



Employment and Retention of Retired Nurses in Senior Care

Settings: A Pre-COVID-19 Scoping Review

Lalita Kaewwilai¹, Wonpen Kaewpan¹, Kunwadee Rojpaisarnkit², Thapanut Kaewpan³

¹Department of Public Health Nursing, Faculty of Public Health, Mahidol University, Thailand

²Department of Public Health, Faculty of Science and Technology, Rajabhat Rajanagarindra University, Chachoengsao, Thailand

³Faculty of Industrial Technology, Rajabhat Rajanagarindra University, Chachoengsao, Thailand

Correspondence: Wonpen Kaewpan, Department of Public Health Nursing, Faculty of Public Health, Mahidol University, Thailand E-mail: wonpen.kae@mahidol.ac.th

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Abstract

Background: Global nursing shortages and a rapidly aging workforce have heightened interest in re-engaging retired nurses to support health systems. Retired nurses bring accumulated clinical expertise that may help address staffing challenges in senior care settings. This review maps pre-pandemic evidence on employment models, working conditions, and retention relevant to nurses in senior care settings. **Objectives:** To map post-retirement employment models for nurses, identify factors influencing employment and retention in senior care settings, and propose implications for policy and practice with relevance to the Thai healthcare context. **Methods:** A scoping review was conducted following JBI methodology. Studies of any design published in English or Thai between January 2011 and October 2021 were eligible. The PCC framework (Population: retired and older nurses; Concept: employment and retention; Context: senior care settings) guided study selection. CINAHL, PubMed, SCOPUS, ClinicalKey for Nursing, Google Scholar, and the Thai Citation Index (TCI) were searched. Data were extracted by two reviewers and synthesized thematically. **Results:** Thirteen studies were included from 7,445 records retrieved. Designs comprised cross-sectional surveys (n = 8), qualitative studies (n = 3), and secondary data analyses (n = 2). Findings were synthesised across six thematic areas: employment models and competency areas; factors influencing job retention; factors affecting job turnover; factors influencing retirement decisions; work-life balance; and job satisfaction. Income stability and pay satisfaction, supportive supervisory and leadership practices, and management of physical workload were the retention factors most often

supported when tested alongside competing predictors, whereas autonomy and scheduling flexibility less often retained independent effects. **Conclusions:** Experienced nurses are leaving the profession or their employers for organizationally modifiable reasons: physical workload, staffing adequacy, and income instability. Policymakers and healthcare organizations should consider tiered roles matched to physical capacity, stable employment conditions, and supportive supervision. Primary research on post-retirement employment models in Thailand and other middle-income countries is needed, as is evidence on post-pandemic employment patterns.

Keywords: Post-retirement, Retired nurses, Nurse retention, Senior care setting, Aging workforce

Introduction

Healthcare systems worldwide are currently facing a shortage of nursing professionals, driven by the combination of increased service demand and a declining, aging supply of qualified staff⁽¹⁾. Several factors contribute to this shortage across different national contexts, notably the ageing of the nursing workforce and the retirement of experienced nurses at rates that exceed recruitment^(1,2,3). A common underlying driver across countries is inadequate workforce planning. Many health systems have failed to predict future nursing demand, invest sufficiently in nursing education and training, or create working conditions that attract and retain professionals over the long term^(4,5,6). The consequences include heavier workloads for remaining staff and higher intention to leave, which further deplete the workforce^(4,7,8).

Ageing workers are commonly defined as those aged 45 years and over⁽⁹⁾. In many countries, a significant proportion of the nursing workforce falls within or is approaching this category, meaning that retirement attrition will accelerate workforce shortfalls unless actively managed^(10,11). While aging nurses may face increased health challenges and reduced capacity for physically demanding work, contributing to higher absenteeism and earlier retirement⁽¹¹⁾, they also represent a valuable source of clinical expertise, accumulated geriatric knowledge, advanced clinical judgment, established patient relationships, and mentorship capability that are difficult to replace through new graduates alone.

In Thailand, the nursing shortage is exacerbated by several intersecting pressures. Poor work environments, heavy workloads, and job stress are associated with burnout and intention to leave among Thai nurses, depleting the domestic nursing workforce^(1,12,13). Simultaneously, Thailand's population is ageing rapidly, increasing demand for senior care services at a time when workforce availability is constrained. Empirical evidence from Thailand indicates that while many nurses leave

the healthcare system after retirement, others continue to work in various capacities⁽¹⁴⁾, suggesting that post-retirement re-employment is a feasible workforce strategy. Internationally, Markowski et al.⁽¹⁵⁾ have shown that the timing of retirement among older nurses is prompted by age, but the decision depends first on personal circumstances and then on modifiable organizational conditions, indicating that workplace design may influence whether experienced nurses remain in, or return to, the workforce.

Despite a growing body of literature on nursing workforce retention, evidence addressing the post-retirement employment and retention of nurses in senior care settings remains limited and fragmented. Existing reviews have focused on active nursing workforces mainly in hospital settings, with limited synthesis of strategies relevant to retired nurses or to the senior care setting specifically^(15,16). Despite Thailand's nursing shortage and rapid demographic change, no previous review has synthesized this evidence base with explicit reference to the Thai healthcare system. This gap reflects a missed opportunity. Retired nurses' clinical expertise and professional networks could be strategically utilized to address senior care staffing challenges, but the evidence needed to support such strategies has not yet been synthesized.

A scoping review was selected as the most appropriate methodology for this study. Because evidence on retired nurse employment is still emerging and comes from varied study designs, countries, and care settings, a broad mapping approach is needed rather than a narrow synthesis. Scoping reviews are specifically designed for this purpose: they map what evidence exists, identify key themes, and reveal gaps for future research, without restricting inclusion based on study quality⁽¹⁷⁾. This distinguishes them from systematic reviews, which apply quality filters that would exclude relevant studies at this early stage of the evidence base.

This scoping review was guided by the following three research questions, structured using the PCC (Population, Concept, Context) framework⁽¹⁷⁾.

- What employment models exist for retired nurses working in senior care settings during the pre-COVID-19 period (2011–2021)?
- How do organizational, professional, and contextual factors influence the employment and retention of retired nurses in senior care settings?
- What are the implications of the synthesized finding for nursing workforce policy, particularly within the Thai and Southeast Asian senior care context?

The aim of this scoping review is to synthesize pre-COVID-19 evidence (2011–2021) on the employment models, working conditions, and retention of retired nurses in senior care settings, as well as to identify policy-relevant insights applicable to healthcare systems facing nursing workforce shortages with particular focus on the Thai senior care context.

Materials and Methods

1. Study design and participants

This study used a scoping review methodology following the methodological framework of Peters et al. (2020) and the Joanna Briggs Institute (JBI) guidelines for scoping reviews⁽¹⁷⁾. The review was conducted in five steps: (1) defining the topic and objectives; (2) developing a search strategy guided by the PCC framework; (3) selecting and screening retrieved studies; (4) extracting and charting data; and (5) synthesizing and reporting findings.

2. Data Retrieval

Study selection was guided by the PCC (Population, Concept, Context) framework as required by JBI scoping review methodology⁽¹⁷⁾. The PCC framework operationalized the three research questions stated in the Introduction and defined the boundaries of eligible evidence, as detailed in Table 1 below.

Table 1 PCC framework guiding study selection in this scoping review

Element	Definition	Application in This Review
Population (P)	The group of individuals of interest	Retired nurses: individuals who have formally retired from nursing positions, regardless of age or country of origin
Concept (C)	The key concept, issue, or phenomenon	Employment models, working conditions, and retention strategies for retired nurses
Context (C)	The setting, circumstances, or environment	Senior care settings, including long-term care facilities, nursing homes, home care, home

help services, assisted living facilities, and community-based services for older adults.

3. Search Strategy

Six databases were systematically searched: CINAHL, PubMed, SCOPUS, ClinicalKey for Nursing, Google Scholar (English-language), and the Thai Citation Index (TCI; Thai-language). The search covered publications from January 2011 to October 2021. This timeframe was selected to capture pre-COVID-19 evidence, providing a consistent baseline of post-retirement nurse employment evidence that is unaffected by the pandemic's temporary workforce adaptations and care model disruptions. A pre-pandemic baseline is essential for identifying the structural and organizational characteristics that influence retired nurse employment under normal operating conditions, as well as providing a reference point for future post-pandemic comparison study.

Table 2 Search terms organized by PCC concept cluster

Concept Cluster	Search Terms (OR within cluster; AND between clusters)
Population	"Nurse" OR "Registered nurse" OR "Licensed nurse"
Retirement status	"Retired" OR "retirement" OR "post-retirement" OR "early retirement" OR "older nurse" OR "aging nurse"
Employment & work	"Employment" OR "work" OR "workforce" OR "work intention" OR "work ability" OR "job retention" OR "workforce transition" OR "employment policy"

Inclusion Criteria:

1. Included research articles, quantitative research, qualitative research, mixed-methods research, Scoping Review articles, Systematic Review articles, guidelines, booklets, and theses.
2. Published in English or Thai.

3. Concerned nurses who have retired from nursing positions, or older nurses (aged 45 years and over, following the commonly used definition of ageing workers⁽⁹⁾) for whom retirement or continued employment was examined.

4. Conducted in senior care settings, in either the public or private sector.

Exclusion Criteria:

1. Book chapters, editorials, archives, etc.
2. Only title and abstracts are available.
3. Studies conducted exclusively in acute hospital settings unrelated to senior care.

4. Study Selection

Retrieved records were imported into a spreadsheet and de-duplicated. Two independent reviewers screened titles and abstracts against the inclusion and exclusion criteria, then independently assessed full-text eligibility; discrepancies were resolved by consensus. A total of 7,445 records were identified, with 13 studies included in the final synthesis. The PRISMA flow diagram (Figure 1) illustrates the selection process.

5. Quality Appraisal

To provide a descriptive characterization of the methodological landscape of included studies, the Kmet, Lee and Cook (2004) quality assessment checklist was used⁽¹⁸⁾. Quality scores were not employed as inclusion or exclusion criteria in accordance with JBI scoping review methodology; instead, all 13 papers that met the predefined PCC-based scope criteria were maintained regardless of quality.

The inter-rater reliability for quality assessment was calculated between two independent reviewers using Cohen's Kappa, yielding a coefficient of 0.886, indicating strong agreement (0.80–0.90)⁽¹⁹⁾. Discrepancies were resolved through discussion.

6. Data Extraction and Synthesis

Data were extracted independently by two reviewers using a standardized charting form modified from the JBI data extraction template, covering author, year, country, design, sample characteristics, employment model type, retention-related factors, and findings relevant to the research questions. Discrepancies in data extraction were handled through discussion and consensus among the two reviewers.

Extracted data were thematically synthesized using an inductive process consistent with JBI scoping review methodology ⁽¹⁷⁾. Initial codes were generated independently from the findings of each included study. Related codes were grouped into preliminary categories, which were then reviewed and refined by both reviewers. Final categories were consolidated into six thematic areas through consensus.

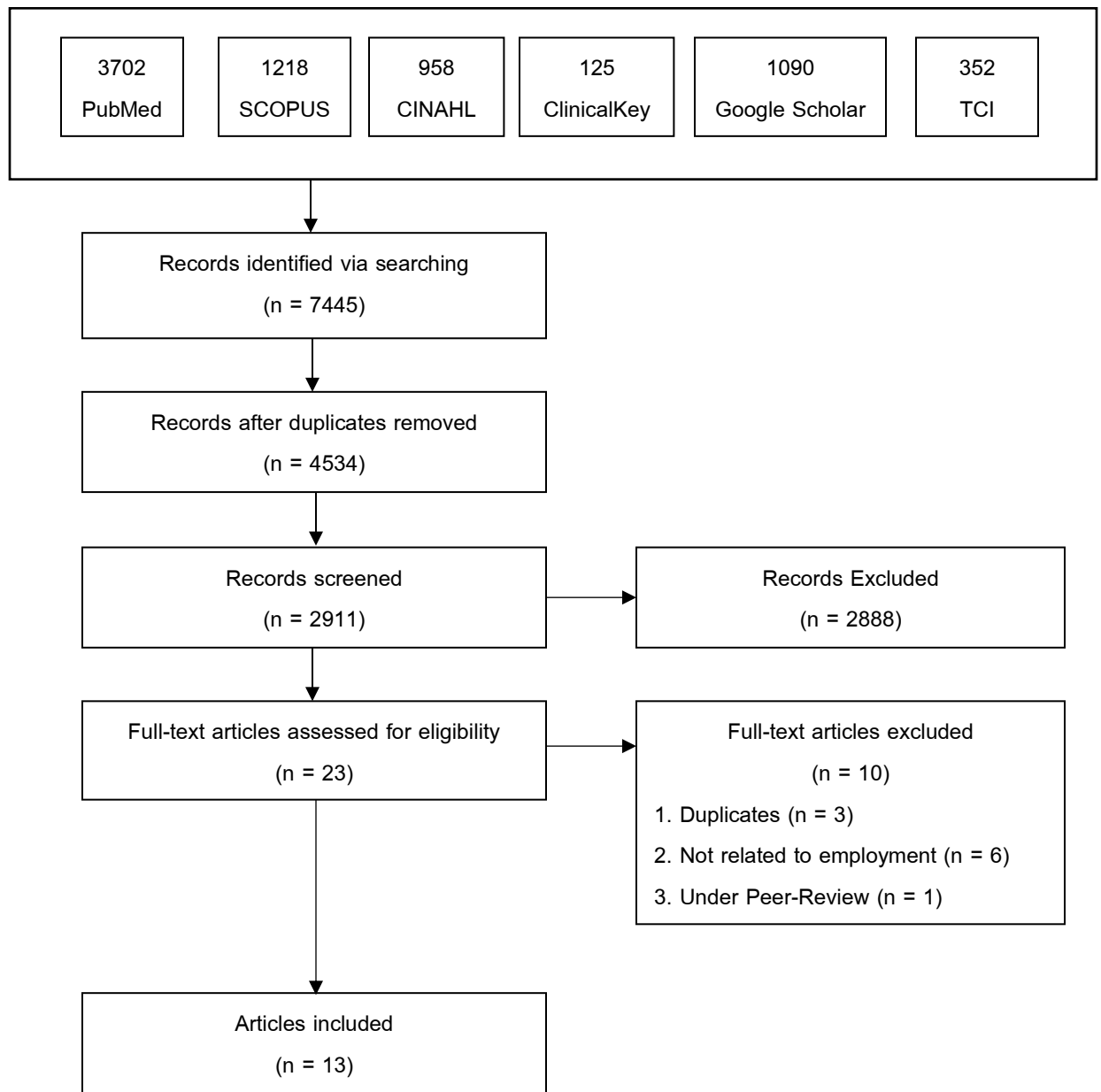


Figure 1 PRISMA Flowchart

7. Ethical Considerations

As this study involved review and synthesis of previously published research only, no primary data collection was conducted, and no direct human participants were involved. Ethical approval was granted by the Faculty of Public Health, Mahidol University (COA No. MUPH 2021-078). The study period was October 2020 to October 2021.

Results

Study Selection and Characteristics

The database search identified 7,445 articles. After removing duplicates and applying the predefined inclusion and exclusion criteria, 13 studies were selected for synthesis (Figure 1). The included studies were published between 2013 and 2019, spanning eight countries: Canada (n = 5) ^(20,21,22,29,32), the United States (n = 2) (23,24), the Netherlands (n = 1) (25), Sweden (n = 1) (26), Japan (n = 1) (27), Finland (n = 1) (28), Switzerland (n = 1) (30), and Norway (n = 1) (31). Twelve of the 13 studies originated from high-income Western countries, with one from Japan. No studies from Thailand or other Southeast Asian countries were identified, indicating a significant evidence gap. Study designs included cross-sectional surveys (n = 8), qualitative studies (n = 3), and secondary data analyses (n = 2). Settings included long-term care facilities, nursing homes, home care, home help services, and assisted living facilities. In ten of the 13 studies, registered nurses formed a minority or approximately half of the sample, the remainder comprising practical or enrolled nurses, certified nursing assistants, or nurse aides ^(20-23, 25-28, 30, 32). Full characteristics of included studies are presented in Table 3.

Theme 1: Employment Models and Competency Areas for Senior Care Settings

Twelve of the 13 included studies described care provision for older adults in home, community, or nursing home settings ^(20-23, 25-32), the remaining study analyzed a nationally representative sample of registered nurses across mixed healthcare settings ⁽²⁴⁾. Employment arrangements were reported in three studies, and the arrangements differ between institutional and home-based settings. In Canadian long-term care facilities, full-time work was as common as or more common than part-time. Squires et al. ⁽³²⁾ found part-time predominant among registered nurses (53.7%) but full-time among licensed practical nurses (50.9%), with casual roles uncommon in both groups, while Chu et al. ⁽²²⁾ reported full-time employment at 59.7%. In Netherlands home care, by

contrast, the sample in Maurits et al. ⁽²⁵⁾ worked a mean of 22 hours per week at a mean age of 51 with 22 years of experience, a genuinely reduced-hours, older workforce. Reduced-hours arrangements therefore appear established in home and community care while remaining the exception in residential facilities, this pattern is consistent with the preferences of older and post-retirement workers.

Older nurses were reported to differ from younger colleagues. McGilton et al. ⁽²⁰⁾ found Generation Y nurses significantly less likely to intend to stay in long-term care than Baby Boomers, while Generation X did not differ from Baby Boomers. Squires et al. ⁽³²⁾ found that younger registered nurses reported worse emotional exhaustion, poorer mental health, and lower psychological empowerment than older groups, although these age effects were small. Physical capacity, however, emerged as a constraint on sustained employment: Dhaini et al. ⁽³⁰⁾ found joint pain, tiredness, headache, and emotional exhaustion among nursing home care workers associated with implicit rationing of direct resident care, emphasizing the need for role design that aligns work demands with physical capacity.

Seven competency areas were identified across studies as central to effective nursing practice in senior care: geriatric nursing skills ^(25,27,29-32), interpersonal relationships ^(20,21,25,29,31), professional values ^(29,31,32), work schedule management ^(20,26,31), continuous self-development ^(23,31), communication skills ⁽²²⁾, and professional independence ⁽²⁷⁾. Geriatric nursing skills and interpersonal competencies were the most frequently identified competency areas, suggesting that these are the primary competency categories for retired nurses seeking re-employment in senior care. Importantly, these competencies align closely with the accumulated expertise that retired nurses contribute to the workforce, offering justification for targeted re-engagement.

Theme 2: Factors Influencing Job Retention

Positive relationships were the most frequently reported retention enabler, but the evidence supports specific channels rather than relationships in general. McGilton et al. ⁽²⁰⁾ found resident relationships positively associated with intention to stay among registered nurses but not among registered practical nurses, while work group cohesion in the same study was negatively associated with intention to stay. Tourangeau et al. ⁽²⁹⁾ tested several relationship types among home care nurses and found only supervisor relationships significant; relationships with colleagues, clients, and

physicians were not. Knecht et al. ⁽²³⁾ identified real connection, a family-like bond with residents, families, colleagues, and administrators, as one of four job satisfaction themes among long-term care LPNs. In quantitative models, relational factors therefore appear to support retention through resident connection for registered nurses and through supervisory support in home care rather than through workplace relationships generally, although LPNs in qualitative work described coworker and team relationships as central to job satisfaction ⁽²³⁾.

Maurits et al. ⁽²⁵⁾ found that Dutch home-care nursing staff with higher self-perceived autonomy were less likely to have considered leaving the healthcare sector, but this association was fully mediated by work engagement: once engagement entered the model, autonomy retained no direct effect. Yamaguchi et al. ⁽²⁷⁾ found job control the strongest predictor of intention to leave the profession among Japanese nursing home nurses, though the model explained little variance ($R^2 = .09$), and job support rather than job control predicted intention to leave the organization in that setting. Tourangeau et al. ⁽²⁹⁾ tested autonomy directly and found it non-significant. Autonomy therefore appears to operate indirectly, through the engagement it generates, rather than consistently as a direct retention lever.

Employment conditions were the most consistently supported retention factors across studies that tested competing predictors. Tourangeau et al. ⁽²⁹⁾ found income stability and satisfaction with salary and benefits among nine significant predictors of intent to remain, and McGilton et al. ⁽²⁰⁾ found satisfaction with extrinsic rewards associated with intention to stay. Professional development opportunities were identified in two studies ^(21, 23). Finally, Sulander et al. ⁽²⁸⁾ found that low organisational justice and low job involvement were each associated with stronger retirement intentions among nurses aged 50 and over, with interactional and procedural justice moderating that relationship, although interactional justice lost significance in multivariate analysis and the models explained 4.5–6.9% of variance.

Theme 3: Factors Affecting Job Turnover

Three organizational factors were associated with increased turnover risk. Rigid organizational structures and inflexible workplace regulations emerged as a significant driver. McGilton et al. ⁽²¹⁾ found that regulations limiting role flexibility and professional judgment were among the reasons nurses considered leaving long-term care; the inflexibility described in that study was regulatory rather than scheduling related. This is particularly relevant to retired nurses seeking

re-employment: inflexible rostering or role structures may discourage post-retirement re-entry or accelerate early departure.

Resource and compensation inadequacy was identified as a systemic barrier in studies from two countries ^(21, 23, 24). McGilton et al. ⁽²¹⁾ described an underfunded system with insufficient staffing as a negative factor in decisions to leave. Mazurenko et al. ⁽²⁴⁾ found that inadequate compensation was associated with organizational exit, nurses changing employers rather than leaving the profession. Knecht et al. ⁽²³⁾ reported that working conditions, including unrealistic workload, inadequate staffing and equipment, limited access to RNs for collaboration, and regulatory documentation burden, contributed to job dissatisfaction among long-term care LPNs, a group in which 32% of participants were aged 49-67 and the predominant age category was 33-48. Adequate staffing and equipment ^(21, 23), competitive compensation ⁽²⁴⁾, and recognition consistent with performance ⁽²³⁾ therefore appear important in attracting and retaining retired nurses.

Ineffective leadership and inadequate organizational support were identified as turnover drivers in two studies ^(21, 22). Chu et al. ⁽²²⁾ provided the most direct evidence: in a home-level regression analysis of 49 Ontario long-term care homes, a one-point increase in leadership practice score was associated with a 42% decrease in the regulated nurse turnover rate. McGilton et al. ⁽²¹⁾ identified lack of supportive leadership as a negative factor in decisions about whether to remain. Relatedly, Bratt and Gautun ⁽³¹⁾ found that a quarter of nurses in Norwegian nursing homes and home nursing services wished to leave elderly care, with heavy physical and psychological workload and time pressure the strongest predictor. Notably, McGilton et al. ⁽²⁰⁾ tested leadership support directly and found it non-significant. Leadership quality nonetheless remains a modifiable organizational factor, an important consideration for senior care managers seeking to establish cultures that encourage retired nurses to return to work.

Theme 4: Factors Influencing Retirement Decisions

Retirement and continued-employment decisions were influenced by individual, interpersonal, work-related, and organizational factors ^(24, 27-31).

At the individual level, physical strain and health deterioration were the strongest reported correlates of exit from the profession. Mazurenko et al. ⁽²⁴⁾ found that work-related disability, illness, high physical demands, and burnout distinguished those leaving nursing completely from those only changing employers. Notably, older age was also associated with profession exit rather than employer change: nurses under 55 more often changed employer, while those over 55 more often

left nursing entirely, and nursing home settings accounted for the largest share of profession leavers. The authors interpret older nurses as a group at elevated risk of loss to the profession and recommend cohort-specific measures: redesigned roles, phased retirement options, and injury prevention rather than assuming that organizational commitment will retain them. Dhaini et al.⁽³⁰⁾ demonstrated a related organizational consequence: joint pain, tiredness, headache, and emotional exhaustion among nursing home care workers were associated with implicit rationing of direct resident care, with presenteeism additionally associated with activities of daily living.

Interpersonal factors served as motivators sustaining continued employment. McGilton et al.⁽²⁰⁾ found resident relationships associated with intent to stay among registered nurses, while Tourangeau et al.⁽²⁹⁾ found that among home care nurses only supervisor relationships predicted intent to remain; relationships with clients did not.

Work-related factors such as client variety, the opportunity to apply professional expertise, and meaningfulness of work were identified in two studies as motivators for continued employment^(27, 29). Conversely, several organizational conditions were associated with stronger intentions to leave or retire, including work-family conflict and limited job control⁽²⁷⁾, perceived inequity in compensation and benefits⁽²⁹⁾, and unfavourable working conditions⁽³¹⁾. Sulander et al.⁽²⁸⁾ found that among nurses with low job involvement, those perceiving unfair treatment or unfair procedures reported significantly stronger retirement intentions than those perceiving high justice.

Theme 5: Work-Life Balance

Work-life balance was examined in depth in one study⁽²⁶⁾ and referenced in several others^(20, 27, 29). Agosti et al.⁽²⁶⁾ identified six resources enabling home help service staff in Sweden, all women and predominantly assistant nurses, to achieve work-life balance: reflecting on life; being healthy and practicing self-care; having meaningful work and a supportive work climate; working shifts and part-time; having family and social support; maintaining a private home sanctuary.

Yamaguchi et al.⁽²⁷⁾ found work interference with family the strongest predictor of intention to leave the profession among hospital nurses, while among home healthcare nurses the strongest predictor for both outcomes was work-family culture; nurses' perception that their organization understood their family responsibilities, a modifiable organizational variable rather than a family circumstance. Work interference with family did not predict intention to leave among home healthcare or nursing home nurses, and family variables had no effect on nursing home nurses' intention to

leave the profession. Tourangeau et al. ⁽²⁹⁾ found work-life balance significant but flexibility in scheduling non-significant, and McGilton et al. ⁽²⁰⁾ found employment status (full-time versus part-time or casual) unrelated to intention to stay. Flexible scheduling therefore may be a precondition for post-retirement participation rather than a consistent independent retention lever.

Theme 6: Job Satisfaction

Job satisfaction was examined in depth in one study ⁽²³⁾, with related findings in two others ^(20, 31). Knecht et al. ⁽²³⁾ identified four themes contributing to job satisfaction among LPNs in long-term care: value, encompassing the worth of the work itself to residents, families, colleagues, and administrators, and recognition through feedback, rewards, and evaluations consistent with performance; real connection, a family-like bond with residents, families, colleagues, and administrators; empowerment, comprising role identity and voice, which role ambiguity between LPN and RN responsibilities undermined; and growth, including specialty certification, career pathways, and clinical ladders. Working conditions, including unrealistic workload and inadequate staffing and equipment, contributed to job dissatisfaction.

The dissatisfier identified by Knecht et al. ⁽²³⁾ is conceptually related to the turnover drivers in Theme 3, particularly resource inadequacy, including staffing. Working conditions may affect LPNs' ability to experience job satisfaction, suggesting that the organizational conditions generating satisfaction and those preventing turnover overlap substantially.

In summary, the 13 included studies provide evidence on the employment and retention of nurses in senior care settings. The consistent finding is not that older nurses are more durable, but that the determinants of their retention are organizational. Income stability and pay satisfaction, supportive supervision, and management of physical workload more often survived adjustment against competing predictors, while autonomy and schedule flexibility largely did not. Where these conditions were absent, studies reported higher turnover risk and stronger intentions to leave or retire. None of the included studies sampled retired nurses specifically; the implications drawn here are extrapolated from evidence on older and currently employed nurses. These findings are considered further in the Discussion in relation to the Thai senior care policy context.

Table 3 Characteristics of Included Studies (n = 13): Employment and Retention of Nurses in Senior Care Settings

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
20.	McGilton et al. (2013) Canada	Cross-sectional survey	N = 155 surveyed from 12 long-term care facilities, Ontario; 120 analysed (46% RNs, 54% RPNs); mean age 44; facility response rates 20–55%	Long-term care homes	Intention to stay was associated with lower burnout ($p = .008$), satisfaction with extrinsic rewards ($p = .032$) and work-life balance ($p = .003$). Generation Y nurses were significantly less likely to intend to stay than Baby Boomers ($p < .001$), while Generation X did not differ from Baby Boomers. RPNs intended to stay significantly more than RNs ($p = .001$). Resident relationships were positively associated with intention to stay among RNs but not RPNs ($p = .003$). Work group cohesion was negatively associated with intention to stay. Leadership support and employment status (full-time vs part-time/casual) were not significant.
21.	McGilton et al. (2014) Canada	Qualitative (focus groups)	N = 41 (17 RNs and 24 LPNs; 7	Long-term care homes	Nurses weighed positive and negative factors when deciding to stay or leave long-term care. Negative factors included

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
			nursing homes)		regulations limiting role flexibility and professional judgment, an underfunded system with insufficient staffing, and lack of supportive leadership. Positive factors included meaningful relationships with residents and staff and opportunities for learning and professional development. Personal circumstances also influenced decisions.
22.	Chu et al. (2014) Canada	Cross-sectional survey	N = 324 regulated nurses (184 RPNs, 140 RNs) from 49 long-term care homes.	Long-term care facilities	Higher leadership practice scores were significantly associated with lower nurse turnover: a one-point increase corresponded to a 42% decrease in the turnover rate. Administrator turnover was inversely related to nurse turnover. Employment status was reported as a sample characteristic (full-time 59.7%, part-time 40.3%). Communication had Cronbach's alpha 0.48 and was

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
					non-significant in the final model. Adjusted $R^2 = 0.147$.
23.	Knecht et al. (2015) USA	Qualitative (focus groups)	N = 37 LPNs (six LTCs; 36 of 37 female; 51% aged 33-48 and 32% aged 49-67)	Long-term care settings	Guided by Herzberg's motivation-hygiene theory, four themes contributed to job satisfaction among long-term care LPNs: value (value of the work itself; recognition), real connection, empowerment (role identity; voice), and growth. Working conditions (unrealistic workload; inadequate staffing and equipment) was the only dissatisfier theme and could affect LPNs' ability to experience job satisfaction.
24.	Mazurenko et al. (2015) USA	Secondary analysis of national survey data	N = 8,796 RNs who had left their organisation (n = 4,116) or the profession (n = 4,680), from a national sample of 36,646	Mixed healthcare settings	Among nurses who had already left, the analysis compared those leaving the profession with those changing employer. Profession exit was associated with work-related disability (OR 14.51), illness (3.32), high physical demands (1.57), burnout (1.39), and dissatisfaction with scheduling (2.16) and staffing (1.41). Employer change was

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
					associated with high stress, dissatisfaction with leadership (OR 0.22), limited advancement (0.56), and inadequate compensation (0.63). Older age was associated with profession exit rather than employer change (OR 1.68): nurses under 55 more often changed employer, those over 55 more often left nursing altogether. Nursing home settings accounted for the largest share of profession leavers (34.7%).
25.	Maurits et al. (2015) Netherlands	Cross-sectional survey	N = 262 home-care nursing staff (116 RNs, 146 certified nursing assistants); mean age 51; 97% female; mean 22 working hours/week; mean 22	Home care settings	21% had considered pursuing an occupation outside the healthcare sector in the past year. Higher self-perceived autonomy was associated with lower odds of considering leaving (adjusted OR 0.52), but this was fully mediated by work engagement: the direct effect became non-significant once engagement was included. The association held regardless of educational level, and neither

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
			years' experience		age, work experience, nor working hours predicted considering leaving. The outcome was leaving the healthcare sector entirely, not the organization or profession. Nagelkerke $R^2 = 0.12$.
26.	Agosti et al. (2015) Sweden	Qualitative (individual interviews and focus groups)	13 individual interviews + 2 focus groups with the same 13 home help service staff (12 assistant nurses - 10 licensed practical nurses and 2 nurse's aides - and 1 registered nurse); all women, aged 23-57; 10 of 13 worked part-time	Municipal home help service	Six themes described resources nurses use to balance work and private life: (1) reflecting on life, (2) being healthy and self-care, (3) meaningful work and a supportive work climate, (4) working shifts and part-time, (5) family and social support, and (6) maintaining a private home sanctuary. Shift work and part-time work provided flexibility, a prerequisite for work-life balance. Part-time work was chosen partly because the work was physically and mentally demanding, with participants accepting lower income. Only resources were explored;

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
27.	Yamaguchi et al. (2016) Japan	Cross-sectional survey	N = 1,461 nurses (596 hospital, 408 home healthcare, 457 nursing home) from 9 hospitals, 86 home healthcare offices, 107 nursing homes, Kyushu; 49.2% registered nurses in the nursing home group	Hospitals, home healthcare, and nursing homes	demands and conflicts were not examined. Predictors varied by setting and by outcome. For intention to leave the organisation, job support was strongest in hospitals ($\beta = -0.175$) and nursing homes (-0.195), and work-family culture in home healthcare (-0.218). For intention to leave the profession, work interference with family was strongest in hospitals (0.222), work-family culture in home healthcare (-0.245), and job control in nursing homes (-0.166 , $R^2 = .09$). Nursing home nurses were the oldest group (mean 47.5 years; 50.3% over 50) and family variables did not predict their intention to leave the profession. Job control was highest in home healthcare, lowest in nursing homes; Cronbach's alpha for job control was 0.68.

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
28.	Sulander et al. (2016) Finland	Cross-sectional survey	N = 446 female nurses aged 50–69 (mean 55.4) from 134 assisted living facilities; 70% practical nurses, 30% registered nurses.	Assisted living facilities (24-hour care for older residents)	68% reported moderate or strong retirement intentions. In main-effects analyses, low distributive, interactional, and procedural justice and low job involvement were each associated with stronger retirement intentions; in multivariate analysis interactional justice was no longer significant ($p = .06$). Interactional and procedural justice moderated the job involvement–retirement intention association: among nurses with low job involvement, those perceiving unjust treatment or unfair procedures had significantly stronger retirement intentions, whereas no such difference appeared among highly job-involved nurses. Distributive justice was associated with retirement intentions regardless of job involvement. Neither age nor nursing role predicted retirement intentions within this

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
					50+ sample. Adjusted R^2 ranged from .045 to .069.
29.	Tourangeau et al. (2017) Canada	Cross-sectional survey	N = 732 Ontario home care nurses (58.9% RNs), mean age 46.0; eligibility required being at least 5 years from intended retirement (mean 17.7 years)	Home care settings	In the final model (9 significant predictors, ROC 0.82), intent to remain employed for 5 years was associated with higher nurse-assessed quality of care (OR 1.43), greater client variety (1.20), income stability (1.18), satisfaction with salary and benefits (1.18), continuity of client care (1.16), meaningfulness of work (1.12), better work–life balance, positive supervisor relationships (1.02), and increasing age (1.04). Autonomy, flexibility in scheduling, workload, staffing and resource adequacy, professional practice environment, and perceived organizational support were all non-significant, as were relationships with colleagues, clients, and physicians. Overall job satisfaction was deliberately excluded from the model.

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
30.	Dhaini et al. (2017) Switzerland	Cross-sectional secondary analysis (SHURP multi-site study)	N = 3,239 care workers (162 nursing homes); 28.1% registered nurses, remainder LPNs, certified nursing assistants, and nurse aides	Nursing homes	Joint pain, tiredness, headache, and emotional exhaustion were positively associated with implicit rationing of both activities of daily living and caring, rehabilitation, and monitoring; presenteeism was associated with rationing of activities of daily living only. Back pain and sleeplessness showed no association with either outcome. Overall rationing was infrequent (between "never" and "seldom"). This underscores role design matching physical and mental capacity to task demands.
31.	Bratt & Gautun (2018) Norway	Cross-sectional national survey	N = 4,945 nurses aged 20–73 (mean 41.8); 57% nursing homes, 37% home nursing, 6% both	Nursing homes & home nursing	25% of nurses wished to leave elderly care services and 25% were uncertain; the wish to leave was more prevalent in nursing homes (26.5%) than home nursing (21.6%, $p = .001$). Current working conditions -heavy physical and psychological workload and time pressure were the

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
					strongest predictor ($\beta = .29$). This association was more than three times stronger among nurses under 40 than among those aged 40–61 in nursing homes, with non-overlapping confidence intervals; no age difference was evident in home nursing.
32.	Squires et al. (2019) Canada	Cross-sectional survey	N = 757 regulated nurses (309 RNs, 448 LPNs) from 89 of 91 urban nursing homes	Long-term care facilities	Younger RNs reported significantly worse burnout (emotional exhaustion) and poorer mental health than older age groups; among LPNs, mental health differed significantly by age but burnout did not ($p = .072$). Younger RNs also reported lower psychological empowerment and less adequate orientation. LPNs were younger overall, worked more hours, had less experience, and experienced more dementia-related responsive behaviours than RNs. Part-time employment predominated among RNs (53.7%) but full-time among

Ref. No.	Author (Year), Country	Study Design	Sample (N)	Setting	Key Findings Relevant to Retired Nurse Employment & Retention
					LPNs (50.9%); casual roles were uncommon in both. All age effects were small by the authors' own criteria ($\eta^2 = .036-.064$).

Discussion

This scoping review synthesized evidence from 13 studies across eight countries on the employment and retention of nurses in senior care settings, published between 2013 and 2019. The discussion interprets these findings through relevant theoretical frameworks, compares them with prior reviews, and draws out policy implications for the Thai senior care context.

Patterns across multiple themes and study contexts

The six themes were characterized by three patterns. First, the employment conditions and supervisory support were most often significant factors including income stability and pay satisfaction^(20, 29), supervisory and leadership practice^(22, 29), and physical workload^(24, 31). Autonomy and scheduling flexibility were less often significant. Tourangeau et al.⁽²⁹⁾ found both non-significant in their final model; Maurits et al.⁽²⁵⁾ found that autonomy influenced retention only indirectly, through the work engagement it produced; and McGilton et al.⁽²⁰⁾ found employment status unrelated to intention to stay. Second, in quantitative models, relational factors operated through specific channels, namely resident connection for registered nurses⁽²⁰⁾ and supervisory relationships in home care⁽²⁹⁾, rather than through workplace relationships in general; work group cohesion was negatively associated with intention to stay in one study⁽²⁰⁾, although LPNs in a qualitative study described team relationships as central to job satisfaction⁽²³⁾. Third, a tension between physical demands and workforce sustainability was evident^(24, 30, 31): physical capacity constraints call for role design at the organizational level, through workload limits and task reallocation, rather than reliance on individual accommodation.

Chronological Age as a Limited Predictor of Retention

The synthesized evidence provides limited support that older nurses are more resilient in the workforce. Where age-related differences favored older nurses, the observed effects were small ⁽³²⁾. Where comparisons were made across generational cohorts, Generation Y nurses differed significantly from Baby Boomers whereas Generation X did not ⁽²⁰⁾, and younger nurses differed from older cohorts ⁽³²⁾. Where age was tested as a predictor, it contributed little. Age was unrelated to retirement intentions among Finnish nurses aged 50–69 years ⁽²⁸⁾ and to consideration of leaving the healthcare sector among Dutch home-care staff ⁽²⁵⁾, and it was only a small positive predictor of intent to remain among Ontario home care nurses ⁽²⁹⁾. Work–family variables predicted intention to leave the profession among hospital and home healthcare nurses, but not among nursing home nurses, who were the oldest group in that study ⁽²⁷⁾. In the one study measuring actual departure rather than intention, older age was associated with exit from the profession rather than change of employer ⁽²⁴⁾.

Older nurses demonstrate sustained organizational commitment but heightened vulnerability to professional exit, and the determinants of that exit are predominantly physical disability, illness, and physical demands ⁽²⁴⁾ consistent with the associations reported between musculoskeletal pain, emotional exhaustion, and rationing of direct resident care ⁽³⁰⁾. Retention therefore appears to be determined less by chronological age than by the degree to which work is organized to accommodate capacity. This distinction matters for how post-retirement re-employment is justified. It does not depend on older nurses being more durable than younger colleagues, but on the fact that experienced nurses are leaving the profession or their employers for reasons that organizations can address: physical workload, scheduling, staffing levels, and unstable income. Mazurenko et al. ⁽²⁴⁾ arrive at similar recommendations, they call for redesigned roles, phased retirement options, and injury prevention for this group.

Theoretical Interpretation of Findings

Bridge Employment Theory characterizes post-retirement work as most sustainable when it permits gradual disengagement through reduced-demand roles ⁽³³⁾. The evidence mapped here provides partial support. Agosti et al. ⁽²⁶⁾ identified part-time and self-selected shift arrangements as resources that home help service nurses actively used to sustain work-life balance, although these arrangements served life-phase needs in a mixed-age sample rather than late-career transition, and

part-time work came at the cost of lower income. The Dutch home care workforce in Maurits et al.⁽²⁵⁾ was both older and working substantially reduced hours. However, the two studies reporting employment status in residential long-term care found full-time work as common as or more common than part-time^(22, 32). Reduced-hours roles may therefore need to be deliberately created for post-retirement nurses in residential settings rather than assumed to be already available.

The Job Demands-Resources (JD-R) model⁽³⁴⁾ provides a coherent framework for the retention and turnover findings. Retention enablers including autonomy^(25, 27), relationships with residents and supervisors^(20, 29), development opportunities^(21, 23), and organizational justice⁽²⁸⁾ can be understood as job resources offsetting the demands of senior care work. The mediation finding in Maurits et al.⁽²⁵⁾, where autonomy affected considering leaving only through work engagement, is consistent with the model's motivational pathway and suggests that job resources are retained through the engagement they generate rather than directly. Conversely, contexts characterized by rigid regulatory structures⁽²¹⁾, resource inadequacy^(21, 23, 24), and weak leadership^(21, 22) reflect resource deficits accompanied by higher turnover and stronger intentions to leave.

Mazurenko et al.⁽²⁴⁾ found that exit from the profession was associated principally with disability, illness, physical demands, and scheduling dissatisfaction, whereas exit from an employer was associated with compensation and leadership factors. Read alongside the JD-R model, this indicates that workload and physical-capacity management is a retention-critical issue, not solely a determinant of satisfaction. Organizational justice⁽²⁸⁾ and recognition and growth⁽²³⁾ further align with Herzberg's two-factor theory⁽³⁵⁾, which distinguishes hygiene factors from motivators; a distinction that may be particularly relevant where post-retirement employment is elective rather than economically necessary. Selection, Optimization, and Compensation theory⁽³⁶⁾ offers a lens for interpreting how experienced nurses may concentrate on domains of strength and compensate for physical limitations through relational skill and accumulated judgment, but no included study tested these mechanisms, and the framework is offered here as interpretation rather than finding.

Comparison with Prior Reviews

Markowski et al.⁽¹⁵⁾ and de Vries et al.⁽¹⁶⁾ identified comparable retention themes including autonomy, workload, leadership, and organizational support in reviews of currently employed nurses across a range of clinical settings. Neither treated retired nurses as a distinct workforce segment, and neither took senior care as its primary setting. The present review makes three contributions.

First, it maps this evidence specifically onto senior care settings and identifies what is missing: no included study sampled nurses who had returned to work after retirement, and none was conducted in Southeast Asia. Second, it distinguishes between factors that more often remained significant when tested alongside competing predictors and those that more often did not, a distinction that matters for policy, because programmes built on autonomy and flexible scheduling alone are unlikely to retain staff if pay stability and physical workload go unaddressed. Third, by characterising the pre-pandemic evidence base, it provides a reference point against which post-COVID-19 workforce patterns can be compared.

Implications for Thailand's Senior Care Workforce

Thailand faces a compounding workforce challenge: a critical nursing shortage combined with rapid demographic transitions. The evidence synthesized in this review supports structured post-retirement re-employment pathways including part-time roles, community health liaison positions, and clinical mentorship tasks as a feasible strategy for supplementing senior care capacity. The Thailand Nursing and Midwifery Council (TNMC) and senior care organizations should consider frameworks that: (1) recognize retired nurses' geriatric competency profiles without requiring full re-certification; (2) offer tiered role options based on physical capability; (3) provide structured induction and peer support; and (4) implement workload protections. Given that income stability and pay satisfaction were among the factors most often surviving adjustment, and that physical demands were associated with exit from the profession, frameworks should also address the predictability of post-retirement earnings and the ergonomic design of roles, not scheduling flexibility alone. Pilot programs testing these models in Thai long-term care settings would provide the context-specific evidence that is currently absent from the literature. Contextual translation is essential: family care norms, organizational structures, and cultural attitudes toward aging in Thailand may influence the effectiveness of strategies derived from Western evidence.

Limitations

First, and most importantly, none of the 13 included studies sampled nurses who had returned to work after retirement. The evidence included concerns about currently employed nurses, some of them disaggregated by age. Second, 12 of 13 studies originated from Western high-income countries, substantially limiting transferability to Thailand and Southeast Asia. Third, restricting searches to indexed databases excluded grey literature and national policy documents, potentially introducing publication bias. These limitations highlight the need for primary research on retired nurse

employment in Thailand and Southeast Asia, and for an updated review incorporating post-pandemic evidence.

Conclusion

This scoping review synthesized pre-pandemic evidence from 13 studies on the employment and retention of nurses in senior care settings, organized into six thematic domains. Income stability and pay satisfaction, supportive supervisory practice, and management of physical workload were the most often supported retention factors when tested against competing predictors; autonomy and schedule flexibility, though frequently emphasized, less often retained independent effects where directly examined. Age itself did not predict retention within older nursing cohorts, organizational conditions did.

To the authors' knowledge, this is the first scoping review to map employment and retention evidence in senior care settings with explicit reference to post-retirement nursing workforce policy in Thailand. Thailand's demographic transition and nursing workforce shortage create a clear rationale for developing post-retirement re-employment pathways. The evidence reviewed supports frameworks that offer tiered role options matched to physical capability, recognize geriatric competency without requiring full re-certification, and incorporate workload protections, stable employment conditions, and structured peer support. Developed in collaboration with the Thailand Nursing and Midwifery Council, and evaluated through pilot implementation, such frameworks could supplement senior care capacity while respecting retired nurses' professional and physical needs.

This review identifies four future research priorities: (1) primary studies on post-retirement nurse employment models in Thailand and other Southeast Asian middle-income countries; (2) post-COVID-19 studies examining how pandemic-era workforce changes have affected retired nurses' re-employment intentions; (3) intervention studies evaluating employment models that combine reduced-hours roles with stable income and workload protections; and (4) longitudinal research on the organizational conditions that sustain retired nurse engagement over time in non-Western contexts.

Ethical Approval Statement

Ethical approval was granted by the Ethical Committee of the Faculty of Public Health, Mahidol University, Thailand (COA No. MUPH 2021-078).

Author Contributions

KR and WK developed research questions and search strategy. WK and TK performed systematic database searches and initial screening. KR, WK, and LK conducted full-text review, quality assessment, and analysis. TK created visualizations. KR, WK, and LK drafted the initial manuscript. WK and LK critically reviewed and revised subsequent drafts. All authors reviewed, refined, and approved the final manuscript.

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Conflicts of Interest

All authors declare that they have no conflicts of interest.

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