showed that the strongest association was found between per-

ceived development opportunities and organisational commitment. This result can be interpreted in the context of social exchange theory, which states that employees interpret HR practices as organisational support, which they then reciprocate back to the organisation (Kooij et al. 2010).

In the second paper, the objective was to examine nurses' job withdrawal intentions and the antecedents of these with special reference to perceived development opportunities and job control. The results demonstrated that 25 per cent of the studied nurses had frequently thought about leaving the profession and 19 per cent of the studied nurses had frequently thought about taking early retirement. Those who considered leaving the nursing profession were in the younger age group, while those who considered early retirement were in the older age group. These findings support previous Finnish studies concerning nurses' job withdrawal intentions. In previous studies, the intention of Finnish nurses to leave their profession has varied from 15 per cent (Laine 2005) to over 30 per cent (Kuokkanen et al. 2003; Hintsala 2005). For instance, Flinkman et al. (2008) found that 26 per cent of the young (under 30-year-old) Finnish nurses have often thought about giving up nursing. A recent national study has demonstrated that approximately 30 per cent of Finnish nurses felt that they were not able to work through to retirement age for health reasons (Laine et al. 2011). The latest well-being at work survey by Statistics of Finland, has shown that 34 per cent of Finnish employees have at least sometimes thought about early retirement and 17 per cent have thought about it often (Lehto & Sutela 2008).

The theoretical background of the second paper was based on organisational withdrawal theory and social exchange theory. Organisational withdrawal theory suggests that both personal and work-related factors can contribute to employees' job withdrawal intentions. From among personal factors, age and work ability were associated with both forms of job withdrawal intentions. Younger age increased the likelihood of occupational turnover whereas older age increased the likelihood of intentions to retire early. Low work ability increased the odds for both forms of job withdrawal intentions. The result implies that an imbalance between personal resources and the demands of the job forced the nurses to consider job withdrawal - occupational turnover or early retirement. For example, Camerino et al. (2008) found that low work ability increased different types of thinking in regard to quitting among younger Italian nurses, and among older nurses, low work ability predicted an actual exit.

In addition, the likelihood of leaving the profession was greater for those who had their skills in balance with their present work demands, or who judged that they had the potential to carry out more challenging tasks. A recent study has demonstrated that dissatisfaction with the use of one's competencies is an important work-related factor relating to nurses' occupational turnover (Estryn-Behar et al. 2010) and organisational commitment (Laine 2005). The results could also be interpreted using the notion of the new psychological contract, which claims that careers in a single organisation are becoming rare and

individuals develop themselves in order to maintain their employability (Baruch 2001).

It is well documented in the literature, that job satisfaction and organisational commitment are seen as “intervening” variables between personal and work-related variables and turnover intentions (Currivan 1999). For example, Cohen and Golan (2007), in their longitudinal study, examined the impact of prior absenteeism, demographic variables and work-related attitudes (e.g. job satisfaction) on absenteeism and turnover intentions among nurses working in long-term nursing care facilities in Israel. They found in their study that prior absenteeism was a strong predictor of later absenteeism. The findings also showed that job satisfaction was related to absenteeism while organisational commitment was related to turnover intentions (Cohen & Golan 2007.)

From among the work-related factors in this study, job satisfaction had an important role in both forms of job withdrawal intentions. However, organisational commitment was only associated with occupational turnover intentions. This can be due to the fact that retirement involves an entirely new lifestyle with different societal norms, and therefore, it is possible that the significance of work-related attitudes, like organisational commitment, is weaker than found for intentions for occupational turnover (Adams & Beehr 1998). It is also possible that intentions to retire early are more influenced by a person’s health than work-related factors. For example, von Bonsdorff (2009) in her study distinguished health-related early retirement intentions and general early retirement intentions. It has been stated that in jobs that are physically demanding, the decision to retire is influenced more by work ability than in less physically demanding jobs (Julkunen & Pärnänen 2005).

Low job control played a significant role in nurses’ early retirement intentions. According to Karasek and Theorell’s (1990) stress model, job strain or stress occur when an employee has high demands, but low opportunities to influence his or her job. For example, the NEXT-study showed that quantitative demands, referring to the intensity of work, were highly associated with nurses’ feelings about burnout and job satisfaction, but also to some degree with intent to leave the profession and general health. In Finland, it was found that nurses perceived the quantitative demands of the job as high and the quantitative demands did not decrease with age. This was explained by the fact that in Finland, the high proportion of older nurses does not allow the redistribution of heavy work demands to nurses of a younger age. (Hasselhorn et al. 2005.) In this study, the mean of job control was found to be rather low indicating that the studied nurses perceived their opportunities to influence their work as being rather limited. Laine et al. (2011) have also found that Finnish nurses in general perceive their opportunities to influence their job as being rather low. In the NEXT-study, it was found that among nurses in ten European countries, the mean scores for influence at work were rather low and the lowest scores were for Finland. (Hasselhorn et al. 2005.)

The results of this study demonstrated that job control correlated positively with job satisfaction and organisational commitment. In other words, people

who perceived that they could influence their job demonstrated higher job satisfaction and organisational commitment. The positive relationship between job control and organisational commitment has also been found in previous studies (Mathieu & Zajac 1990; Jokivuori 2002; Laine 2005). For example, Laine (2005) has demonstrated that poor job control was related to nurses' lower organisational as well as occupational commitment.

In previous studies, development opportunities have been associated with nurses' intentions to leave the profession (Hasselhorn et al. 2005; Hayes et al. 2006; Flinkman et al. 2008), and they have also been seen as an important example of incentives relating to ageing nurses' retention strategies (Hayes et al. 2006; Lavoie-Tremblay et al. 2006). However, in this study, perceived development opportunities did not explain occupational turnover or early retirement intentions. This could be due to the different operational definitions used in previous studies, or because of the differences in the work contexts in the different studies (Hayes et al. 2006). The work of nurses is psychically and mentally demanding (Lehto & Sutela 2008), and the possibilities for career advancement are rather limited (Laine et al. 2011), which can also diminish the significance of development opportunities in terms of job withdrawal intentions.

In the fourth paper, age-related differences of intentions to remain in the workplace and affective organisational commitment were studied. In addition, the antecedents of affective organisational commitment were examined. In line with previous studies (Steers 1977; Tsui et al. 1997; Jokivuori 2002; Laine 2005), the results showed that the oldest nurses and those who had worked longest in the current organisation were most affective committed to the organisation. In other words, it seems that older nurses and those who have longer organisational tenure are more tied to the community and may feel that they do not have a lot of other employment options (Tallman & Bruning 2005). The higher organisational commitment of older employees can also be explained by the argument that older employees, in general, are more satisfied with their job and their status in the organisation (Mathieu & Zajac 1990; Jokivuori 2002).

However, the nurses who had worked 2–10 years in the organisation had the lowest intentions to remain in the workplace. This could be due to challenges related to family responsibilities, such as childcare, which often occur at that particular age, or due to being in a mid-career stage (Chang et al. 2007), when career opportunities are also sought from other organisations (Cleveland 1999).

Affective organisational commitment was positively related to intentions to remain within the present workplace. In other words, nurses with high affective organisational commitment stay in the organisation because they are emotionally attached to the organisation. A positive relationship between affective organisational commitment and the intention to stay in the organisation has also been found in the comprehensive review by Meyer and Allen (1997). In the regression model, affective organisational commitment was predicted by four variables. From the personal variables, nurses of older age and with skills in balance with present work demands (compared to those who perceived a need for additional training) were more affectively committed to the organisation. Work-related fac-

tors that predicted affective organisational commitment were supervisory support for development and opportunities to use one's competencies.

The importance of the balance between employees' competencies and job demands is stressed especially in age management literature (Walker 2005; Ilmarinen 2006). According to social exchange theory, supervisors can be seen as playing a central role in the social exchange relationship. Organisational actions, such as providing development opportunities and managerial support for development can be interpreted by employees as symbolic of their organisation's commitment to them. According to the norm of reciprocity, perceptions of managerial support may create an obligation on the part of employees to repay the organisation for its commitment to them. One way to do this is through their commitment to the organisation and continued participation in the workplace (Allen et al. 2003; Armstrong-Stassen & Schlosser 2008a.) For example, Gerstner and Day (1997) have argued based on their meta-analysis results that the relationship an employee has with his or her supervisor is a lens through which the entire work experience is viewed (Armstrong-Stassen & Schlosser 2010). Earlier studies have also provided evidence that perceived development support from a supervisor influences employee willingness to participate in development activities (Noe & Wilk 1993; Maurer & Tarulli 1994). Ilmarinen (2006) has emphasized that from the viewpoint of learning in ageing employees, supervisors play an important role in terms of supporting their learning.

In previous studies concerning the retention of nurses, the importance of interpersonal relationships and especially the quality of leadership in the retention of nurses has been emphasized (Irvine & Evans 1995; van der Heijden et al. 2009). For example, Heilmann (2010) concluded in her study that leadership skills of the supervisor are important in order to retain senior nursing personnel. Perceived respect from a supervisor has also been found to be significantly negatively related to the plateauing of job content for older nurses (Armstrong-Stassen & Schlosser 2008a). For example, Tallman and Bruning (2005) found in their study concerning the retention of Canadian nurses that the safety of the work environment, management's views of nurses and the fairness of policies had the strongest relationships with affective organisational commitment. A recent national study demonstrated that the ambiance at work and work content were the most important factors related to organisational commitment among Finnish nurses (Laine et al. 2011). A systematic review conducted by Cowden et al. (2011) included 23 articles concerning articles on leadership practices and nurses intentions to stay. They found that nurses who felt supported by their managers and peers, who were autonomous in their practice, recognized and valued for their contributions, encouraged to participate in decision-making and empowered to reach their full potential were generally more likely to remain in their positions, were more satisfied and more committed to the organisation. (Cowden et al. 2011.)

A recent NEXT-study found that older Finnish nurses reported relatively higher amounts of perceived social support from their superiors than younger nurses (van der Heijden et al. 2010). Also in the last survey of this study, the

level of perceived supervisory support for development did not decrease with increasing age (Salminen 2010).

Perceived opportunities to develop one's competencies and opportunities for career progress were not significant in the regression model. This could be explained, in part, by the notion that opportunities for competence development can be experienced either positively or negatively depending on the context in which they are introduced (Rainbird & Munro 2003). The significance of professional competence development can be diminished by the limited opportunities for career progress and job design of Finnish nurses in general (Laine et al. 2011). In addition, nursing as a profession is both emotionally and physically demanding (van der Heijden et al. 2009), and therefore, it can be assumed that the interpersonal work context for nurses, such as supervisory support, can play a more important role for their affective organisational commitment than opportunities for competence development or career progress.

Contrary to previous studies (Finegold et al. 2002; Conway 2004; Chang et al. 2007; Kooij et al. 2010), no statistically significant age or career-stage effects were found, indicating that there are greater similarities than differences among nurses of different ages and career stages. On the other hand, this finding implies that supervisory support for development and opportunities to use one's professional competencies are important for both ageing and younger nurses.

5.1.3 HRM and ageing employees from a gender perspective

The fifth article sought to analyse studies related to HRM and ageing employees from a gender perspective. A literature review was conducted in order to reveal different strands of studies relating to HRM and ageing employees. In age management studies, age is usually understood as chronological or functional age, and therefore, changes related to ageing have mostly been understood in the context of work ability (for example Ilmarinen 1999; 2001). Age management as a concept is diverse and lacks a theoretical background (Halme 2011). This is partly due to the fact that most of the age management studies have been primarily empirically driven and have concentrated on finding practical solutions to managing ageing workforce. However, possible gender differences in terms of needs and preferences have not taken these studies into account, resulting in 'gender neutrality' or 'gender blindness'. Many of the age management studies can also be classified as normative because they have concentrated on issues concerning how employees *should* be managed in a more age-sensitive manner (Ilmarinen 2006; Walker & Taylor 1998). In normative age management studies, HR practices are often presented as general good age management practices and the contextual factors have not analysed in detail. However, it has been found both in the UK and in Finland, that public sector organisations were more likely to have introduced HR policies aiming to extend the working life of older employees (Parry & Tyson 2009; Pärnänen 2011).

In studies related ageism and ageist practices in the areas of HRM (for example Taylor & Walker 1998; Glover & Branine 2001; Duncan & Loretto 2004), age is usually understood as chronological as well as psychosocial age referring

to stereotypes and social attitudes related to older employees. In this line of studies, age is seen as an important structural basis of inequity. However, little research has so far been carried out to study how intersections between age and gender relations influence inequity in organisations. For example, it is unclear, whether the dual effect of age and gender discrimination is simply additive or in some ways mutually reinforcing. (Duncan & Loretto 2004.)

Taken together, most of the HRM studies concerning ageing employees have neglected issues related to gender differences. There are, however, researchers who have adopted a relational understanding of gender, which is based on the idea that gender structures are realised through our interactions with others, highlighting the process of “doing gender”. These interactions shape and reinforce, but can also change existing ideologies of femininity and masculinity. A relational understanding of gender stresses that oppression is a characteristic of relations among women, among men and between women and men. (MucMullin & Berger 2006.)

There are also scholars who stress that gendering structures and processes are produced in organisations (Alvesson & Due Billing 1992; Wicks & Bradshaw 2002). The processes of constructing gender within organisations, help to produce gendered components of individual identity (Acker 1990), which in turn, are related to beliefs about what is fair and equitable (Lewis & Humbert 2010). For example, both male and female employees adjust their behaviour in order to fit the gender roles and norms of working life and as a result of those ‘gendering practices’ the inequities in terms of pay and hierarchical differences are produced (Pärnänen 2011).

The same mechanism can be found in the discussions related to ageing employees in working life, where different actors produce and reproduce age in actions and discussions (Pärnänen 2011). For example, McMullin and Berger (2006) found in their study concerning unemployed older (45+) women and men who were actively seeking employment in Canada, that employers discriminated against job candidates in relation to their gendered or age(ed) bodies. In other words, older women were devaluated in relation to men but also in relation to younger women, largely as a result of how they looked. (McMullin & Berger 2006.) Whereas, Irni (2009) found in her study, that the anger and resistance of midlife women was rooted in the gendering hierarchies and practices of the organisations. For example, in the studied hospital organisation, which was dominated by women and the higher posts were dominated by men, the age structure was seen as most problematic among the (female-dominated) nursing staff. This was despite the fact that, the average age of the doctors was higher. (Irni 2009.)

5.2 Theoretical contributions

Multiple perspectives could have been adopted in order to investigate the significance of perceived development opportunities for ageing employees in the

context of retention. In this study, three perspectives were applied: HRM, age management and job withdrawal. In addition, this study adopted an employee-level perspective when studying the associations between perceived development opportunities and work-related attitudes as well as job withdrawal intentions. The justification for this is that HRM scholars, like Guest (2011), have argued that it is not only important to study the presence of HR practices, but also the way in which employees interpret these practices and how the interpretations can shape their response.

This study makes a contribution to the existing literature concerning HRM and ageing employees by presenting an effort to theoretically explain the links between perceived development opportunities and work-related attitudes – in this case organisational commitment and job satisfaction. In addition, there has been growing interest in improving the organisational commitment of healthcare employees, including nurses (Caykoğlu et al. 2011).

The rationale for concentrating on work-related attitudes such as organisational commitment can be justified in at least three ways. Firstly, organisational commitment plays an important part in HRM philosophy, which believes that eliciting employees' commitment will lead to enhanced performance (Armstrong 2003). Secondly, organisational commitment has emerged as a key concept in the study of work-related attitudes and behaviour (Swales 2002) because it has been linked to turnover intentions as well as actual turnover (Allen & Meyer 1996). In other words, previous studies have consistently demonstrated that organisational commitment and retaining employees in the organisation are closely related (Mowday et al. 1979; Price & Mueller 1981; Adams & Beehr 1998; Lum et al. 1998; Price 2001; Armstrong-Stassen & Schlosser 2008; Tallman & Bruning 2005). However, there is still a considerable degree of diversity and controversy within the literature regarding how the construct should be defined and subsequently measured (Conway 2004). In this study, two forms of organisational commitment, attitudinal and affective, were studied. Thirdly, organisational commitment has been seen in job withdrawal literature as a predictor of job withdrawal intentions. In other words, previous studies have suggested HR practices may have relatively distal rather than mediate influences on the decisions of individuals to remain with their organisation (Price & Mueller 1981; Armstrong-Stassen & Schlosser 2010). HR practices may influence decisions to stay in or leave the organisation through work-related attitudes. Therefore, organisational commitment can be seen to have a preventative role for withdrawal behaviour (Chew 2004). Based on the knowledge which factors influence nurses' organisational commitment, HR managers can make adjustments in order to prevent them from leaving the organisation.

This study also contributed to the literature concerning job withdrawal intentions among nurses by studying both occupational turnover and early retirement intentions together. There is extensive research concerning nurses' intentions to leave their organisation (Price & Mueller 1981; Irvine & Evans 1995; Hayes et al. 2006), but there are only a few studies that have focused on occupational turnover (Flinkman et al. 2008; 2010). There is also a lack of studies where

these two forms of job withdrawal intentions have been examined together, although it has been suggested that they may share some similar antecedents (Hanisch & Hulin 1990; 1991).

The results of this study demonstrated that intentions for occupational turnover and intentions for early retirement correlate with each other suggesting that they are related. These two forms of job withdrawal also had some common antecedents. Poor work ability and low job satisfaction increased the odds for both forms of job withdrawal intentions. However, it should be acknowledged that environmental factors are also important factors that may contribute to employees' job withdrawal intentions. In terms of early retirement intentions, there are many environmental issues, like legislation, labour market conditions and changing institutional settings which all influence employees' retirement decisions (Julkunen & Pärnänen 2005; Ruoholinna 2009; Järnefelt 2010; Pärnänen 2011). Therefore, the decision to retire early is not only a question of individual's own choice (Buyens et al. 2009; Pärnänen 2011). It is also well-documented in the retirement literature, that women's retirement choices are more influenced by domestic responsibilities than male employees (von Bonsdorff 2009). In addition, expectations concerning retirement age and, what is referred to as, the 'third age' are important factors that may contribute to employee intentions for early retirement (Julkunen & Pärnänen 2005).

The final contribution relates to the incorporation of managing ageing employees and the gender perspective, thereby answering the call of researchers to include gender issues in research on managing ageing employees (Ainsworth 2002). Finnish working life is profoundly segregated according to gender, both vertically and horizontally, and the healthcare sector and nursing as a profession are good examples of this (Ruoholinna 2009). Yet very little research has been conducted concerning the intersection of ageing and gender in the context of HRM. For example, it can be expected that women face different career challenges than men, even though there is great diversity in women's career paths (Cleveland et al. 1999). The theoretical paper stressed that there is a need to integrate gender into the analysis of managing ageing employees. In other words, the feminist research tradition could be used in order to further analyse the intersections of age and gender, but also study how age is socially constructed in the context of HRM. In line with feminist studies, research is needed to analyse how age is structured and "done" through interactions with others in the organisational context (Pärnänen 2011).

In sum, the empirical results of this study were restricted to two Finnish public hospitals and to a female-dominated profession, and therefore, they should be interpreted in this context. Nursing as a profession is both physically and mentally demanding (Lehto & Sutela 2008), and it is also well regulated (Laine et al. 2011). The nature of the work limits nurses' abilities to influence their job; the work is done according to the needs of patients and in shifts (Laine et al. 2011). Hospitals as work organisations are traditionally hierarchical and the work distribution is strictly defined (Ruoholinna 2009), which makes nurses' opportunities for upward career progress as well as job control rather lim-

ited. Because of these factors the significance of development opportunities for the retention of ageing nurses may be minor compared to other professions. Based on the evidence from the theoretical paper it can be argued that there is a need to move from normative age management to more context-specific and gender-aware studies. In other words, there is a need to acknowledge that HRM does not take place in a vacuum (Guest 2011), rather that the organisational factors (see for example, Pärnänen 2011) will effect the way age management is implemented in organisations.

Despite the fact that this study was restricted to the nursing profession, it is a well-documented fact that ageing employees will make up increasingly larger proportions of the workforce in the future. This will also mean that the potential of organisations to perform optimally depends on their employees' capabilities to maintain and develop their skills and competencies as job demands are continuously change at an ever-increasing rate. In other words, organisations have to rely increasingly on the knowledge and skills of ageing employees in the future. (Walker 2005; van der Heijden et al. 2008.) Therefore, understanding the significance of perceived development for the retention of ageing employees is relevant in other professions and fields as well.

5.3 Practical implications

The ageing of society can be seen as a challenge, but longer life is also a victory itself representing a triumph of social, economic and medical advances (Powell & Cook 2009). In our society, hospitals are a major pillar of the health care system, and nurses provide a crucial primary-care-giver function within these organisations (Tallman & Bruning 2005). However, the current economic situation is challenging because access to healthcare, the introduction of technological progress and greater patient choice, are increasingly being considered against a background of financial sustainability (Europe in figures. Eurostat Yearbook 2011).

Healthcare organisations can take different measures in order to respond to nursing shortages, like recruiting nurses from overseas or increasing the enrolment of nursing students in schools of nursing (Blakeley & Ribeiro 2008). However, the retention of nurses has been stated to be as one of the most practical solutions to the nursing shortage (Armstrong-Stassen & Schosser 2010).

This study started at a time when major programmes for retaining ageing employees in working life were in progress in Finland and the retirement reform was at hand. At the moment, there are hospitals which are struggling with the shortage of nurses (Airo 2012) and retaining an adequate number of nurses is stated as one of the greatest challenges in the Finnish health care sector in the near future (Kankaanranta & Rissanen 2009).

The results of this study provided evidence that development opportunities perceived as good were positively related to work-related attitudes, in this case, organisational commitment and job satisfaction. The results also demon-

strated that job satisfaction decreased the likelihood for occupational turnover and early retirement. Therefore, healthcare organisations should pay attention to development opportunities provided for nurses and recognise that they do relate to nurses' organisational commitment and job satisfaction. The findings also suggest that providing nurses with opportunities to influence and develop their working methods could be used as one way to prevent job withdrawal intentions.

The abilities of both ageing and younger nurses should be in balance with job demands. Those nurses who feel that they have the potential to carry out more challenging tasks should be offered the opportunities to utilise skills and competencies gained through training and work experience. However, there is also a need to identify those nurses who feel that they need additional training in order to perform well in their current job and provide targeted training and development activities according to their needs.

The results also stress the importance of paying attention to ageing and younger nurses' career progress opportunities as a part of professional competence development. This means that opportunities for career progress should be understood in a broader sense covering both hierarchical and vertical movements. For example, vertical opportunities may include special projects or assignments, job enrichment and job enlargement. Given the fact that ageing employees are the fastest growing demographic category, attention should be paid to career opportunities and creating more varied career paths for ageing nurses in order to prevent career plateauing. Development discussions are an important arena for nurses to bring up these kinds of issues. Therefore, all nurses should be provided regular development discussions with his or her supervisor in order to discuss issues related to the use and development of their competencies, but also to discuss potential career opportunities in the long run.

This study provided evidence that nurses' affective commitment to the organisation could be positively influenced by providing adequate opportunities for them to use their competencies, as well as supervisory support for development. Based on the findings of this study, it can be argued that supervisors play an important role in terms of influencing the affective organisational commitment of both ageing and younger nurses. Supervisory support for development may include, for example, supportive attitude towards development, encouragement and fair and equal treatment in terms of providing development opportunities.

Individual acts of withdrawal, like occupational turnover or early retirement, are costly for the organisation, but also most likely for the employee (Hanish & Hulin 1991). From the practical perspective, recognising the antecedents of job withdrawal intentions, such as intentions for early retirement and occupational turnover, can help healthcare organisations to re-design their HR practices in order to retain both ageing and younger nurses in the profession. This study provided evidence that there are age-related differences in terms of job withdrawal intentions as well as intentions to stay in the workplace. The younger nurses were most likely to consider occupational turnover, whereas

early retirement intentions were higher among the older nurses. It seems that the decision to stay in the profession is made during the early part of the career.

For example, Cleveland et al. (1999) have argued that during the first establishment stage of their career, employees develop their psychological contract with the organisation. In the mid-career stage, intentions to leave the organisation may be actualised if the working conditions are not satisfied. The mid-career stage is often characterised by achievement, upward mobility and possible offers from other organisations (Cleveland 1999), which is also seen in the results of this study: intentions to remain in the current workplace were lowest among the age group of 35–44. In later career, dissatisfaction with work-related factors accompanied with lowering workability may result in a form of career plateau and early retirement intentions. In other words, younger nurses may seek improvements in their working conditions by changing organisation or profession, while ageing nurses may consider exiting the labour market altogether (Camerino et al. 2008).

Therefore, there is a need for retention strategies, which could prevent different forms of withdrawal. This also requires that the differences and similarities among nurses at different ages and different career stages are understood. Based on the empirical findings it can be argued that the professional identity of younger nurses should be supported in order to prevent their abandoning the profession, whereas older nurses' career opportunities and special needs in terms of training should be recognised. HR practices related to competence development can make a contribution in terms of retaining nurses by influencing work-related attitudes, such as organisational commitment and job satisfaction. However, there is also a need to understand how other work-related and personal factors influence employees' job withdrawal intentions.

Because both occupational turnover and early retirement are often a result of a lengthy consideration of process, managers should recognise early enough those nurses who consider job withdrawal. Paying attention to low job satisfaction and low organisational commitment can be considered one way to prevent organisational withdrawal intentions. Regular development discussions provide an opportunity for the manager to discuss possible job withdrawal intentions an employee may have. In addition, exit interviews should be used in order to explore reasons for leaving and to identify factors that could improve the situation in the future and to gather information on the conditions offered by other organisations (Beardwell et al. 2004; Flinkman et al. 2010).

Finally, based on the theoretical paper, it can be argued that the representatives of an organisation, such as HR professionals and supervisors, should pay more attention to the individual needs, preferences and expectations that different employees may have based on their age and gender. For example, it can be argued that women's secondary position in the labour market is partly attributable to the unintended effects of daily working practices and assumptions that appear to be gender neutral but are grounded in a male model of work (Acker 1990; Lewis & Humbert 2010). In other words, it reflects the attitude that child-birth and domestic care will take place elsewhere, and are not under the influ-

ence or responsibility of employers (Lewis & Humbert 2010). However, older employees and especially older women employees may have a double-burden of caring for their own family as well as providing care for elderly parents (Kauppinen 2010). Therefore, there is a need in the future, to reconsider more thoroughly the acceptable reasons for flexible working arrangements.

In general, HRM practices and policies which are sensitive to the individual needs, preferences and expectations of employees can be considered age-friendly and reflect that an organisation respects its employees. The idea that employees should be managed in a sensitive manner so that their needs and preferences are acknowledged is far from new. This line of thinking represents the soft HRM approach, which stresses the importance of employees' organisational commitment for the performance of the organisation. For example, Beer et al. (1984, 24) stated almost 30 years ago that:

“(HRM) Policy differences should be shaped by valid assumptions about the differences in backgrounds, needs, expectations, and educational qualifications that employees bring to their jobs. However, managers must be careful not to differentiate between groups on the basis of invalid assumptions.”

5.4 Limitations

There are some limitations due to the shortcomings associated with questionnaire surveys and collecting attitudinal data. These limitations should be taken into account when interpreting the results. Firstly, this study was restricted to two Finnish public hospitals and a female-dominated profession. Most of the respondents were registered nurses. In the third survey a small number of other nursing professionals participated in the study. These facts narrow the generalizability of the results. Therefore, only tentative conclusions can be made concerning nurses working in other Finnish hospitals or healthcare units.

Secondly, all three studies conducted were cross-sectional, and therefore, the causality cannot be confirmed. Based on social exchange theory, it was expected that development opportunities perceived as good could lead to positive work-related attitudes such as affective organisational commitment. However, the opposite causality is also possible. For example, organisations may offer committed employees more opportunities to develop themselves and direct their own job. It is also possible that those employees who are more committed to their organisations perceive their opportunities for development and job control better than others do. (Armstrong-Stassen 2008b; Kooij et al. 2010.) In order to overcome the shortfalls of cross-sectional research, a longitudinal-research setting is needed.

A structural equalisation modelling should also be used in order to examine the intertwining variables affecting the relationships between perceived HR practices, work-related attitudes and job withdrawal intentions. On the other hand, a qualitative research approach could provide deeper information about

the factors influencing nurses' intentions to stay in the organisation and in the profession. Therefore, a mixed method approach, where both quantitative and qualitative study methods are combined could provide a deeper understanding of the phenomenon in the future.

There are also some cautions concerning the variables used in this study. For instance, there is a risk of a common-method bias because in this study self-reported measures were used for all the variables (Podsakoff et al. 2003). In addition to that the use of different scales has made it difficult to compare the results of the papers. In the first and second paper, perceived development opportunities were operationalized using only four items selected by the researcher based on earlier studies. In the third and fourth paper, an extended scale was used making it incomparable with the earlier scale. In addition, in the third survey, affective organisational commitment was assessed using Allen and Meyer's (1990) organisational commitment scale, while in the two former surveys the Organisational Commitment Scale by Porter et al. (1974) was applied.

The use of a single item for measuring job satisfaction, job withdrawal intentions and intentions to remain in the workplace could have weakened the reliability of these instruments. In earlier studies, different measuring instruments have been used to examine early retirement and occupational turnover intentions. In addition, intention to stay and intention to leave have been used interchangeably in a number of studies. These shortcomings may have resulted in inconsistencies with previous studies. In the future, there is a need to further evaluate these variables in order to validate their similarity or distinctiveness. (Cowden et al. 2011.)

It should be also pointed out that perceived development opportunities, supervisory support for development and job control were studied using the subjective experience of nurses, which may only partly reflect the actual situation. However, it can be argued that employees' perceptions of what their organisation is doing will play an important role in their decisions to remain with or to leave their organisation (Armstrong-Stassen 2008b).

5.5 Recommendations for future research

One of the main arguments in age management literature is that HR practices should be tailored to meet the special needs of different aged employees (Ilmarinen 2006). Therefore, it would make sense to study those organisations, which use specific age-aware HR practices. In addition, even though it is important to understand employees' perceptions about HR practices, it is also crucial to study actual HR practices. This requires moving from an individual-level analysis to an organisational level analysis. This would mean, for example, that HR professionals and managers are interviewed and the actual HR practices used in organisations are studied in detail. In general, a qualitative study approach could be implemented in order to gain a deeper understanding of the workplace's contextual factors that contribute to nurses' job withdrawal inten-

tions. It would be also interesting to study the different influences (for example, legislation, societal pressures) on age-aware HR practices (Parry & Tyson 2009).

Regarding the outcomes variables (organisational commitment, job satisfaction, occupational turnover and early retirement intentions) used in this study, it must be acknowledged that they have multiple antecedents. Therefore, it would seem wise to study, how other HR practices for example, performance appraisal and compensation practices, are associated with job withdrawal intentions. In other words, a more integrated approach that incorporates different HR practices and in particular bundles of HR practices to determine whether they are more strongly related to affective organisational commitment is needed (Conway 2004; Kooij et al. 2010). Strategic HR literature suggests that HR bundles are superior to individual HR practices because of their combined synergistic effects (Bowen & Ostroff 2004; Chew 2004; Armstrong-Stassen & Schlossen 2010).

Personal factors, such as the centrality of work, referring to the overall importance of work in a person's life, can also influence how an employee perceives his or her development opportunities, affective organisational commitment and intentions to remain with the organisation (Armstrong-Stassen & Schlosser 2008). In addition, the sense of coherence, optimism or stress and depression are personal factors that can contribute to the decision to continue working (Harkonmäki 2007). Domestic responsibilities and especially issues related to work-family-conflict should also be taken into account when studying nurses' withdrawal intentions in the future (Hasselhorn et al. 2005). There is also a need to look at different aspects of job satisfaction, rather than the overall level of job satisfaction. In this study, the focus was on organisational commitment, but there is also evidence that occupational commitment plays an important role in influencing nurses' occupational turnover (van der Heijden et al. 2009), and therefore, nurses' occupational commitment should also be studied in detail in the future.

In the future, the antecedents of nurses' occupational turnover intentions need to be studied more thoroughly. In particular, there is a need to explore why there a number of nurses perceived that their competence is not in balance with their current job. It would also be interesting to study different forms of withdrawal; for example, the similarities and differences in the antecedents of job withdrawal and work withdrawal intentions and behaviours. For example, it would be interesting to study the link between career advancement and withdrawal behaviours like absenteeism and lateness in line with the study by Carmeli et al. 2005. There will also be more employees in the future who return to work after retirement. Therefore, studies examining factors influencing older employees' willingness to work in bridge jobs are also necessary.

In this study, categorisations of age and career stage were based on previous studies. However, there are other ways to study age and career stage differences and they may provide an important area for future research. For instance, an alternative measure of career stages would be to use direct questions about the current career stage of respondents in line with the study by Chang et al.

(2007). There is also a need to examine the different conceptualisations of age and their influence on work-related attitudes and job withdrawal intentions. For example, one way to do this is to analyse the effect of ageing employees' perceived relational age, which denotes how an individual's age compares with the actual or perceived age distribution within the organisation, work group or supervisor-subordinate dyad (Armstrong-Stassen & Lee 2009). It should also be noted that age differences in work-related attitudes are not only caused by age, but also by cohort effect. However, longitudinal data are required when cohort effects are being studied. (Doering et al. 1983; Parry & Urvin 2011.)

6 CONCLUSIONS

In the health care field, the consequences of the ageing of the population are distinct. An ageing population requires more health care services and the nursing workforce itself is also ageing. In addition, there are younger nurses who consider leaving the profession prematurely. At the moment, there is already a shortage of nurses in many European countries and the situation is expected to worsen in the future. It has been argued that one important way to respond to the nursing shortage is to retain the current nurses in the field.

This study analysed the significance of perceived development opportunities for ageing nurses in the context of retention using three theoretical perspectives: HRM, age management and job withdrawal. Based on survey data from nurses from two Finnish public hospitals, it can be argued that ageing and younger nurses participated in training and development activities in a similar way. When it comes to perceived development opportunities, the differences between ageing and younger nurses appeared most notable in terms of perceived opportunities for learning at the workplace and for career progress. The results implied that career plateauing was most evident among the oldest nurses. In addition, the nurses assessed their opportunities for taking control of their job as rather limited.

The results of this study demonstrated that nurses' perceptions about their development opportunities were related to work-related attitudes, in this case, to organisational commitment and job satisfaction. This provides support for social exchange theory, which states that organisational actions, such as development opportunities, provide employees with evidence of the organisation's intent to meet their needs. Employee responses can be seen in their work-related attitudes, such as organisational commitment and job satisfaction, and in this way influences their intention to stay in or leave the organisation. This study also showed the importance of employees' perceptions of their supervisor. Perceived supervisory support for development was positively related to affective organisational commitment in both ageing and younger nurses.

In age management literature, development opportunities are seen as one way to maintain and enhance employee work ability and employability. The

results of this study demonstrated that even though both ageing and younger nurses participated in a similar way in training and development activities, there were aged-related differences in terms of competence to do their jobs. The oldest nurses more often perceived that they needed additional training in order to perform well in their present job.

This study demonstrated that a quarter of the nurses in one of the studied hospitals had frequently thought about leaving the profession and almost every fifth nurse had thought about taking early retirement. The youngest nurses (under 35) thought most often about leaving the profession, whereas the oldest nurses (over 54) considered early retirement. In job withdrawal literature, development opportunities provided by the organisation are seen as work-related factors, which may influence employee job withdrawal intentions, such as intentions for early retirement or occupational turnover. This study demonstrated that perceived development opportunities did not directly influence nurses' job withdrawal intentions, but rather they were significantly associated with nurses' work-related attitudes, in this case organisational commitment and job satisfaction.

Based on the theoretical paper, it can be concluded that the concepts of age and gender are interrelated. Stereotypes related to ageing employees are embedded in organisation's culture and may therefore have practical consequences for HRM practices and policies. These stereotypes may also influence ageing employees' work-related attitudes and behaviour, such as decisions to continue in working life. Therefore, there is a need for research, which analyses the inter-relatedness of ageing and gender in the field of HRM. For example, critical feminist studies could provide new insights into this field. In addition, different conceptualisations of age are needed in this line of study.

In conclusion, longer working careers have been on the agenda in Finland as well as in other European countries. In recent years, several initiatives have been created in order to retain ageing employees in working life. Opportunities for continuous development have been seen as one important area for retaining ageing employees in working life. However, prolonging working careers must also mean that the concept of career is redefined and understood more broadly covering both hierarchical as well as vertical advancements, but also totally new directions for career renewal. This means that HR managers and supervisors need to pay more attention to issues related to career development and job control. In addition, providing opportunities for development should not only be seen as related to training, but rather creating a working environment that enables both ageing and younger employees to develop and fully use their competencies. This also requires supervisory support and age-aware HR practices, which recognise the individual needs and preferences of employees.

YHTEENVETO (FINNISH SUMMARY)

Koettujen kehittymismahdollisuuksien merkitys työssä jatkamisen kontekstissa tarkasteltuna - vertailu ikääntyvien ja nuorten hoitajien välillä

Tämä väitöskirja tarkastelee ikääntyvien hoitajien osallistumista työpaikan tarjoamiin koulutus- ja kehittämistoimiin, hoitajien kokemia kehittymismahdollisuuksia sekä koettujen kehittymismahdollisuuksien yhteyttä työhön liittyviin asenteisiin ja työstä vetäytymisen aikomuksiin. Tutkimusasetelma on vertaileva: ikääntyviä (45-vuotiaat ja sitä vanhemmat) verrataan nuorempiin (alle 45-vuotiaat) hoitajiin. Työhön liittyvillä asenteilla tarkoitetaan tässä tutkimuksessa organisaatioon sitoutumista ja työtyytyväisyyttä. Työstä vetäytymistä tarkastellaan hoitajien aikomuksina luopua ammatista sekä aikomuksena jäädä ennenaikaiselle eläkkeelle. Aikaisemmat tutkimukset ovat osoittaneet, että työstä vetäytymisen aikomukset ovat selkeä indikaattori itse työstä vetäytymiselle.

Työvoiman ikääntyminen niin Suomessa kuin muissakin länsimaissa haastaa sekä julkisia että yksityisiä organisaatioita kehittämään henkilöstöjohtamisen käytäntöjään ikäsensitiivisemmiksi. Väestön ikääntyminen on erityinen haaste terveydenhuoltoalalle, sillä ikääntyvä väestö tarvitsee aikaisempaa enemmän terveydenhuollon palveluja, hoitohenkilökunta itse ikääntyy ja osa hoitajista vaihtaa kokonaan toiselle alalle. Nuorien hoitajien ammatista luopuminen sekä ikääntyvien hoitajien ennenaikainen eläköityminen ovat molemmat työstä vetäytymisen muotoja, jotka pahentavat tämän hetkistä hoitajapulaa.

Tutkimuksen teoreettinen viitekehys rakentuu henkilöstövoimavarojen johtamista (HRM), ikäjohtamista sekä työstä vetäytymistä käsitteleviin teorioihin. Henkilöstövoimavarojen johtamiseen liittyvissä tutkimuksissa, koettujen kehittymismahdollisuuksien merkitystä ikääntyvien työntekijöiden työssä jatkamiselle on tarkasteltu usein sosiaalisen vaihdantateorian näkökulmasta. Organisaation tarjoamat mahdollisuudet kehittämiseen nähdään ilmentävän organisaation arvostusta työntekijöitä kohtaan, mikä vaikuttaa työntekijöiden työhön liittyviin asenteisiin kuten organisaatioon sitoutumiseen. Ikäjohtamisen näkökulmasta ammatillinen osaaminen on keskeinen osa yksilön työkykyä ja näin ollen kehittymismahdollisuuksien merkitys ikääntyvien työntekijöiden työssä jatkamiselle liittyy työkyvyn ylläpitämiseen ja kehittämiseen. Toisaalta ikäjohtamisen käytännöt nähdään keinona ehkäistä ikäsyryntää työelämässä. Kehittymismahdollisuuksien kohdalla ikäsyryntä voi tarkoittaa esimerkiksi ikääntyville työntekijöiden vähäisempiä mahdollisuuksia ylläpitää ja kehittää ammatillista osaamisesta sekä saada esimieheltä tukea kehittymiselle. Työstä vetäytymistä, kuten ennenaikaista eläköitymistä ja ammatista luopumista koskevissa tutkimuksissa, kehittymismahdollisuudet nähdään työhön liittyvinä tekijöinä, jotka voivat vaikuttaa joko suoraan tai työhön liittyvien asenteiden kautta työssä jatkamista koskeviin aikomuksiin.

Tämän tutkimuksen aineisto koostuu kolmesta määrällisestä kyselyaineistosta, jotka on kerätty Ikäjohtamisen verkostohankkeessa vuosien 2004–2007 välisenä aikana. Ensimmäinen kysely suoritettiin Keski-Suomen keskussaira-

lassa ja kaksi jälkimmäistä Kuopion yliopistollisessa sairaalassa. Kahdessa ensimmäisessä kyselyssä kyselyyn vastasi sairaanhoitajia konservatiivisilta ja operatiivisilta toimialoilta. Viimeiseen kyselyyn osallistui sairaanhoitajia sekä muuta hoitohenkilökuntaa operatiivisilta ja psykiatrisilta toimialoilta.

Tutkimustulokset osoittivat, että ikääntyvät ja nuoret hoitajat osallistuivat varsin samalla tavoin koulutus- ja kehittämistoimiin. Yleisintä oli työnantajan tarjoamaan, ei-muodollisesti pätevöittävään koulutukseen osallistuminen. Yleisesti ottaen organisaation tarjoamat kehittymismahdollisuudet koettiin melko hyvinä. Selkeimmät erot ikäryhmien välillä ilmenivät uralla etenemismahdollisuuksissa. Vanhimmat hoitajat (yli 54) kokivat uralla etenemismahdollisuutensa muita ikäryhmiä heikoimmiksi. Hyviksi koetut kehittymismahdollisuudet olivat myönteisesti yhteydessä hoitajien kokemaan työtyytyväisyyteen sekä organisaatioon sitoutumiseen. Ammatista luopumisen aikomuksen riskiä nostivat nuori ikä, heikko työkyky sekä tyytymättömyys työtä kohtaan. Lisäksi sellaisilla hoitajilla, jotka arvioivat omat valmiutensa työtehtäviä vastaaviksi tai kokivat, että he suoriutuisivat vaativammistakin tehtävistä, oli suurempi riski vaihtaa ammattia, kuin hoitajiin jotka kokivat tarvitsevansa lisäkoulutusta selviytyäkseen hyvin nykyisistä työtehtävistään. Ennen aikaista eläköitymisen aikomuksen riskiä nostivat korkea ikä, heikko työkyky, tyytymättömyys työtä kohtaan sekä heikot mahdollisuudet vaikuttaa omaan työhönsä. Tunneperäistä organisaatioon sitoutumista selittivät korkea ikä, hyviksi koetut mahdollisuudet käyttää omaa ammatillista osaamistaan, esimieheltä saatu tuki kehittymiselle sekä valmiudet, jotka ovat tasapainossa työn vaatimusten kanssa. Tunneperäinen organisaatioon sitoutuminen oli merkittävästi yhteydessä hoitajien aikomuksiin pysyä nykyisessä työpaikassaan.

Teoreettisen artikkelin johtopäätöksenä oli, että ikä ja sukupuoli käsitteinä ovat yhteen kietoutuneita ja sosiaalisesti rakentuneita. Näin ollen ne vaikuttavat ikääntyviä työntekijöitä koskeviin käsityksiin sekä osaltaan muokkaavat organisaatioiden henkilöstövoimavarojen johtamisen käytäntöjä. Tulevaisuudessa työntekijöiden työssä jatkamisen tukeminen nousee entistä keskeisemmäksi teemaksi aloilla, joissa tulee olemaan pulaa työntekijöistä. Sen takia työssä jatkamisen tukemiseen tarvitaan ikäsensitiivistä henkilöstövoimavarojen johtamista, joka huomioi ihmisten ikään ja sukupuoleen liittyvät tarpeet ja toiveet. Työssä pysymisen tukeminen vaatii moninaisia keinoja. Tässä tutkimuksessa tarkasteltiin erityisesti koettujen kehittymismahdollisuuksien merkitystä ikääntyville sairaanhoitajille työssä jatkamisen kontekstissa. Tulevaisuudessa tarvitaan kuitenkin tutkimusta, jossa tarkastellaan työntekijöiden kokemuksia muista henkilöstövoimavarojen johtamisen osa-alueista. Lisäksi tarvitaan tutkimusta, jossa analysoidaan henkilöstövoimavarojen johtamisen käytäntöjen yhdysvaikutuksia ja niiden merkitystä työntekijöiden työssä jatkamisen aikomuksiin.

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ORIGINAL PAPERS

I

ACCESS TO LEARNING: FOCUS ON AGEING FINNISH NURSES

by

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Access to learning – focus on ageing Finnish nurses

Human resource development (HRD) is one of the central areas of human resource management (HRM) and the importance of continuous development is widely recognized as critical to organizational effectiveness. However, the situation concerning ageing employees' opportunities for development is often undervalued. This study investigates the relationships between perceived development opportunities and feelings of job satisfaction and organizational commitment focusing on ageing nurses working in one Finnish public hospital. The results of this study showed that although all four age groups participated and intended to participate in training in a similar way, the youngest age group (under 35) found their opportunities for development significantly better than the oldest (over 54) age group. Age-related differences appeared especially in terms of career opportunities and opportunities for learning at workplace. Good development opportunities were positively related to nurses' job satisfaction and organizational commitment, which are important work-related attitudes influencing employees' intentions to either leave or stay with the organization.

Hanna Salminen

INTRODUCTION

An ageing workforce is one of the biggest challenges in current working life in Finland as well as in many other European countries. Ageing employees can be found in all sectors, but the largest employer of ageing employees in the EU is the service sector and especially health care (Ilmarinen, 2001). At the moment, there is a substantial shortage of nurses in many European countries. The impact of ageing population on nursing is visible in three ways: the proportion of younger working-age people will decrease, the proportion of older employees will increase and the number of retired people will also increase. (Hasselhorn, Müller & Tackenberg, 2003) In Finland there has been much debate about the functioning of the public healthcare services as well as about the need for additional resources. To ensure the quality of healthcare services in the future, it is important to attract and retain competent healthcare professionals (Laine, Pentti & Wickström, 2003). This demands public healthcare organizations to develop age-aware human resource management practices. This article examines the issues related to adult and continuing education in the context of human resource development and ageing workforce in nursing. The purpose of the study is two-fold. Firstly, the study examines to what extent ageing employees have participated in training and how they assess their development opportunities. Secondly, the associations between age, perceived development opportunities, job satisfaction and organizational commitment are explored.

THEORETICAL FRAMEWORK

The multidisciplinary nature of human resource development (HRD) makes precise definitions difficult. The concept of HRD can be said to include such broad areas as training and development, career development and or-

ganization development. In recent years, the importance of informal learning in the workplace has been emphasised (Mankin, 2001). The debate concerning the purpose of HRD focuses on the learning versus the performance perspectives. In other words, it concerns the question whether HRD practices should focus on the well-being of the individual or whether the interests of the shareholders should predominate. However, there is no consensus over the conceptual-theoretical identity of HRD and related purpose. Therefore the purpose is contingent upon both philosophical and theoretical perspectives (Sambrook 2000; McGoldrick et al. , 2001)

Until recently, ageing employees have gained little attention in the area of human resource development. In principle, anyone in the workforce can be considered ageing, but the ages of 45 or 50 years have often been used as the criterion for the term "older employee" (Ilmarinen, 2001). In this study the distinction between young and ageing employee rests on a definition based on chronological age, and the age of 45 is adapted as a starting point when referring to an ageing or an older employee. Armstrong-Stassen and Templer (2005) have identified that the literature related to training older employees concerns three key issues: 1) access to training; 2) adjustments of training methods and the development environment to meet the needs, preferences, and development styles of older employees; and 3) manager awareness training. Previous studies have shown that the participation in training and development activities often decline among older employees (Henkilöstökoulutus, 2002 ; Birdi et al., 1997; Cleveland & Shore, 1992). There are, however, studies that show that the link between age and participation in training and development activities is not that straightforward (Tikkanen, 1998). For example, some studies have

shown that older employees are more willing to participate in targeted career and job-related development activities (Simpson, Greller & Stroh, 2002). There is also evidence that older employees may not be included in training and development activities because it is believed that they cannot learn, or do not want to learn. It can also be assumed that they will retire soon and it is seen as reducing returns on investments.

Some of the studies concerning ageing employees have focused on ageism and age discrimination in the different areas of human resource management (Snape & Redman, 2003; Vaahtio, 2002; Kouvonon, 1999; Walker, 1999; Lyon & Glover, 1997). In the area of human resource development age discrimination means, for example, older employees are not nominated or selected for or informed of training and development opportunities. Discouragement and lack of support are less obvious forms of discrimination (Maurer & Refuse, 2001; Noe & Wilk, 1993). There are also studies that have focused on the positive side of an ageing workforce. These studies have tried to find out good age management practices that can be applied in different organizations. In terms of human resource development, good practices mean ensuring that opportunities for learning are offered throughout the working life. Examples of good practices and policies include the creation of a learning environment at the workplace; ensuring that training is available regardless of age and making training "older employee friendly" by tailoring it to the learning methods and experience of older employees, or by providing special courses to redevelop the ability and enthusiasm to learn (Walker & Taylor, 1998, 3-4).

Few studies have investigated how participation in training and development activities and perceived development opportunities of ageing employees

affect positive organizational attitudes. This study adopts an employee level perspective on human resource development and focuses on the relationships between perceived development opportunities, job satisfaction and organizational commitment. The key idea of this study is centered on the psychological contract and social exchange theory. A psychological contract comprises subjective beliefs regarding an exchange agreement between an individual and an organization (Rousseau, 1995). However, scholars are not unanimous in their definition of this concept. Some writers emphasize expectations, others perceptions and some emphasize promises and obligations. The central idea in the psychological contract is that the goals and expectations of employees and organizations may differ. The contribution of HRD is that it can be used to shape and manage that relationship (Garavan et al., 2000). HRD practices can be seen as an important element in the make-up of the psychological contract because training and development activities can act as inducements to maintain employees' commitment to the organization. Access to training can also be seen as one means by which the organization communicates the value it places on older employees' contribution. Therefore, those organizations which encourage their older employees to participate should reap future dividend, not only in the form of increased skill levels, but also in the form of increased loyalty and reduced turnover (Patrickson & Hartmann, 1995, 40).

In this paper, perceived development opportunities are understood broadly covering such areas as training, development, career progress and workplace learning (Tuomi & Vanhala, 2002; Lehto & Järnefelt, 2000; Lehto, 1996). Although the concepts of training, development and learning are closely linked and overlapping, there are also differences. Learning can be viewed as an increase or change in knowledge or skills that occurs as a result of some experience, whereas development is an ongoing, longer-term change that occurs through many learning experiences

(Birdi et al., 1997). Training, on the other hand, involves organized efforts to assist learning through instruction. In other words, opportunities for development can be defined as the perceptions of the availability of organizational resources to prepare for future job demands. Some of the earlier studies have shown that when employees perceive their development opportunities as good it is positively related to employees' organizational commitment (Tuomi, Vanhala, Nykyri & Janhonen, 2002; Pate, Martin, Beaumont & McGoldrick, 2000; Mikkelsen, Saks-vik, Eriksen, & Ursin, 1999), job satisfaction (Mikkelsen et al. 1999), work ability (Jurvansuu, Tuomi, Seitsamo & Vaahtera, 2000), and intent to leave the organization (Forss, 2000; Lund & Borg, 1999). For example, Fochsen et al. (2005) found out that an unsatisfactory salary and perceived lack of professional opportunities contributed most to nursing personnel's decision to leave an organization.

Both organizational commitment and job satisfaction are widely studied in organizational research. Organizational commitment refers to an individual's type and level of attachment to his or her organization. Mowday, Steers and Porter (1979) have considered organizational commitment to be a unidimensional construct characterized by three factors: 1) a strong belief in and an acceptance of the organization's goals and values; 2) willingness to exert considerable effort on behalf of the organization, and; 3) a strong desire to maintain membership in the organization. Meyer and Allen (1991), on the other hand, have defined organizational commitment as a three-dimensional construct consisting of three components: affective, continuance and normative commitment. Job satisfaction denotes positive emotions towards a particular job. Researchers have defined and measured job satisfaction both as a global construct and as a concept with multiple dimensions or "facets". The global approach answers the question on how employees feel about their jobs generally. Facet approach examines how employees feel

about different aspects (pay, promotion, supervision, nature of work etc.) of their job. Earlier studies have shown that the relationship between job satisfaction and organizational commitment is strong. However, some conflicting data exist on the causal direction of the relationship. The dominant view in the literature assumes that satisfaction causes commitment, but empirical research has not always confirmed this causal ordering (Currivan, 1999; Armstrong, 2003). Both organizational commitment and job satisfaction have been reported to be negatively related to turnover and intent to leave (Lum et al., 1998, 309). Studies have also shown that organizational commitment has positive consequences on employee behavior such as work ability (Jurvansuu et al., 2000), absenteeism and performance (Mowday et al., 1979).

To summarize the main ideas of this paper, this study focuses on the participation and perceived development opportunities of ageing nurses. In addition to that the association between age, development opportunities, job satisfaction and organizational commitment is examined. The research questions of this study can be defined as following:

- To what extent ageing nurses participated in training provided by the organization?
- How do ageing nurses assess their development opportunities?
- What are the relationships between age, development opportunities, job satisfaction and organizational commitment?

METHOD

The sample

This study is based on a Licentiate thesis (Salminen, 2005), and it is part of a broader Age Management research project conducted at the University of Jyväskylä, School of Business and Economics. Several preliminary phases that took place before this study enabled the researchers to develop and modify the questionnaire used to gather data. The study population consisted of 694 registered nurses working in a public hospital located in Central Finland

(Keski-Suomen keskussairaala). The hospital provides special healthcare for over 70 000 individuals per year living in 28 municipalities. Nurses participating in the study were permanently or temporary employed at the hospital and they worked in the surgical wards or in the division of internal medicine treatment. The sampling was systematic so that every sixth nurse was left out. Additionally, nurses holding a managerial position were excluded from this study. The systematic sampling left us with a total of 573 nurses who actually participated in the study. Questionnaires addressed to these nurses were sent out in December 2004. The response rate was 53 % (N = 304), which can be considered satisfactory. The study design allowed us to analyze demographic data (age, gender, form of employment etc.) of the non-respondents. No statistically significant differences were detected between respondents and non-respondents in terms of demographic data, which meant that no systematic bias occurred among nurses participating in the study.

The mean age of the respondents was 40,8 years ranging from 23 to 59 years. Age was categorized into four age groups: under 35 (n = 89), 35–44 (n = 95), 45–54 (n = 87) and over 54 (n = 31). As could be expected from a female-dominated profession, majority of the respondents were women (96 %). Slightly over half of the respondents (56 %) worked in the surgical wards and the rest (44 %) worked in the division of internal medicine treatment. Over 70 % of the respondents were permanently employed whereas the rest were temporary employed. Majority of the temporary employed were younger employees (under 45) and there was a statistical difference between the form of employment and the age groups ($\chi^2 = 62.358$, $df = 3$, $p < .001$). Respondents' educational background was recoded into two groups: college level registered nurse education (76 %) and bachelor's degree in nursing (24 %). Most of the younger respondents had higher level education and most of the older respondents had lower level education. The relationship between education and age was statisti-

cally significant ($\chi^2 = 56.976$, $df = 3$, $p < .001$). The difference in the educational level between young and older employees can be explained by the fact that in the 1990s nursing education in Finland changed from a college level to a polytechnic level education (AMK).

Measures

The survey questionnaire contained a number of demographic and work-related control variables (age, gender, marital status, education, pay, form of employment, the field of patient care etc.). Participation in training was measured with two different items: 1) attending training provided by the organization during the previous 12 months, and 2) intention to attend a training provided by the organization during the coming 12 months. The development opportunities scale consisted of four items. The respondents were asked to consider what kind of opportunities they have in their present job for 1) training that promote their professional skills, 2) self development, 3) career progress and 4) learning new things at workplace. These items were modified from earlier Finnish studies (Tuomi & Vanhala, 2002; Lehto & Järnefelt 2000; Lehto 1996). A 5-point response scale was used for these items varying from very poor (1) to very good (5). A sum variable called 'development opportunities' was formed of these four items. The job satisfaction was asked with one question: "how satisfied you are in your present work?" A 5-point response scale was varied from very unsatisfied (1) to very satisfied (5) (see Lehto & Järnefelt, 2000; Lehto 1996). The organizational commitment scale consisted of six Likert scale items. The scale was a modified version of the original organizational commitment scale (Porter et al. 1974). Organizational commitment was characterised by three factors: 1) A strong believe in and an acceptance of the organization's goals and values, 2) willingness to exert considerable effort on behalf of the organization, and 3) a strong desire to maintain membership in the organization. Two items indicated each of these three factors. The sum variable included all the six items

and it described the organizational commitment as a whole (see Tuomi & Vanhala 2002).

Data analysis

The data analysis was carried out with SPSS 14.0. First, cross-tabulation with chi-square statistics was used to study the bivariate association between age groups and participation in training provided by the organization. After that One-way Anova was used to examine the differences between age groups in terms of development opportunities. The test of homogeneity of variances (Levene's test) was used in analysis of variance and it showed that all other variables had equal variances except the variable called 'opportunities for learning at workplace'. Cronbach's Alpha was used in assessing the reliability of the sum variables. The correlation between age, development opportunities, job satisfaction and organizational commitment variables were measured by Pearson correlation. Linear regression was used to model the relationship between these variables. Some background variables (education, form of employment, part-time job, shift work, pay, field of patient care) were included to the regression analysis. In correlation and linear regression analysis the age was used as an original continuous variable.

Table I. Relationships between age groups and training variables (%)

Variables	Age groups				Total (N = 302)
	under 35 (n = 89)	35-44 (n = 95)	45-54 (n = 87)	over 54 (n = 31)	
Participation in training provided by the organization during the previous 12 months	90	93	91	90	91
Number of training events in the previous 12 months					
1-3	70	46	47	57	55
4-5	19	34	32	25	28
Over 5	11	20	21	18	17
Intent to participate in training provided by the organization in the following 12 months	94	97	99	93	96

RESULTS

The results of the study showed that 91 percent of all respondents had attended training during the previous 12 months. However, most of the respondents had attended training only 1-3 times during the previous 12 months. The intent to participate in training was very high (96 %), which indicates that the training provided by the organization was valued among the respondents. All age groups participated very similarly in training provided by the organization. However, permanently employed employees had participated more often in training than temporary employed ($\chi^2 = 10,622$, $df = 2$, $p = .005$).

One-way Anova results showed that respondents perceived their opportunities for training, self development and learning at workplace as moderate. However, opportunities for career progress were considered being weak. Age differences appeared in terms of perceived opportunities for career progress ($F = 5.711$, $df = 3$, $p = .001$), opportunities for learning at workplace ($F = 5.245$, $df = 3$, $p = .002$) and sum variable of development opportunities ($F = 3.467$, $df = 3$, $p = .017$). In other words, the oldest age group (over 54) found that their opportunities for career development and workplace learning were significantly lower than the younger age groups. In general, the youngest age group (under 35) per-

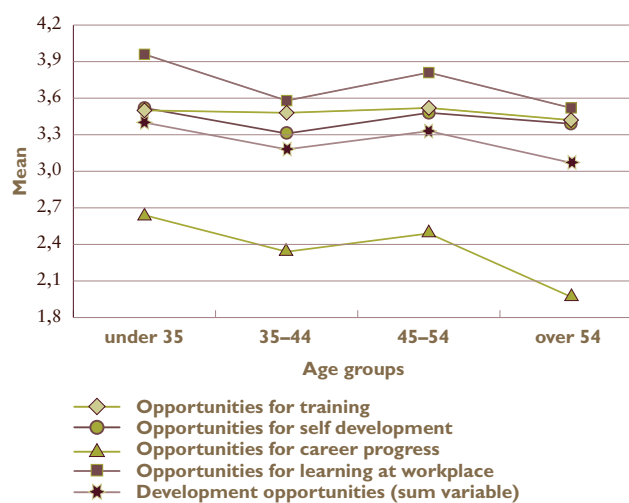
Figure I. Means of development opportunities

Table 2. Means, Standard Deviations, Reliability Estimates, and Correlations for All Variables

Variables	Mean	SD	α	1	2	3	4	5	6	7
1 Age	40,78	9,92								
2 Opportunities for training	3,49	0,79		-.021 (n = 301)						
3 Opportunities for self development	3,43	0,78		-.041 (n = 300)	.703** (n = 300)					
4 Opportunities for career progress	2,43	0,84		-.165** (n = 301)	.287** (n = 301)	.457** (n = 300)				
5 Opportunities for learning at workplace	3,75	0,75		-.157** (n = 301)	.408** (n = 300)	.566** (n = 299)	.369** (n = 300)			
6 Development opportunities (sum variable)	3,28	0,61	0,77	-.123* (n = 299)	.774** (n = 299)	.878** (n = 299)	.698** (n = 299)	.748** (n = 299)		
7 Job satisfaction	3,75	0,83		-.069 (n = 297)	.235** (n = 296)	.302** (n = 295)	.274** (n = 296)	.333** (n = 296)	.368** (n = 294)	
8 Organizational commitment (sum variable)	3,09	0,73	0,79	.134* (n = 296)	.245** (n = 295)	.321** (n = 294)	.275** (n = 295)	.300** (n = 296)	.369** (n = 294)	.467** (n = 292)

* $p < .05$; ** $p < .01$

ceived highest development opportunities and the oldest age group (over 54) perceived lowest.

Means, standard deviations, reliability estimates and bivariate correlations are presented in Table 2. Age correlated negatively with perceived career development opportunities and with opportunities for learning at the workplace. However, age had no significant correlation with perceived training opportunities or with self development opportunities. Age correlated positively with

organizational commitment, which indicated that older employees are more committed to the organization than younger employees. It should be noted that the assumption of linearity is not necessarily met between age and perceived development opportunities. The different areas of perceived development opportunities correlated positively with job satisfaction and organizational commitment. The strongest positive correlation was between job satisfaction and organizational commitment.

Table 3. Stepwise Regression Analyses for job satisfaction and organizational commitment

Variables	Job satisfaction (standardised beta coefficient)	Organizational commitment (standardised beta coefficient)
Development opportunities (sum variable)	.335***	.399***
Age	.009	.248***
Education (dummy)	-.011	-.005
Form of employment (dummy)	.008	.031
Part-time job (dummy)	-.011	.031
Shift work (dummy)	.098	.050
Pay	-.037	-.075
Field of patient care (dummy)	-.032	.000
Potential to carry out more challenging task (dummy 1)	.009	.064
Skills in balance with present work demands (dummy 2)	.142	.190*
Number of training events during the past 12 months	-.063	-.027
N	253	254
R ²	.141	.226
adj. R ²	.101	.191
F-test	3,59***	6,44***
df	11	11
Standard error of estimate	0,77	0,66

p<0.05*, p<0.01**, p<0.001***

Linear regression analyses for variables that predict job satisfaction and organizational commitment are presented in the following table (Table 3). The discontinuous variables were dummy variables, which could only have the value 0 or 1. The results showed that only development opportunities perceived as good predicted job satisfaction. However, it explained only about 10 percent of the variance. Development opportunities that were perceived as good, higher age and skills that are in balance with present work demands predicted approximately 20 percent of the variance of organizational commitment.

DISCUSSION

Research-based knowledge on age differences in terms of perceived development opportunities enables human re-

source professionals and managers to develop more age-aware human resource development practices in the public health care field. This research investigated how ageing nurses participated in training and how they perceived their development opportunities compared to younger nurses. Also the relationships between perceived development opportunities, job satisfaction and organizational commitment were studied. Drawing together the findings it can be said that all four age groups participated and intended to participate in training in a similar way. This is a positive result and it supports some previous Finnish studies which indicate that the differences between age groups are diminishing (Aikuiskoulutustutkimus, 2006; Blomqvist et al., 2002). The differences in perceived development opportunities appeared most

clearly in the areas of career development and opportunities for learning at the workplace. In general, the youngest age group perceived their development opportunities to be significantly higher than the oldest age group did.

The trend in European health care services is towards shorter length of stays in hospitals and work intensifications requiring highly skilled health care professionals (Hasselhorn, 2003). Therefore, opportunities for development should be available for nurses of all ages. The results underline that older nurses perceived their opportunities for career progress to be rather poor. One explanation for this can be that older nurses feel that they are already on the top of their factual career opportunities. Traditionally, the definition of career emphasizes only upward hierarchical movement. In nursing care career opportunities should be understood in a broader sense covering both hierarchical and vertical movements. Examples of vertical career opportunities are possibilities to attend special projects or assignments as well as job enrichment and job enlargement. Given the fact that older employees are the fastest growing demographic category, organizations should create more varied career paths for older employees.

The main argument put forward in this study is that when employees perceive their development opportunities as good it is positively related to their job satisfaction and organizational commitment. Some previous studies support the findings. For example Bartlett (2001) found that perceived access to training was positively related to nurses' organizational commitment. In this study job satisfaction and organizational commitment were used as an alternative outcome to help justify the importance of investing in training and development throughout working life. Job satisfaction and organizational commitment are important work-related attitudes, because earlier studies have shown that they can influence behavior such as early exit and turnover (see Fochsen 2005).

This study has some limitations. First, further studies are needed to achieve deeper information about the

individual and organizational factors that promote older employees' development opportunities. Second, the perceived development opportunities were operationalized with only four items selected by the researcher based on earlier studies. Therefore the scale should be developed further. Finally, there is a need to separate age, period and cohort effect, which may have an effect on study results. Cohort refers to persons born at the same time and who age together (for example, baby-boomers, generation X and generation Y). Past experience, the size and structure of the cohort and educational level are examples of the factors that can contribute to age-related differences in the workplace (Doering et al., 1983). The problem with cohort effect can only be solved by collecting longitudinal data. Longitudinal study is also needed in order to find out the causal directions and potential changes in the strength of the relationships between development opportunities, job satisfaction and organizational commitment over time.

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II

TURNING THE TIDE: REGISTERED NURSES' JOB WITHDRAWAL INTENTIONS IN A FINNISH UNIVERSITY HOSPITAL

by

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Turning the tide: Registered nurses' job withdrawal intentions in a Finnish university hospital

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Orientation: Given the global shortage of registered nurses, it is important to investigate the intentions for job withdrawal of nurses, and resolve these, in order to retain nurses in the field.

Research purpose: The objective was to examine the intentions for job withdrawal of ageing and younger nurses, and the antecedents of these intentions, with special reference to job control and perceived development opportunities. The age of 45 was adopted as a starting point when referring to ageing employees.

Motivation for the study: Different forms of job withdrawal have rarely been studied together and associated.

Research design, approach and method: A quantitative study was applied with logistic regression analyses. Respondents were registered nurses working in a university hospital in Finland. The response rate was 46.1% ($N = 343$).

Main findings: A quarter (25%) of the nurses had frequently thought about leaving the profession and 19% of the nurses had thought about taking early retirement. Factors that increased the likelihood of intentions for occupational turnover were young age, low job satisfaction, low organisational commitment, low work ability and skills in balance with or above present work demands. The intention to take early retirement was increased with older age, being male, working shifts, low work ability, low job satisfaction and poor job control.

Practical/managerial implications: A nurse's job satisfaction and work ability should be regularly monitored and opportunities should be offered them, to apply their skills and to control their work, in order to retain them.

Contribution/value-added: The article added information about the factors that contribute to a nurse's intentions for job withdrawal.

Introduction

Key focus of the study

Finland is one of the fastest-ageing societies in the world (Tuominen, 2007). Therefore Finland, like many other countries, is facing 'a demographic double whammy', these being an ageing nursing workforce coupled with greater demands for health care services because of the ageing population (Armstrong-Stassen & Schlosser, 2010; Buchan & Calman, 2004). There is already a substantial shortage of registered nurses in many countries, resulting from the ageing nursing workforce, the number of nurses who leave the profession prematurely and the decline in the number of young people entering the nursing profession (Blakeley & Ribeiro, 2008; Estry-Behar, Van der Heijden, Fry & Hasselhorn, 2010). Compared to other occupational groups, nurses tend to leave their profession in much greater numbers (Van der Heijden, Van Dam & Hasselhorn, 2009). The Nurses Early Exit (NEXT) study ($N = 25\,324$), conducted in 10 European countries (Belgium, Germany, Finland, France, Great Britain, Italy, Netherlands, Norway, Poland and Slovakia), showed that 14% of nurses had frequently thought about giving up nursing (Hasselhorn, Müller & Tackenberg, 2005). The intention of Finnish nurses to leave their profession has varied in different studies, from 15% (Laine, 2005) to over 30% (Hintsala, 2005; Kuokkanen, Leino-Kilpi & Katajisto, 2003). Occupational turnover concerns young nurses in particular. For example, a recent study showed that 26% of young (under 30 years old) Finnish nurses have often thought about giving up nursing (Flinkman, Laine, Leino-Kilpi, Hasselhorn & Salanterä, 2008).

Nurses also tend to retire before the standard retirement age (Blakeley & Ribeiro, 2008). In Finland, the number of nurses per capita is the highest in Europe, but the nursing population is relatively old (Flinkman *et al.*, 2008). According to a recent study, Finnish nurses generally wish to retire at about the age of 59 (Eskola, 2007). The Finnish pension system was reformed in 2005

in order to increase participation in the labour force amongst older employees. Since these reforms, employees have had the option to retire between the age of 63 and 68. Employees can also retire at the age of 62, but then their pension is permanently lower than the normal pension (Hietaniemi & Ritola, 2007).

In this article, the intentions for job withdrawal are studied with special reference to perceived development opportunities and job control. The rationale for this is that both development opportunities and job control have been presented as important examples of incentives relating to the nurses' retention strategies (Hayes *et al.*, 2006; Lavoie-Tremblay, O'Brien-Pallas, Viens, Brabant & Gélinas, 2006). In this study the intentions of the nurses are used to reflect their actual decision to leave the job, because previous studies have shown that the intention towards job withdrawal is a powerful predictor of the actual event (Adams & Beehr, 1998; Beehr, 1986; Flinkman, Leino-Kilpi & Salanterä, 2010). By identifying the factors associated with an employee's intention for job withdrawal, preventive actions could be taken before he or she actually withdraws from the job.

The next section presents the theoretical framework of the study followed by the methodology. Thereafter the results of the study are presented and discussed. The article closes with conclusions and recommendations.

Trends from the research literature

Over the years, both managers and researchers have enquired why employees leave organisations (Adams & Beehr, 1998; Estryn-Behar *et al.*, 2010). Organisational withdrawal is defined, for the purposes of this research, as a general construct, composed of a variety of acts or intentions that reflect both the negative attitudes of the job and the target of these negative attitudes. Two forms of organisational withdrawal have been empirically distinguished: job withdrawal and work withdrawal. Job withdrawal reflects 'employees' efforts to remove themselves from a specific organisation and their work role', and work withdrawal refers to the efforts of employees 'to avoid specific aspects of their specific work role' (Adams & Beehr, 1998; Hanisch & Hulin, 1991).

This paper focuses on two types of job withdrawal: occupational turnover and early retirement. Occupational turnover is defined as leaving a profession, while early retirement refers to leaving a position or a career path before normal retirement age (Hanisch & Hulin, 1990, 1991). Occupational turnover and early retirement can be imposed or voluntary; in this study, the focus is on the latter. Both occupational turnover and early retirement are long-lasting psychological processes (Beehr, 1986). The NEXT-study showed that, for the majority of the nurses who left the profession, serious consideration of leaving began in the year which preceded eventual leaving (Flinkman *et al.*, 2010; Hasselhorn *et al.*, 2005). The retirement process takes place years before and after the actual exit from working

life. Therefore, retirement can be seen as an ongoing process rather than a discrete event (Beehr, 1986; Taylor & Shore, 1995). Long before employees actually retire they start to develop representations of their future experiences, as retirees, and start to consider when to retire (Beehr, 1986). These representations and intentions are influenced by many factors, such as labour market opportunities and social security rules and also individual and social variables (Zappalà, Depolo, Fraccaroli, Guglielmi & Sarchielli, 2008).

Factors influencing the job withdrawal process are classified in many ways. Beehr (1986) identified three main dimensions influencing the retirement process: (1) personal, (2) work-related and (3) environmental. A simpler distinction is based on work-related and non-work dimensions. Work-related factors refer, for example, to autonomy, skill variety and task significance whereas non-work characteristics are related to personal obligations such as having to care for a sick family member or an enthusiasm to engage in personal hobbies (Beehr, Glazer, Nielson & Farmer, 2000). The decision to leave the profession and the decision to retire early are both likely to be the result of a process with numerous simultaneous underlying causes, so-called 'push' and 'pull' factors (Beehr *et al.*, 2000; Hayes *et al.*, 2006). Push factors are adversely perceived aspects of a job that cause employees to want to end their current employment (e.g. conflicts at work or ill health), and pull factors are attractive external incentives, such as university studies or early retirement opportunities (Estryn-Behar *et al.*, 2010; Schultz, Morton & Weckerle, 1998). However, employees perceive these pushes and pulls in different contexts and therefore the same event may be rated as either a push or pull for different employees (Schultz *et al.*, 1998). It is suggested that the choice employees make between these two forms of intended job withdrawal is dependent on the level of desirability of these options, and also the factors that cause the form of withdrawal more likely to happen in a particular situation (Adams & Beehr, 1998; Hanisch & Hulin, 1991).

On the personal level, age is a factor that influences withdrawal by limiting the options available to the employee (Adams & Beehr, 1998). An inverse relationship between age and turnover has been demonstrated in previous studies concerning the nurses' intentions to leave the profession (Flinkman *et al.*, 2010; Hayes *et al.*, 2006). The tendency for employees to consider retirement increases as they age (Lehto & Sutela, 2008; Von Bonsdorff, 2009). However, there are also studies which have demonstrated that older employees plan to retire later than expected (Adams, 1999; Zappalà *et al.*, 2008). Taylor and Shore (1995) argue that young respondents may be less realistic about the retirement decision than those who are closer to the retirement age.

Deteriorating health has consistently been an important predictor that signals the decision to retire early (Beehr, 1986; Elovainio *et al.*, 2005; Von Bonsdorff, 2009). It has been suggested that poor health limits an employee's ability to

perform their job and to remain in their role at work (Hanisch & Hulin, 1991). In recent studies the concept of work ability has been applied to indicate the balance between the demands required by the job and the employee's personal resources, consisting of health, ability, education, competence, values and attitudes (Camerino *et al.*, 2008; Ilmarinen, 2006). Results from the NEXT-study have shown that low work ability is associated with the intention to leave the nursing profession (Camerino *et al.*, 2008).

It has been suggested that women are more likely to choose professional change or retirement because they typically have more discontinuous work histories, lower tenure and lower pay (Adams & Beehr, 1998). However, several studies have demonstrated that male nurses have a greater intention to leave the profession than female nurses (Flinkman *et al.*, 2010; Hasselhorn *et al.*, 2005; Hintsala, 2005). In addition, children, spouses and ageing parents are seen to affect the work and turnover habits of nurses, possibly leading to a change in the working environment (Flinkman *et al.*, 2010; Hayes *et al.*, 2006). Gender has been included in many studies concerning early retirement, but the results are mixed (Zappala *et al.*, 2008). Talaga and Beehr (1995) have found that for older men and women, traditional gender roles explained some of their retirement decisions. The number of dependents increased the odds of retirement for women and decreased the odds for men (Talaga & Beehr, 1995). However, a study among Finnish health care and social employees found no gender differences in the consideration of early retirement (Elovainio *et al.*, 2005).

The dissatisfaction with salary or low pay may contribute to a nurse's intention behind occupational turnover (Flinkman *et al.*, 2010; Hayes *et al.*, 2006). Flinkman *et al.* (2008) found that dissatisfaction with their salary was one of the most important reasons for young (under 30) Finnish nurses to consider ending their nursing career. Income is also one of the strongest predictors of the decision to retire (Beehr *et al.*, 2000). Previous studies have demonstrated that those who have greater financial security generally retire at an earlier age (Adams, 1999; Taylor & Shore, 1995). For example, Zappalá *et al.* (2008) found that income per se did not affect the employees' retirement decision, but this decision was rather affected by the adequacy of the financial situation for retirement.

Educational level is believed to have an impact on the nurses' intention behind turnover: better educated nurses are more likely to leave their current organisation in order to seek career advancement, especially if there are limited career opportunities in their current organisation (Flinkman *et al.*, 2010; Hayes *et al.*, 2006). In Finland, numerous studies have shown that the risk of early retirement is higher among staff with lower levels of education (Forma, Tuominen, Tuominen & Väänänen-Tomppo, 2006; Järnefelt, 2010). The pattern is similar in all European Union countries and additionally in the United States (Järnefelt, 2010).

The central element of the organisational withdrawal model is the notion that both turnover and early retirement are enacted in response to work-related attitudinal antecedents, especially job satisfaction and organisational commitment (Adams & Beehr, 1998; Mathieu & Zajac, 1990). Job satisfaction is conceptualised as the individual's opinion about how well personal expectations at work correspond to outcomes. Job satisfaction has been considered in empirical studies to be either an overall feeling about the job (global approach) or a related set of attitudes about different aspects of the job (facet approach) (Coomber & Barriball, 2007). In this study the global approach is used, because the interest was in overall job satisfaction. Organisational commitment has been characterised by three factors: firstly, a strong belief in and acceptance of the organisation's goals and values, secondly, a willingness to exert a considerable effort on behalf of the organisation, and thirdly, a strong desire to maintain membership in the organisation (Mowday, Steers & Porter, 1979). Previous studies have demonstrated that younger nurses tend to report lower organisational commitment than older nurses (Flinkman *et al.*, 2008; Laine, 2005; Salminen, 2009).

Earlier studies have consistently reported that job satisfaction and organisational commitment are key antecedents of employee turnover (Mathieu & Zajac, 1990; Peterson, 2004). Price and Mueller (1981) have viewed turnover as a product of job satisfaction and organisational commitment, which in turn are influenced by personal, organisational (such as opportunities for training and development) and environmental factors (such as alternative job opportunities outside the organisation) (Hayes *et al.*, 2006). Organisational withdrawal theory suggests that the same antecedents should be found for retirement, but the empirical data are somewhat more mixed (Adams & Beehr, 1998; Hanisch & Hulin, 1991). On the basis of earlier studies it is assumed that job satisfaction and organisational commitment are negatively related to both occupational turnover and retirement intentions. However, because retirement involves withdrawal from working life and an entirely new lifestyle with different societal norms, it is possible that the relationship of job satisfaction and organisational commitment to early retirement intentions, will be weaker than is found for their relationship to the intentions for occupational turnover (Adams & Beehr, 1998).

In the field of Human Resource Management (HRM) the mechanisms through which HR practices may influence the retention of ageing and younger nurses, are rarely studied (Armstrong-Stassen & Schlosser, 2010). However, it has been found that HR practices that demonstrate investment in employees and recognition of their contributions signal an organisation's support for, and commitment to, its employees. From a social exchange perspective, employees respond to the organisation's actions by continuing their participation in the organisation (Armstrong-Stassen, 2008). At the individual level, HR practices are considered to have an impact on an employee's evaluation of management policies and practices, which in turn will affect the employees' behaviour and their personal feelings of job satisfaction and well-being (Guest, 1999).

Access to training and development activities are seen as one means by which the organisation communicates the value it places on the employees' contribution, which in turn can enhance motivation and commitment to the organisation (Patrickson & Hartmann, 1995). For example, poor development opportunities have been associated with the nurses' intentions to leave the profession (Flinkman *et al.*, 2008; Hasselhorn *et al.*, 2005). Although social exchange studies have not been concerned specifically with older employees, it is arguable that HR practices, targeted to the needs of older employees, may serve as a signal to older employees that the organisation values their contribution and older employees respond by remaining with their organisation (Armstrong-Stassen, 2008). Previous studies imply that having a reasonable amount of occupational competence is related to a nurse's well-being and also to his or her employability (Van der Heijden *et al.*, 2010). It can also be assumed that older employees with obsolete skills are the most likely to retire early (Armstrong-Stassen & Schlosser, 2007; Beehr, 1986).

An ideal work environment emphasises opportunities for learning and development included with opportunities for participative decision making (Karasek & Theorell, 1990; Lavoie-Tremblay *et al.*, 2006). Karasek's (1979) Job Demand-Control Model specifies two independent inputs influencing job strain: job demands (the amount of work, complexity of work and time constraints) and control of the work situation (the capacity to apply one's qualifications and develop new job skills, and the authority of employees to make decisions concerning their work). According to this model, job strain and related health problems occur in situations where high demands coincide with low control. On the other hand, high demand together with high decision latitude can lead to the positive learning of new skills and behaviours (Elovainio *et al.*, 2005). Recent studies have shown that among nurses dissatisfaction was an important work-related reason for their occupational turnover. Dissatisfaction involved the lack of application of their abilities, a lack of autonomy and difficulties with working hours (Estryn-Behar *et al.*, 2010; Flinkman *et al.*, 2010). Work that required much physical effort and that involved repetitive tasks exhausted the employees and may have led them to consider early retirement (Beehr *et al.*, 2000; Zappalá *et al.*, 2008). For example, poor job control and high job demands have been found to increase the likelihood of Finnish health care and social employees considering early retirement (Elovainio *et al.*, 2005).

Research objectives

The objective of this study is twofold. First, it examines the intentions of younger and ageing registered nurses to leave the nursing profession and their intentions to retire early. Registered nurses refer to persons who have a valid qualification and are registered by the National Supervisory Authority for Welfare and Health (Valvira). In Finland, the nursing profession is regulated by law and working as a nurse requires authorisation (In *Working as a registered nurse in Finland*. (n.d.). Retrieved from

http://www.valvira.fi/en/licensing/professional_practice_rights/nurses). In this study the distinction between younger and ageing employees rests on a definition based on chronological age, and the age of 45 is adopted as a starting point when referring to ageing employees, which is in line with previous studies (Camerino *et al.*, 2008; Ilmarinen, 2006). Secondly, this study investigates how nurses' perceptions of their development opportunities and job control, together with other work-related and personal factors, are associated with the intentions for job withdrawal. Work-related variables are expected to explain additional variance over and above personal variables in the intention to leave the profession and the intention to retire early.

The potential value-add of the study

Previous studies, concerning the intentions of nurses' that have resulted in a high job turnover, have mostly focused on organisational turnover (Hayes *et al.*, 2006; Irvine & Evans, 1995; Price & Mueller, 1981). There is little evidence of the factors associated with the nurses' occupational turnover (Flinkman *et al.*, 2010; Hasselhorn *et al.*, 2005). However, investigating the nurses' intentions to leave the profession is important because withdrawal from the profession reduces the number of nurses in the field (Flinkman *et al.*, 2010; Van der Heijden *et al.*, 2009). In order to prevent nursing shortages it is also important to investigate the nurses' early retirement intentions and understand what work-related factors contribute to the decision to retire early (Van der Heijden, Schalk & Van Veldhoven, 2008). There is a need for retention strategies that favour both ageing and younger nurses (Lavoie-Tremblay *et al.*, 2006). Only a few studies have combined their investigations into forms of job withdrawal, the intention to leave the profession and the intention to take early retirement (Hanisch & Hulin, 1990, 1991). This paper seeks to fill this gap.

Research design

Research approach

A quantitative research approach was followed in the execution of the study. The data were collected at a single point-of-time, with the primary aim of identifying the significant personal and work-related factors associated with intentions for job withdrawal. The study described in this paper is part of a broader Age Management research project, conducted in the School of Business and Economics at the University of Jyväskylä in Finland.

Research method

Research participants

The study population consisted of 896 registered nurses working in a public university hospital located in Northern Savo, Finland. The registered nurses participating in the study were permanently or temporarily employed and they worked in surgical wards or in internal medicine. Nurses holding a managerial position were excluded from the study. The sampling was systematic: every fifth nurse was

left out. The systematic sampling left us with a total of 747 nurses who actually participated in the study. The response rate was 46.1% ($N = 343$). No questionnaires were rejected because they were all fully completed. The study design allowed us to analyse the demographic data (age, gender, form of employment) of the non-respondents. No statistically significant differences were detected between respondents and non-respondents regarding demographic data, which meant that no systematic bias occurred among nurses participating in the study. The demographic characteristics of the respondents are presented in Table 1.

The mean age of the respondents was 41.2 years and the age range was from 23 to 59 years. Age was categorised into four groups: under 35 ($n = 94$), 35–44 ($n = 119$), 45–54 ($n = 104$) and over 54 ($n = 26$). The majority of the respondents were female (92%). Sixty percent of the respondents worked in the surgical wards and the rest worked in the internal medicine unit. Most of the nurses worked in rotating shifts (79%) and most of them were permanently employed (76%). The majority of those who were employed on a temporary basis were younger employees (under 45) and there was a statistical difference between the form of employment and the age groups ($\chi^2 = 96.790$, $df = 3$, $p < 0.001$). The educational background of the respondents was recoded into two groups: college level registered nurse education (79%) and a Bachelor's degree in nursing (21%). Most of the younger respondents had the higher level of education and most of the older respondents had the lower level. The relationship between education and age was statistically significant ($\chi^2 = 61.350$, $df = 3$, $p < 0.001$). The difference in educational level between the younger and ageing nurses is explained by the fact that in the 1990s the nursing education changed from college level to Bachelor's degree in Finland (Råholm, Larsen Hedegaard, Löfmark & Slettebø, 2010).

Measuring instruments

The questionnaire was developed by three researchers of the Age Management research project, and it was the same as one used in an earlier Age Management survey in another Finnish hospital (Salminen, 2009). Every researcher had her own research interest (training and development, rewarding and leadership) and she was responsible for questions and scales related to her own topic, but the outcome variables (job withdrawal intentions, organisational commitment and job satisfaction) were determined and selected together. The questionnaire was piloted four months earlier and nine randomly selected younger and ageing nurses, from both surgical wards and the internal medicine unit, completed the questionnaire and concluded that all the questions were comprehensible. The questionnaire firstly addressed demographics (age, gender, marital status, education, pay, form of employment, shift work, number of children, the field of patient care), followed secondly by work-related variables.

The intention to leave the nursing profession was measured with one question: 'How often have you thought about giving

TABLE 1: Demographic characteristics of the respondents ($N = 343$).

Demographic characteristics	Category	%	<i>n</i>
Age group	under 35	27	94
	35–44	35	119
	45–54	30	104
	over 54	8	26
Gender	female	92	315
	male	8	28
Educational background	College level registered nurse education	79	271
	Bachelors degree in nursing	21	72
Form of employment	Permanent	76	261
	Temporary	24	82
Shift work	No	21	72
	Yes	79	271
Field of patient care	Internal medicine unit	40	137
	Surgical wards	60	206

n, given as frequency.

up nursing completely?' The question was a modified version of one used in the NEXT-study (Hasselhorn, Tackenberg & Müller, 2003; Hasselhorn *et al.*, 2005). The specific time period (during the past 12 months), which was used in the original question, was excluded because the aim of this study was to examine and compare the current intentions regarding both forms of job withdrawal. Previous studies have also demonstrated that the consideration process of occupational turnover (Flinkman *et al.*, 2010; Hasselhorn *et al.*, 2005) and retirement (Beehr, 1986; Taylor & Shore, 1995) differ in the length of time of each. The intentions for early retirement were also measured with one question: 'How often have you thought about seeking retirement before your full retirement age?' The question was based on the questions used in earlier Finnish studies (Elovainio *et al.*, 2005; Lehto & Sutela, 2004). There was a minor modification of the wording concerning the early retirement question, to render it congruent with the occupational turnover question. In both questions the scale ranged from 1 to 5, 1 'never', 2 'a few times a year', 3 'a few times a month', 4 'a few times a week' and 5 'every day'.

Job satisfaction was measured with one question: 'How satisfied are you in your present work?' (Lehto & Järnefelt, 2000). The five-point response scale varied from very dissatisfied (1) to very satisfied (5) (mean = 3.54, SD = 1.00).

The organisational commitment scale consisted of six Likert scale items. The scale was a reduced version of the original organisational commitment scale (Porter, Steers, Mowday & Boulian, 1974; Tuomi & Vanhala, 2002). Organisational commitment was characterised by three factors: firstly, a strong belief in and acceptance of the organisation's goals and values, secondly, the willingness of the employee to exert considerable effort on behalf of the organisation, and thirdly, a strong desire to maintain membership in the organisation. Two items indicated each of these three factors. The sum variable included all six items (mean = 2.88, SD = 0.72, coefficient $\alpha = 0.77$).

The nurses' estimation of their work ability was indicated with one question from the Work Ability Index (Tuomi,

Ilmarinen, Jahkola, Katajarinne & Tulkki, 2002). Nurses were asked to estimate their current work ability compared to their lifetime best. This single-item question has been found to correlate highly with the entire Work Ability Index, and is therefore a reliable measure of self-rated work ability (Tuomi *et al.*, 2002). The scale varied from 0 to 10, with 10 indicating work ability at its best (mean = 8.33, SD = 1.42).

The development opportunities scale consisted of four items. Respondents were asked to consider what kind of opportunities they have in their present job for: (1) training that promotes their professional skills, (2) self development, (3) career progress and (4) learning new things at their workplace. The items were based on earlier Finnish studies (Lehto & Järnefelt, 2000; Tuomi & Vanhala, 2002). A five-point response scale was used for these items, varying from very poor (1) to very good (5). A sum variable called 'development opportunities' was formed from these four items (mean = 3.21, SD = 0.58, coefficient $\alpha = 0.77$).

The job control scale was a reduced version of Karasek's (1979) Job Demand-Control Model (Elovainio *et al.*, 2005; Lehto & Järnefelt, 2000). Job control was measured as the extent to which nurses felt free to determine the quantitative and qualitative factors of their own work process. Controllability was measured using eight items. Respondents were asked about their opportunities to determine (1) their working methods, (2) the pace at which they worked, (3) how work was shared among the staff, (4) who they worked with, (5) procedures at work, (6) the content of their work, (7) the objectives of their work and (8) working hours. The scale anchors were 1 'not at all', 2 'to a limited extent', 3 'quite a lot', 4 'considerably' (mean = 2.1, SD = 0.49, coefficient $\alpha = 0.81$).

Nurses were also asked to indicate what they perceived their competence level to be, to perform their job. The response scale was (1) 'I need additional training in order to perform well in my present job', (2) 'my skills are in balance with present work demands', (3) 'I have the potential to carry out more challenging tasks' (Lehto & Järnefelt, 2000).

Some of the scales were modified to fit the purpose of the study, while others were adapted without changes. The questionnaire was piloted by a group of nurses in an effort to establish its validity. The reliability of the sum variables were shown to be satisfactory, with alpha coefficients larger than 0.70 (Nunnally & Bernstein, 1994). However, questionnaire items as short as one sentence, asked as criteria for measuring the intentions for job withdrawal and job satisfaction, could have weakened the reliability of these instruments.

Research procedure

The permission to conduct the study was obtained from the Ethical Committee of the hospital. Questionnaires were distributed via the hospital's internal post to the nurses in March 2005. The internal post was used because the researchers did not have the respondents' home addresses.

Each respondent received a personalised envelope (name and station of ward) containing a questionnaire and a return envelope. The confidentiality of the study was guaranteed in the covering letter. The covering letter indicated the purpose of the study and included instructions for answering the questions. Participation in the study was voluntary. Consent was assumed when respondents returned a completed questionnaire. Respondents had the right to withdraw at any stage in the research process. Each questionnaire was coded to preserve anonymity whilst allowing researchers to identify non-returns. The response rate was 46.1% ($N = 343$).

Statistical analysis

The statistical analyses were carried out with SPSS 18.0. The χ^2 -test was used to examine the differences between younger and ageing nurses regarding their intention to leave the nursing profession and their intention to retire early. The five-point response scale to job withdrawal intentions was dichotomised: those who have frequent thoughts of leaving (a few times a month or more often) and those who consider leaving a few times a year or not at all. It could be regarded as natural for most professional people to consider leaving their job a few times a year (Estry-Behar *et al.*, 2010; Flinkman *et al.*, 2008). In correlation analysis the original scale of the job withdrawal intentions was used. Logistic regression analyses were performed to estimate the strength of the association between independent variables (personal and work-related variables) and dependent variables (job withdrawal intentions).

Results

The frequent intention to leave the profession, for the overall sample, was 25% ($n = 86$) (Table 2). Almost one in five (19%, $n = 65$) nurses had frequently (a few times a month or more often) thought about early retirement. The χ^2 -test showed that there was a statistical difference between age groups and their intention to give up nursing ($\chi^2 = 13.296$, $df = 3$, $p = 0.004$). The youngest nurses (under 35) thought most often about leaving the profession whereas the oldest nurses (over 54) considered early retirement. The relationship between age groups and the intention to take early retirement was statistically significant ($\chi^2 = 10.466$, $df = 3$, $p = 0.015$).

The descriptive statistics, means, standard deviations, reliability estimates, and Spearman's rho correlations for the variables are reported in Table 3. The Cronbach coefficients were over 0.70, which are acceptable (Nunnally & Bernstein, 1994).

TABLE 2: Age groups and frequent intentions for job withdrawal.

Age groups	Frequent intention to leave the profession		Frequent intention to retire early	
	%	<i>n</i>	%	<i>n</i>
Under 35	37	34	9	8
35-44	27	32	23	27
45-54	17	17	22	22
Over 54	12	3	31	8
Total	25	86	19	65

n, given as frequency.

The intention to leave the profession and the intention to take early retirement were positively and significantly correlated ($r = .407, p < 0.01$). Concerning personal variables, age correlated negatively with the intention to leave the profession ($r = -.239, p < 0.01$) and positively with the intention to retire early ($r = .210, p < .01$). With work-related variables, the strongest negative correlation was found between job satisfaction and the intention to leave the profession ($r = -.459, p < 0.01$). There was also a strong negative correlation between organisational commitment and the intention to leave the profession ($r = .424, p < 0.01$). Work ability, job control and perceived development opportunities had negative correlations with both forms of job withdrawal intention.

Two logistic regression analyses were conducted to examine the factors associated with the intention to leave the profession and the intention to retire early. The predictive power of the variables is indicated with multivariate odds ratios. Table 4 shows that from the personal variables, only age was significantly associated with intentions to leave the profession. In other words, older age decreased the odds ratio for the intentions to leave the profession (OR = 0.926). From the work-related variables, work ability, job satisfaction and organisational commitment, these turned out to be significantly associated with the intentions for occupational turnover. Good work ability (OR = 0.657), high job satisfaction (OR = 0.459) and high organisational commitment (OR = 0.376) decreased the likelihood of intentions for occupational turnover. In addition, those who had skills that were balanced with their present work demands (OR = 7.277), or who judged that they had the potential to carry out more challenging tasks (OR = 13.176), had an increased likelihood of intending to leave the profession. The Nagelkerke R-square

of 0.43 indicates the amount of variation in the dependent variable accounted for by the model (Pallant, 2005).

As is evident in Table 5, age, gender and shift work were the only personal variables that were significantly associated with intentions to retire early. Older age increased the odds ratio (OR = 1.081), whereas, being female (OR = 0.226) and not working in shifts (OR = 0.331) decreased the odds ratio of intentions for early retirement. As far as work-related variables were concerned, work ability, job satisfaction and job control were significantly related to the intention to retire early. Better work ability (OR = 0.837), higher job satisfaction (OR = 0.520) and higher job control (OR = 0.199) decreased the risk of intended early retirement. The Nagelkerke R-square was 0.33.

Discussion

The main objective of this study was to examine the factors associated with the intentions for occupational turnover and early retirement, with special reference to perceived development opportunities and job control. Given the global shortage of registered nurses, understanding the antecedents of the intentions for job withdrawal is of great importance. In this study, the actual withdrawal decisions or transitions were not studied. However, behavioural intentions are found to be significantly related to actual behaviours, and they are therefore an ideal substitute when time constraints prevent the measurement of the actual behaviours (Hanisch & Hulin, 1990). This has been shown in both occupational turnover (Flinkman *et al.*, 2010) and retirement literature (Adams & Beehr, 1998).

The results showed that a quarter of the nurses who participated in the study had frequently thought about

TABLE 3: Means, standard deviations, reliability estimates and bivariate correlations for the variables.

Variables	Mean	SD	α	1	2	3	4	5	6	7	8	9	10	11
1. Intention to leave the profession	2.10	1.61	-											
2. Intention to retire early	1.19	1.06	-	.407**										
				(<i>n</i> = 338)										
3. Age	41.15	9.20	-	-.239**	.210**									
				(<i>n</i> = 339)	(<i>n</i> = 338)									
4. Number of children	1.79	1.24	-	-.036	.104	.372**								
				(<i>n</i> = 300)	(<i>n</i> = 299)	(<i>n</i> = 302)								
5. Pay	2067.67	322.51	-	-.011	.019	.161**	.040							
				(<i>n</i> = 309)	(<i>n</i> = 308)	(<i>n</i> = 312)	(<i>n</i> = 277)							
6. Work ability	8.33	1.42	-	-.170**	-.300**	-.272**	-.141*	.036						
				(<i>n</i> = 337)	(<i>n</i> = 336)	(<i>n</i> = 341)	(<i>n</i> = 300)	(<i>n</i> = 310)						
7. Job satisfaction	3.54	1.00	-	-.459**	-.268**	.052	.045	.008	.260**					
				(<i>n</i> = 337)	(<i>n</i> = 336)	(<i>n</i> = 338)	(<i>n</i> = 298)	(<i>n</i> = 308)	(<i>n</i> = 336)					
8. Organisational commitment	2.88	0.72	0.77	-.424**	-.163**	.209**	.102	-.034	.180**	.517**				
				(<i>n</i> = 330)	(<i>n</i> = 329)	(<i>n</i> = 333)	(<i>n</i> = 293)	(<i>n</i> = 303)	(<i>n</i> = 331)	(<i>n</i> = 329)				
9. Perceived development opportunities	3.21	0.58	0.77	-.179**	-.123*	-.010	-.067	-.102	.169**	-.361**	.374**			
				(<i>n</i> = 332)	(<i>n</i> = 332)	(<i>n</i> = 336)	(<i>n</i> = 295)	(<i>n</i> = 305)	(<i>n</i> = 334)	(<i>n</i> = 331)	(<i>n</i> = 327)			
10. Job control	2.10	0.49	0.81	-.262**	-.229**	-.004	.048	.028	.148**	.329**	.369**	.316**		
				(<i>n</i> = 331)	(<i>n</i> = 330)	(<i>n</i> = 3319)	(<i>n</i> = 292)	(<i>n</i> = 304)	(<i>n</i> = 329)	(<i>n</i> = 330)	(<i>n</i> = 322)	(<i>n</i> = 324)		
11. Competence at doing one's job	2.22	0.69	-	.172**	.016	.037	.068	.006	.146**	-.102	-.019	-.091	-.012	
				(<i>n</i> = 337)	(<i>n</i> = 336)	(<i>n</i> = 341)	(<i>n</i> = 300)	(<i>n</i> = 310)	(<i>n</i> = 339)	(<i>n</i> = 336)	(<i>n</i> = 331)	(<i>n</i> = 334)	(<i>n</i> = 329)	

SD, standard deviation.
*, $p < 0.05$; **, $p < 0.01$

TABLE 4: Logistic regression analysis of the intention to leave the profession.

Independent variables	β	SE β	Wald's χ^2	df	Sig.	Exp(β) (odds ratio)
Age	-0.077	0.030	6.399	1	0.011	0.926
Gender	-0.644	0.618	1.084	1	0.298	0.525
Education	0.527	0.545	0.933	1	0.334	1.694
Form of employment	-0.155	0.506	0.093	1	0.760	0.857
Shift work	-0.031	0.498	0.004	1	0.950	0.969
Number of children	0.194	0.182	1.130	1	0.288	1.214
Pay	-0.001	0.001	0.984	1	0.321	0.999
Work ability	-0.420	0.161	6.793	1	0.009	0.657
Job satisfaction	-0.778	0.228	11.692	1	0.001	0.459
Organisational commitment	-0.978	0.346	8.007	1	0.005	0.376
Perceived development opportunities	0.701	0.382	3.370	1	0.066	2.015
Job control	-0.521	0.463	1.263	1	0.261	0.594
Need for additional training (reference category)	-	-	9.667	2	0.008	-
Skills in balance with present work demands	1.985	0.792	6.282	1	0.012	7.277
Potential to carry out more challenging tasks	2.578	0.836	9.503	1	0.002	13.176
Constant	-1.093	0.146	56.404	1	0.000	0.335

Overall model evaluation: Chi-square χ^2 86.487, df = 14, p = 0.000; Cox and Snell R^2 = 0.291; Nagelkerke R^2 = 0.431; Hosmer and Lemeshow test χ^2 = 11.224, df = 8, p = 0.189.
 β , Coefficients; SE β , Standard Error Coefficients; Wald's χ^2 , a Wald statistic with a chi-square distribution; df , degrees of freedom; Sig, significance; Exp(β), odds ratio.

TABLE 5: Logistic regression analysis of the intention to retire early.

Independent variables	β	SE β	Wald's χ^2	df	Sig.	Exp(β) (odds ratio)
Age	0.077	0.030	6.514	1	0.011	1.081
Gender	-1.488	0.657	5.125	1	0.024	0.226
Education	0.838	0.659	1.620	1	0.203	2.313
Form of employment	-0.274	0.528	0.269	1	0.604	0.760
Shift work	-1.105	0.521	4.492	1	0.034	0.331
Number of children	0.011	0.169	0.004	1	0.948	1.011
Pay	-0.001	0.001	3.761	1	0.052	0.999
Work ability	-0.177	0.145	1.493	1	0.022	0.837
Job satisfaction	-0.653	0.230	8.063	1	0.005	0.520
Organisational commitment	0.188	0.381	0.244	1	0.621	1.207
Perceived development opportunities	0.338	0.353	0.916	1	0.339	1.402
Job control	-1.613	0.506	10.180	1	0.001	0.199
Need for additional training (reference category)	-	-	4.571	2	0.102	-
Skills in balance with present work demands	.252	0.633	0.159	1	0.690	1.287
Potential to carry out more challenging tasks	1.042	0.644	2.622	1	0.105	2.836
Constant	-1.416	0.159	79.118	1	0.000	0.243

Overall model evaluation: Chi-square χ^2 58.023, df = 14, p = 0.000; Cox and Snell R^2 = 0.206; Nagelkerke R^2 = 0.329; Hosmer and Lemeshow test χ^2 = 6.147, df = 8, p = 0.601.
 β , Coefficients; SE β , Standard Error Coefficients; Wald's χ^2 , a Wald statistic with a chi-square distribution; df , degrees of freedom; Sig, significance; Exp(β), odds ratio.

leaving the profession. This finding supports the work of previous Finnish researchers (Flinkman *et al.*, 2008; Kuokkanen *et al.*, 2003). Almost a fifth of the nurses had frequently thought about taking early retirement. A recent national study, in Finland, demonstrated that approximately 30% of Finnish nurses considered themselves unable to work until the retirement age, for health reasons (Laine *et al.*, 2011). This finding, that intentions for job withdrawal were age dependent, is supported by previous studies (Flinkman *et al.*, 2010; Hayes *et al.*, 2006; Lehto & Sutela, 2008). Those who considered leaving the nursing profession were in the younger age group, while those who considered early retirement were in the older age group.

There were both similarities and differences in the factors associated with the intentions for job withdrawal. Work ability was associated with both forms of job withdrawal

intention. This finding is in line with earlier studies (Camerino *et al.*, 2008; Von Bonsdorff, Koponen & Aalto, 2009). In other words, the result suggests that an imbalance between personal resources and the demands of the job forced the nurses to consider occupational turnover or early retirement. This is not surprising, because the nursing profession is both mentally and physically demanding (Van der Heijden *et al.*, 2009).

In line with previous studies, this study showed that job satisfaction had an important role in both forms of job withdrawal intention (Hasselhorn *et al.*, 2005; Kuokkanen *et al.*, 2003). The result supports the basic assumption that when nurses are satisfied with their jobs, they are less likely to consider leaving them. However, organisational commitment was only associated with the intentions for occupational turnover.

This study showed that poor job control increased the likelihood of thoughts about early retirement. This finding offers support for the results of previous research (Elovainio *et al.*, 2005; Von Bonsdorff *et al.*, 2009). However, job control was not associated with the intentions for occupational turnover. Surprisingly, perceived development opportunities were also not associated with the intentions for occupational turnover, although some earlier studies have shown that poor development opportunities are related to the nurses' intentions to leave the profession (Hasselhorn *et al.*, 2005; Hayes *et al.*, 2006). One explanation for this result is that the perceived development opportunities were operationalised with only four items in this study. A larger scale could have given a more accurate picture of the perceived development opportunities. However, it should be noted that perceived development opportunities were positively correlated with job satisfaction, which in turn was associated with both forms of job withdrawal intention. This lends support for Price and Mueller's (1981) turnover model, which states that job satisfaction and organisational commitment moderate the relationship between organisational factors, such as development opportunities and turnover intentions. Armstrong-Stassen and Schlosser (2010) have also pointed out that HR practices may have relatively distal rather than immediate influences on the decision of individuals to remain with their organisation.

With regards to competence at performing one's job, the likelihood of leaving the profession was greater for those who had their skills in balance with their present work demands, or who judged that they had the potential to carry out more challenging tasks. Dissatisfaction of a nurse, with the use of his or her abilities and skills have been shown, in previous studies, to be an important work-related factor associated with the nurse's intention to leave the profession (Estryn-Behar *et al.*, 2010; Flinkman *et al.*, 2010).

Conclusion

The nurses' occupational turnover represents a major problem in health care organisations concerning recruitment costs, organisational continuity, the ability to care for patients and the quality of care given (Flinkman *et al.*, 2010; Hayes *et al.*, 2006). High rates of occupational turnover may also discourage prospective students from joining the profession in the first place (Jourdain & Chênevert, 2010). Early retirement is yet another factor contributing to the problem of a shortage of nurses. In many countries two measures that have been implemented to address this problem are recruiting nurses from overseas, and increasing the enrolment of students in schools of nursing (Blakeley & Ribeiro, 2008). However, there is also the need to implement retention strategies, which equally favour younger and ageing nurses (Lavoie-Tremblay *et al.*, 2006). Recognising the antecedents of both occupational turnover and early retirement can help organisations to re-design work and HR practices, in order to keep both younger and ageing nurses in their profession.

The results of this study have some practical implications for preventing the trend of job withdrawal. Firstly, this study highlights the importance of job satisfaction amongst the nurses who were studied. It seems that job dissatisfaction was one factor contributing to the nurses' occupational turnover and intentions for early retirement. Therefore, the health care organisation should pay attention to factors influencing the nurses' job satisfaction in order to prevent premature loss of capable and knowledgeable nurses, and to secure health services in the future. The nurses' intentions for job withdrawal and job satisfaction should be regularly evaluated in order to prevent them leaving the profession prematurely.

Secondly, the findings also indicate that promoting work ability is an important factor to prevent both forms of job withdrawal. Attention should also be paid to the competencies of the nurses. This means matching skills and abilities with the demands of the job (Ilmarinen, 2006). Those nurses, who consider that they have the potential to carry out more challenging tasks, should be offered opportunities to utilise their skills and competencies. In line with previous studies, the results seem to suggest that making work more controllable and increasing personal autonomy, especially amongst the ageing nurses, can increase their ability to cope at work until retirement age (Blakeley & Ribeiro, 2008; Elovainio *et al.*, 2005; Lavoie-Tremblay *et al.*, 2006).

Limitations

The results of this study should be interpreted in the light of the study's limitations. Firstly, caution is required when generalising the results, because of the rather low response rate (46.1%), and the fact that this study was restricted to one Finnish university hospital. It should also be noted that the study was cross-sectional. A longitudinal study is needed in order to confirm the causal directions between the antecedents and the intentions for job withdrawal (Adams & Beehr, 1998).

The second limitation concerns the use of one sentence items for measuring constructs. In the future there will be a need to strengthen these instruments. Another weakness of this study is that the roles of occupational commitment and affective organisational commitment were not studied, even though previous studies have emphasised their importance in the decision to leave one's profession (Laine, 2005; Van der Heijden *et al.*, 2009) and in the decision to retire early (Adams, 1999).

There may be a common-method bias because, in this study, self-reported measures were used for all the study variables (Podsakoff, McKenzie, Lee & Podsakoff, 2003). The development opportunities and job control were studied from the subjective experience of nurses, which may only partly reflect the actual situation. However, it is true that peoples' perceptions of what their organisation is doing will play an important role in their decision to remain with or to leave their organisation (Armstrong-Stassen, 2008).

Finally, the full age range of the sample was used in the analyses because the study focused on both occupational turnover and early retirement. However, theoretical and empirical knowledge tells us that younger nurses are more likely to leave their profession and older nurses are more likely to retire early (Flinkman *et al.*, 2010; Hayes *et al.*, 2006; Von Bonsdorff, 2009). When these two forms of job withdrawal intention are studied separately, a more age-restricted sample should be used (Adams & Beehr, 1998).

Recommendations

Some suggestions for future research are offered. Firstly, it must be acknowledged that both occupational turnover and early retirement have multiple antecedents. Therefore one question for further study is how other HR practices are associated with intentions for job withdrawal. Secondly, it would be interesting to investigate the role of managerial support associated with job withdrawal intentions. Previous studies have suggested that low leadership quality results in lower job satisfaction, which in turn predicts the nurses' intentions to leave the profession (Coomber & Barriball, 2007; Hayes *et al.*, 2006) and to retire early (Von Bonsdorff *et al.*, 2009). Thirdly, more research is also needed into the role of factors outside the organisation, such as the labour market or family issues. One suggestion for future research is to focus on the nurses' career and career-related variables, because both occupational turnover and early retirement are often regarded as the outcome of a career decision-making process (Adams & Beehr, 1998; Van der Heijden *et al.*, 2009). Finally, a qualitative study approach could be used to derive a deeper understanding of factors contributing to the nurses' intentions for job withdrawal.

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Competing interests

The author declares that she has no financial or personal relationship(s) which may have inappropriately influenced her in writing this paper.

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III

AMMATILLISEN OSAAMISEN KEHITTÄMINEN - IKÄÄNTYVIEN JA NUORIEN HOITAJIEN NÄKÖKULMA

by

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Ammatillisen osaamisen kehittäminen – ikääntyvien ja nuorien hoitajien näkökulma

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TIIVISTELMÄ

Artikkelin tarkoituksena on kuvata ja verrata ikääntyvien ja nuorten hoitajien ammatillisen osaamisen kehittämistä työssä. Kyselyaineisto kerättiin suomalaisessa yliopistollisessa sairaalassa työskenteleviltä hoitajilta (n = 510, vastausprosentti 54,4).

Tulokset osoittivat, että ikääntyvistä hoitajista vanhimmat (yli 54-vuotiaat) kokivat muita hoitajia enemmän tarvitsevansa lisäkoulutusta selviytyäkseen hyvin työtehtävistään. Ikääntyvien ja nuorten välillä ei ollut selkeitä eroja koulutus- ja kehittämistoimiin osallistumisessa. Sekä ikääntyvät että nuoret hoitajat arvioivat mahdollisuutensa ammatillisen osaamisen kehittämiseen ja hyödyntämiseen hyväksi. Sen sijaan hoitajat kokivat uralla etenemisen mahdollisuudet heikommiksi kuin muut kehittymisen mahdollisuudet. Eri-tyisesti vanhimmat kokivat mahdollisuutensa uralla etenemiseen huonoiksi.

Ikääntyvien ja nuorten hoitajien valmiuksien tulisi olla tasapainossa työn vaatimusten kanssa. Vanhimpien hoitajien koulutus on tärkeää räätälöidä heidän tarpeidensa mukaiseksi. Tulokset tuovat myös esiin, että uralla etenemisen mahdollisuudet tulisi nähdä osana ammatillisen osaamisen kehittämistä.

ASIASANAT

hoitaja, ikääntyvä, ammatillisen osaamisen kehittäminen

Väestön ikääntyessä myös terveydenhuoltoalan henkilöstön ikärakenne muuttuu. Se tarkoittaa, että yhä useampi työntekijä on yli 45-vuotias (Hasselhorn ym. 2005a, Kauppinen ym. 2007). Terveydenhuolto onkin yksi eniten ikääntyviä työntekijöitä työllistävä ala sekä Suomessa että muissa EU-maissa (Ilmarinen 2001, Wells ja Norman 2009). Tällä hetkellä erityisesti sairaanhoitajista on pulaa useissa EU-maissa, ja väestön ikääntymisen uskotaan vaikuttavan entisestään sairaanhoitajien saatavuuteen tulevana vuosina. Sairaanhoitajien ammatista luopuminen ja ennenaikainen eläköityminen ovat kiinnostaneet tutkijoita viime vuosina. (Hasselhorn ym. 2005a, Laine 2005, Blakeley ja Ribeiro 2008, von Bonsdorff 2009.) Yhdeksi tärkeäksi tekijäksi ikääntyvien sairaanhoitajien työssä jatkamisen tukemisessa on nähty ammatillisen osaamisen ylläpitäminen ja kehittäminen (Armstrong-Stassen ja Templer 2005, Lavoie-Tremblay ym. 2006).

TUTKIMUKSEN TEOREETTINEN TAUSTA

Eurooppalaisissa terveydenhuollon palveluissa suuntaus on kohti aiempaa lyhyempää sairaalassaoloaikaa ja tehostettuja hoitokäytäntöjä (Hasselhorn ym. 2005b). Tämä vaatii hoitohenkilökunnalta hyvää ammatillista osaamista ja sen jatkuvaa kehittämistä. Tässä artikkelissa verrataan ikääntyvien ja nuorten hoitajien ammatillisen osaamisen kehittämistä työssä. Ikääntyviksi hoitajiksi määritellään 45 vuotta täyttäneet ja sitä vanhemmat. Yksi keskeinen syy määritelmälle on se, että noin 45 vuoden iässä ihmisen terveydessä ja toimintakyvyssä alkaa usein tapahtua konkreettisia muutoksia, jotka heijastuvat työkykyyn. Näin ollen ikääntymisen varhaisen määrittämisen nähdään antavan hyvät mahdollisuudet vaikuttaa yksilöiden terveyteen ja toimintakykyyn. (Ilmarinen 2006.)

Ammatillisella osaamisella on keskeinen merkitys työhön liittyvien vaatimusten kohtuullistamisessa sekä työssä

jaksamisen edistämässä, koska se on osa yksilön työkykyä (Ilmarinen 2006, Lavoie-Tremblay ym. 2006). Tässä tutkimuksessa ammatillisella osaamisella tarkoitetaan työtehtävän ja tietämyksen välistä yhteensopivuutta eli valmiuksia työhön (Lehto ja Järnefelt 2000). Ammatillinen osaaminen kehittyy yksilön ja työn vuorovaikutuksessa, joten sen kehittämiseen ja hyödyntämiseen vaikuttavat niin yksilöön kuin työhön liittyvät tekijät (Paloniemi 2004). Tässä tutkimuksessa ammatillisen osaamisen kehittämistä tarkastellaan yksilöille suunnattuina koulutus- ja kehittämistoimina sekä kehittymismahdollisuuksina, joiden tarkoituksena on yksilöiden valmiuksien ylläpitäminen ja parantaminen.

Ikääntyvien kouluttamiseen liittyvissä tutkimuksissa on kiinnitetty erityisesti huomiota ikääntyvien työntekijöiden koulutukseen pääsyyn, heidän haluunsa osallistua koulutukseen sekä koulutuksen räätälöintiin ikääntyville sopivaksi (Armstrong-Stassen ja Templar 2005, Ilmarinen 2006). Viime vuosina työssä oppimisen merkitys osana ammatillisen osaamisen kehittämistä on kasvanut. Työssä oppimiseen liittyvissä tutkimuksissa ikänäkökulma on kuitenkin ollut koulutusta vähemmän esillä. Keskeistä työssä oppimiselle on se, että siinä yhdistyvät teoria ja käytäntö, tietämyksen ja kokemuksen hyödyntäminen sekä tietoinen reflektointi. Työssä oppiminen sisältää niin suunniteltuja keinoja (esim. valmennus) kuin suunnittelematon oppimista, joka kumpuaa työstä (esim. haastava työ ja työpaikan sosiaaliset käytännöt). (Paloniemi 2004, Clarke 2005, Williams 2010.) Esimerkiksi mentorointi on yleistynyt viime vuosina, koska sitä pidetään tehokkaana keinona välittää niin sanottua hiljaista eli kokemusperäistä tietoa vanhemmilta työntekijöiltä nuoremmille (Leskelä 2006).

Viimeaikaisissa tutkimuksissa on myös nostettu esille ikääntyvien hoitajien uralla etenemismahdollisuuksien merkitys työssä jatkamiseen (Blakeley ja Ribeiro 2008, Lavoie-Tremblay ym. 2006). Erityisen kiinnostuksen kohteena on ollut uran tasannevaihe (career plateauing), joka voi ilmetä sekä hierarkkisena että työn sisältöön liittyvänä. Hierarkkinen tasaantuminen on seurausta vähäisistä mahdollisuuksista edetä organisaatioissa. Työn sisällöllinen tasaantuminen tarkoittaa tilanteita, jossa yksilö kokee, että työ itsessään ei tarjoa enää haasteita. (Armstrong-Stassen 2008.)

TUTKIMUKSEN TARKOITUS JA TUTKIMUSKYSYMYKSET

Tutkimuksen tarkoituksena oli kuvata ja verrata ikääntyvien ja nuorten hoitajien ammatillisen osaamisen kehittämistä työssä. Ikääntyviksi hoitajiksi määriteltiin 45-vuotiaat ja sitä vanhemmat, nuoriksi hoitajiksi alle 45-vuotiaat.

Tutkimuskysymykset olivat:

1. Millaiset valmiudet ikääntyvillä ja nuorilla hoitajilla on nykyisessä työssään?
2. Miten ikääntyvät ja nuoret hoitajat eroavat koulutus- ja kehittämistoimiin osallistumisessa?
3. Millaisiksi ikääntyvät ja nuoret hoitajat kokevat mahdollisuutensa ammatillisen osaamisen kehittämiseen?

TUTKIMUSAINEISTO JA MENETELMÄT

Aineiston kuvaus

Tutkimus on osa Jyväskylän yliopiston kaupparkeakoulussa toteutettua Ikäjohtamisen verkostohanketta. Hankkeen tutkijat ovat suorittaneet yhteensä kolme lomakekyselyä kahdessa eri sairaalaorganisaatioissa (Koponen ym. 2006, von Bonsdorff ym. 2006 ja 2008). Tässä raportoitava tutkimus koskee viimeistä kyselyä, jonka tutkimusaineisto kerättiin yhdessä yliopistollisessa sairaalassa joulukuun 2006 ja tammikuun 2007 aikana. Sairaalan johto antoi luvan kyselyn suorittamiseen. Perusjoukon muodostivat sairaalan kaikilla operatiivisilla tulosalueilla ja psykiatrisella tulosalueella koko- ja osa-aikaisesti työskentelevät sairaanhoitajat, perushoitajat ja mielenterveyshoitajat (n = 937). Tutkimukseen osallistuneille lähetettiin kyselylomake sairaalan sisäpostissa suljetussa kuoressa, jossa oli vastaajan nimi sekä osaston koodi ja nimi osoitetietoina. Kuoren sisällä oli kyselylomake ja palautuskuori. Saatekirjeessä neuvottiin vastaajia palauttamaan lomake palautuskuoreen sisäiseen postiin. Muistutuskierrroksia tehtiin yksi. Sairaalan sisäposti lähetti palautuneet lomakkeet tutkijoille.

Kyselyn lopullinen vastausprosentti oli 54,4 (n = 510). Katoanalyysissa tarkasteltiin χ^2 -testillä perusjoukon ja kyselyyn vastanneiden jakaumaa niiden taustatekijöiden osalta, jotka tutkijoilla oli tiedossa. Vastanneiden ja perusjoukon välillä ei havaittu tilastollisesti merkitseviä eroja näiden taustatekijöiden suhteen (taulukko 1).

Mittarit

Kyselylomakkeen suunnittelusta vastasi kolme verkostohankkeen väitöskirjatutkijaa, joista jokainen rakensi lomakkeeseen omaa tutkimusaihettaan koskevan osion: 1) oppiminen ja kehittyminen, 2) palkitseminen ja 3) esimiestyö. Tämän lisäksi kyselylomakkeessa oli useita taustatietoihin, työhön ja työssä jatkamiseen liittyviä kysymyksiä ja väittämiä, jotka tutkijat valitsivat yhteistyössä. Tässä artikkelissa tarkastellaan oppiminen ja kehittyminen -osioon kuuluvia kysymyksiä ja väittämiä, jotka on koottu huolellisen kirjallisuuteen perehtymisen jälkeen (Lehto ja Järnefelt 2000, Tikkanen ym.

Taulukko 1. Hoitajien taustatekijät ja katoanalyysi.

Taustatekijät	Vastanneet		Perusjoukko		Kato	
	%	(n)	%	(n)	%	(n)
Ikäryhmä						
Nuoret						
alle 35-vuotiaat	29	(146)	28	(266)	45	(120)
35–44-vuotiaat	30	(153)	32	(301)	49	(148)
Ikääntyvät						
45–54-vuotiaat	30	(155)	29	(273)	43	(118)
yli 54-vuotiaat	11	(56)	10	(97)	42	(41)
Sukupuoli						
nainen	83	(423)	80	(748)	43	(325)
mies	17	(87)	20	(189)	54	(102)
Tulosalue						
psykiatrinen	29	(147)	29	(276)	47	(129)
operatiivinen	71	(363)	71	(661)	45	(298)
Työsuhteen muoto						
vakainainen	75	(384)	77	(717)	46	(333)
määräaikainen	25	(120)	23	(220)	45	(100)
Ammattinimike						
perushoitaja	7	(37)				
mielisairaanhoidaja	8	(42)				
sairaanhoidaja	82	(415)				
muu	3	(16)				
Työaikamuoto						
päivätyö	26	(133)				
vuorotyö	74	(375)				
Koulutus						
opistoasteinen tai alempi tutkinto	69	(346)				
alempi tai ylempi korkeakoulututkinto	31	(158)				

2002, Armstrong-Stassen ja Cameron 2005, Clarke 2005, Hasselhorn ym. 2005a). Ennen ensimmäistä kyselyä lomake testattiin tutkimuksen kohteena olevan sairaalan yhdeksällä sairaanhoitajalla, jotka täyttivät sen ja arvioivat väittämät ja kysymykset selkeiksi ja ymmärrettäviksi. Lisäksi tutkimukseen osallistuneiden sairaaloiden henkilöstön kehittämispäälliköt arvioivat väittämät ymmärrettäviksi ja soveltuviksi hoitajille. Aikuskasvatustieteen asiantuntija arvioi oppimista ja kehittymistä koskevien väittämien sisällön sopivaksi tutkimukseen.

Kyselylomakkeessa hoitajien kokemaa lisäkoulutukseen tarvetta selvitettiin kysymällä, millaiset valmiudet vastaajilla on mielestään tehdä nykyistä työtään. Vastausvaihtoehdot olivat 1) Tarvitsen lisäkoulutusta selviytyäkseni hyvin nykyisistä työtehtävistäni, 2) Työtehtävät vastaavat hyvin nykyisiä valmiuksiani ja 3) Minulla on valmiuksia selviytyä vaativammistakin työtehtävistä. (Lehto ja Järnefelt 2000).

Vastaajien osallistumista työpaikan järjestämään koulutukseen selvitettiin kysymällä, onko vastaaja osallistunut työpaikan järjestämään muodollisesti pätevöittävään ja ei-muodollisesti pätevöittävään koulutukseen viimeisen 12

kuukauden aikana. Muodollisesti pätevöittäväksi määriteltiin koulutus, josta oli saanut tutkinnon tai todistuksen. (Lehto ja Järnefelt 2000, Henkilöstökoulutus 2002, Tikkanen ym. 2002.) Lisäksi vastaajilta kysyttiin, ovatko he viimeisen 12 kuukauden aikana osallistuneet projektityöskentelyyn, tiimi- tai ryhmätyöskentelyyn, työparityöskentelyyn, työhön perehdytykseen, opastukseen, mentorointiin, työnohjaukseen, toisten työhön tutustumiseen, työkiertoon tai kehityskeskusteluun (Clarke 2005).

Koettuja kehittymismahdollisuuksia kuvaava mittari sisälsi 13 väittämää. Kaikki väittämät on koottu aiemmista tutkimuksista, joissa on tutkittu sekä sairaanhoitajien (Armstrong-Stassen ja Cameron 2005) että eri alojen työntekijöiden kokemia kehittymismahdollisuuksia (Lehto ja Järnefelt 2000, Tikkanen ym. 2002, Tuomi ja Vanhala 2002, Aikuskoulutustutkimus 2006). Vastausvaihtoehdot olivat 1 = erittäin huonot, 2 = huonot, 3 = keskinkertaiset, 4 = hyvät ja 5 = erittäin hyvät. Koettujen kehittymismahdollisuuksien ulottuvuuksien löytämiseksi käytettiin pääkomponentti-analyysia varimax-rotatiolla. Muuttujien korreloituneisuutta

tarkasteltiin KMO-arvon (0,834) ja Bartlettin testin ($p < 0,001$) avulla. Kaksi väittämistä jätettiin pois, koska ne latautuivat heikosti. Lopuista väittämistä muodostettiin pääkomponenttianalyysin avulla kolme osiota, ja niistä tehtiin summamuuttujat (taulukko 2). Tämä kolmen pääkomponentin ratkaisu selitti 68,3 prosenttia 11 väittämän varianssista.

Aineiston analyysi

Aineiston analysointi tehtiin SPSS 18.0 for Windows -ohjelmalla. Kaikkien muuttujien osalta tuloksia tarkasteltiin neljässä ikäryhmässä, mutta ryhmät jaettiin kuitenkin nuoriin ja ikääntyviin hoitajiin siten, että nuoria hoitajia olivat alle 35-vuotiaat ja 35–44-vuotiaat ja ikääntyviä hoitajia 45–54-vuotiaat ja yli 54-vuotiaat. Näin mahdolliset ikääntyvien ja nuorten väliset erot voitiin saada paremmin esiin. Ikäryhmien valmiuksia nykyisessä työssä sekä osallistumista työnantajan järjestämiin koulutus- ja kehittämistoimiin analysoitiin ristiintaulukoinnin ja χ^2 -testin avulla. Kehittymismahdollisuuksia kuvaavat summamuuttujat testattiin Kolmogorov-Smirnovin testillä. Testi osoitti, että summamuuttujat eivät olleet normaalisti jakautuneet, joten ikäryhmien välisiä eroja summamuuttujien suhteen tutkittiin ei-parametrisella Kruskal-Wallis testillä. Tässä tutkimuksessa käytettiin tilastollisen merkitsevyyden rajana p-arvoa $< 0,05$.

TULOKSET

Valmiudet nykyisessä työssä

Hoitajista vanhimmat (yli 54-vuotiaat) kokivat tarvitsevansa muita enemmän lisäkoulutusta ($\chi^2 = 14,948$, $df = 6$, $p = 0,021$)

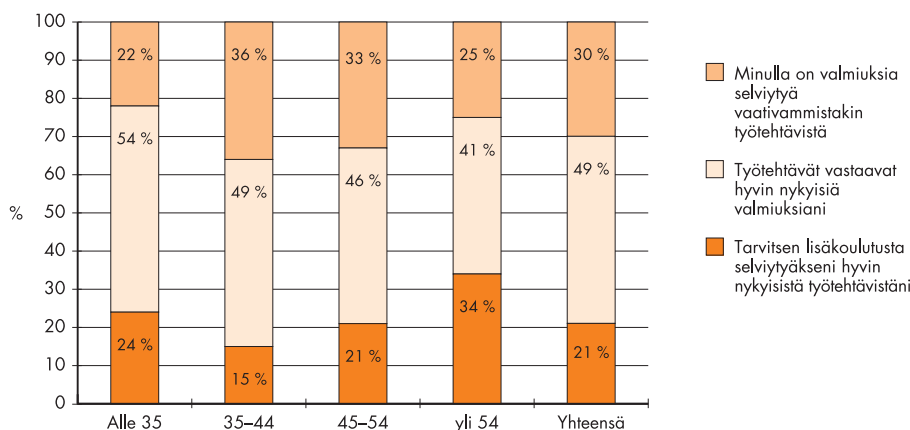
(kuvio 1). Puolet kaikista vastaajista oli sitä mieltä, että työtehtävät vastaavat hyvin heidän nykyisiä valmiuksiaan. Eniten valmiuksia selviytyä vaativammistakin työtehtävistä oli nuorilla 35–44-vuotiailla hoitajilla.

Koulutus- ja kehittämistoimiin osallistuminen

Eniten ikääntyvät ja nuoret hoitajat olivat osallistuneet työnantajan järjestämään ei-muodollisesti pätevöittämään koulutukseen (taulukko 2). Ei-muodollisesti pätevöittävän koulutuksen jälkeen yleisimpiä olivat tiimi- tai ryhmätyöskentely sekä opastus. Vähiten ikääntyvät ja nuoret hoitajat olivat osallistuneet työkiertoon. Ikääntyvien ja nuorten hoitajien väliset erot ilmenivät työhön perehdytyksessä ($p = 0,005$), toisten työhön tutustumisessa ($p = 0,042$) sekä kehityskeskusteluissa ($p = 0,001$). Työhön perehdytys ja toisten työhön tutustuminen olivat yleisempiä nuorten hoitajien kohdalla, kun taas kehityskeskusteluihin oli osallistunut enemmän ikääntyviä hoitajia.

Kehittymismahdollisuudet

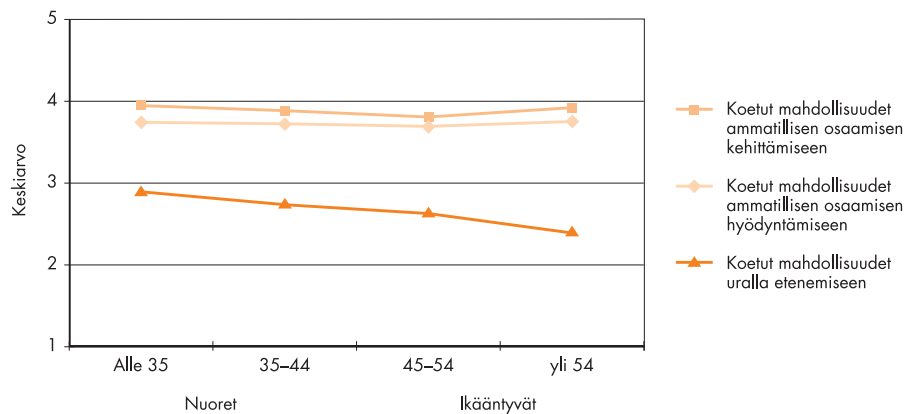
Ikääntyvät ja nuoret hoitajat arvioivat mahdollisuutensa ammatillisen osaamisen kehittämiseen hyväksi (kuvio 2). Myös mahdollisuudet ammatillisen osaamisen hyödyntämiseen sekä mahdollisuudet valita omat työskentelytavat ja kehittää niitä arvioitiin hyväksi. Kokemukset mahdollisuuksista siirtyä samantasoisesta työtehtävästä toiseen tai edetä vaativampiin työtehtäviin huononivat siirryttäessä nuorimmasta ikäryhmästä vanhimpaan. Yli 54-vuotiaat hoitajat kokivat uralla etenemismahdollisuutensa huonoimmiksi ($p = 0,001$) (taulukko 3).



Kuvio 1. Nuorten ja ikääntyvien hoitajien valmiudet nykyisessä työssä (%).

Taulukko 2. Nuorten ja ikääntyvien hoitajien osallistuminen koulutus- ja kehittämistoimiin viimeisten 12 kuukauden aikana (%).

	Nuoret (v)		Ikääntyvät (v)		Yhteensä n = 510	p
	alle 35 n = 146	35-44 n = 153	45-54 n = 155	yli 54 n = 56		
Työnantajan järjestämä ammatillisesti pätevöittävä koulutus	38	32	31	25	33	ns
Työnantajan järjestämä, ei muodollisesti pätevöittävä koulutus	74	84	83	83	81	ns
Projektiyöskentely	13	21	20	25	19	ns
Tiimi- tai ryhmäyöskentely	73	67	72	78	72	ns
Työparityöskentely	60	58	61	69	61	ns
Työhön perehdytys	70	63	55	46	61	0,005
Opastus	79	69	66	66	71	ns
Mentorointi	31	39	34	39	35	ns
Työnohjaus	32	26	38	41	33	ns
Toisten työhön tutustuminen	34	33	21	27	29	0,042
Työkierro	12	19	16	8	15	ns
Kehityskeskustelut	40	55	63	63	54	0,001



Kuvio 2. Nuorten ja ikääntyvien hoitajien kokemat kehittymismahdollisuudet (keskiarvot, vastausvaihtoehdot 1–5).

Taulukko 3. Koettuja kehittymismahdollisuuksia kuvaavat summamuuttujat ja erot nuorten ja ikääntyvien hoitajien välillä.

Summamuuttujat	Väittämien lkm.	Min.–maks.*	Keski-arvo	Keskijajonta	Cronbachin alfa-kerroin	Kruskal-Wallis testin t (p)
Koetut mahdollisuudet ammatillisen osaamisen kehittämiseen	5	1–5	3,72	0,65	0,871	0,850
Koetut mahdollisuudet ammatillisen osaamisen hyödyntämiseen	3	1–5	3,88	0,62	0,742	0,345
Koetut mahdollisuudet uralla etenemiseen	3	1–5	2,71	0,82	0,775	0,001

* Vastausvaihtoehdot 1–5, min. = erittäin huonot, maks. = erittäin hyvät kehittymismahdollisuudet

POHDINTA

Tutkimustulosten luotettavuus ja eettisyys

Tutkimustulosten luotettavuutta voidaan arvioida sisäisellä ja ulkoisella luotettavuudella. Sisäisellä luotettavuudella tarkoitetaan sitä, miten hyvin kerätyt tiedot kuvaavat juuri niitä asioita, joita on ollut tarkoitus tutkia. Ulkoinen luotettavuus liittyy siihen, missä määrin tulokset ovat yleistettävissä. (Metsämuuronen 2003.) Tutkimuksessa käytetyt mittarit on muodostettu aiemmissa tutkimuksissa käytetyistä ja valideiksi testatuista mittareista (Lehto ja Järnefelt 2000, Henkilöstökoulutus 2002, Tikkanen ym. 2002, Tuomi ja Vanhala 2002, Armstrong-Stassen ja Cameron 2005, Clarke 2005, Hasselhorn ym. 2005a). Lisäksi käytettiin asiantuntija-arviointia mittarien sisällön validiteetin arvioinnissa. Koettuja kehittymismahdollisuuksia kuvaavien summamuuttujien sisäistä yhtenäisyyttä mitattiin Cronbachin alfa-kertoimella, jonka arvot ylittivät hyväksyttävänä pidettävän 0,60 raja-arvon (Metsämuuronen 2003). Tarkasteltaessa tutkimuksen yleistettävyyttä voidaan todeta, että tutkimus rajoittui yhteen julkiseen sairaalaorganisaatioon. Katoanalyysi osoitti, että systemaattista katoa ei ilmennyt vastanneiden ja perusjoukon välillä.

Aineistonkeruussa noudatettiin tietoon perustuvaa suostumusta (Polit ja Beck 2008). Kyselylomakkeen saattekirjeessä kerrottiin tutkimuksen tarkoituksesta ja painotettiin, että kyselyaineisto käsitellään luottamuksellisesti ja siten, että vastaajien anonymisuus säilyy. Tähän tietoon perustuen vastaajilla oli mahdollisuus osallistua kyselyyn tai kieltäytyä siitä. Kyselyyn vastaaminen tulkittiin suostumukseksi osallistua tutkimukseen.

Tulosten tarkastelu

Tutkimuksessa tuli esille, että ikääntyneistä hoitajista vanhimmat (yli 54-vuotiaat) kokivat muita hoitajia enemmän tarvetta lisäkoulutukseen. Heikentyneet valmiudet voivat olla seurausta sekä yksilöllisestä että työssä tapahtuvista muutoksista.

Työkyvyn ylläpitämisen ja työssä jaksamisen näkökulmasta tarkasteltuna on tärkeää, että yksilön valmiudet olisivat tasapainossa työn vaatimusten kanssa (Ilmarinen 2006). Puolet kaikista hoitajista koki, että työtehtävät vastaavat hyvin nykyisiä valmiuksia. Lähes kolmannes koki, että heillä olisi valmiuksia selviytyä vaativammistakin työtehtävistä eli heidän osaamistaan voitaisiin hyödyntää aikaisempaa paremmin. Tulos on linjassa Työterveyslaitoksen uusimman työolotutkimuksen kanssa (Laine ym. 2011).

Myönteisenä tuloksena voidaan pitää sitä, että sekä ikääntyvien että nuorten hoitajien osallistumisaste ei-muodollisesti pätevöittävään koulutukseen oli varsin korkea. Myös eurooppalaisessa NEXT-tutkimuksessa (Nurses Early Exit) havaittiin, että suomalaisten hoitajien koulutuskerrat eivät vähentyneet iän myötä (Hasselhorn ym. 2005b).

Työssä oppimisen merkitystä hoitajien ammatillisen osaamisen kehittämisessä on painotettu viime vuosina (Clarke 2005, Williams 2010). Tässä tutkimuksessa tuli esille, että tiimityöskentely oli yleistä vastaajien keskuudessa kuten terveydenhoitotyön ammateissa yleensäkin on (Lehto ja Sutela 2008). Tällaisen hoitajavastavuoroisuuden onkin todettu olevan yksi keskeinen osa ikääntyvien suomalaisten sairaanhoitajien työhyvinvointia (Utriainen ym. 2010). Hoitajien työ on fyysisesti raskasta, joten sosiaalisella työympäristöllä voidaan ajatella olevan keskeinen merkitys haastavissa työolosuhteissa jaksamisessa (van der Heijden ym. 2009).

Työhön perehdytys ja toisten työhön tutustuminen olivat yleisempiä nuorilla hoitajilla, kun taas kehityskeskusteluihin oli osallistunut enemmän ikääntyviä hoitajia. Näiden erojen voidaan kuitenkin olettaa johtuvan iän lisäksi vakituisesta työsuhteesta. Kehityskeskusteluihin oli osallistunut noin puolet vastaajista. Vuonna 2010 sosiaali- ja terveydenhoitoalalla työskentelevistä noin 60 % ilmoitti käyneensä esimiehensä kanssa kehityskeskustelun viimeisen vuoden aikana (Laine ym. 2011). Kehityskeskustelujen käyminen on tärkeää hoitajan

uran kannalta, sillä kehityskeskusteluissa hoitaja ja esimies voivat määrittellä hoitajan osaamiseen liittyviä kehittämistarpeita (Suikkala ym. 2004).

Sekä ikääntyvät että nuoret hoitajat kokivat hyväksi mahdollisuutensa kehittää ammatillista osaamista niin koulutuksen kuin työssä tapahtuvan oppimisen kautta. Samoin mahdollisuudet hyödyntää koulutuksen ja työkokemuksen kautta hankittua ammatillista osaamista arvioitiin hyväksi. Nämä tulokset tukevat Tilastokeskuksen tutkimusta, joiden mukaan ikä ei ole sidoksissa koettuihin kehittämismahdollisuuksiin (Lehto ja Sutela 2008). Hyväksi koetut kehittämismahdollisuudet eivät ainoastaan edistä hoitajien oppimista vaan ne rakentavat osaltaan sairaalaorganisaatiota kohti oppivaa organisaatiota (Clarke 2005). Lisäksi hoitajien hyväksi kokemien kehittämismahdollisuuksien on todettu olevan myönteisesti yhteydessä työhön liittyviin asenteisiin kuten organisaation sitoutumiseen (Bartlett 2001, von Bonsdorff ym. 2006, Salminen 2009) ja työtyytyväisyyteen (Lehto ja Järnefelt 2000, Salminen 2009).

Tilastokeskuksen työolotutkimuksen mukaan uralla etenemismahdollisuudet koetaan yleisesti muita kehittämismahdollisuuksia heikommiksi (Lehto ja Sutela 2008). Hoitajien kokemukset mahdollisuudesta edetä urallaan joko hierarkiassa ylöspäin tai sivuttain huononivat siirryttäessä nuorimmasta ikäryhmästä vanhimpaan. Samansuuntaisia tuloksia on saatu tutkittaessa ikääntyviä hoitajia yhdessä suomalaisessa keskus-sairaalassa (Salminen 2009).

Tutkimuksen rajoituksena voidaan pitää sitä, että ikää on tarkasteltu ainoastaan kronologisena ikänä. Nykyisissä ikääntymistutkimuksissa ikä nähdään usein moniulotteisena, mikä tarkoittaa sitä, että emme vanhene ainoastaan fyysisesti, vaan myös suhteessa sosiaaliseen maailmaamme ja henkilökohtaisiin tavoitteisiimme sekä suhteessa siihen, millaiseksi me tunnemme itsemme (Uotinen 2005, Jyrkämä ja Nikander 2006). Ikääntyviä työntekijöitä ei pidäkään ymmärtää homogeneiseksi ryhmäksi, sillä kronologiselta iältään samanikäiset voivat erota merkittävästi toisistaan esimerkiksi fyysisten valmiuksiensa suhteen (Ilmarinen 2006, Pillay ym. 2006).

Jatkotutkimusehdotukset

Ikääntyvien hoitajien ammatillisen osaamisen kehittämistä koskevaa tutkimusta tarvitaan, jotta heidän erityistarpeensa ja -toiveensa voidaan ottaa huomioon laadittaessa henkilöstön kehittämistä koskevia suunnitelmia. Erityisen tärkeänä voidaan pitää ikääntyvien hoitajien omien kokemusten esille tuomista, jotta heidän työtään ja työympäristöään voidaan kehittää oikeaan suuntaan (Armstrong-Stassen 2008). Jatkossa olisikin mielenkiintoista tutkia moniulotteisemmin iän ja ammatillisen osaamisen kehittämisen välistä yhteyttä. Samalla tulisi tutkia ikäerojen taustalla vaikuttavia tekijöitä kuten organisaation oppimisilmapiiriä (Clarke 2005) sekä sitä, miten esimieheltä ja työtovereilta saa tukea ammatillisen osaamisen kehittämiseen (van der Heijden 2003).

Päätelmät ja ehdotukset hoitotyön käytännön kehittämiseksi

- 1) Hoitajien ja erityisesti vanhimpien hoitajien valmiudet on tärkeä saada tasapainoon työn vaatimusten kanssa. Toisaalta niille hoitajille, joilla on valmiuksia selviytyä vaativista työtehtävistä, tulisi pohtia työn sisällön laajentamista tai monipuolistamista, jotta hoitajat kokisivat työtehtävänsä riittävän haasteellisiksi.
- 2) Vaikka ikääntyvien ja nuorten hoitajien koulutus- ja kehittämistoimiin osallistumisessa ei ollut merkittäviä eroja, kokivat vanhimmat hoitajat muita enemmän tarvetta lisäkoulutukselle. Heidän koulutustarpeisiinsa on oleellista kiinnittää huomiota. Tämä voi tarkoittaa esimerkiksi koulutuksen räätälöintiä sekä kokemuseräisen tiedon hyödyntämistä oppimisessa.
- 3) Ikääntyvien ja nuorten hoitajien ammatillisen osaamisen kehittämiseksi on tarpeellista käydä nykyistä enemmän kehityskeskusteluja, lisätä työkiertoa sekä kehittää vaihtoehtoisia urapolkuja perinteisen hierarkkisen uralla etenemisen rinnalle.

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ABSTRACT**Professional competence development at work perceived by ageing and younger nurses**

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The aim of this article is to describe and compare ageing and younger nurses' professional competence development at work. The survey data were collected from nurses working in a Finnish University hospital (n = 510, response rate 54.4).

The results showed that the oldest (over 54-years old) of the ageing nurses felt that they need more training than other nurses in order to do their job well. There were not clear differences between ageing and younger nurses in terms of participating in training and development activities. Both ageing and younger nurses perceived their opportunities to develop and use their professional competence as good. However, nurses perceived their opportunities for career progress weaker than other development opportunities and especially the oldest of them assessed their career opportunities as poor.

The conclusion was drawn that the abilities of both ageing and younger nurses should be in balance with job demands. Training should be tailored to meet the needs of the oldest nurses. The results also underline the importance to pay attention to ageing and younger nurses' opportunities for career progress as a part of professional competence development.

KEY WORDS

nurse, ageing, professional competence development

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