PROPOSAL TO SUPPORT THE STRATEGIC PLAN TO IMPLEMENT THE CANADIAN NURSING ADVISORY COMMITTEE RECOMMENDATIONS

COLLABORATORS

ACADEMY OF CHIEF EXECUTIVE NURSES
CANADIAN ASSOCIATION OF SCHOOLS OF NURSING
CANADIAN ASSOCIATION OF NURSES UNIONS
CANADIAN HEALTH CARE ASSOCIATION
CANADIAN NURSES ASSOCIATION
CANADIAN PRACTICAL NURSES ASSOCIATION
REGISTERED PSYCHIATRIC NURSES OF CANADA

WORKFORCE MANAGEMENT OBJECTIVE C

PHASED RETIREMENT (ENABLERS AND BARRIERS) AND OTHER PROGRAMS FOR THE RETENTION OF OLDER HEALTH CARE WORKERS

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The recommendations contained in this report are those of the authors and do not necessarily reflect those of the collaborating organizations on the project Steering Committee.
EXECUTIVE SUMMARY

The Canadian Federation of Nurses Unions (CFNU), as part of a collaborative Nursing Stakeholders initiative through the Canadian Nurses Association (CNA), received funding from Health Canada to further study information available on programs designed to retain older workers, with particular emphasis on phased retirement programs. The purpose of the study was to identify the enablers and barriers to phased retirement programs and best practices of programs for the retention of older workers.

The demographic information clearly shows the potential labour shortages in the future and a worse situation for the nursing workforce. For the health care sector, this will happen at a time when the ageing Canadian population will likely be in need of more services. This convergence will require leaders in the health care sector to develop creative programs that ensure an adequate labour supply in a labour-intensive sector. Population surveys also show a significant interest on the part of baby boomers to gradually phase out of the workforce as opposed to retiring abruptly. Development of programs such as phased retirement programs to retain older workers may present an opportunity to improve the availability of labour.

While the interest in phased retirement and other retention programs for older workers appears to be high and many arguments can be made as to their potential benefits, there is very little by way of hard evidence supporting these theories. This review identifies the enablers and barriers to phased retirement along with a list of potential other strategies to either improve the work-life balance and/or the retention of older workers. The principle objective of a phased retirement program is to allow workers to continue to be productive in a reduced capacity, while continuing to accrue further pension credits for when they fully retire. It is an additional option among other options available to older workers.

The legislative environment is not favourable to the development of attractive phased retirement programs, particularly for workers who have long service and a good early retirement pension. In effect, for those who want to continue to work in a reduced capacity, the environment is such that it is more attractive to retire and find work with another employer. To ensure optimal retention programs for older workers, we need to closely examine the philosophies and approaches in underlying pension legislation and in collective agreements, and come up with recommendations that are practical, attractive and economically viable to all parties.

The CFNU needs to use the information from this study to develop a formal position on the types of retention programs better suited for older nurses, as
Workforce Management  
Objective C: Retention of Older Health Care Workers

supported by hard evidence developed from further study in the areas raised in the recommendations of this report.

The bottom line is that there is not a “one size fits all” solution to the retention of older workers and/or nurses. To be effective, the design needs to fit the culture of the organization and its workers, to recognize the implications of the pension plan in place, to be financially viable for both workers and employers, and to have a relatively manageable administrative framework. Further study of the views of workers and employers is required to better define the shape and benefits of such programs.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>3</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>5</td>
</tr>
<tr>
<td>1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>2 APPROACH AND METHODOLOGY</td>
<td>4</td>
</tr>
<tr>
<td>3 SUMMARY OF FINDINGS</td>
<td>7</td>
</tr>
<tr>
<td>4 ANALYSIS</td>
<td>24</td>
</tr>
<tr>
<td>5 CONCLUSIONS</td>
<td>29</td>
</tr>
<tr>
<td>6 RECOMMENDATIONS</td>
<td>32</td>
</tr>
<tr>
<td>APPENDIX A - INTERVIEW GUIDE / SURVEY QUESTIONS</td>
<td>34</td>
</tr>
<tr>
<td>APPENDIX B - INTERVIEW LIST</td>
<td>38</td>
</tr>
<tr>
<td>APPENDIX C - PENSION PLANS</td>
<td>39</td>
</tr>
<tr>
<td>APPENDIX D - GLOSSARY OF TERMS</td>
<td>40</td>
</tr>
<tr>
<td>APPENDIX E - PHASED RETIREMENT FOR NEW BRUNSWICK HOSPITAL NURSES</td>
<td>44</td>
</tr>
<tr>
<td>APPENDIX F - REFERENCES</td>
<td>48</td>
</tr>
</tbody>
</table>
1 INTRODUCTION

1.1 Context

The Canadian Institute for Health Information (CIHI) published several reports on workforce trends for health care workers in Canada, including Workforce Trends of Registered Psychiatric Nurses in Canada, 2002, Workforce Trends of Licensed Practical Nurses in Canada, 2002 and Bringing the Future into Focus—Projecting RN Retirement in Canada, 2002. The latter report clearly shows the potential future shortage of Registered Nurses (RNs) in Canada. According to the study, about 13 per cent of all RNs in Canada will retire before 2006 (assuming a retirement age of 65). Using a retirement age of 55, 28 per cent will retire before 2006. The study also claims the current average retirement age of nurses is 56.

This study was focused only on nurses. Given the demographics of Canada’s population, one can assume that many other occupations, including other health care workers, will face a similar challenge. Worker data from the studies of Registered Psychiatric Nurses (RPNs) and Licensed Practical Nurses (LPNs) mentioned above would suggest that a similar challenge could be present in these two occupations. According to data from 2002 in those studies, 20% of the RPNs employed in Canada are aged 55 or over, and about one-third (i.e., over 20,000) of LPNs are aged 50 or older.

With such a large demographic shift, programs must identify ways to retain older workers in the workplace at least part time. The significant additional resources available through such programs would go a long way towards alleviating the future potential shortage of health care workers, particularly nurses.

The important difference for health care when compared to many other sectors is that an ageing of the population is not only predicted to lead to labour shortages but also demand for health care services is likely to increase as the general population ages.

Furthermore, patient care is the output of a complex system of service delivery in which human resources with different skills, different expertise and a wide range of physical resources (diagnostic equipment, treatment equipment, etc.) are used with the ultimate goal of providing quality health care to the public. In addition to the challenges related to demographic changes noted above, technological and scientific advances along with increased knowledge and awareness of the general public create an environment where the demand for high quality and timely services is also likely to increase. Health care workers with nursing education form the largest segment of the care-giving population. Because of the labour intensive nature of the work, availability of a sufficient number of qualified personnel becomes a critical factor in the service delivery process. This process needs to be monitored closely to ensure safe, effective and timely care of the public.
1.2 General Population Preferences

Many older workers are already in transition from full-time work to full-time retirement. Unfortunately, legislative impediments or personal preferences hinder those who may wish to retain older workers. Typically, a full-time job is phased out with another employer or self-employment.

A Statistics Canada article based on the 2001 census in February 2004 Perspectives shows that more than 300,000 Canadians aged 65 and over are still actively employed at some level. This represents about 13 per cent of the population in that age group.

The Cornell University Retirement and Well-Being Study in the United States revealed the following:

- Most older workers retire earlier than previously expected but nearly half work for pay at some point after retirement.
- Most older workers in their 50s and 60s prefer to work fewer hours, and those who do are more apt to retire from their primary “career” jobs.
- Since the initial survey in 1994-95 (37 per cent) to the subsequent survey in 1998-99 (47 per cent), more people want to work fewer hours in the population not yet retired.

A longitudinal survey of older workers and retirees in upstate New York showed 35 per cent of respondents preferred a reduced work schedule compared to 19 per cent who preferred full retirement. Another U.S. study found that three-quarters of older workers would prefer to reduce their work hours gradually than retire abruptly.

The above facts illustrate the desire of baby boomers to continue working in a reduced capacity with advancing age.

1.3 Canadian Federation of Nurses Unions Goals

The Canadian Federation of Nurses Unions (CFNU), among others, is concerned about the ageing of the nurse population in Canada. It wishes to identify programs that can retain older workers in the workplace, while alleviating work pressures for older workers without affecting their income after full retirement.

The CFNU retained the services of Morneau Sobeco to do an environmental scan of the documentation on retention programs for older workers, to interview labour organizations covering health care workers and to identify programs that may help retain older workers. The study emphasizes phased retirement programs, with the added objective of identifying current enablers and barriers to the successful implementation of such programs.
1.4 Project Objective

These are the main deliverables:

1. Identify existing pension arrangements and their key features.
2. Identify factors supporting phased retirement as a retention tool.
3. Identify barriers that may make phased retirement ineffective as a retention tool.
4. Identify pension plan provision changes that may be needed to support an effective phased retirement program.
5. Identify existing legislative barriers that work against implementation of a phased retirement and make it less attractive.
6. Conduct a high-level demographic review with potential person-hour savings through phased retirement.
7. Conduct a high-level assessment of potential pension cost implications.
8. Provide a detailed report on the above.

After submitting our proposal, the CFNU indicated item 6 was not necessary because a demographic review had already been undertaken. However, the Canadian Nurses Association (CNA) requested the study go beyond RNs to include LPNs and RPNs. The CNA also noted the initial proposal focused primarily on phased retirement and that the study should examine other collective agreement provisions for older workers such as mentoring, shorter work weeks, etc. The work plan was adjusted accordingly. However, we did not review collective agreements exhaustively. Instead, we asked interviewees to report on any provisions in their collective agreements covering special provisions for, and/or retention of, older workers.

The approach and methodology is discussed in Section 2 of the report. A summary of the findings and the related analysis are presented in Section 3 and 4 respectively. A conclusion is contained in Section 5 and recommendations are provided in Section 6.
2 APPROACH AND METHODOLOGY

2.1 Approach

These are the components of our approach:

- high-level document review on phased retirement and other programs focused on the retention of older workers in Canada;
- similar review of phased retirement programs and population surveys in the United States;
- review of key retirement provisions under many current pension plans for healthcare workers in Canada;
- reliance on knowledge acquired in the development of a formal phased retirement program for nurses in New Brunswick;
- review of the CIHI study on Projecting RN Retirements in Canada; and
- development of a questionnaire for the labour organizations identified by the CFNU.

In this report, phased retirement programs are understood to include one of the following arrangements:

- formal (i.e., developed by employers and employees for a large group of employees)
- informal (i.e., one-off arrangements between the employer and an employee)
- individual (employee leaves “career” position to work somewhere else).

In effect, phased retirement can be any arrangement that leads a person to withdraw gradually from the workforce and ultimately become fully retired (i.e., completely withdrawn from the labour force).

For this report, phased retirement is limited to formal arrangements with the following characteristics:

- designed by an employer individually or in negotiation with employees;
- broad application to a group of employees;
- pension plan used to help employees make transition from full-time employment to full retirement; and
- designed to retain workers with their “career” employer.
2.2 Methodology

The methodology consisted of the following steps:

**Step 1 – Detailed Project Plan**
In the first step, we discussed the proposal in detail with the CFNU to identify the important deliverables and fully understand CFNU’s objectives.

**Step 2 – Document Review**
We conducted a document review of the following:
- certain existing phased retirement programs in Canada and the United States;
- articles and studies on phased retirement from Canadian and American sources;
- articles and studies on retention of older workers; and
- articles and studies on challenges related to the ageing of the workforce, with a focus on North America.

The review sought to identify key issues related to the successful implementation of phased retirement programs. It also examined other possible approaches to retain older workers that either attempted to improve work-life balance or provided financial incentives. We also reviewed relevant pension plan provisions. The issues identified helped inform a questionnaire sent to selected labour organizations in Canada.

We identified the key enablers and barriers to phased retirement programs along with the main factors that motivate employers and employees to develop such programs.

We also identified the best that can be achieved under current legislation, as well as potential legislative changes that could allow for more attractive phased retirement programs.

**Step 3 – Key Informant Interviews**
We conducted interviews through a written questionnaire; the questionnaire and the responses are attached in Appendix A. The list of interviewees is included in Appendix B. This supplemented the document review, and identified intentions and any current best practices on the retention of older workers.

**Step 4 – Costing**
Initially, we planned to provide broad-based demographic projections for nurses. Our goal was to identify the impact of ageing on the availability of qualified health care workers and to determine the potential value, if any, of considering various programs to retain older workers. Since CIHI had already conducted such an analysis on RNs, we dropped this part of the project. Results from the
CIHI study, although not repeated here, clearly identify the extent of the problem and the potential benefits of retention strategies for older workers. We therefore focused on providing broad-based costing benchmarks and identifying sources of cost increases, as well as opportunities for cost savings related to existing pension plans. We did this through relevant examples that captured the range of pension arrangements.

2.3 Constraints or Limitations

Fewer than 90 days were available for this project. This essentially limited the interview process to a written exchange with no opportunity for in-depth dialogue with each respondent. In addition, the short timeframe limited the amount of documentation that could be gathered and the extent of the review.

Recent efforts in Canada have focused on facilitating retirement as opposed to retaining older workers. Consequently, little hard evidence exists on the potential benefits of phased retirement or other retention programs for older workers; any existing initiative is relatively new or narrowly focused.

We concentrated on important elements in each area with the following goals:

- Consider existing best practices;
- Determine the level of concern and preparedness about the impending demographic challenge;
- Identify programs or areas for further research that may help; and
- List legislative and/or other actions that may improve the environment for retaining older workers.
3 SUMMARY OF FINDINGS

3.1 Introduction

The findings are summarized in the following groups:

- current pension arrangements
- interviews
- phased retirement programs
- other older worker retention programs

In each area, we provide an overview of the issues rather than an exhaustive description of the reviewed documents. An exhaustive review of both current pension plans and collective agreements fell outside the scope of this project and would have required more time.

3.2 Current Pension Arrangements

The pension plan design is critical to the development and implementation of effective retention programs for older workers who have long service.

At one extreme, generous pensions may motivate workers to retire. A defined benefit pension plan, with generous early retirement provisions and bridge pension between retirement and age 65, provides adequate income replacement to a plan member with long service at an early age. As a result, it may prove challenging to retain older workers. Any delay in taking the pension effectively means the worker is giving up some value from pension not taken. In other words, a worker entitled to a good pension is making little additional income from working with the same employer.

At the other extreme, a defined contribution (money purchase) pension plan will make it less challenging to retain older workers. In this scenario, a worker who delays taking the full pension will not lose any benefits.

Although not part of the pension plan, the availability of continued health insurance coverage at reduced rates after retirement may also influence the decision to retire early.

3.2.1 Information Provided

We were provided with employee booklets that summarize many of the pension plans covering health care workers in Canada. The CFNU also had a table that compared many of these same pension plans. Finally, we were provided with a fairly detailed summary of most of the important pension plan provisions, which
the Local Authorities Pension Plan in Alberta recently compiled. We used this summary as our primary source and verified the information using the other data available to us.

3.2.2 Relevant Pension Plan Provisions

The relevant pension plan provisions are listed below:

- pension plan type (defined benefit versus defined contributions);
- retirement rules (particularly the availability of early retirement pensions);
- lifetime benefit levels; and
- availability and level of a bridge pension (i.e., temporary pension supplement from retirement to attainment of age 65).

A brief summary of the findings is presented in Table 3.1 below.

<table>
<thead>
<tr>
<th>Provision</th>
<th>Category 1</th>
<th>Number of Plans</th>
<th>Category 2</th>
<th>Number of Plans</th>
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<td>Plan type</td>
<td>Defined benefit (DB)</td>
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<td>Defined Contribution (DC)</td>
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<td>Retirement rules</td>
<td>Age/Service Index-driven</td>
<td>7</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Age-driven</td>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>Early retirement reduction</td>
<td>Full actuarial</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subsidized</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime benefit levels</td>
<td>Integrated with CPP</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridge Pension</td>
<td>Top up to 2% or better</td>
<td>9 automatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>None or partial</td>
<td>3 (2 optional)</td>
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Consider a typical pension plan for a health care worker that is based on a final average salary defined benefit, and allows retirement on an unreduced basis at age 60 or earlier, with subsidized early retirement reductions and a bridge pension payable up to age 65. For a plan member with long service, this type of pension will provide adequate levels of payment at a relatively early age,
making the design of attractive retention programs for older workers more challenging.

Given current income tax rules, these kinds of plans make it much more challenging to develop a phased retirement program. The main issues are that workers are not currently permitted to draw a pension while accruing further service under the same pension plan. Under approved phased retirement programs, any sum withdrawn from the pension plan during the phase out period is used to reduce the pension at full retirement.

Under these circumstances, it is difficult to come up with a formula that will allow someone to stay longer through a phased retirement program, and yet not lose value in the pension. Often, it makes better financial sense to retire from one employer and then to go work for another employer part time. While this is a better financial decision, it has drawbacks. These include loss of social contact with former colleagues and, in some, if not many, cases, accepting a job that underutilizes a worker’s skills and pays less than the person’s value based on skills and experience.

3.3 Interviews

3.3.1 Questionnaire

The full questionnaire is provided in Appendix A. The questions covered the following broad areas:

☐ phased retirement (presence of or intention to negotiate a program in the near future, features considered and views on the usefulness of such a program for retention of older workers);

☐ use of part-time work in late career and implications for pension accruals, group insurance benefits and other collective agreement provisions (seniority, vacation, sick leave, etc.); and

☐ other work conditions and questions (any existing or potential program as a pilot or province-wide and, if available, feedback on the effectiveness of such programs, including employee appreciation).

3.3.2 Summary of Responses

We have summarized below the answers received from eight groups for each section of the questionnaire:\(^1\):  

Phased Retirement

\(^1\) Another group, although not responding to the questionnaire directly, provided information on existing and proposed programs.
Objective C: Retention of Older Health Care Workers

One group (N.B.) has a phased retirement program that was recently implemented. Three groups (B.C., Alta. and Ont.) have a proposal or significant interest in the program. Two groups (Sask. and Nfld.) are studying the question, and one group (Man.) had a proposal that was not yet implemented. One group (P.E.I.) has not yet considered it. One group is strongly opposed to phased retirement, preferring to focus on early retirement objectives. Some of the objections are related to the legal barriers discussed below. Additional concerns were raised in relation to loss of full-time positions and opening the door to privatization.

Those who responded favourably to a phased retirement identified the following advantages:

- enables smooth transition to retirement;
- allows flexibility to pursue other interests;
- enables workers to remain employed in a reduced capacity when faced with health related difficulties that make full time work difficult to sustain;
- creates potential to compete for other positions;
- enables workers to accumulate additional pension credits if the design is good;
- creates better work-life balance;
- improves health;
- reduces stress for older workers;
- allows employers to retain qualified personnel for a longer period; and
- creates mentoring opportunities.

The principal challenges identified are managing the work schedule, planning implementation and maintaining a reasonable full-time to part-time worker ratio. The design of a pension that does not result in lost benefits is still outstanding. Where a pension covers several unions, agreement from all parties would be necessary.

Some are against the idea of a phased retirement program, with the apparent perception that phased retirement would apply to everyone rather than be an option. The limitations imposed by pension legislation and the perception that many workers may still want early retirement were raised as obstacles to the effectiveness of phased retirement as a retention tool. If it applies to a large segment of the population, this last point means that unless a program has strong built-in incentives, it may prove challenging to retain older workers regardless of the program. This does not imply that a formal phased retirement program will automatically have a high uptake. Individuals can create their own phased retirement programs if they can find suitable employment elsewhere. In a labour shortage environment, finding alternative employment should be
Workforce Management
Objective C: Retention of Older Health Care Workers

easier. If employers with generous pension plans want to retain their older workers, they will need to create a package that is competitive with the total income that can be earned by retiring and going to work somewhere else.

As for the potential effectiveness of a program as a retention tool, one group indicated that most nurses over 45 years old would stay in the workforce longer. Four groups indicated a demand from their members for this type of program.

One group has a process that effectively allows nurses to retire fully and be rehired in another position up to 30 hours per week. Since this has been in place, the retirement patterns have not been materially affected, which could imply low interest in a phased retirement program. However, this approach would not allow continued accruals for nurses with low service, which may be one possible explanation for the low take up rate. Nurses with long service likely retired in any event in the past and now have the chance to continue working in addition to receiving a pension. Since this research is only based on retirement patterns, the information was not available to determine how many workers may be phasing out by also working part time (i.e., retirement patterns are the same as before perhaps because long service nurses retirement patterns remain unchanged).

Part-Time Work
Three respondents indicated that older workers are allowed to reduce their workload. One of those groups indicated that the pension accruals are prorated, while the other two groups allow full-time equivalent pension accruals. Four groups treat all part-time employees the same (i.e., with no special provision for older workers). One of those opposes the idea of special part-time provisions for older workers. One group allows retired employees to return to work on a part-time basis, but provides no benefits and allows no additional pension accruals. Contributions to employee benefits are prorated for one group, not prorated for another and not available at all for another group. One group makes a special loading to the hourly rate in lieu of benefits.

There are no statistics available, but two of the groups indicated that users were satisfied with the program of reduced workload at older ages.

Other Work Conditions
Seven of the responding groups allow retirees to be rehired. However, some of them have specified limits on the number of days they can work in a year (e.g., < 30 days) or allow employment on a casual basis only.

One group allows modified work for older workers in some health regions, while two others allow it only to accommodate a disability or special individual circumstances.

Seven groups provide retirement allowances or pre-retirement leave programs as a standard benefit, and two groups have limited allowances to layoff situations.
There are no groups with retirement allowances that allow the use of these sums as a bridge to full retirement. This could be done by extending vacation time before leaving or by topping up part-time earnings for a certain period. Increased pensionable service is seen as an advantage for this type of program, particularly when retirement is based on an age/service index.

No groups enabled older workers to refuse night shifts or provided added bonus pay for older workers.

Vacation leave typically is related to years of service, so older workers tend to have more service and longer vacation leave. However, there are no special supplemental vacation leave arrangements over and above standard collective agreement provisions for older workers.

Two groups use mentoring, while another group discusses adopting a mentoring.

In terms of effectiveness, employee appreciation, challenges and statistics the following comments were made:

- Retirement allowance and additional vacation days for long term service are typical in most collective agreements, and very much appreciated where available.
- Rehired retirees are appreciated at times of shortages, but not when there is a labour surplus.
- Retirees appreciate added part-time income.
- One group indicated that 60 per cent of pensioners want to continue working part time.

Two additional suggestions were made with respect to retention of older workers:

- Stop early retirement incentive programs and use the money to support phased retirement.
- Have the employer buy back two years of past service for every year a health care worker continues to work after attainment of the age/service required to qualify for an unreduced pension.

Five of the groups believe that older health care workers remained in the workplace in poor health or became disabled because they could not stand a full workload but did not have enough pension credits to retire fully.

On the final question regarding retirement plans of younger workers, it was indicated that younger workers are better informed today but it would be difficult to guess their ultimate retirement plans. One response indicated they would likely want to retire between the ages of 55 and 60 with a good pension.

One of the groups did not respond to the above question directly. However, it indicated that all workers should be treated the same whether young or old, except as dictated by the seniority provisions in collective agreements.
Finally, one group indicated that although not intended as a retention tool, recent negotiated salary increases have encouraged some older nurses to stay longer to benefit from a higher average salary when they fully retire.

From the responses, it appears that there is significant interest in phased retirement and/or other types of retention programs for older workers. Phased retirement has either been implemented or considered in several jurisdictions. Retire and rehire rules, which are a form of phased retirement program, are in place in many jurisdictions, albeit with severe restrictions in some cases.

The primary stumbling blocks to broad based implementation of phased retirement programs appear to be:

- Some are not in favour or are not convinced of the merits of these types of programs.
- There may still be a desire to retire early with a good pension.
- There is fear that phased retirement will lead to a loss of previously gained benefits.
- Phased retirement will give insufficient financial incentive to stay for those who have long service and an attractive early retirement pension.

### 3.4 Phased Retirement Programs

Many groups involved in pension plan operations – from labour organizations to consultants to governments – have been giving attention to phased retirement. The governments of Quebec and Alberta introduced changes to their respective pension legislation to facilitate phased retirement. The Quebec government modified its pension plan to facilitate phased retirement. In addition, it created a committee\(^2\) to recommend changes to pension plan legislation that could facilitate phased retirement or make it more attractive.

In the U.S., the International Foundation on Employee Benefits produced a paper in 2003 on phased retirement. The Advisory Council on Employee Welfare and Pension Plans, known as ERISA Advisory Council, created a working group that reported on phased retirement. A Senator and a Member of the House of Representatives introduced legislation to help introduce employer-sponsored phased retirement programs.

Various employee surveys show that baby boomers have a strong interest in remaining active after retirement. Therefore, the employee groups have shown interest in phased retirement.

\(^2\) Conseil consultatif du travail et de la main d’oeuvre pour favoriser la prise de la retraite progressive
Despite all this interest, few formal phased retirement programs have been established in Canada. While more programs exist in the U.S., they are not as prevalent as one might expect given the attention noted above. Why is it that more programs have not yet been developed?

The phased retirement program review includes the following:

- phased retirement in Europe
- phased retirement in the United States
- phased retirement in Canada
- enablers to phased retirement
- barriers to phased retirement in Canada
- summary of enablers and barriers.

An information booklet summarizing the phased retirement program for New Brunswick Hospital Nurses is provided in Appendix E.

3.4.1 Phased retirement in Europe

Public pension programs are an important source of retirement income in many European countries. Some of these countries face demographic challenges similar to those in North America. Below, we have briefly summarized phased retirement programs in Sweden and the Netherlands.

Latulippe and Turner (2000) studied people in industrialized countries who are between ages 55 and 59. In this age group, partial retirement is more prevalent in Sweden and the Netherlands. For people in these countries between ages 60 and 64, partial retirement is more prevalent in Sweden and the United States. In fact, 63 per cent of those employed between ages 60 and 64 in Sweden receive a partial pension.

In Sweden, from 1993 to 2001, workers between ages 60 and 65 could work part time and still receive an early partial pension. While the early partial pension reduced the ultimate full pension, increased pension credits from the part-time work offset the loss. A new system allows partial pensions, suspends pension payments if the worker returns to full-time work and recalculates pensions at full retirement (allowing for contributions made during the return to work or partial work period).

In the Netherlands, older workers are encouraged to remain in the labour force until age 65 through the use of a phased retirement program. They can take advantage of continuous training opportunities, employment agencies for older workers, and reduced work-weeks for those wishing to phase out of the workforce rather than retire fully at an earlier age.
3.4.2 Phased retirement in the United States

Phased retirement has been identified as one possible approach to help reduce the effect of potential labour shortages stemming from the ageing population. As in Canada, many regulatory hurdles prevent the development of attractive and effective programs. This is particularly true in the private sector. The application of pension- and age-discrimination legislation makes it difficult to implement such programs without attracting some legal risk. However, special rules for the public sector and universities allow phased retirement programs to be implemented.

In the public sector, where defined benefit pension plans with relatively generous early retirement provisions are prevalent, the typical approach is DROP (Deferred Retirement Option Plans). To prevent direct double dipping (i.e., receipt of pension and salary at the same time), these programs invest (in a separate account) the pension payments the worker would have received had he/she retired. At full retirement, the worker drops back to the initial pension start date and receives the accumulated value of pension payments. Payments are dated from deemed retirement to the date of actual full retirement from the work force. Under this approach, the worker receives the full value of the pension and is not penalized for working longer. On the other hand, if the worker chooses to work part time, the phase-out period would reduce income.

For universities, typical pension plans have "defined contributions." Workers who choose phased retirement receive a partial distribution of their accumulated retirement account in addition to part-time earnings from the reduced workload. The Rochester Institute of Technology, for example, offers a Retirement Transition Program to all employees aged at least 50 with 10 or more years of service. The employees have to work full time at least six months per year for up to three years before full retirement. Non-pension benefits continue on a full-time equivalent basis and pension contributions continue on the partial salary.

The financial services industry has a concentration of employers in the same community, mainly insurance companies. This industry has used pools to hire retirees as needed for temporary projects or for part-time work to support ongoing operations. This appears to have been an effective strategy for these employers.

The review of American programs has a clear message: phased retirement programs cannot be limited to one particular formula. Each organization tailors programs around its needs and culture, as well as its existing benefits and pension programs. "One size fits all" is certainly not the case for phased retirement programs in the U.S.
3.4.3 Phased retirement in Canada

Phased retirement is relatively new in Canada. Over the past 15 years, early retirement incentive programs have been the norm. At the same time, plan members have increasingly demanded favourable early retirement rules within their pension plans. “Freedom 55” was the ideal goal. The concept of continuing work on a reduced basis with a career employer did not appear as important. In recent years, however, more interest has been paid to phased retirement.

The Province of Quebec, perhaps because of its more pronounced demographic challenges, has paid particular attention to phased retirement. The government modified its pension benefits legislation to allow phased retirement programs within a registered pension plan. The worker receives a lump sum payment for a partial pension, and benefits continue to accrue while the employee works part time. The rules limit pension payments while phasing out to keep the ultimate pension from becoming too depleted at full retirement. Similar rules are in effect in Alberta. The Quebec Pension Plan (QPP) was also modified to allow phased retirement.

The provincial phased retirement rules had to fit into existing income tax legislation governing pension plans. The Income Tax Act (ITA) does not allow payment of a pension while contributions are being made to the same pension plan. To circumvent this limitation, phased retirement programs are allowed to treat the pension payment as a partial termination. In effect, the worker is deemed to have terminated employment (for a moment), taken a portion of the commuted value of the pension and then reinstated service with a portion of the future pension commuted in the form of a lump sum.

Outside of Alberta and Quebec, no legislation specifically allows phased retirement programs. Provincial regulators would probably like to avoid a program that uses up too much of the accrued pension during the phase-out period. This would leave too little pension when full retirement occurs; regulators probably want to avoid creating provisions for locking-in rules to protect the retirement pension.

The New Brunswick Nurses Union has negotiated a phased retirement program with the Province of New Brunswick. The program, which complies with the ITA, is not currently subject to pension benefits legislation. Under this program, starting in 2005, nurses aged 55 with at least five years of service can reduce their working hours to 50 per cent or 60 per cent of full time. They would receive a top-up from the pension plan to bring the total income to 85 per cent of full time during the phase-out period. Pension credits continue to be accrued on a full-time equivalent basis until full retirement. No contributions are required during the phase-out period. At full retirement, the pension is calculated as if the person had worked full time until that date; the actuarial equivalent of the amounts withdrawn to top up to 85 per cent of salary is taken from the pension. Group
insurance benefits are available on a full-time equivalent basis except for
disability insurance, which is prorated to the lower salary level.

With more favourable legislation, a phased retirement program could allow for
partial payment of the pension as a top-up to employment income; more
pensionable service would accrue towards the ultimate full retirement pension
and no, or limited future, offsets for sums withdrawn from the pension plan during
the phase out period.

Current legislation does not preclude the implementation of retire-and-rehire
programs. However, pension accruals cease at retirement under this approach.
In addition, we understand some jurisdictions have limitations that prevent them
from rehiring their own retirees for more than a limited number of days per year.
These rules were developed at a time when labour was plentiful and the parties
wanted to avoid taking away jobs from younger workers.

At present, the design of a phased retirement program in Canada is a
challenging exercise owing to provincial legislation constraints and ITA
requirements.

3.4.4 Enablers to phased retirements

The discussion around enablers to phased retirement centres on two principal
questions: “Is there interest on the part of workers and employers?” and “Is there
a need?”

The issue of need has been clearly established via the various demographic
projections covering the population in Canada. The need for RNs has been
clearly demonstrated through the previously mentioned CIHI study. The
population is clearly ageing. Some economic sectors will struggle to find enough
resources to deliver their products and services.

Workers are clearly interested in such programs. In fact, many workers in
industrialized nations remain employed after the traditional retirement age.
Surveys in the United States indicate that between 60 per cent and 75 per cent
of current workers expect to continue working after traditional retirement age.
The challenge is to design programs that will be sufficiently attractive to retain
the workers with their “career” employer.

Individuals have varying reasons for wanting to continue working beyond
traditional retirement age:

- enjoy the work and want to remain active in some capacity;
- enjoy the social interaction available through work and want to
  continue that interaction for a few more years before full retirement;
- want a smooth transition from full-time work to full retirement;
- find it difficult to maintain a full work schedule due to health problems,
  but can maintain a reduced schedule;
Objective C: Retention of Older Health Care Workers

- want less demanding responsibilities;
- want to reduce work hours and take advantage of more leisure and/or volunteer activities (get the best of both worlds);
- want more flexibility;
- want to use skills acquired during a career and be paid at a level that reflects experience and expertise;
- want access to health care insurance;
- need to keep working because pension may not be sufficient at the selected retirement date;
- need money for extras, but have no interest in full-time work;
- enjoy opportunities to mentor younger workers;
- need money to make ends meet, but can’t work full time.

Employer interest in phased retirement is not as clear. A survey of United States employers by Watson Wyatt, a human resources consulting firm, indicates considerable interest by employers in phased retirement programs. A paper prepared by the Research and Policy Committee of the Committee on Economic Development (CED) in the United States also suggests that attitudes towards the employment of older workers need to change; it recommends changes to facilitate the introduction of phased retirement programs. We could not find similar documentation regarding views of Canadian employers.

However, there are several advantages for employers related to the retention of older workers:
- attract and retain qualified personnel;
- address potential labour shortages;
- retain valuable organizational knowledge;
- support workforce talent management;
- increase productivity by retaining highly qualified personnel;
- minimize hiring and training costs;
- increase employee morale;
- reduce disability and absenteeism costs at older ages; and
- use older experienced workers to mentor younger workers.

3.4.5 Barriers to phased retirement

The barriers to phased retirement can be categorized in three groups: social, economic and legislative. Certain barriers, although they can be overcome, are
Workforce Management  
Objective C: Retention of Older Health Care Workers

quite important and may prevent the development of effective phased retirement programs for some time.

Social barriers

Social barriers relate to both worker and employer attitudes and expectations regarding retirement and the ability to perform at a high level at older ages. In the recent past, early retirement has been encouraged. This created expectations for the next wave of older workers who, in some circles, hoped for another round of early retirement incentive programs or to benefit fully from existing early retirement provisions in their pension plans. According to the CED in the U.S., employer attitudes towards the ability of older workers to perform will also have to change. Its report claims there is no evidence that older workers are less productive. On the contrary, they tend to be more loyal and reliable as a group of workers. If employers perceive that older workers are not as productive, it will be more difficult to convince them to develop retention programs for older workers.

Economic barriers

The economic barriers affect workers and employers in opposite ways. Workers who are eligible for good pensions from their pension plan will seek some incentive program, or else stand to lose money by retiring at a later date. An early retirement pension from a defined benefit pension plan not taken at an early date means lost value for the worker who is entitled to such a pension. In effect, a worker in this circumstance is working for almost nothing, because the lost value in pensions largely offsets any income earned from employment even if employed full time.

The employers, on the other hand, will be concerned about the cost of any pension plan or other incentives, including the cost of providing full group-insurance benefits to part-time workers. In some workplaces, employers will be concerned about the administration costs related to communicating the program, organizing work schedules, and redesigning or re-planning work patterns or responsibilities.

Legislative Barriers

Policies or rules surrounding double dipping also limit the development of phased retirement programs directed at rehiring retired workers. These rules were needed to prevent a situation in which a younger worker would be unemployed while an older worker received both a pension and a salary. The necessity for such rules seems logical in a period of high unemployment, but makes less sense in a tight labour market.

At the moment, in Canada, legislative constraints are significant. Although the QPP has been modified, a worker who gradually phases out of the workforce (as opposed to retiring fully at an earlier age) can receive a reduced Canada Pension Plan payment.
Pension benefit legislation outside Quebec and Alberta does not formally allow the creation of a phased retirement program. Even in Quebec and Alberta, the phased retirement rules – partly because of constraints under the ITA – limit the level of benefits that a phased retirement program can provide.

Finally, when the government revised pension plan rules under the ITA in the early 1990s, it did not contemplate introducing broad-based phased retirement programs. The ITA states that any amount withdrawn through a phased retirement program must be offset against the pension at full retirement. In cases where pension plans provide generous early retirement provisions and/or bridge pensions, the result is lost value to the worker; early retirement would allow full benefits from tax-assisted savings, while phased retirement imposes a further limit on such distributions. Moreover, only five years of deemed service can be accrued in a pension plan. If a plan member has used up these years before reaching older age, then accrual of full-time equivalent service while working part time in a phased retirement program will not be allowed under the pension plan.

The Government of Quebec created a committee to identify ways to favour phased, as opposed to full, retirement at an early age. The committee recommended the following changes to legislation governing pensions to remove four principal barriers to the design of effective phased retirement programs:

1. Allow payment of part of the pension while additional service is accumulated during the phase-out period.
2. Allow more flexibility in the payment of the pension by removing the level pension payment requirement, particularly under a phased retirement program.
3. Allow payment of top-up benefits under phased retirement programs as are allowed under early retirement programs.
4. Extend the period of deemed service to more than five years.

3.4.6 Summary of Enablers and Barriers

The enablers to phased retirement are summarized below:
- Baby boomers want and plan to work after retirement, and many will reach retirement age in the next few years;
- Demographics show a need to retain older workers for as long as possible;
- Potential benefits in terms of employee morale, and health and social well-being of older workers;
- Potential for reduced disability and absenteeism costs for older workers;
Workforce Management
Objective C: Retention of Older Health Care Workers

- Programs are a potential retention tool for employers; and
- Programs provide mentoring opportunities.

The barriers to phased retirement programs are:

- Older workers not perceived to be as productive as younger workers;
- Little financial incentive for those who have generous pension plans;
- Potential desire to retire early anyway;
- Older workers fear losing previously acquired benefits of work conditions;
- Employers concerned about cost of the program (pension and benefits);
- Administrative challenges (scheduling, communication, calculations, etc.);
- Legislative barriers (income tax and pension benefits);
- Concern about double dipping;
- Concern that phased retirement will lead to earlier departure from workplace; and
- Lingering attitudes and perceptions from the era when early retirement was the driver.

3.5 Other Older Worker Retention Programs

For this review, we relied on a report entitled Collective Agreements and Older Workers in Canada by Michel Fourzly and Marc Gervais prepared in 2003 for Human Resources Development Canada (HRDC), as well as responses to the questionnaires. There is little information on the effectiveness of such programs. In addition, to provide a complete picture, we identified features of other programs that may not have been seen as true programs for the retention of older workers. Specifically, they are provisions that improve the work-life balance for older workers, but which, if taken individually, would not be expected to help significantly in the retention of older workers. Therefore, our findings are limited to listing every type of provision we identified that may benefit older workers, and offering a brief description and commentary for each.

3.5.1 Description and Commentary

There are many options related to work time of older workers that can improve their work-life balance. These options, listed below, are already present in some collective agreements:
Objective C: Retention of Older Health Care Workers

- Shift work preferences: allow older workers to have special schedules or preference in the selection of shifts. Some include minimum rest periods between shifts.

- Limits to shift work: allow workers to limit working hours to day shifts or alternatively to work the same shift all the time. These options may help older workers, although they are not necessarily limited to this group.

- Shift flexibility: allow workers the flexibility to exchange shifts. This may enable older workers to take extra time off without going through more formal channels or using up vacation or other leaves.

- Overtime: allow time off in lieu of extra pay.

- Voluntary work reductions: allow workers to voluntarily reduce work schedules, but preserve seniority rights, continue participation in insurance benefits and continue contributions to the pension plan (in some cases on a full-time equivalent basis). In terms of work time, this program is likely to have the most impact. However, it may have limited appeal in a case where someone qualifies for an unreduced pension because part-time income may be less than the pension. Many workplaces currently use this approach.

- Mentoring: the Collaborative Group identified a high degree of commitment to the profession among nurses across Canada. In addition, the roles of preceptor and mentor to advance the profession and support the delivery of quality health care were highly valued by nurses. This suggests that a program designed to maximize the contribution of older nurses through mentoring of younger health care workers may prove useful in the retention of older health care workers.

- Vacation and other leaves: older workers with longer service typically have more vacation days, which improves work-life balance. However, an extra week or two of vacation may not be enough to retain older workers. This could be extended, presumably with a pay adjustment, to a much longer period that would be equivalent to a voluntary work reduction with leaves allowed for extended periods. This could include granting of additional leave without pay or leaves for personal reasons such as care of a family member. Older workers may have special needs in this area that may not be present for younger workers such as care of an elderly family member or a spouse.

- Training and education: ensure that such policies also apply to older workers despite the perceived shorter period of benefit. A well-trained employee may be less inclined to want to retire than someone who did not have the opportunity to update to newer service delivery models.
Workforce Management
Objective C: Retention of Older Health Care Workers

- Longevity pay: provide additional pay or a lump sum bonus to workers who reach certain minimum years of service milestones, and possibly make the bonus pay pensionable.
- Retirement allowance: provide added retirement allowance credits for years of service beyond a certain service threshold as opposed to maximizing it (which is typically the case now).
- Pre-retirement leave: allow older workers extra time off to facilitate work-to-retirement transition.
- Work modification: modify work responsibilities for older workers to reduce burden of certain more stressful or physically demanding activities.

These programs are listed as possibilities. We did not have the information to evaluate their effectiveness or feasibility, nor did we attempt to provide a qualitative impression.
4 ANALYSIS

There is little analysis needed for this type of project. Most of the findings are directly available from the review and reporting of the documentation available. However, after reviewing the documents, we have addressed the following areas in this section:

- conditions which make retention of older workers desirable
- work environments where phased retirement can be more easily implemented
- important features of a phased retirement plan design
- illustration of additional pension costs for one scenario

4.1.1 Conditions which make retention of older workers desirable

Answers to the following questions will help identify the need to retain older workers or not:

- Do workforce projections align with needs of the organization?
- Are there alternative service delivery models that may be less labour intensive?
- Is there a current or foreseen shortage of qualified resources?
- Is there a need to mentor younger workers?
- Will client service needs increase in the future?
- Are older workers currently or expected to be difficult to replace?
- Is work increasingly stressful or physically challenging with advancing ages?

If the answer is no to the first two questions and yes to the other five questions, then retention of older workers such as nurses is likely to be very important for the organization. Effective retention programs for older workers may well become important contributors to the delivery of services for organizations faced with the challenges of an ageing workforce and a potential labour shortage.

4.1.2 Work environments where phased retirement can be more easily implemented

Depending on the nature of the organization and the skill set of the worker population, phased retirement can present some complex administrative challenges. An organization that requires a team member to be present full time to deliver services or products is likely to be ill-suited to flexible work...
Workforce Management
Objective C: Retention of Older Health Care Workers

arrangements. While redesigning work flow or schedules to accommodate needs of older workers may present challenges, it is likely to be more easily implemented in work places where:

- shift work is prevalent;
- skill set of workers doing the same or similar jobs are similar;
- a large number of workers have the same skill set;
- work is either increasingly stressful and/or physically challenging at older ages; and
- part-time and full-time work are already part of the operations.

In addition, for retention programs for older workers (e.g., part pay and part pension) to be successful, all parties must view older workers as important contributors to the delivery of services or products.

4.1.3 Important features of a phased retirement plan design

The important features for an effective phased retirement program are discussed below in general terms and in terms of specific issues for workers and employers.

Based on the information gathered, phased retirement programs that allow for the rehiring of retired health care workers where needed are most likely to suit health care organizations. Many jurisdictions have at least partially adopted this approach. For example, the New Brunswick nurses have implemented a program that provides partial pension and partial salary with continued pension accrual.

From the viewpoint of the worker, the following considerations are likely important:

- increased pension at full retirement;
- adequate income replacement while phasing out;
- continued group insurance coverage, particularly health care;
- reasonable work hour flexibility (avoiding frequent calls for added shifts); and
- opportunities to transfer skills and knowledge to younger workers.

From the viewpoint of the employer, the following considerations are likely important:

- minimize complexity of work scheduling;
- maintain reasonable insurance and pension costs;
Objective C: Retention of Older Health Care Workers

- ensure workers’ commitment to the phased retirement program for the agreed phase-out period;
- minimize additional administrative, communication and benefit calculation efforts; and
- ensure program is legal.

A retire-and-rehire program is most attractive to older workers with long service and access to sufficient income replacement but who want to remain active in some capacity. It’s relatively easy to implement such a program, but it may require relaxation of rules that currently prevent double dipping. As long as the worker does not accrue further pension credits, such a program can be implemented within current pension regulatory guidelines. However, it may still require collective bargaining. Continuing health insurance benefits on the same basis as full-time or part-time employees (provided the worker commits to a certain minimum of employment) could make this type of approach more attractive.

A part-pension, part-pay type of program will be more attractive for individuals who have a pension plan that has less generous early retirement provisions. It will also appeal to those who, because of breaks early in their career, do not have long pensionable service; they may find the full-time workload difficult to manage, while at the same time be unable to retire for financial reasons.

This type of program probably should include the following features:

- target phase out income of 80 per cent to 90 per cent of full-time pay;
- continued pension service accrual on a full-time equivalent basis;
- waiver of contributions to the pension plan;
- full retirement pension calculated using full-time equivalent salary during phase-out period;
- maximum phase out period of three to five years;
- minimum age of 55 at entry;
- possible minimum service requirement;
- continued participation in group insurance program (prorated for disability);
- rules defining pension benefits in event of disability, death or termination prior to the end of the phase-out program; and
- minimize impact that part-pension payment has on full retirement pension.

If ITA rules could be changed, at a minimum, they could allow bridge pensions to be paid with no impact on full retirement pensions. At a maximum, particularly for employees entitled to unreduced pensions, they could allow part pension to...
be paid with no impact on future full retirement pension. In addition, in such a scenario it may not be necessary to waive the required pension contributions.

4.1.4 Illustration of additional pension costs for specific scenarios

Upon completion of the review and analysis, we concluded that presentation of cost illustrations may not prove particularly useful at this stage because there are too many undefined variables. The preferred approaches cannot be identified until further study of issues identified in our recommendations. In addition, in absence of legislative changes, certain types of programs may be difficult to implement in some jurisdictions. Instead of providing illustrative costings we opted instead to summarize the cost and benefit implications for the phased retirement program implemented in New Brunswick and to comment on the sources of potential cost increases and cost decreases associated with phased retirement type of programs.

The pension plan under which the phased retirement program for nurses in New Brunswick hospitals was implemented, provides unreduced retirement at age 60, a reduction of 3% per year for retirements between ages 55 and 60, and a bridge pension of $27 per month per year of service. The average retirement age under that plan is around age 59.

The program costing is based on the assumption that nurses who choose to phase out will do so until age 60 to eliminate the application of the early retirement reduction. The lump sum that is extracted from the plan is used to reduce the pension at full retirement and therefore is cost neutral for the pension plan. The nurses who opt for the program continue to accrue service on a full-time equivalent basis without having to make contributions (employer also does not contribute), which constitutes a source of cost increase partially offset by the assumed retirement at age 60 instead of age 59. The required contribution increase for this type of program is 0.1% of payroll for each of the nurses and the employer. Because health and dental benefits are provided on a full time equivalent basis, this also modestly increases the employer total costs for these programs.

For a nurse with 20 or more years of service, the added years of service during phase-out, elimination or diminution of the early retirement reduction because full retirement is later, and the effect of salary increases on the average salary used at full retirement, lead to a benefit that is roughly equivalent to early retirement on an unreduced basis. The total income to the nurse when combining employment and pension benefits increases relative to an early retirement and decreases relative to full-time work to age 60.

Under existing income tax legislation, limitations on the benefits that can be provided through a phased retirement program under a registered pension plan also significantly limit the potential cost of such programs. If these rules were relaxed, then the cost increase depending on the design and experience could potentially be higher than illustrated above.
The source of cost increases in the absence of income tax legislation changes could include:

- Waiver of regular contributions to the pension plan.
- Recognition of full-time equivalent service for part-time work.
- Although not the intent of such a program, cost of earlier retirement than in the past because of the presence of phased retirement.
- Continuation of group insurance benefits on a full time equivalent basis.

If tax legislation were changed to allow greater incentives under phased retirement programs, then there could be added costs although these are undeterminable at this stage.

The sources of cost savings could include:

- Reduced recruitment costs.
- Reduced training costs.
- If full retirement delayed relative to current experience, reduced pension costs.
- Increased ability to deliver quality services or products.
5 CONCLUSIONS

Population ageing is unstoppable. CIHI's study and others clearly demonstrate that, in the absence of a change in service delivery model or population needs, certain sectors will likely experience labour shortages. Leaders in these sectors need to start thinking about ways to effectively use all resources available to them.

The following quote by Peter Drucker, the 90-years-plus American management guru, summarizes the point clearly:

“...All the present talk about financing social security is beside the point. The point is not money. The point is production.”

In effect, the challenges related to the ageing population are not limited to the funding of health care or public retirement systems. They also relate to the availability of sufficient resources to continue producing necessary goods and services.

There are also many population surveys, especially in the United States, that show that baby boomers, in particular, plan to remain active in some way after traditional retirement ages. While not as much information on this subject is available in Canada, employment statistics show that many individuals remain active in the labour force to somewhat advanced ages. This suggests that phased retirement would attract a sizeable segment of older workers. Two factors are less clear: do these older workers want to break off their long-term relationship with their career employers to do something else? Are they currently retiring because there are too many impediments to remaining employed with their "career" or last employer after they reach traditional retirement ages?

In the health care sector, the current service delivery model requires specialized skills, as well as human intervention. Given the ageing population, the demand for services is likely to increase rather than decrease – unless the overall health of older Canadians increases significantly. In effect, population ageing affects the health care sector in two ways: projected labour shortages and increased demand for services.

With the combined effect of the ageing population and workers' desires to work after traditional retirement, programs to retain older workers could prove to be a win-win for all parties.

Several factors work against the implementation of such programs. As yet, not everyone is convinced that phased retirement programs will increase resources. This fact, combined with the complexity of managing such programs, may partly explain why such programs are not more popular. Some also fear that phased retirement will lead to earlier, rather than later, withdrawal from the workforce.

Some views are still firmly entrenched in the early retirement model. From a worker perspective, strong and generous pension plans provide more flexibility; it
Workforce Management  
Objective C: Retention of Older Health Care Workers

is more financially attractive to leave one employer to go work for another and receive both salary and pension. This works well if a worker can find employment at a skill and earnings level comparable to his or her earlier career. However, in some cases, both the wages and the work may be less interesting than continuing to work in some reduced capacity with the “career” or last employer.

It is challenging to introduce comprehensive, broad-based phased retirement programs for several reasons: relatively generous defined benefit pension plans with good early retirement provisions and bridging benefits, and serious limitations imposed under pension legislation, particularly the ITA. In some cases, workers who continue with the same employer are effectively penalized financially (i.e., workers with long service and good early retirement pensions). Furthermore, existing rules hinder the design of attractive programs to improve the retention of older workers in the workplace (e.g., ITA, provincial pension legislation, rules governing the rehire of retirees). Some of these rules need to change for phased retirement or other similar programs to attract and retain older workers.

Phased retirement or other programs to retain older workers can take many different forms: they are more complex than a pre-packaged set of rules that will work in all situations. Many factors (e.g., health of individual, health of family members under their care, financial capacity, retirement plans of spouse, desire to retain social contact, desire to remain active, plans for a change in type of work, etc.) influence an individual’s decision to retire or continue working and at what level. As a result, retention programs cannot be designed to appeal to all situations. Existing programs in Canada and the United States were designed to fit within a relatively unfavourable legislative regime – including the current pension plan design – and to meet the specific needs of particular populations. That explains why the U.S. public sector uses DROP programs, certain groups use retiree pools, American universities use part-pension and part-time pay, Canadian institutions partially use retire-and-rehire, and so on.

There is no “one size fits all” solution to the problem of retaining older workers. To be effective, the design needs to fit the culture of the organization and its workers, recognize the implications of the existing pension plan and ensure its administration is not overly cumbersome.

The health care sector, with its shift work, its large number of workers with similar skills at the same workplace and its part-time and full-time employment, is a good candidate for phased retirement or other retention programs for older workers. Successful implementation will depend largely on the commitment of all parties in the workplace (from upper management to individual workers), the ability to design an affordable and financially attractive program (currently limited by legislation) and the ability to reorganize or effectively design work flow in the workplace.
If implemented, the recommendations made by the committee appointed by the Quebec government would go a long way towards improving the legal environment for the design of effective, affordable and attractive phased retirement programs.

In summary, phased retirement:

- attracts some, but not all, employees;
- suits employee groups with similar functions and employers with long service and an ageing workforce;
- attracts employees who desire to slow down but still maintain a reasonable income and some attachment to workplace;
- requires buy-in at all levels of organization;
- requires a plan design appropriate for employee group;
- requires good communication programs so employees understand the financial implications;
- requires a proper administration structure; and
- requires acceptance by regulators.

The following is a summary of other types of initiatives for the retention of older workers:

- Retire and rehire rules (actually a type of phased retirement program).
- Service related pay bonuses at older ages particularly if bonuses are pensionable.
- Purchase of past service by employer for each year of additional service beyond unreduced retirement age.
- Use of severance pay or pre-retirement leave to top up part-time salary to allow accrual of additional full-time service.
- Shift preferences for older workers either by limiting variability in shifts (e.g., work only day shifts or only night shifts) or by allowing flexibility in choice of shift.
- Mentoring programs.
- Modified workload for situations other than accommodation for illness or injury.
- Increased vacation (not necessarily paid) for older workers to allow more flexibility for other needs or interests.

There was little information on the details and/or effectiveness of the programs above other than the “retire and rehire option,” which has been used in many jurisdictions.
6 RECOMMENDATIONS

The information on workforce trends and projected retirements of RNs produced by CIHI clearly shows the potential for future labour shortages. In addition, ageing of the Canadian population is an undeniable fact that likely will lead to an increase in the need for health care services, which tend to be labour-intensive.

There is substantial general population information, particularly from the United States, about the potential attractiveness for both workers and employers of programs designed to retain older workers at a reduced level of activity. This information is less prevalent in Canada and certainly could not be deemed conclusive for specific sectors within the Canadian economy such as the health care sector. However, there is potential for increasing the labour supply by retaining older workers for a longer period.

So far, arguments in favour of retention programs for older workers such as phased retirement have not received wide support given the legislative framework and the fact that some are not convinced that these are practical, affordable and workable solutions. This is probably partly due to the fact that we are just transitioning from a period where early retirement was encouraged and expected, to a period where labour shortages are likely to be prevalent. There are a lot of discussions on approaches but there is very little hard data to support the benefit of those approaches.

In summary, there is enough evidence to support further study in the area of retention programs for older workers because the potential benefit in terms of improving the labour supply can be considerable. In addition, there are many other advantages to retention programs for older workers that have been identified such as potential reduced disability and absenteeism costs, improved health and employee morale, etc. However, there is lack of hard evidence as to whether these programs can be successfully implemented in the health care sector, in relation to both worker and employer attitudes towards these programs and the effect they may have on retirement patterns.

The CFNU needs to develop positions supported by solid data on the types of older worker retention programs that are more likely to be successful in the health care sector and the legislative and collective agreement changes that are required to allow for the successful implementation of these programs.

In order to help the CFNU to develop these positions, we recommend that they conduct the following additional work:

1. Survey or gather additional credible data on intentions and preferences of older workers in the health care sector to determine whether retention programs are likely to add to the available labour pool or lead to earlier retirements.
Workforce Management
Objective C: Retention of Older Health Care Workers

2. Survey health care workers to find out if their desire for early retirement would override any interest for a properly designed phased retirement program that is at least financially neutral in their case. In other words, if a phased retirement program was in place such that there was no financial loss relative to full retirement with a better pension at the end of the phase out, would they prefer early retirement or phase out?

3. Obtain more information on the views of employers about the potential desirability and effectiveness of retention programs for older workers.

4. Obtain information on the productivity of older health care workers relative to younger workers.

5. Analyse the potential economic value of retaining older workers as a result of mentoring and training value, and reduced recruitment costs.

6. Develop recommendations for an administrative framework to accommodate more flexible work schedules for older workers.

7. Develop a position on the legislative changes required to facilitate the introduction of effective retention programs, particularly phased retirement, using benefits from pension plans currently in place.

8. Develop recommendations on an effective phased retirement model, taking into consideration pension plans in place, current or future desired legislative framework, required collective agreement provisions and availability of other group insurance benefits.

9. Identify from the list of other retention programs those that may be well suited to the health care work environment and study them further.
Appendix A - Interview Guide / Survey Questions

Introduction
We are currently conducting a review of the best practices related to retention of older health care workers on behalf of the Canadian Federation of Nurses Unions.

The objective of the project is to identify enablers and barriers to phased retirement as well as any other program or collective agreement provisions designed specifically to facilitate the retention of older workers.

We seek your assistance in responding to the following request for information. We are not asking you to undertake any research at this stage. All we need is the current state of affairs and information on programs or approaches you are currently planning or considering.

The information requested is structured in three broad categories, namely:

1. Phased retirement
2. Part-time work
3. Other work conditions

I have used health care workers to represent all types of health care workers. Please respond to the questions in respect of the particular group you are familiar with or are representing (e.g., if representing nurses answer as for nurses).

Please respond by March 15, 2003.
Phased Retirement

1. Do you currently have a phased retirement program?
   If yes, please provide a brief description of rules and conditions (employee type booklet information would be sufficient).

2. If you do not have a program in place, are you currently (or in the near future) considering negotiation and/or implementation of a phased retirement program?

3. If you have a program or currently are considering one:
   a. What are the benefits of such a program for employees (e.g., gradual withdrawal from workforce, better health etc.) and employers (e.g., retention of older workers, mentoring etc.)?
   b. What are the principal challenges you see in operating such a program? (e.g., scheduling, reaction of younger workers etc.)

4. If you do not believe phased retirement is a useful retention tool, please comment on the reasons for this.

5. Is there a demand from older health care workers for this type of program?
   If yes, please supply results of surveys or other studies on the question of phased retirement.

Part Time Work

1. Do you have an agreement that allows older workers to work part-time for a certain period prior to retirement but continue to accrue benefits under the pension plan?
   If yes, please provide collective agreement wording and employee information booklet portion describing the program.

2. If you have such a program, are employees working part time allowed to contribute to the pension plan on a full-time equivalent basis?

3. Are other benefits and conditions maintained as if the worker is full time (health, dental, life disability insurance, security, vacation, sick leave) or are they altered and in what way (i.e., reduced benefits, increased employee cost sharing)?
   Please provide details (employee booklet or relevant collective agreement section, either would suffice).

4. Please provide any statistics you may have on usage.
5. Please comment on success of the program, degree of satisfaction of workers, things that work well and things that you would change to improve the program.

**Other Work Conditions and Questions**

1. Do you have one of the following arrangements in place (and if so indicate whether province-wide or only in one or some regions or facilities):
   - Rehire after retirement on casual or part-time basis
   - Modified workload (e.g., no heavy work for older workers)
   - Severance pay (retirement allowance)
   - Use of severance pay to bridge to full retirement while working part time
   - No night shifts for older workers
   - Increased vacation for older workers
   - Mentoring of younger workers by older workers
   - Increased salary at older ages as a retention tool

2. For each of above that you may have in place please comment on:
   - Effectiveness
   - Employee appreciation
   - Workplace challenges (worker conflicts, employer challenges in implementation, etc.)
   - Statistics on use, if available
   - Things that work well
   - Things that could be improved

3. Please provide relevant collective agreement and employee information booklet wording for each of the above you currently have in place either on a jurisdiction-wide basis or as a pilot in a particular facility or health care region.

4. Do you have any suggestions as to creative options that have been listed above that could be considered to facilitate retention of older workers?

5. Do you believe that certain older health care workers are working while in poor health or alternatively become fully disabled because they cannot support a full workload but also cannot retire because of insufficient pensionable service?
6. Do you believe younger health care workers today will have the same retirement goals as current older health care workers (e.g., retire later because started career later, worked only part time or casual in early years and did not accrue pensionable service etc.)?
Appendix B - Interview List

**Newfoundland and Labrador**
Newfoundland & Labrador Nurses Union (NLNU)  
Box 416, 59A LeMarchant Road  
St John's NF A1C 5J 9

**Prince Edward Island**
PEI Nurses Union  
1 Advana Avenue,  
Charlottetown PE C1E 1L8

**Nova Scotia**
Nova Scotia Nurses Union (NSNU)  
30 Frazee Ave (Burnside Industrial Park)  
Dartmouth, NS B3B 1X4

**New Brunswick**
New Brunswick Nurses Union (NBNU)  
750 Brunswick St  
Fredericton NB E3B 1H9

**Ontario**
Ontario Nurses Association (ONA)  
85 Grenville Street, suite 400,  
Toronto ON M5S 3A2

**Manitoba**
Manitoba Nurses Union (MUU)  
301-275 Broadway  
Winnipeg, MB R3C 4M6

**Saskatchewan**
Saskatchewan Union of Nurses (SNU)  
2330 2nd Avenue,  
Regina SK S4R 1A6

**Alberta**
United Nurses of Alberta (UNA)  
10611-98 Ave Park Plaza  
Edmonton, AB T5K 2P7

**British Columbia**
British Columbia Nurses Unions (BCNU)  
4060 Regent ST, Burnaby, BC V5C 6P5

**For LPN and RPN**
Canadian Union of Public Employees (CUPE)  
21 Florence St, Ottawa, ON K2P 0W6
Appendix C - Pension Plans

List of Pension Plans included in review:

- Ontario Municipal Employees Retirement System
- Hospitals of Ontario Pension Plan
- British Columbia Municipal Employees Pension Plan
- Saskatchewan Municipal Employees Pension Plan
- Manitoba Hospital Employees Pension Plan
- Alberta Local Authorities Pension Plan
- Commission administrative des régimes de retraite et d’assurances (CARRA)
- Pension Plan for Certain Bargaining Employees of the Province of New Brunswick
- Pension Plan for Part Time Employees of the Province of New Brunswick
- Pension Plan for Nurses and Paramedical Employees of New Brunswick Nursing Homes
- Uniform Pension Plan for Employees of Prince Edward Island Hospitals
- Newfoundland and Labrador Public Service Superannuation Plan
- Nova Scotia Association of Health Organizations

Information was also available on the following plans but was not included in the review because it was unclear if they covered a significant number of health care workers. Exclusion of these plans did not affect the analysis as benefits are very similar to other plans in the same jurisdiction.

- Manitoba Public Service Superannuation Plan
- New Brunswick Public Service Superannuation Act
- Alberta Public Service Pension Plan
- Ontario Pension Board (OPB)
- Ontario Public Service Employees Union (OPSEU)
Appendix D - Glossary of Terms

Actuarial Equivalent or Actuarially Equivalent

Two different series or patterns of expected future payments are said to be actuarially equivalent if they have the same commuted value.

Bridging Benefit:

A temporary pension benefit payable in the event of retirement before age 65. This benefit is usually payable from retirement age to age 65, the age at which the full Canada Pension Plan benefits are available.

Commuted Value of Pension:

The lump sum present value of a series of promised future pension payments calculated taking into account expected interest or investment earnings, increases for inflation, if any and average mortality rates if payments cease at death.

Defined Benefit Pension Plan:

A pension plan where the benefits promised to plan members are specifically defined in the plan document based on salary levels and years of service or as a flat benefit per year of service.

Defined Contribution (Money Purchase) Pension Plan:

A pension plan where both employee and employer contributions are defined in the plan document and the amount of the contributions is invested in individual employee accounts to be used at retirement to purchase a pension.

Double Dipping:

A situation that arises when a plan member collects a retirement pension from one employer and is re-employed after retirement thereby collecting both a pension and a salary from the same employer.

Early Retirement Rules or Provisions:

Pension plan rules that specify the age or ages prior to Normal Retirement Age at which a Reduced Early Retirement Pension or an Unreduced Early Retirement Pension can commence. The early retirement rules can be based on age alone, service alone or age/service combinations.

Final (or Best) Average Salary Defined Benefit Pension Plan:

A Defined Benefit Pension Plan that defines the benefit based on the average earnings of the member during a stated period. Some typical examples of the averaging period are the final five years before retirement or the final three years or the best five consecutive years in the
final ten or the best three years (not necessarily consecutive) in the member's career.

Lifetime Benefit or Pension:
A pension from a Defined Benefit Pension Plan that is payable without future reduction for the life of the plan member. These benefits can be periodically increased (usually every year) to offset partially or fully the effect of inflation on the purchasing power of the pension. These benefits usually have some form of guaranteed continuation for a specified period or for the life of a surviving spouse in the event of the death of the pensioner.

Locking-in Rules:
Rules established under provincial pension legislation to prevent the spending of the Commuted Value of Pension for reasons other than to provide a Lifetime Pension at retirement. Under these rules the Commuted Value is locked-in a registered retirement savings vehicle until retirement and then is used to purchase or provide a pension.

Normal Retirement Age:
Age specified in a pension plan as the age at which benefits from the pension plan are payable without any reduction and with very limited service requirements. The Normal Retirement Age is usually defined as age 65. In some plans the normal retirement age is not the earliest age at which an unreduced pension is available (see Unreduced Early Retirement Pension).

Quebec Pension Plan (QPP):
Provincially run public pension plan for all residents in Quebec who have employment earnings above a minimum threshold. This is the equivalent of the Canada Pension Plan which covers the residents of the rest of Canada.

Reduced Early Retirement Pension:
Pension available prior to the Normal Retirement Age that is reduced by formula such as a specified percentage reduction for each month prior to the Normal Retirement Age or age at which an Unreduced Retirement Pension is available to the plan member or is Actuarially Equivalent to the an unreduced pension. This reduction is to recognize the fact that the pension is taken earlier than provided for in the funding of the pension plan and will be paid for a longer period than anticipated.

Subsidized Early Retirement Reduction:
A reduction in pension that is less than the true cost of providing the pension at an earlier age (i.e., less than the Actuarial Equivalent of the pension at the age at which a Normal Retirement Pension is available).
Workforce Management
Objective C: Retention of Older Health Care Workers

Unreduced Early Retirement Pension:

A pension that is available at an age earlier than the Normal Retirement Age but that is not reduced for the fact that the pension is paid earlier and for a longer period.
Value of Pension:

The present value of all pension payments promised to a plan member from a pension plan. The value is usually the greatest at the age at which an Unreduced Early Retirement Pension is available but can be the greatest at an earlier age where Subsidized Early Retirement Reductions are present.
Appendix E - Phased Retirement for New Brunswick Hospital Nurses

FACT SHEET
PHASED RETIREMENT
August 2003

<table>
<thead>
<tr>
<th>Issue</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility for participation</td>
<td>Full-time members of the Nurses Part III bargaining group employed in Regional Hospital Authorities, who are members of the Pension Plan for Certain Bargaining Employees of NB Hospitals and who have 5 years of pensionable service. This option is not available to any other employee groups at this time.</td>
</tr>
<tr>
<td>Effective date</td>
<td>January 1, 2004</td>
</tr>
<tr>
<td>Age requirement</td>
<td>Minimum age on / before December 31\textsuperscript{st}, 2003 – 56 years</td>
</tr>
<tr>
<td></td>
<td>Minimum age on / before December 31\textsuperscript{st}, 2004 – 55 years</td>
</tr>
<tr>
<td>Notice for entry</td>
<td>Nurses must provide written notice six (6) months prior to reduction of work schedule.</td>
</tr>
<tr>
<td>Notice for entry on implementation</td>
<td>Due to administrative considerations - communication material and system development requirements to provide calculations of the impact of phased retirement on the pension payable – nurses who plan to enter the phased retirement option either March, April or May 2004 will be eligible to complete a “tentative” notice of entry. When the financial implications are available (January 2004), the “tentative” entry notice may be reversed if the nurse chooses not to participate. If the nurse chooses to proceed, a “Formal” notice of entry must be completed.</td>
</tr>
<tr>
<td>Entry periods</td>
<td>Nurses can only commence participation in phased retirement (ie. commencement of reduced work schedule) on March 1\textsuperscript{st}, April 1\textsuperscript{st}, May 1\textsuperscript{st}, or on September 1\textsuperscript{st}, October 1\textsuperscript{st}, November 1\textsuperscript{st} of any calendar year.</td>
</tr>
</tbody>
</table>
## Workforce Management
### Objective C: Retention of Older Health Care Workers

<table>
<thead>
<tr>
<th>Issue</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work reduction</strong></td>
<td>Nurses can choose to reduce work schedule from full-time (100%) to either 50% or 60% of full-time hours. The work schedule must be continual (i.e., working 6 months / off 6 months would not be permitted).</td>
</tr>
<tr>
<td><strong>Duration of phase period</strong></td>
<td>The phase period may be for 1 year, 2 years, 3 years, 4 years or 5 years (part years are not an option), subject to CCRA purchase of service restrictions.</td>
</tr>
<tr>
<td><strong>CCRA restrictions</strong></td>
<td>The Income Tax Act restricts crediting of pensionable service for a period of time where the employee does not work (for pension purposes, the employee will be treated as full-time and on leave without pay for the period not worked (ie. 50% or 40%). A maximum of 5 years is allowed for purchase of this type of ‘leave without pay’ period. An employee who chooses to work 50% of full-time, for a period of 5 years, would require 2½ years of purchase of service approval from CCRA before being eligible to participate.</td>
</tr>
<tr>
<td><strong>Phased income</strong></td>
<td>Total = 85% of salary at date of entry: Earnings from work 50% 60% plus pension pre-payment 35% 25% Total 85% 85%</td>
</tr>
<tr>
<td><strong>Pension pre-payment</strong></td>
<td>The pension pre-payment amount will be calculated on salary at date of entry and will not be recalculated to reflect future salary increases. Pension pre-payments will be issued by the Public Service Employee Benefits Division of the Office of Human Resources and will be paid on a monthly basis, on the first of each month.</td>
</tr>
<tr>
<td><strong>Pensionable service</strong></td>
<td>Pensionable service will continue to accrue as though the nurse continued to work full-time, with no required employee or employer pension contributions. In addition, the salary used to calculate the pension at date of retirement will be as though the nurse had worked full-time.</td>
</tr>
<tr>
<td><strong>Pension contribution rate</strong></td>
<td>The pension contribution rate will increase 0.1% for the employees and 0.1% for the employer for nurses</td>
</tr>
</tbody>
</table>
### Issue | Explanation
--- | ---
**Retirement Allowance** | Service for retirement allowance calculation will be based on full-time service for the phase period, subject to a maximum of 25 years.

**Employee Status** | Even though pensionable service and service for the retirement allowance calculation will be credited on a full-time basis during the phase period, for all other provisions of the Collective Agreement, the phased retirement participant shall be considered part-time, and shall accrue and use all full-time benefits on a prorated basis.

**Remaining part position** | The remaining part of the position (50% or 40%) will be filled by the Regional Hospital Authority on the same basis as other vacancies.

**Casual hours** | Employees participating in the phased retirement option will be eligible to work casual hours, if requested by the employee.

**Decision irrevocable** | The decision to participate in the phased retirement option is irrevocable.

**Retirement date** | The date of retirement will be the date following the end of the phase period.

**Pension calculation** | On retirement, the pension payable will be adjusted actuarially to reflect the total pension pre-payment (i.e. pension payable will be reduced).

**Long Term Disability coverage** | LTD coverage / contributions will be based only on work-related income. The pension pre-payment amount would continue to be paid while a nurse is in receipt of LTD benefits.

**Health & Dental** | Participation / employer cost-sharing would remain the same as if the employee were working full-time.

**Group Life Insurance** | Coverage will be based on the full-time annual salary.
## Workforce Management
### Objective C: Retention of Older Health Care Workers

<table>
<thead>
<tr>
<th>Issue</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD&amp;D Insurance</td>
<td>Basic and Supplementary coverage will reflect the full-time annual salary for the position (same as for the Group Life coverage). Coverage under the Voluntary Plan will remain the same.</td>
</tr>
<tr>
<td>‘Banked’ vacation</td>
<td>The ‘banked’ vacation credit at date of entry to phased retirement will remain to the employee’s credit.</td>
</tr>
<tr>
<td>‘Banked’ sick leave</td>
<td>The same practice will apply as for other employees who transfer from full-time to part-time status - Article 23.01(c) of the nurses’ collective agreement will apply.</td>
</tr>
<tr>
<td>Seniority / Holidays</td>
<td>Future seniority / holidays will be prorated.</td>
</tr>
<tr>
<td>Other paid leave</td>
<td>Other paid leaves (such as emergency, bereavement) will be available as if the employee were full-time.</td>
</tr>
<tr>
<td>Competing for other jobs / positions</td>
<td>Employees participating in phased retirement may compete for other jobs / positions with the same working hours / same FTE.</td>
</tr>
<tr>
<td>Lay-off / job guarantee</td>
<td>The regular provisions of the collective agreement will apply.</td>
</tr>
<tr>
<td>Impact assessment</td>
<td>The impact of the phased retirement program on the health care system will be assessed by the Employer within two years following implementation.</td>
</tr>
</tbody>
</table>
Appendix F - References


Beech, S. (2003, December 15). Empty nesters or not, older workers often have unique needs: Retaining golden-age workers may require benefits creativity. Canadian HR Reporter.


Objective C: Retention of Older Health Care Workers


Phased Retirement. (2003, 1st Quarter). International Foundation Publication In Focus, 3(1).


