

Introduction and theoretical framework Master Thesis

Master 'Social Policy and Social Interventions'

The older nursing carer as an employee with potential!?

A qualitative research on employability and work performance among older nursing carers working in the elderly care sector

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Foreword

From the moment that I came in contact with Woonzorgcentra Haaglanden in January 2015, I started to graduate...

Although I am a ‘starter’ on the labour market, I have been inspired by the stories of the interviewed older nursing carers. I might not have an educational degree in nursing, but my research has made me realize how grateful it can be to work in healthcare. I dare to say that my affinity with the care sector has been further developed, though, this might not be on the ‘core tasks’ of the nursing profession.

Writing my thesis has been a process that has not always gone smoothly. However, I have learnt a lot in the past five months, and I have made every effort to put down a good end result. There are some people without whom I had not been here and I would therefore like to thank. Firstly, I would like to thank my supervisor René van Rijsselt for his enthusiasm, time, comprehensive feedback, and stimulating phrases. Secondly, I would like express my gratitude to my supervisor at Woonzorgcentra Haaglanden: Kees Oversluizen. I appreciate his commitment to the research, assistance in the process of thought, and the time he put into reading my thesis. In addition, I would like to thank Anneke, Jasmine, Jasmine and Rozemarijn for reading my final version and checking my English language. Under the guise of ‘gedeelde smart is halve smart’, I would like to thank Roos as she dragged me through the final week.

Finally, my sincere thanks go to all nursing carers who participated in the interviews and all other employees of Woonzorgcentra Haaglanden that were involved in my research. Due to the hospitality of the employees working at WZH, I have had a wonderful time visiting the residential care homes and working at the office.

Iris Haartsen

June 2015

Abstract

Population ageing is considered to be a ticking time bomb for the welfare state's security systems. To accurately respond to the expected shortages on the ageing labour market, it is argued that older workers should remain employable as long as possible. This applies in particular to the healthcare sector which not only deals with an ageing nursing work force, but faces an increasing demand for healthcare services as well. In this Master thesis, a research is presented which focuses on the relationship between employability and work performance among older nursing carers working in the elderly care sector. It is studied what explains how the older nursing carer can remain employable, well-performing and of value to the elderly care sector on the basis of the following question: *To what extent do individual, work-related and organisational aspects of employability explain how older nursing carers working in the elderly care sector can remain employable and well-performing until retirement age?*

With the use of both qualitative and quantitative research methods, it was found that the older nursing carers are generally healthy, employable, motivated and well-performing. They are likely to be of value to elderly care organisations as they carry a lot of knowledge and experience, which has enhanced their performance over the years. Employability aspects that seem to explain the work performance of the older nursing carers are associated with the ability, motivation and opportunity to work. To ensure that the older nursing carers can remain employable and well-performing until retirement age, we argue that elderly policy should aim to provide customized support for health issues and should ensure that the older nursing carers keep satisfied with their job.

1.Introduction

1.1 The Ageing Society

Population ageing is one of the most emerging themes in the Netherlands. The work population is relatively stabilizing, while the percentage of people aged 65 and over is increasing. More specific, the number of people aged over 65, measured as a proportion of the labour force (20-64 years), is expected to increase from 27% in 2012 to 52% in 2050 (OECD, 2014). Population ageing entails several negative consequences of which labour market shortages are of major importance. More employees are working towards retirement than young forces enter the labour market (Van Dalen & Henkens, 2004). The so-called 'baby-boom' generation is ageing, while the younger generations do not seem to be able to cover the costs of the retirement of this generation. Population ageing is therefore often seen as a ticking time bomb for the welfare state's social security systems (Brouwer, et al., 2012). In recent years, the need to keep the work force employed as long as possible was addressed and policies were designed in order to prevent early retirement and to increase incentives to work longer (OECD, 2014). Brought forward as one of the solutions to the ageing work force, the Dutch government is gradually increasing the retirement age from 65 years in 2015 to 67 years in 2021 (Rijksoverheid, 2015). While early labour market leave through disability and early retirement schemes was commonplace for older workers in the Netherlands, nowadays the government promotes employment until retirement age (OECD, 2014).

1.2 Ageing and the 'Nursing Labour Market'

Population ageing has profound implications for the healthcare sector. In this sector, ageing is faced from both the demand and supply side. This implies that together with the ageing work force a higher demand for health care services arises (Woittiez, Eggink, Jonker & Sadiraj, 2009). From the view of the nurses, health care delivery has become more complex in recent years given that the number of people with multiple, chronic health problems has grown (De Veer, Francke, Poortvliet & Vogel, 2007). Additionally, the nursing job contains physically and mentally demanding work compared to jobs in other occupational sectors (Pool & Van Dijk, 1999). It is therefore not surprising that it is often shown that nurses are more likely to retire early or turnover jobs (Hasselhorn, Müller & Tackenberg, 2005; Friis, Ekholm, Hundrup, Obel & Grunbaek, 2007; Moseley & Paterson, 2008; Duffield, Graham, Donoghue, Griffiths, Bichel-Findlay & Dimitrelis, 2014). Shortages on the nursing labour market are expected, while the workload of the nursing job is increasing (De Veer, et al., 2007). In order

to respond to the expected shortages on the labour market and the increasing demands from society, research and policy increasingly focus on the (sustainable) employability of nurses. As a result, it is expected that the number of people aged over 50 working in healthcare will rise over the next fifteen years (De Veer, et al., 2007). In order to ensure that older nurses remain vital in their jobs as long as possible, the healthcare sector should pay special attention to the employability of its older employees.

With an expected increasing percentage of approximately 1.5 % a year between 2005 and 2030, the residential care sector faces an increasing demand for healthcare services. This is attributed to the fact that population ageing manifests itself in an increasing number of elderly people, who relatively frequent make use of the care facilities of the nursing or residential care homes (Woittiez, et al., 2009). While nursing studies are mainly focused towards the group of hospital nurses, virtually no attention is given to the nursing carers working in residential care homes. Compared to the hospital nurses, the nursing cares have a more nurturing role. They provide personal and mentoring support to their clients, while they concentrate less on the technical aspects of the nursing profession (Van de Haterd, Liefhebber & Den Hollander, 2012).

1.3 Aim of the research

The research presented in this Master thesis has been conducted among nursing carers working at Woonzorgcentra Haaglanden [WZH]. Woonzorgcentra Haaglanden is a healthcare organisation in which 488 nursing carers are employed divided over twelve residential care homes in and around The Hague, the Netherlands. Shortly put, Woonzorgcentra Haaglanden provides healthcare services for mainly elderly people with dementia, chronic physical disorders, non-congenital brain damage and revalidation care. The organisation has to deal with the increasing demand for elderly care services and ageing working force, while they experience difficulties with attracting new and competent employees. As they become more important for healthcare organisations in the elderly care sector like Woonzorgcentra Haaglanden, older employees should remain employable in greater numbers. Daily care is mainly provided by the nursing carers working in the residential care homes, the organisation is therefore particularly concerned about their ageing nursing carers. As is mentioned above, scientists put an increasing interest in the employability of older employees. Several nursing studies focus on early retirement, turnover or intention to leave the nursing job (Hasselhorn et al., 2005; Friis, et al., 2007; Moseley & Paterson, 2008; Estryn-Béhar, et al., 2007; Duffield, et al., 2014). In this research, we aim to take a more positive approach by focusing on the

potentials of the older nursing carer. In the interest of health care organisations, nursing carers and care recipients, it is studied what explains how the older, employable nursing carer can be competent and well-performing employee. This relationship between employability and work performance has not been studied before and little is known about the 'value' of the older employee working in the elderly care sector. Elderly care organisations are able to enhance the employability and performance level of their older nursing employees if better insight in employability aspects that positively influence the work performance of the older nursing carer is obtained. Insight in the performance level and 'value' of the older nursing carers further ensures that organisations can adequately anticipate on the qualities of this specific group.

2. Theoretical exploration

The healthcare sector is facing a shortage of staff worldwide. Large-scale research has therefore examined the intention of nurses to leave their job (NEXT: Nurses' Early Exit). It is shown that the intention to leave the nursing profession is highest among nurses between the age of 25 to 35 years old, and thereafter decreases to minimum levels (Hasselhorn, et al., 2005). Although older nurses seem less likely to prematurely leave the nursing profession, relatively little is known about the group of 'survivors' and their motivations to keep working in the nursing job. Age is often negatively related to labour market participation, employability and motivation to continue working (Van der Heijde & Van der Heijden, 2005; Nauta, et al., 2006; Kooij, et al., 2008). Yet, we are taking a more positive approach in which we focus on the potentials of the older nursing carers. On the one hand, it is argued that there might be a 'healthy worker effect' in which a strong selection has occurred of healthy and high-performing older nurses (Brouwer, et al., 2012). On the other hand, it is argued that older nurses dealing with health issues are often 'stuck' in their jobs while their ability to remain employable until retirement age further decreases (Van der Heijden, 2012).

By taking a positive approach, we will focus on the relationship between employability and work performance among the group of older nursing carers. In this theoretical exploration, we aim to discuss what is already known about the relationship between the concepts of 'employability' and 'work performance'. In paragraph 2.1 we will introduce different theories around the concept of employability and discuss its determinants. In paragraph 2.2 we will focus on the theories concerning work performance and expose its different dimensions. As we focus on the employability and work performance among older nursing carers, it is important to note that accordingly to Kooij, De Lange, Jansen and Dijkers (2008) we will define an older nursing carer as an employee aged over 50.

2.1 Employability

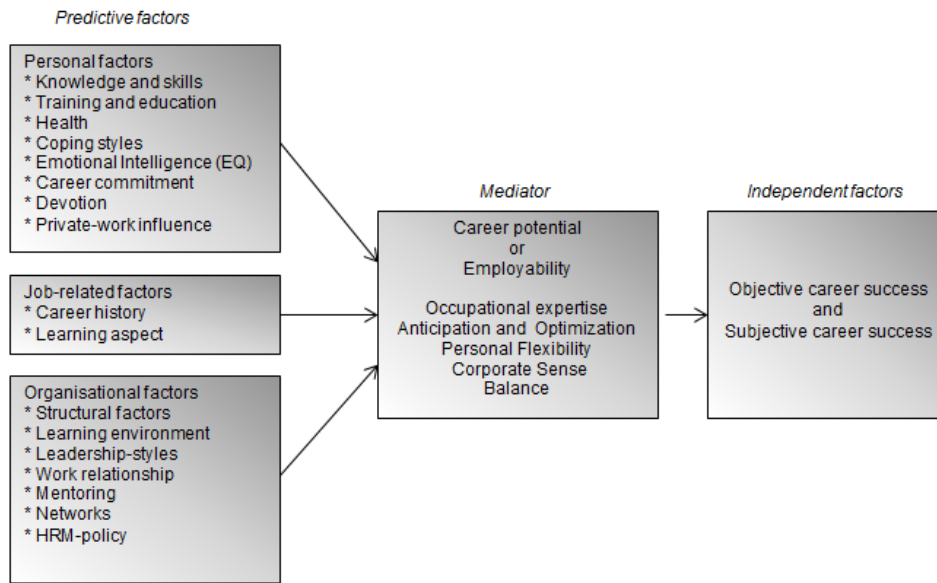
From the perspective of Woonzorgcentra Haaglanden, the nursing carers aged over 50 can be called 'employable' if they can keep themselves physically and mentally fit for their current job. It is challenging to formulate general conclusions about the concept of 'employability' based on scientific literature. The concept has various operationalisations, which means that research is fragmented with a lack of consensus concerning its outcomes (Brouwer, et al.,

2012). The importance of the broad scope of the definition of employability and its future focused aspects is often addressed. Therefore, the term might be interchangeably used with the concept of ‘sustainable employability’ (Gründemann & De Vries, 2002). Sustainable employability, defined by Van der Klink et al. (2010), is most often used in Dutch scientific literature, sustainable employability refers to the feasible opportunities and conditions to function in the current and future career while maintaining health and well-being (Van der Klink, Brouwer, Bultmann, Burdorf, Schaufeli, Van der Wilt & Zijlstra, 2010). Somewhat different, Van der Heijde and Van der Heijden (2005) take a competence-based approach to employability, which means that employability is defined as ‘the continuous fulfilling, acquiring or creating of work through the optimal use of competences’ (Van der Heijde & Van der Heijden, 2005, pp. 143). Van der Heijde and Van der Heijden’s approach (2006) differs in the way that it is more focused on the individual capabilities that enable the individual to stay employed. Contrary, Van der Klink et al. (2010) rather put emphasis on the feasible opportunities and conditions that are present on the micro, meso and macro level. Although the exact definitions of employability somehow differ, they are all directed towards the underlying idea that employability policies should improve people’s chances to remain employable as long as possible (Van der Heijde & Van der Heijden, 2006). It is clear that conditions or competences on both individual and organisational level are unified in the approach towards employability. The concept is thus determined by various indicators working on different levels.

2.1.1 Determinants of Employability

The absence of a central model or theory around the employability concept further explains why research concerning the determinants of employability is fragmented. Based on the valid competence-based employability measurement the so-called ‘LoopbaanPotentieelMethodiek’ [LPM]-model is developed. The model, which is shown in figure 2.1, includes the above mentioned dimensions of employability, as well as multiple indicators (individual, job-related, and organisational) that affect the development of employability (Brouwer et al., 2012; De Lange & Van der Heijden, 2013).

Figure 2.1: LPM-model based on Van der Heijde & Van der Heijden, 2006.



The model describes indicators that are related to the ability, willingness and opportunity of the individual to stay employed. It is shown that older nurses (age > 45) with a lower work ability are more likely to early retire or turnover jobs (Camerino, Conway, Van der Heijden, Estry-Béhar, Consonni, Gould & Hasselhorn, 2006). Work ability refers to the degree to which people are physically, psychologically and socially capable to be employed (Illmarinen, Tuomi & Seitsamo, 2005). The mental capability of the employee is addressed by Van de Vijfeijke et al. (2013) who show that active coping-styles are related to higher work ability. Coping is defined as ‘the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them’ (Folkman & Lazarus, 1980, pp. 223). Active coping thus refers to problem-solving cognitive and behavioural efforts. Although the individual’s mental capability affect his or her ability to work, the researchers argue that one’s physical health is a stronger predictor of the ability to work (Van de Vijfeijke, et al., 2013). This is shown by Hägglund, Helsing and Sandmark (2010) who found that sustainable work ability is associated good self-related health among the specific group of assistant nurses. In line with the social capability, the researchers further found a positive relationship between the work ability of the assistant nurses and their received support from friends and family when it was difficult at work (Hägglund, et al., 2010).

The individual’s willingness to stay employed is associated with different push- and pull- factors. Pull-factors are attractive internal or external incentives that can provide additional resources to support employability,

while push-factors negatively influence the judgements of work (Van der Heijde, 2012). The availability of alternative jobs in the near surroundings positively influences premature departure and can be seen as a pull-factor (Camerino, et al., 2006). Based on the aforementioned NEXT-study, it appears that the quality of teamwork is one of the most important predictive factors of the intention to leave nursing. As hostile relations doubled the risk of premature leaving among the group of older nurses, employability aspects in the form of work-relationships can be seen as push-factors (Estryn-Béhar et al., 2007). In addition, Friis et al. (2007) and Duffield et al. (2014) show that financial, social and health-related considerations are of major importance in prematurely leaving the nursing profession. Mosely and Paterson (2008) rather indicate job-related and organisational factors that contribute to the retention of the older nursing force. These included for example job recognition and acknowledgement, sufficient managerial characteristics, sense of community within the organisation, educational opportunities, flexible working and shift options, and adequate wages (Mosely and Paterson, 2008).

Along with the ability and willingness to remain employable, it is argued that older employees should have the opportunity to stay employed until (at least) retirement age. In this line, Van der Heijden (2012) argues that negative age-related stereotyping in the workplace makes it more difficult to keep working until retirement age. Age has a negative impact on the assessment of employability, which means that older employees have lower levels of supervisor-rated employability (Van der Heijden, Demerouti & Van der Heijden, 2009). This could be associated with a lower extent of attention to older employees in HR-policies and fewer career opportunities that are offered to them (Van der Heijden, 2012). The organisational context is able to influence the employability level of their older employees by the extent of attention that is given to ageing workers in HR-policies on (for example) countering negative age-related stereotyping and investment in the knowledge and skills (Van Dalen & Henkens, 2004; Van der Heijden, 2012).

It is clear that there is a lot of research available about the concept of employability and its determinants, of which several studies specifically focus on the category of nurses. Based on the aforementioned studies a number of predictive factors of employability are validated, however, in-depth understanding is missing. This implicates that little is known about the group of ‘survivors’ within the elderly care sector in terms of life- and work history, motivation to work, and (personality) characteristics. Something can be learned about the employable group of older nursing carers if in-depth understanding of their specific

characteristics, arguments and wishes to pleasantly remain employable until retirement age is obtained. Insights in the potentials and performance of the older and employable nursing carers enables the ability to discover the 'additional value' the nursing carers,. This research therefore aims to create a link between employability and work performance.

2.2 Work performance

While theories extensively focus on the determinants of (sustainable) employability among older employees, scientific literature concerning the relationship between age, employability and work performance is scarce. Brouwer et al. (2012) argue that scientific literature that concentrates on how to increase the (sustainable) employability of older employees should also focus on the improvement of the employees' functioning. In order to measure the functioning of the employee in the workplace, the researchers introduce the concept of work performance (Brouwer, et al., 2012). Research concerning the work performance of older employees is mainly directed towards core-task or technical performance. On the contrary, this research places particular emphasis on three dimensions of work performance: 'core-task performance', 'social performance' and 'teaching-coaching performance'.

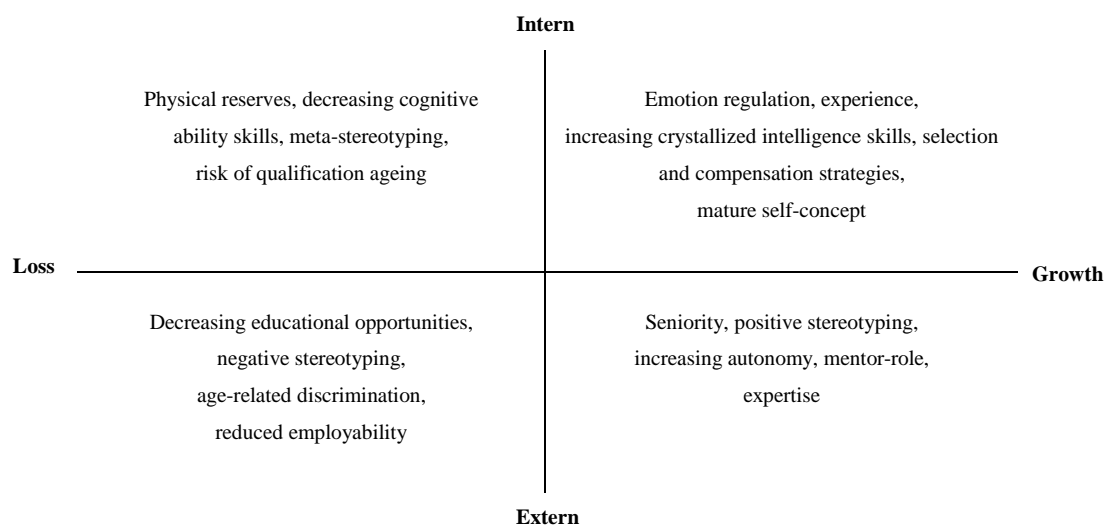
Core-task performance is concerned with 'the effectiveness with which job incumbents perform activities that contribute to the organisation's technical core' (Borman & Motowidlo, 1997, pp. 99). In their quantitative meta-analysis Waldman and Avolio (1986) state that performance, measured by productivity inches, particularly increases with the age of professionals. In this study, it is referred to professionals as the managerial personnel (Waldman & Avolio, 1986). Contrary, in a more recent meta-analysis, Sturman (2003) found that an inverted U-shaped relationship between time and performance in low complexity jobs could be observed. In this relationship, performance differentiation is attributable to changes in organisational experience, job experience and age (Sturman, 2003). The aforementioned studies are narrowly directed towards core-task or technical performance, however, work performance includes a wide range of work related behaviours. According to Ng and Feldman (2008), other dimensions or work performance should therefore also be addressed by studying the relationship between age and work performance.

2.2.1 Dimensions of work performance

Ng and Feldman (2008) argue that work performance includes ten different dimensions: core-task performance, creativity, performance in training programs, organisational citizenship behaviour, safety performance, general counterproductive work behaviours, workplace aggression, on-the-job substance use, tardiness, and absenteeism. Most of these dimensions do

not reflect core-task activities per se, but they affect the environment in which the (organisational) productivity takes place. The research shows that the aforementioned social roles of older workers are particularly important since older employees are more likely to control their emotional behaviour at work and are less likely to engage in counterproductive behaviour (Ng & Feldman, 2008). This finding is supported by Nauta et al. (2010) who conclude that people are also ‘growing’ when they age. Older people tend to have more experience, knowledge capital, and social skills (Nauta, et al., 2010). As shown by De Lange et al. (2013), ageing in the workplace is accompanied by processes of growth and loss. Physical reserves and cognitive abilities are for example decreasing, while the crystallized intelligence, emotional regulation and experience are increasing. These age-related changes are more visible or invisible, and more or less significant for the individual. Figure 2.2 includes the most important age-related changes; the vertical axis indicates the extent to which the age-related changes are intern or extern to the individual, while the horizontal axis reflects the significance of the changes in terms of growth or loss (De Lange, et al., 2013).

Figure 2.2: Examples of positive and negative intern and extern changes of ageing at work.



By focusing on ageing nurses, Letvak, Ruhm and Gupta (2013) reported higher health-related problems and productivity loss among older nurses. The researchers assume that older nurses are able to compensate for their health related productivity loss by performing mental tasks. Considering that they have obtained a lot of experience over the years, older nurses are likely to perform better in care provision to more difficult and complex patients (Letvak, et al., 2013). Moreover, social skills are of major importance within the job of the nurse and nursing carer, in which personal and mentoring support is provided to clients. Competences

concerning ‘attention and dialogue’ are included in the professional competence profile of the nursing carers, in which it is explained that the nursing carer should be able to build a meaningful relationship with the client and family of the client. The client should feel accepted, safe and at ease. Additionally, the nursing carer should be able to deploy various methods and techniques of communication, fit in with the temper of the client and communicate at different levels (Van de Haterd, et al., 2012).

The work experience of older nurses or nursing carers enables them to share their wisdom and knowledge with their younger colleagues. As is also shown in figure 2.2, the nurses’ role as a mentor is expected to increase with their age (Letvak, et al., 2004; De Lange, et al., 2013). In line with the professional competences regarding ‘team-orientated collaboration’, nursing carers are presumed to have a modelling role. This means that the nursing carer should be able to offer guidance and support to trainees and (new) colleagues in developing high-quality skills, while at the same time being aware of his or her modelling role (Van de Haterd, et al., 2012).

Insight in the work performance of the older nursing carers is needed to explore the potentials of the older nursing carers. Existing research is mainly directed towards the core-task performance of the older worker, while work performance includes different work related behaviours. There is little understanding of the work performance of older nursing carers and insight in the dimensions of work performance that correspond to the competences of the nursing carer’s profession is missing. To determine the afore-mentioned ‘additional value’ of the older nursing carers, it should be examined how processes of growth and loss in ageing are perceived by the nursing carers themselves. It should be additionally studied how the work performance of the older nursing carers is scored with reference to their younger counterparts. In line with the importance of the social skills and mentoring role of the older nursing carers, work performance should be measured by core-task, social and teaching-coaching performance.

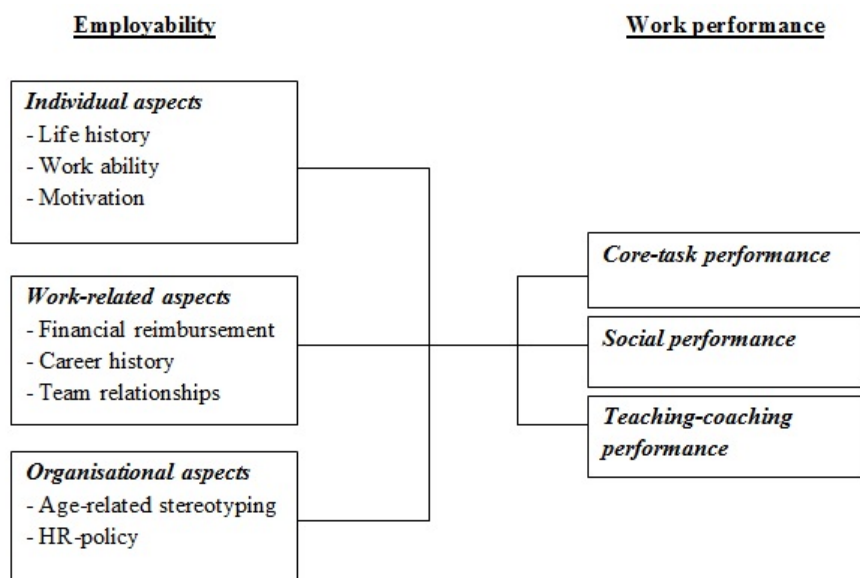
2.4 Theoretical perspective

In conclusion, we argue that the existing theories can be elaborated by linking employability and work performance. In order to keep the older nursing carers employable and well-performing as long as possible, we focus on their perspectives, motivators and wishes concerning their employability and work performance. We try to get more insight in how the nursing carers’ perceptions of employability might be related to their work performance. In this way, HR-policies can be developed or adjusted so that they positively influence

employability indicators that support a higher work performance as well. In addition, we try to identify the value of the older nursing carers by focusing on the qualities of the older employees in accordance with their work performance.

In line with the literature on employability, this research focuses on different personal, job-related and organisational aspects of employability. These aspects reflect the ability, willingness and opportunity to stay employed until (at least) retirement age, and can be further used as sensitizing concepts. In accordance with the literature on ageing and work performance, the different dimensions of work performance (core-task performance, social performance and teaching-coaching performance) are used as sensitizing concepts as well. As there is little insight in the specific group of older nursing carers, we are additionally interested in employability aspects which are brought forward by the nursing carers themselves. We therefore open ourselves to different perspectives in which different aspects of employability and different dimensions of work performance can be brought forward by the older nursing carers. The heuristic model shown in figure 2.3 should therefore be seen as a model in which we assume (based on the theoretical literature) that these aspects of employability might be associated with the work performance of older nursing carers.

Figure 2.3: Heuristic model of the relationship between employability and work performance



2.5 Research question

In accordance with the heuristic model and the outlined background situation, the following research question and sub-questions are addressed:

To what extent do individual, work-related and organisational aspects of employability explain how older nursing carers working in the elderly care sector can remain employable and well-performing until retirement age?

- 1. What explains why the older nursing carers are still employable in their current job?*
- 2. How can the older nursing carers remain pleasantly employable until retirement age?*
- 3. How can the older nursing carers be well-performing and of value to the elderly care sector?*

The relationship between the theoretical concepts of ‘employability’ and ‘work performance’ is explored by this research question. We choose to concentrate on the nursing carers working in the elderly care sector since Woonzorgcentra Haaglanden mainly provides health care services to elderly people. The nursing carers working at Woonzorgcentra Haaglanden are likely to represent other nursing carers working at other healthcare organisations in the elderly care sector considering that Woonzorgcentra Haaglanden is a large and typical healthcare provider. With the help of the first and second sub-question, we explore how the older nursing carers feel about their employability now and in the future. It is studied which aspects have influenced or are expected to influence the employability level of the older nursing carers working in the elderly care sector. As is shown in the heuristic model, this research thereby focuses on individual, work-related and organisational aspects of employability. In the third sub-question, we pay attention to the work performance and value of the older nursing carers. It is examined how the older nursing carers feel about their past and present work performance, and how they add value to their team relative to their younger counterparts. Finally, we study how the work performance of the older nursing carer could be positively influenced in a way that the employable older nursing carer is able to perform well.

3. Research design

3.1 Data collection

Although qualitative methods are at the core of this research, it concerns a mixed-method design which is partially quantitative and partially qualitative. With a mixed-method design the qualitative data, which are specifically focused on the group of older employees, are complemented with a quantitative benchmark focused on all employees. The research question results in a qualitative study since it is directed towards the older nursing carers' perceptions and experiences, and thereby searches for a deeper understanding and argumentation in the concepts of employability and work performance (Boeije, 2005). More specifically, the relationship between the employability and the work performance of older nursing carers is explored in this qualitative part.

In addition to the in-depth information about employability and work performance, the research question concentrates on the value of the older nursing carer. It is shown that ageing in the workplace is accompanied by processes of losses and growth. Yet, the results concerning the impact of ageing on work performance are mixed. In order to define the value of the older nursing carer with respect to the younger nursing carers, the quantitative part aims to study if age differentiation in work performance exists. To understand how older nursing carers might add value to their team, the quantitative data further help to explore on which performance aspects older nursing carers might perform better than their younger counterparts. Following Bryman's (2006) reasons to use a mixed method design, we therefore argue that quantitative and qualitative research methods are combined for the rationale of completeness. The quantitative methods are used to put the qualitative findings about the work performance of the older nursing carers in a wider perspective.

3.1.1 Case selection

For both qualitative and quantitative data, participants are collected or selected among the nursing carers working at four residential care homes of Woonzorgcentra Haaglanden. The four locations are personally approached and asked for permission. The location manager and supervisors are further orally informed about the research and its data collection procedures in a joint meeting. It is practically not possible to collect data at each location of Woonzorgcentra Haaglanden, since we are not able to have personal contact with all managers and supervisors working at the residential care homes. We choose to collect data at

the four largest residential care homes to make sure that there is a sufficient amount of older nursing carers employable at the locations and as many participants as possible could be reached.

3.1.2 Qualitative research

The qualitative data are collected by semi-structured qualitative interviews. These interviews are conducted among the nursing carers older than the age of fifty working in the four residential care homes of Woonzorgcentra Haaglanden. As only nursing carers older than the age of fifty are selected, the total sample includes 67 older nursing carers. All the older nursing carers are informed about the research in an e-mail that is sent to their work e-mail address by the team leaders. Thereafter, the selected nursing carers are personally invited to voluntarily participate in an interview about their work performance by e-mail as well. Out of the sample, 25 nursing carers are randomly selected with a formula in the computer software Excel. If it appears that in one week time too few nursing carers have accepted our invitation to participate, we will randomly select and personally approach more nursing carers from the sample. This selection procedure we will be on until we have planned at least fifteen interviews.

The qualitative interviews are semi-structured, which means that a list of questions and subjects based on the theoretical exploration and heuristic model are covered during the interview (appendix 1) (Boeije, 2005). In order to ensure that sufficient in-depth information is obtained by the qualitative interviews, the key questions of the interviews were prepared in advance. The interviewer had the capacity to ask other additional questions, change to order of words in the questions or dive deeper into certain subjects. The interviews are set up in accordance with the sub-questions so that the topics and sensitizing concepts that comprehend them are brought forward. Along these lines, attention is given to the *employability* of the older nursing carer. The concept of employability is divided into its current and future-focused element (Van der Heijde & Van der Heijden, 2006; Van der Klink et al., 2010). This means that corresponding to the first and second sub-question the participants are able to share their thoughts and feelings about their current and future employability. In the core, it is asked what has determined that the participant is still employable, and what determines that the participant can remain employable as well. The questions raised try to go deeper into the participants' *life history*, *career history*, *ability* and *motivation* to be and remain employable as a nursing carer. The participants are specifically asked about the influence of *individual*, *work-related* and *organisational aspects* on their employability. In line with the third sub-question, the older nursing carers are able to express

themselves about their *performance at work*. It is asked how they perceive their work performance, think that aforementioned employability aspects have influenced their work performance and how they assume that they add value to their team or section. Based on Ng and Feldman's (2008) different dimensions of work performance, it is finally asked how the older nursing carers feel about their *core-task performance*, *social performance* and *teaching-coaching performance* now and in the past.

3.1.3 Quantitative research

The quantitative data are collected by small quantitative surveys which are filled in by the supervisors of the nursing carers working in the four residential care homes of Woonzorgcentra Haaglanden. In total 233 nursing carers are currently working in the four residential care homes, and are therefore included in the sample. These nursing carers are divided in three age categories (age 25-35, 35-50 and 50+). Each nursing carer is working in a team, which is supervised by a team leader. In each team, every age category includes on average at least three nursing carers. To ensure that there is an equal distribution among the different age categories, we choose to select three nursing carers per age category per team. This means that in total nine nursing carers per team are selected. The selection procedure depends on the amount of nursing carers per team included in an age category. If an age category includes more than three nursing carers, three are then randomly selected with a formula in the software of Excel Office. If an age category includes less than three and more than one nursing carer, they are included within the analysis without any further selection. On average 25 participants are selected per location, which means that in total 100 nursing carers are selected to be scored.

The selected nursing carers are individually scored on the three dimensions of work performance: core-task performance, social performance and teaching-coaching performance. In the survey, which exists of three questions that reflect each dimension of work performance, the nursing carers are scored on the basis of a score between 1 (=very bad) and 10 (=very good) (appendix 2). The questions and its preceding explanations are realised based on the aforementioned professional competence profile of the nursing carer in which the core tasks and competences of the nursing carer's profession are presented (Van de Haterd, et al., 2012). The core-task performance is described as the technical performance in nursing tasks, while social performance is defined as the performance of the nursing carer in contact with the client and the relatives of the client. Additionally, teaching-coaching performance is described as the ability to share knowledge with co-workers and accepting an exemplary role. The team

leaders are asked to fill in surveys for a list of selected nursing carers derived from their team. To enhance the anonymity and to make sure that we cannot know what score is given to the individual nursing carers, all supervisors have to code their selected employees. This code exists of a letter which corresponded to the age category (A = 25-35, B = 35 - 50 or C = 50+) and a randomly picked number.

We have chosen to use supervisor ratings to score the work performance of the older nursing carers from the perspectives of the organisation. Self-rated performance is generally higher than supervisor rated performance due to the 'leniency effect'. The 'leniency effect' implies that employees are tended to present themselves in a more positive way since they are aware or afraid that their supervisor might have access to their answers (Van der Heijden, 2000; Donaldson & Grant-Vallone, 2002). We therefore argue that supervisor ratings are more accurate for gathering quantitative performance data.

3.2 Data processing and analysis

3.2.1 Qualitative analysis

The interviews have been conducted in five weeks time. Prior to each interview, both the participant and interviewer had to sign an informed consent. With the permission of the participants, the interviews were fully recorded with a voice recorder and these recordings were literally transcribed. Subsequently, the literal transcriptions of the qualitative interviews were analysed by the qualitative computer software programme QRS NVivo 10. The interviews were coded with the help of NVivo, in which we divided various fragments under different codes that are brought together in a code tree (appendix 3). Analysis techniques of open and axial coding were used to structure the codes in accordance with the research questions. With the help of the techniques of coding, we attempted to discover certain patterns in and between the different topics and sensitizing concepts that are related to employability and work performance.

3.2.2 Quantitative analysis

The quantitative surveys were analysed by proceeding an one-way ANOVA with the statistical programme IBM SPSS statistics 22.0. For each three performance measurements (core-task, social and teaching-coaching performance) an ANOVA test was ran. In each test, 'age category' was included as the factor, while either 'core-task performance', 'social performance' or 'teaching-coaching performance' were included as the dependent variable. One of the assumptions of ANOVA entails that the variances in each age category should be fairly similar. The homogeneity of variances was checked by a Levene's test which is testing

if the variances of the different age categories are significantly different. The outcomes of the quantitative analysis complement the older nursing carers' perceptions about the effect of ageing on work performance.

3.3 Validity and reliability

We tried to satisfy the validity and reliability of research in both the qualitative and quantitative part. While the validity aspect refers to the influence of systematic errors on the research, the reliability aspects refers to the influence of random errors on the research (Boeije, 2005). First of all, as we compare the qualitative data about the work performance of the older nursing carers with a quantitative performance benchmark, there is method triangulation (Boeije, 't Hart & Hox, 2009). In order to enhance population validity and as is shown above, we tried to maximize the random selection of the participants in both the qualitative interviews and quantitative survey (Boeije, 't Hart & Hox, 2009). Additionally, to make sure that the key concepts were correctly interpreted by the nursing carers, the concepts of employability and work performance were briefly explained in the qualitative interviews. This also applies to the quantitative surveys, in which the different dimensions of work performance were briefly introduced in advance. To confirm that the key concepts were clearly operationalised and corresponded to the vocabulary of the participants and supervisors, both the quantitative questionnaire and qualitative interview were tested in advance. The quantitative questionnaire was submitted to two supervisors working at one of the non-participating locations. The qualitative interview was discussed and practiced with one of the nursing carers from the sample. It was specifically asked if the key questions and sensitizing concepts were clear to her. Finally, the qualitative interviews have been literally transcribed to ensure that the reader is able to assess the relationship between the original data and our interpretation (Boeije, 2005).

4. Results

The results of the qualitative semi-structured interviews and quantitative questionnaires are presented in this chapter. The results are discussed on the basis of the sub-questions that each cover a paragraph. In paragraph 4.1, the qualitative data concerning the current employability of the older nursing carers are analysed. Paragraph 4.2 includes the results concerning the future employability of the older nursing carers. To avoid confusion, we describe the future employability with the concept of continue working. In paragraph 4.3, both qualitative and quantitative data about the work performance of the nursing carers are interpreted. The paragraph concentrates on the value of the older nursing carer.

Seventeen interviews were conducted among nursing carers older than the age of 50 working at four different residential care homes of Woonzorgcentra Haaglanden. We were only able to recruit respondents by work e-mail, to which the response rate was rather low. This may explain why we had to contact 48 nursing to schedule a sufficient amount of interviews. As one of the nursing carers did not confirm the recording of the interview, the results of sixteen interviews are presented here. Including a short introduction, all interviews took approximately fifty minutes. For the quantitative data, a total of 89 nursing carers were scored by their supervisors.

4.1 Employability

As is shown in the theoretical exploration, employability can be explained by different individual, work-related and organisational aspects. The employability of the older nursing carer can for example be explained by aspects in their life- and career history, and motivation to work. In this paragraph, we will focus on aspects that explain why the older nursing carers are still employable in their current function. Additionally, we will examine how the careers of the older nursing carers are influenced by certain life events, career events or other characteristics. In this context, we will answer the following sub-question: *What explains why the older nursing carers are still employable in their current job?*

Life- and career history

Nearly all respondents are more than 10 years employed at Woonzorgcentra Haaglanden. Most of the nursing carers explain that they have not deliberately chosen to get employed as a nursing carer at Woonzorgcentra Haaglanden. They started working as temporary workers

who were offered the chance to follow internal education or training programmes that supported them in their development to their current job. A large part of the participants were engaged in these internal educational programmes and completed their degree in 'Nursing Caring' at an older age. The nursing carers feel that these and other in-service training programmes have worked as a stimulator during their career, which is expressed by one of the participants in a conversation about her educational possibilities:

'There is always something new to learn (...). Yes, it stimulates me, otherwise I would not follow the educational training. I am further able to transfer the required knowledge to my colleagues. The more I will develop, the more it brings a certain satisfaction.' (A 14)

Important career decisions were mostly influenced by major life events as having children and moving from one place to another. The participants notice that while their children were young they temporarily stopped working, started to work less hours or shifted from a day to a night shift to be able to take care of their children. As most of the participants' children reached the grown-up age, they are nowadays less hampered by this caring aspect. Yet, the older nursing carers are seen as 'sandwich carers' who have to take care of both parents and grandchildren. Even though they are pleased to fulfill these responsibilities, it makes them feel like they carry a kind of burden.

The vast majority of the participant perceive that the workload has increased too heavily over the past years and therefore consider the increasing workload as one of the greatest barrier during their current career. Partly driven by cutbacks in healthcare, large differences between the past and present workload are noticed. The nursing carer profession contains more tasks, as for example an increasing amount of administrative tasks, while they have to carry them with a lower number of staff. Most of them feel that they are no longer able to provide good care, and perceive that they are given less time and support to finish their physical tasks. One of the participant talks about this increasing physical and mental workload, she mentions that:

'(...) I am preoccupied with many dilemmas a day, which make the job mentally heavy. Mentally heavy because of the pressure exerted by residents, my own considerations and colleagues. So it really is the combination of the mental aspects, the pressure, and just pure physical: lugging with heavy laundry bags, making beds, and getting people out of bed, in their beds and in their wheelchairs.' (D 02)

In addition to their concerns about the increasing mental and physical workload, half of the participants indicate that their health has negatively affected their career. The older nursing carers have particularly been hampered by physical symptoms as backache and knee problems. The planning of shifts has further been (and for most nursing carers still is) another big obstacle, given that the nursing carer job often deals with an inconsistent planning of shifts. Although the nursing carers perceived several difficulties during their careers, they were not always regarded as real obstacles. Work-related problems were discussed with colleagues, friends, and family, or put into perspective by the nursing carers themselves. In reaction to health issues and to diminish physical burdening, the participants observe that they are performing their nursing tasks more consciously. Another coping-strategy was mentioned by the nursing carers working during night shifts. These nursing carers decided to keep working in the night so that they could take care of their children during the day, as well as they were released from the heavy workload of the dayshifts. This latter aspect explains why the following participants observe that the night shifts are mainly carried out by older nursing carers dealing with health problems:

'Most of them are aged over 50, even towards the age of 60, and they all ail. The fact is that they are not able to work during the day, so that the 'misfits' are working in the night. That does not sound pretty, but it is true. One colleague has problems with her knees and another one with her shoulders, and yet another colleague is a total wreck.'
(A 10)

In addition to these 'coping'-strategies and the aforementioned educational opportunities offered by Woonzorgcentra Haaglanden, employability has been stimulated by the opportunity to receive support from friends or family, and having a pleasant home-base. The nursing carers further argue that due to the relationships in their team, the work climate has positively influenced their employability. This means that team members can rely on each other, show understanding and offer support in difficult situations, and take account of each other.

Motivation

Although most nursing carers 'rolled' into their current positions, some were encouraged to get a job in the healthcare sector through the care taking of their relatives. Care provision to family members showed them that they had affinity with the work and sector, while working

in healthcare provided the nursing carers with the opportunity to share the knowledge obtained in their work and at home:

'I have had relatives who were in need of care. (...) And uh... I was pulled into it [the care taking], when I saw certain things then, yes, it really moved me to work in the healthcare sector. It really moved me. Plus my mother is suffering from dementia now, so working in healthcare offers me the advantage that I can also be part of and contribute to her caregiving.' (A 01)

The nursing carers generally enjoy their current work and feel that job satisfaction might explain why they are still employable in their current position. Half the participants nevertheless realize that they need to earn money to financially support their household and build up a decent retirement pension. The necessity to work is actually not negatively affecting job satisfaction, as is shown in the underlying statement:

'Yes, why do we work? Yes, of course everyone is working to earn money. At least, the majority of people. And I am doing this work, which is just-, I just really enjoy doing it.' (B 04)

The social contact in the nursing carer's profession positively affect job satisfaction. The nursing carers mainly discuss the positive impact of the contact with clients, however, some indicate that job satisfaction is also positively influenced by their contact with co-workers. Additionally, participants who feel that devotion to the healthcare sector is their calling mention contentedness with the nursing carer profession. This can also be seen as one of the initial reasons for motivating the participants to become employable as a nursing carer in the elderly care sector.

Finally, only

their current job since they do not feel comfortable with taking the risk of losing their permanent contract and are not able to early retire due to financial reasons.

The results show that the nursing carers have ended up in their current position as they have been 'rolled' into it. In answer to the first sub-question, satisfaction with the nursing carer job, the need be employed and the ability to cope with career obstacles are likely to explain why the older nursing carers are still employable in their current job. Despite of the career obstacles and their need to work, the participants express contentedness with their job as a nursing carer. The employability of the nursing carers has been negatively influenced by care responsibilities, health, the heavy workload and an inconsistent planning of shifts. Meanwhile, the employability level of the older nursing carer has been positively influenced by aspects

that are associated with the home situation, social support, work climate and educational programme offers

4.2 Continue working

Considering that employability also has a future focused aspect, we will concentrate on the nursing carers' thoughts, feelings and opinions about continuing working until retirement age. In this context, we seek to answer the second sub-question in this paragraph: *What determines that the older nursing carers remain pleasantly employable until retirement age?* The majority of the participants indicate that they intend to continue working in their current job as long as possible. A minority of the participants specify that they might be involved in other work activities in which they are more released from the physical workload, while others prefer working fewer hours during the last years before retirement. In accordance with the theoretical exploration, we will discuss the work ability, willingness and opportunity to remain employable.

Work ability

Despite of the fact that most of the participants expect to remain employable until the age of 67, there are different circumstances which might oppose their ability to stay employed. One of the most important obstacles in the final years of the careers of the nursing carers is their health status and some argue that they will continue working as long as their health status enables them to do. The older nursing carers repeatedly argue that ageing is accompanied by a physical decline since they have to deal with more health issues now than when they were younger. Health issues cause a loss in energy, which makes the nursing carers feel that the work becomes physically heavier. Moreover, the older workers recognize that they need longer time to recover after their working days:

'I might have no other choice, but it means that I will not be able to pleasantly continue working, that I need to take painkillers and that I will not be able to work since I do not have the physical strength anymore. I deal with a loss of strength, I am not strong enough.' (A 10)

In addition to the health issues, the nursing carer's profession is regarded by some as both mentally and physically too heavy to continue working in until retirement age. Private circumstances, however, can support the nursing carers' future employability. The home

situation can work as a stimulator of past, present and future employability if the participants are able to recover and have few obligations at home . Likewise, the work climate enables the older nursing carer to pleasantly remain employable until retirement age. When talking about the work climate in a future perspective, the participants mainly discuss the importance of social contact with direct colleagues and other members of the team:

'I do think that the colleagues working at my section encourage me to continue working. Both the day and evenings shifts, and also the colleagues working at night. There are quite some colleagues during the night I can get along with and, if needed, whom I can always ask for a favour. And yes, I feel comfortable with that. Also if I meet colleagues I cannot get along with, I can still ask them a favour (...). I therefore consider myself working until I arrive with a walker.' (B 12)

Finally, the ability to stay employed depends on the personality of the nursing carers. This means that certain personal characteristics might help to stimulate future employability. For example, the ability to remain calm under pressure and the willingness to keep developing oneself are likely to support the older nursing carers during the last years before retirement.

Willingness

As most nursing carers expect to work until retirement, they are motivated to stay employed as well. The participants feel that they are motivated to continue working as long as they experience job satisfaction. As is argued above, job satisfaction is positively influenced by the social contact with clients and colleagues in the nursing carer's profession. When talking about social contact at work, the nursing carers mention that job satisfaction arises from their ability to help out other colleagues and satisfy the clients' needs. Some participants acknowledge that in order to stay motivated during the remaining years before retirement they focus on the aspects of the job which make it enjoyable. This strategy can work through maximizing team collaboration or putting emphasis on the 'core' business of care provision, in which the client is central. In answer to a question about elements that support future employment, one of the nursing carers emphasizes:

'I just enjoy the work and the things I do. Despite the fact that it becomes heavier, I will keep enjoying it. As I said, (...), I am all in for the residents. Yes, also the calmness during the night, it is just always peace and quiet. The people know that I will be in their room, they know that they will get attention from me and therefore I gain a lot. I

gain a lot of calmness on the section by chitchatting a bit and that stimulates me.’ (B 09)

Regardless that they are still willing to remain employable as long as possible, the participants realize that they do not have another choice. Just as they are aware of the fact that their current employability partly depends on the need to financially support their household, the nursing carers recognize that they have no choice but to keep working until retirement age as well. They need the money to pay their bills and know that their retirement pension is too low to retire early. As mentioned above, the nursing carers therefore aim to focus on the enjoyable aspects of their work. Other aspects which motivated the participants to keep working until retirement age are related to involvement. Some nursing carers feel that they prefer to remain involved in their work activities. Others are willing to work since they would like to remain involved in the healthcare sector by transferring their knowledge and sharing their experiences.

Opportunity

Woonzorgcentra Haaglanden could enable the older nursing carers to remain involved in their work and provide the older employees with the opportunity to share their knowledge and experiences. The organisation could develop policy for its older employees or set other measures that positively support the participants during the last phase of their careers. A specific ‘elderly policy’¹ has yet to be developed in the elderly care organisation. Even though the majority of the nursing carers argue that they are in favour of the development of a specific ‘elderly policy’, opinions about the content of such specific policies are strongly divided. Most participants believe that it is a positive thing that special attention is paid towards the older employees, since they deal with physical decline and work that becomes increasingly heavier. Yet, some nursing carers think that it would be difficult to implement elderly policy without stereotyping the group of older employees. In addition, they argue that not all older employees can be generalized since each individual faces different challenges in ageing at work. The following participant recognizes that although every person differs, all ageing colleagues deal with similar issues:

‘(...) each person that is ageing is different and is also functioning differently. Yet, which basically applies to everyone and what I do hear from other people, is that the

¹ Elderly policy is the literal translation of the Dutch term ‘ouderenbeleid’, a term that is used in the scientific literature and politics for policy directed towards ageing employees.

work is heavier and also more exhausting' (C 05)

Although they are in favour of specific elderly policy, the majority of the participants hold the opinion that particular attention should be paid to the individual circumstances of each older employee. They argue that it is essential that Woonzorgcentra Haaglanden gives personal attention to its older employees and provides customized support if needed. The supervisors need to be willing to listen to their employees and show understanding for experienced difficulties. The nursing carers would like to have the feeling that they are heard and, if necessary, that the organisation searches for suitable solutions to their problems. In this way, Woonzorgcentra Haaglanden could help to find suitable work activities or adjust current work activities to the individual circumstances of the older nursing carer. Part of the participants would like to be released from the large amount of physical tasks at work and prefer to be more involved in work activities in which they can share their experiences and knowledge. They suggest that they might have a share in writing the so-called 'verbeterplannen'², finish overdue paperwork or might supervise trainees:

'Let them think about other ways in which people can be employable, or can remain employable until retirement age. This would for example be possible by sharing knowledge. I just think that we, as older people, have a lot of experience. Use it! And use it in the 'verbeterplannen' or by letting the older employees join committees.'
(D 02)

Another frequently discussed topic concerns the consistency of the work schedules. The older nursing carers experience that a consistent schedule with at least two free days in a row helps them to recover well. Some participants notice that they would prefer a regular distribution between morning- and evening- shifts in their work schedule. Others believe that there could be more room scheduled for other work activities (as administrative work) which often cannot be finished because of the bustle in the workplace. Several nursing carers state that there just should be more manpower available to reduce the experienced workload and provide good care to clients. Most of them realize that this is unfortunately not possible due to the current cuts in healthcare.

In response to the second sub-question, it seems that as long as the mental and physical workload do not become too heavy and health issues do not increase too much, the older

² The literal translation of 'verbeterplannen' would be 'improvement plans'. 'Verbeterplannen' are organisational arrangements developed in the healthcare sector to improve the quality of care delivery.

nursing carers are able to work until retirement age. Work ability is further positively influenced by a good team spirit, a pleasant home-base and certain personal characteristics. The participants are willing to keep working due to job satisfaction, social involvement and the need to have a decent retirement pension. In order to support the ability and willingness of the older nursing carers to remain employed, elderly care organisations can develop specific elderly policy. Although opinions about the content of such specific elderly policies are divided, it becomes clear that they should be directed towards the individual wishes and circumstances of the older employee. The older nursing carers explicitly state that, in the planning of the work shifts, awareness should be raised for the recovery time of the group of older employees.

4.3 Work performance

With regard to the work performance of the older nursing carers, we tried to define their potentials and distinguish how they could be of additional value to a company within the elderly care sector as Woonzorgcentra Haaglanden. In this paragraph, we will therefore use both quantitative and qualitative outcomes to answer the third sub-question: *How can the older nursing carers be well-performing and of value to the elderly care sector?* The older nursing carers' perceptions concerning their work performance and additional value are discussed. Based on the theoretical framework, we will further pay special attention to three different aspects of work performance: core-task performance, social performance and teaching-coaching performance.

Functioning

In general, the older nursing carers believe that they are well-performing. The participants argue that their work performance has been positively influenced by their (life) experience. They feel that certain life-events and experience at work enriched them in a way that they have become calmer and more patient, have obtained more confidence towards their clients and encounter fewer difficulties in the workplace. In addition, the age of the older nursing carers has a positive impact on the contact with clients and their relatives because the age gap between the nursing carer and clients has narrowed. Some participants consider that it is in fact not about individual performance in the nursing carer's profession. They state that the performance of the team is central, because sufficient teamwork ensures good care provision. The team is performing as a whole, which means that team members complement each other and combine their personal qualities:

'(...) we are fine ourselves, we are all different, and that is what one can notice in the team as well. We are all different, my strength is in communicating, another colleague her strength is in nursing wounds, and together we stand strong.' (B 08)

The work performance of the older nursing carers is further stimulated by the employability aspects related to the home situation and job satisfaction. On the one hand, the nursing carers believe that they express their job satisfaction in their performance at work. On the other hand, they perceive that they also find pleasure in performing well. Only two participants share concerns about their work performance as it is negatively affected by health issues. Health problems might adversely affect work performance since the nursing carer job includes many physical tasks. The nursing carers mainly talk about health issues which ensure strength reduction and negatively influence performance on core-task activities such as helping people out of bed. Some of the participants feel that they constantly have to be alert of how to perform these physical tasks in order to minimize physical strain.

Core-task performance

Despite of potential health problems, the participants generally think that they adequately perform nursing tasks. They are required to attend 'BIG-education' every third year in order to keep up with their nursing tasks. The ability to adequately perform nursing tasks further depends on the older nursing carers' years of experience, their obtained knowledge and their capability of discussing difficulties in performing nursing activities. If the nursing carers have not executed a specific nursing task for a while and feel that they are insecure about their performance on this task, they consult book, protocols or ask their colleagues for help:

'If I have to execute a nursing task that I have not performed in a long time and I still have doubts about my own capability, then I first ask a colleague to join me. I would not just do it, because I would not feel competent. I am still qualified then, but not capable to perform.' (B 16)

While several participants perceive performance growth as they complete nursing tasks faster, better and more independently, others experience a performance decline in tasks that they do not perform that often. The rest of the nursing carers feel that their performance on nursing tasks has not changed since they have mastered the basic skills of the profession and continually receive educational training. The participants' knowledge and experience enables them to quickly pick up new techniques and dig up practices that they rarely use in the workplace.

Social performance

The participants additionally assume that they are in good contact with clients and relatives of the clients. They believe that it is important to get informed about the background of the client, especially when they suffer from dementia. The nursing carers further aim to maintain in good contact with the client and family, empathize with their situation and discuss perceived difficulties:

'By simply taking a few minutes to get socially in contact with clients, being listened to, putting an arm around someone, that just makes a difference. There even was one client who automatically bent forward when he saw me and then he received a small kiss on his head.' (D 13)

According to several nursing carers, their social performance depends on personal traits as having open attitudes and being able to easily make contact with other people. One of the participants acknowledges that although one can learn to socially perform well, social capability should also be part of one's personality. Considering that the nursing carers can enrich their social skills over the years, the participants believe that they have grown in their social contacts. The nursing carers feel that they are less nervous in contact situations, can cope better with demanding relatives and are more confident with their own social skills and personality.

Teaching-coaching performance

Finally, nearly all nursing carers believe that they have a mentoring role which emerges in the coaching of trainees and colleagues. The participants aim to be open and honest towards their co-workers, and provide them with useful feedback. Some nursing carers find pleasure in accepting this role, while others perceive difficulties in criticizing immediate colleagues. In addition to their coaching activities, the older nursing carers acknowledge that they pick-up knowledge from trainees or other colleagues as well:

'They learn from me and I receive a lot of new information from them. It actually is a kind of ying and yang.' (C 05)

Most participants perceive that they are often asked for help by their co-workers and trainees. By helping providing help to co-workers, they try to set a good example and adequately show them how to perform nursing or other professional tasks. Through their years of experience and education, the participants have developed faith in their own performance and intuition.

They feel that they have become more assertive and daring to take a coaching role.

Additional value

Virtually all older nursing carers can name a number of aspects on which they provide additional value to their team. In line with their core-task and teaching coaching performance, the older nursing carers recognize that their knowledge and experience enables them to adequately perform nursing tasks, remain calm under pressure, set an example for their co-workers and adopt a coaching role. In line with their social performance, the participants feel that they are able to carefully listen to their clients, show empathy and have valuable interactions with colleagues.

In order to determine the additional value of the older nursing carers, the nursing carers' perceptions about their work performance can be compared with the quantitative data. It is important to note that the individual scores on the dimensions of work performance can only be retrieved by age category. The means scores of each age category on the three dimensions of work performance are presented in table 4.1.

Table 4.1: Mean scores divided by age category on the dimensions of performance.

Age category	N	Mean Core-task	Mean Social	Mean Teaching-Coaching
A	32	7,7	7,2	7,1
B	29	7,7	7,7	7,3
C	28	7,9	7,9	7,6
Total	89	7,8	7,6	7,3

As shown in table 4.1, it seems that all mean scores increase with age. However, there was no significant effect of core-task performance on the different age categories, $F(2, 86) = .658$, $p = .748$. Likewise, no significant effect of teaching-coaching performance on the different categories is found $F(2, 86) = 2.491$, $p = .089$. Contrary, a significant effect of social performance on the three age categories is found, $F(2, 86) = 3.496$, $p = .035$. A Bonferroni Post Hoc test shows that only the mean scores of the age category A (age 25-35) and C (age 20 plus) significantly differ (Mean difference = $-.69$, $p = .033$). Considering that there is no significant effect between age category A and B, and age category B and C, it is tricky to draw conclusions about the effect of age on social performance as well. Although Levene's tests show that there is homogeneity of variances in each dimension of work performance and

the homogeneity assumption of ANOVA is met, the outcomes of the quantitative 'benchmark' should be interpreted with caution. On the basis of the quantitative data, it seems that there is practically no age difference in core-task, social and teaching-coaching performance. This means that we should be aware of the fact that the nursing carers' perceptions concerning ageing and work performance might not correspond to the organisation's understanding of the work performance of their older nursing carers. It may be that Woonzorgcentra Haaglanden does not notice the additional value of the older nursing carers or that age differences in work performance do not exist. We should therefore be cautious in drawing firm conclusions about the additional value of the older nursing carer.

In answer to the third sub-question, the older nursing carers are well-performing due to employability aspects such as job satisfaction, having a pleasant home-base and the presence of a good work climate. This latter aspect is of special importance since performance at work is determined by both individual and team performance. Health seems to be the only aspect that hinder the older nursing carers' ability to perform well. The work performance of the older nursing carers is further positively influenced by their age in terms of life experience. The older nursing carers believe that that their current performance in core-tasks activities, social contact with clients and relatives, and coaching of co-workers has been shaped by their life experience. It can be concluded that the older nursing carers seem of value to elderly care organisations as Woonzorgcentra Haaglanden because of their age and life experience. However, the quantitative data show that it is difficult to make final judgements about their additional value. The quantitative benchmark data show no difference between the work performance of the older nursing carers compared to the work performance of their younger colleagues.

5. Conclusion and Discussion

We live in an ageing society in which population ageing is seen as a ticking time bomb for the welfare state's security systems (Brouwer, et al., 2012). The need to keep ageing workers employable as long as possible is especially increasing in the healthcare sector. While nurses and carers working in this sector are likely to early retire, the demand for healthcare services is increasing and shortages on the nursing labour market are expected (De Veer, et al., 2007; Woittiez, et al., 2009). In order to keep the older nursing workforce employable and well-performing as long as possible, special attention to the older employee is needed. This research therefore focused on the specific group of older nursing carers working in the elderly care sector. Emphasis was put on the potentials of the older nursing carers by exploring the relationship between aspects which are likely to explain their employability and their work performance. To keep this specific group both employable and well-performing as long as possible, we aimed to elaborate on the theories concerning the aforementioned concepts of employability and work performance. The central question in this research was:

To what extent do individual, work-related and organisational aspects of employability explain how older nursing carers working in the elderly care sector can remain employable and well-performing until retirement age?

5.1 Conclusion

With the help of central question, we were looking for patterns in employability aspects which explain why the older nursing carers are still employable, and how they can remain employable and well-performing until retirement age. The results of this study showed that there are several things which are likely to stimulate or hamper the employability and work performance of the older nursing carer. These are discussed according to the ability to work, motivation to work, performance at work and organisational support.

5.1.1 Ability to work

Following Camerino et al. (2006), who concluded that the work ability of older nurses is associated with their intention to leave the nursing profession, the work ability of the older nursing carers is likely to be one of the most important predictors of their current and future employability. There are different physical, physiological and social capabilities which enable or disable the older nursing carer to be and remain employed (Illmarinen, et al., 2005). Most importantly, the older nursing carers argue that health issues might have a large impact on their future career since ageing is accompanied by increasing health issues and the workload of the nursing carer's profession has heavily increased. As was demonstrated by Letvak et al. (2013), physical health problems might not only have a large impact on the employability of the older nursing carers, but they are also likely to negatively affect the work performance of the older employees. Although the ageing nursing carers might have to deal with a health-related productivity loss, we noticed that there are different ways in which the older workers are able to cope with their health related issues. Van de Vijfeijke et al. (2013) showed that active coping-strategies are related to a higher work ability. These coping-strategies include the individuals' mental capability to deal with perceived difficulties. In this line, we found that the active coping-strategies of the older nursing carer can ensure that a fitting solution is found for health-related career obstacles. For example, if the older nursing carers are capable to openly discuss their perceived difficulties, the employer can ensure that the working conditions or activities are modified in a way that they enable the older nursing carer to remain employable.

Other aspects which are associated with the employability and work performance of the older nursing carers are related to their private circumstances. While having a pleasant home-base and receiving support from friends and family seem to positively influence employability, care responsibilities can possibly negatively influence the employability of the older nursing carers. This is confirmed by the 'LoopbaanPotentieelMethodiek'-model in which employability is predicted by the private-work influence (De Lange & Van der Heijden, 2013). Hägglund et al. (2010) address the importance of social support as they argue that receiving support from friends and family is positively associated with the work ability of assistant nurses. Additionally, we found that the private sphere seems to influence the older nursing carers' performance at work. The older nursing carers feel that they are well-performing at work when they are able to rest at home.

5.1.2 Motivation to work

Although it is argued that age is negatively related to the motivation to continue working, our results demonstrated that the older nursing carers are generally motivated and willing to be and remain employed (Kooij, et al., 2008). On the one hand, the older nursing carers are motivated to work as they are satisfied with their job activities and the amount of social contact within the job. While Estryn-Béhar et al. (2007) found that hostile team relationships doubled the risk of prematurely leaving the nursing profession, we took a more positive approach in which we showed that team relationships can stimulate job satisfaction, employability and work performance. Since good care provision comes with good team work, it is not surprising that work-relationships are likely to influence the work performance of the older nursing carers. In addition to the contacts with colleagues, the nursing carers perceive that the contact with clients in the care taking process positively influences job satisfaction, employability and work performance. As is shown in the professional competence profile of the nursing carer's profession, social contact with client is central in the nursing carer job (Van de Haterd, et al., 2012). The older nursing carers feel that they gain satisfaction by delivering quality care, which might be explained by the fact that care provision is in the nature of most older nursing carers. The older employees additionally feel that they express their satisfaction in their work, which enables them to perform well. We can therefore conclude that job satisfaction and work performance seem to be mutually reinforcing.

On the other hand, corresponding to the findings of Duffield et al. (2014), the older nursing carers feel the need to be and remain employable. In line with the researchers, we found that financial reasons concerning the retirement income of the older nursing carers keep them from prematurely leaving their job (Duffield, et al., 2014). If the older nursing carers would like to switch jobs or retire early, they are not willing to take the risk of losing their job and part of their retirement pension.

5.1.3 Performance at work

Besides feeling motivated to work, the older nursing carers generally feel that they are performing well. Based on De Lange et al. (2013) it is argued that ageing in the workplace is accompanied by processes of loss and growth. The older nursing carers mainly perceive growth since the process of ageing, which appears with increasing (life)experience, has positively influenced their work performance. Sturman (2003) argued that performance differentiation in the workplace is explained by age and years of experience. On the basis of a small quantitative 'benchmark' survey, we found no evidence for age differentiation in core-

task, social and teaching-coaching performance. The older nursing carers themselves are divided on the effect of ageing on core-task performance. However, they perceive growth in their social skills and role as a mentor due to their personal development and (life)experience. Although Nauta et al. (2010) argued that people are ‘growing’ in terms of experience, knowledge and social skills, our results do not clearly show whether these elements ensure that the older nursing carers outperform their younger colleagues and provide additional value to their team. It might be that, for example, work performance depends on the personality and motivation of the nursing carers, which is decisive for entering the nursing carer job. Nevertheless, it can be said that ageing in the nursing job is accompanied by increasing experience and knowledge, of which the elderly care sector might benefit from.

5.1.4 Organisational support

We argued that the older nursing carers are motivated to share their obtained knowledge and experience, and would like to remain involved in their job. However, the nursing tasks become heavier and health issues are increasing with age. Although there are some coping-strategies that the older nursing carers can deploy to not get ‘stuck’ within their jobs, Woonzorgcentra Haaglanden can give them the opportunity to pleasantly remain employable and well-performing until retirement age. As is shown in the theoretical exploration, the employability level of the older employee can be influenced by HR-policies that counter negative age-related stereotyping in the workplace and invest in the knowledge and skills of the ageing workers (Van Dalen & Henkens, 2004; Van der Heijden, 2012). This is confirmed by the older nursing carers, who feel stimulated by the opportunity to follow educational training at an older age. The older nursing carers further mention that the compulsory ‘BIG-education’ ensures that they remain well-performing in their nursing tasks. According to the older nursing carers, it is important that specific elderly policy is developed which aims to diminish their physical burdening, enables them to receive customized support and ensures that they keep satisfied with their job. Team leaders should be willing to listen to the older nursing carers, show understanding for their perceived difficulties and put effort in providing customized support. In line with factors that contribute to the retention of the older nursing force, the older nursing carers mention that flexible working and shift options would enable them to recover from the physical pressure in the workplace (Moseley and Paterson, 2008). Additionally, the older nursing carers could be charged with other tasks in which they have the opportunity to share their obtained knowledge. These might for example include mentoring responsibilities or care provision to more complex clients (Letvak, et al., 2013).

All in all, it appears that there is a ‘healthy worker effect’ in which the group of ‘survivors’ within the elderly care sector is generally healthy, employable, motivated and well-performing. The older nursing carers do not seem to be ‘stuck’ and are additionally intended to remain involved in their current job. Although it is difficult to make statements about their additional value compared to their younger co-workers, we showed that the older nursing carers are likely to be of value to the elderly care sector. They seem to be well-performing, are in good contact with both colleagues and clients, are an example for other co-workers, and carry a lot of knowledge and experience. To ensure that the older nursing carers remain of value as long as possible, we argue that it is important that attention is paid to aspects which support their employability and work performance. Work performance is likely to be explained by employability aspects associated with the ability to work, motivation to work and opportunity to work. Individual aspects which are related to their ability and motivation to work enable the older nursing carers to remain employable and well-performing until retirement age. In relation to the work-related aspects, it seems especially important that the older nursing carers keep satisfied with the content of their job, while they are as less hampered by possible health issues. While both the ability to work and motivation to work are likely to directly influence work performance, there seems to be an indirect relationship between the opportunity to work and the work performance of the older nursing carers. Organisational aspects that contribute to the opportunity to work seem to positively support the work ability and motivation of the older nursing carers. To keep them employable and well-performing as long as possible, elderly policy should thus particularly aim to support health issues and ensure job satisfaction.

5.2 Limitations

Although some interesting results have emerged, it is important to acknowledge that this research knows some limitations. We previously argued that the open structure of the qualitative interviews enabled the participants to come up with new elements. However, the open structure also makes sure that certain topics were less discussed in some of the interviews and important information may therefore be lost. The second limitation concerns the participants of the qualitative interviews, who may not be representative for the sample. We were only able to get personally in contact with the nursing carers who responded to our invitation to participate in the research. Since only a small part of the selected nursing carers were willing to participate, it could be that mainly the motivated and committed nursing carers were participating in the interviews. The results may also have been biased as half of

the participants were employed at one of the four locations. It is possible that there is a certain 'culture' within this residential care home which differs from the other homes. Finally, we were not able to select the participants on certain characteristics such as gender or ethnicity. This has, for example, ensured that only female nursing carers were included in the sample.

In the quantitative surveys, the nursing carers were scored on the different dimensions of work performance on the basis of one question per dimension. Although the questions and its preceding descriptions were formed based on the professional competence profile of the nursing carer, they are not validated. The survey further did not include any additional questions to verify the given scores on the dimensions of work performance. In addition, the individual scores on the dimensions of work performance were only controlled for age category, which means that we do not know any sample characteristics. For example, our results show that job experience is rather likely to explain performance differentiation than age and could be included as a predictor of work performance. The quantitative 'benchmark data' should therefore be interpreted with caution.

5.3 Recommendations

We recommended that future policy and interventions should focus on lowering the physical work pressure and enable the participants to keep satisfied with their job. There should be personal attention to the older nursing carers, who should have the opportunity to receive customized support. This customized support can include additional tasks that release the older nursing carers more often from the pressure in the workplace, or tasks which focus on the aspects of the nursing carer's profession that make it enjoyable. These tasks might include care provision to more complex clients, supervising trainees, finishing paperwork or can focus on helping to improve care delivery. Moreover, there should be a consistent working schedule in which the older nursing carers have at least two free days in a row to recover from work. General policy may focus on the improvement of team collaboration or relationships within the team. Sufficient team collaboration may not only ensure that the older nursing carers are satisfied with their jobs, but is also likely to improve care delivery.

Future qualitative research could focus on a larger sample in which nursing carers from all ages are included. In this way, it can be examined how the employability aspects are related to the work performance of all nursing carers. If there is insight in the potentials and performance of the nursing carers from different ages, one can assess how healthcare organisations are able to adequately respond to the potentials or 'additional value' of each different age group. Along these lines, it can be ensured that they can be best of value

to the elderly care sector. Quantitative research can be conducted to test the expected relationship between employability aspects and the work performance of nursing carers working in the elderly care sector. Based on quantitative research methods, it can be examined how certain factors (such as age or gender) effect the independent variable of work performance. Finally, future research could test the impact of specific interventions or elderly policies which aim to support the older nursing carers' employability and work performance.

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Appendix 1: Topic list

Code interview:
Datum interview:/...../2015
Duur interview:minuten

- 1. Introductie**
- 2. Kenmerken**
 - a. Werkzaam
- 3. Inzetbaarheid**
 - a. Inzetbaar zijn
 - b. Inzetbaar blijven
- 4. Werk prestatie**
 - a. Prestatie/toegevoegde waarde
 - b. Vaktechnisch handelen
 - c. Voorbeeld functie
 - d. Sociale vaardigheden
- 5. Eventuele toevoegingen**
- 6. Enkele kenmerken**

7. Afsluiting en vragen

1. Introductie (max 5 min)

2. Kenmerken geïnterviewde

- *Functie*: Wat is uw precieze functie binnen WZH?
- *Aantal uren per week werkzaam bij WZH*: Hoeveel uur bent u werkzaam bij WZH?
- *Jaren in dienst*: Hoe lang bent u werkzaam bij WZH?

3. Inzetbaarheid (*kern: wat maakt dat de participant inzetbaar is en kan blijven?*)

Wat maakt dat de participant inzetbaar is?

- Kunt u vertellen hoe u in uw huidige functie en bij WZH terecht bent gekomen?
 - Hoe heeft u uzelf ontwikkelt naar uw huidige functie?
 - Wat zijn daarbij beslissende momenten, gebeurtenissen geweest?
- Als u uw leven overziet, wat zijn dan belangrijke dingen geweest die hebben bepaald waarom u op dit moment werkzaam bent als woonzorgbegeleider?
 - Wat heeft u belemmert of bevordert gedurende uw loopbaan?
 - In hoeverre hebben dingen of gebeurtenissen in uw privé-leven u bevorderd of belemmerd gedurende de periode dat u werkzaam bent?
Persoonlijke vraag: details hoeven niet vermeld te worden (Bv. Geestelijke en lichamelijke gezondheid, Coping)

- In hoeverre hebben dingen of gebeurtenissen op uw werk u bevorderd of belemmerd gedurende de periode dat u werkzaam bent? (*Bv. Financiële vergoeding, werkinhoud, werkomstandigheden, werkrelaties*)
- In hoeverre hebben de omstandigheden binnen WZH u bevorderd of belemmerd in de periode dat u werkzaam bent? (*Bv. Stereotypering, HR-beleid*)
- Hoe denkt u dat de genoemde aspecten (dingen/kenmerken/gebeurtenissen) invloed hebben gehad op uw loopbaan?
- Kunt u vertellen of u in uw leven momenten van twijfel heeft gehad om te stoppen met werken of van baan te wisselen?
 - Waarom heeft u deze twijfel gehad?
 - Kunt u meer vertellen over deze bepaalde beslismomenten en gebeurtenissen?
 - Wat heeft de doorslag gegeven dat u nog wel werkzaam bent?

Wat maakt dat de participant inzetbaar kan blijven?

- Kunt u vertellen wat u verstaat onder langer doorwerken?
- Ziet u uw zelf 67 jaar worden in uw huidige baan en functie?
 - Indien ja, hoe ziet het doorwerken tot de pensioenleeftijd er dan voor u in uw huidige baan en functie uit?
 - Indien nee, hoe ziet u het doorwerken tot de pensioenleeftijd dan voor u?
- Wat zorgt ervoor dat u plezierig kan doorwerken tot de pensioenleeftijd?
- Wat belemmerd u in het plezierig doorwerken tot de pensioenleeftijd?
- In hoeverre bent u gemotiveerd om door te werken tot uw pensioenleeftijd?
 - Overweegt u om vroegtijdig te stoppen met werken? En indien ja, waarom?
- Hoe zou WZH volgens u kunnen bijdragen aan het plezierig doorwerken tot de pensioenleeftijd?
 - Hoe ziet u dit voor u?
 - Waar zou het beleid van WZH zich volgens u op moeten richten om te zorgen dat u inzetbaar bent en blijft?

4. Werk prestatie (kern: hoe vindt de participant dat hij/zij presteert? Wat voegt de participant toe?)

Functioneren op het werk/uitvoering van uw werk

- Vindt u dat u in uw huidige functie uw werk goed kan uitvoeren?
 - Waar komt dit denkt u door?
 - We hebben het eerder gehad over dingen die ervoor hebben gezorgd dat u nog werkzaam bent en kan blijven. In hoeverre hebben deze dingen volgens u ook invloed op de manier waarop u uw werk uitvoert?
 - We hebben het ook eerder gehad over dingen die u hebben tegengewerkt of belemmerd tijdens uw loopbaan en kunnen belemmeren in het werkzaam blijven tot de pensioenleeftijd. In hoeverre hebben deze dingen volgens u ook invloed op de manier waarop u uw werk uitvoert?
- Wat voegt u volgens uzelf toe aan uw afdeling, team en uw werk?
- Hoe kijkt u aan tegen uw werkprestatie?
 - Hoe staat het met uw vaktechnisch handelen? *Uitleggen.*
 - Hoe ziet u uzelf als coach voor andere teamleden? *Uitleggen.*
 - Hoe kijkt u tegen uw sociale vaardigheden aan? *Uitleggen.*
 - Als u kijkt naar 10 of 15 jaar geleden, ziet u dan verschillen tussen uw huidige werkprestatie en uw werkprestatie toen?
 - Indien ja, waar komt dit denkt u door?
 - Hoe zit dat met het verschil over jaren op het gebied van het vaktechnisch handelen, voorbeeldfunctie voor het team en uw sociale vaardigheden?

5. Eventuele toevoegingen

- Ben ik naar uw idee nog iets vergeten te vragen?
- Is er nog iets dat u wilt vertellen?

6. Nog enkele kenmerken

- Mag ik tot slot nog kort een aantal persoonlijke kenmerken noteren?
 - Leeftijd
 - Geslacht

- Nationaliteit
- Huwelijke status
- Gezinssituatie

7. Afsluiting + vragen

Appendix 2: Quantitative survey

Code medewerker: (A/B/C + willekeurige getal).

Deze korte vragenlijst bevat drie vragen, waaraan vooraf een korte uitleg. De vragen worden beantwoord aan de hand van het geven van een (rapport)cijfer tussen de 1 (=erg slecht) en 10 (=erg goed). Het cijfer mag maximaal één decimaal achter de komma bevatten.

Vakinhoudelijk handelen

Het taakgebied van de verzorgende betreft alle kerntaken die te maken hebben met het primaire proces rondom zorgverlening. In dit onderzoek doelen wij op de taken die wijzen naar de voorbehouden en risicovolle zorg technische handelingen die op de afdeling worden uitgevoerd. Deze handelingen worden tevens volgens de kwaliteitsrichtlijnen van WZH uitgevoerd.

1. De verzorgende voert de op afdeling voorkomende zorg technische handelingen op een adequate manier uit.

Cijfer:

Sociale vaardigheden

Bij het beoordelen van de sociale vaardigheden van de verzorgende staat het contact met de cliënt en/of de familie van de cliënt centraal. Dit contact wordt door de verzorgende op een persoonsgerichte en professionele wijze onderhouden. De verzorgende is aandachtig aanwezig, bouwt een relatie met cliënten op, stelt de behoefte van cliënten centraal en neemt de tijd om met cliënten te communiceren.

2. De verzorgende heeft persoonlijk en professioneel contact met de cliënt en/of familie van de cliënt.

Cijfer:

Voorbeeldfunctie

De verzorgende heeft voorbeeldfunctie voor het team door de wijze waarop hij/zij de functie uitoefent en zich inzet om verkregen kennis te delen. Deze voorbeeldrol wordt ook door de teamleden onderkend.

3. De verzorgende heeft een voorbeeldfunctie voor collega's.

Cijfer:

Appendix 3: Code tree

Kenmerken

- Functie
- Uren werkzaam
- Jaren in dienst
- Leeftijd
- Nationaliteit
- Gezinssituatie

Inzetbaarheid zijn

Loopbaan

- Beslismomenten
- Opleiding(en)
- Belemmeringen
 - Gezondheid
 - Organisatiecultuur
 - Persoonlijkheid
 - Planning van diensten
 - Privé-omstandigheden
 - Rol van de teamleider
 - Team

- Werkomstandigheden
- Werkdruk
 - Administratief werk
 - Bezuinigingen in de zorg
 - Lichamelijk
 - Mentaal
 - Verschil in diensten
- Bevorderingen
 - Bij- en nascholing
 - Coping
 - Luisterend oor
 - Privé-omstandigheden
 - Sfeer op de afdeling

Motivatie

- 'Moeten' werken
- Niet thuis willen zitten
- Plezier in het werk
 - Omgang met bewoners
 - Omgang met collega's
 - Persoonlijkheid
- Werkzaam in de zorg
- Stoppen met huidige baan

Langer doorwerken

Kunnen

- Gezondheid
- Persoonlijkheid
- Privé omstandigheden
- Psychisch aspect
- Sfeer op de afdeling
- Zwaarte van het werk

Motivatie

- Betrokken blijven
- 'Moeten'
- Plezier in het werk

Organisationele context

- Aanbod scholing
- Hulpmiddelen
- Inzet personeel
- Leerlingen begeleiden
- Ondersteuning op maat

- Ontlasting fysieke werkzaamheden
- Ouderenbeleid
- Persoonlijke aandacht
- Roostering

Functioneren

Uitvoering van het werk

- (Levens)ervaring
- Invloed van belemmeringen
- Invloed van bevorderingen
- Persoonlijkheid
- Rol van leeftijd
- Teamsamenwerking

Toegevoegde waarde

Verpleegtechnisch handelen

- Gebruik handelingen
- Verschil over jaren

Sociale vaardigheden

- Persoonlijkheid
- Verschil over jaren

Coach voor andere teamleden

- Voorbeeldfunctie
- Verschil over jaren

Appendix 4: Translated quotes

Quote 1 – A 14:

P: Dus je hebt altijd iets nieuws om te leren. Ieder mens is gewoon blijven voor een uh, ja, hoe zeg je dat, opkrikken.

I: En stimuleert u dat ook dan?

P: Ja, ja, zeker, want anders zou ik dat opleiding ook niet doen, en uh, dat draagt het ook over aan je collega en je hebt dan, hoe meer je jezelf ontwikkelt, hoe meer een uh, je ziet uh, dat geeft dat toch bepaalde voldoening.

Quote 2 – D 02:

Want je collega pff, denkt ‘moet ik weer komen helpen’, weet je, dus zo ben je onwijs dilemma’s per dag bezig wat maakt dat het geestelijk zwaar is. Door de bewoners, door je afwegingen zelf, door je collega’s. Dus het is echt de combinatie van het geestelijke, de druk, en gewoon puur het lichamelijke, met zware waszakken sjouwen, bedden opmaken, mensen uit bed, in bed, in de rolstoel.

Quote 3 – A 10:

Maar de meeste zijn 50 plus, zelfs naar de 60 lopend en ze bij mij-, ze mankeren allemaal wel wat. Het is al eigenlijk dat ze het op de dag al vaak niet redden. Dus de kneusjes komen in de nacht. Dat klinkt hee-, het klinkt niet, maar het, het, het is wel zo. Collega last van der knieën en een collega last van der schouder, andere die helemaal in de kreukels zit, en ja.

Quote 4 – A 01:

Ik heb ook ouders gehad, ik heb, mijn ouders leven nog, mijn ouders leven nog, maar ik heb ook familieleden gehad die ook zorg nodig hadden. Als Surinamers nemen wij de zorg over, wij zetten een familielid niet makkelijk in een verzorgingstehuis. En uh... dat sprak me wel aan, als je bepaalde dingen zag, dan, ja, dat heeft me wel echt aangegrepen om de zorg in te gaan. Dat heeft me wel aangegrepen. En nu is mijn moeder zelf ook dementerend, dus ik heb er ook profijt van dat ik in de zorg zit, dan ik ook een stukje kan bijdragen.

Quote 5 – B 04:

Nouja goed, dat heb ik ook wel een stukje achter me, want ik ben kostwinner. Mijn man heeft een eigen bedrijfje in uh, in de reclame, in auto-belettering, raam-belettering en dat doet hij nu uh, vijf/zes jaar, ja. En daar komt wel wat uit, maar daar komt nog niet echt standaard een vast salaris uit. Dus we leven van mijn geld. Dus het is ook wel een stukje moeten als je het zo bekijkt, maar zo wil ik het niet bekijken [lacht].

Quote 6 – A 10:

Het zal misschien niet anders kunnen, maar dat houdt dus in dat het niet plezierig is en ook met pijnstillers moet gaan werken en niet kan werken, want ik heb de kracht niet meer. Ik heb gewoon krachtvermindering, ik ben niet sterk genoeg meer.

Quote 7 – B 12:

I: Uh, zijn er dingen die u stimuleren of ondersteunen in het doorwerken, of het plezierig doorwerken tot de pensioenleeftijd?

P: Nou uh, ik denk wel de collega's van de afdeling. De dag- en avonddienst en de collega's in de nacht. Er zijn natuurlijk best wel collega's in de nacht waar je mee kan opschieten en waar je ook op terug kan vallen als er wat is. En uh, ja dat uh, vind ik altijd wel prettig. En ook als ik de collega's zie waar ik niet zo goed mee kan opschieten, dan is dat alsnog dat je op elkaar terug kan vallen en dat je eventueel effe een praatje met elkaar maakt, dus uh, nee, ik zie mezelf wel doorwerken tot uh, totdat ik binnenkom met een rollator [lacht], ja.

Quote 8 – B 09:

Nou dat ik gewoon nog plezier heb in m'n werk om wat ik doe. Ondanks dat het toch wel zwaarder wordt, toch het plezier erin blijven houden. Ik zeg, want je doet het echt, ik doe het echt voor de bewoners. Ja ook de nachtrust, het is gewoon rustig altijd. De mensen weten dat je op de kamer komt, ze weten de aandacht die ze op dat moment van jou krijgen en daar win je heel veel mee. Ik win heel veel rust op de afdeling door even een praatje, en nou, dat dat stimuleert me.

Quote 9 – C 05:

Ja, ik vind, dat vind ik eigenlijk wel uhm, je kan niet bij iedereen-, iedereen die ouder wordt die is weer anders, die functioneert ook weer anders, maar wat wel eigenlijk altijd hetzelfde is dat ik wel hoor bij andere mensen, dat het uh, zwaarder is, maar dat het ook vermoeiender is zegmaar.

Quote 10 – D 02:

Ga eens een beetje kijken of je mensen dus op een andere manier inzetbaar, of kunt laten werken tot hun 66^e (in mijn geval), tot aan hun pensioen. Dat kun je dus doen door kennisoverdracht bijvoorbeeld. Want dat, dat vind ik wel gewoon, we hebben ontzettend veel ervaring oudere mensen, doe daar wat mee. En, en, gebruik dat door bijvoorbeeld verbeterplannen of door in commissies te gaan zitten, wat meer.

Quote 11 – B 08:

En dan denk ik, 't is, het hoeft niet zo, we zijn gewoon goed wie we zijn, we zijn allemaal anders en dat zie je hier in het team ook, we zijn allemaal anders, ik ben goed in gesprekken, [naam collega] is hartstikke goed in wonden en samen zijn we sterk.

Quote 12 – B 16:

Uhm, als er een handeling voorbij zou komen die ik heel lang geleden heb gedaan, dan uhm, en ik twijfel nog aan mezelf, dan ga ik eerst met een collega even doen. Ik zou het niet zomaar dan weer doen. Want dan voel ik me ook niet meer bekwaam, dan ben je nog wel bevoegd, maar niet bekwaam.

Quote 13 – D 13:

En uh, ja, door gewoon net even dat, dat paar minuutjes het sociale contact uh, het luisterend oor, uh, ja, die arm om iemand heen, uh, je maakt gewoon het verschil. Ik heb zelfs boven één

meneer gehad, die als die mij zag komen dat die automatisch naar voren ging en dan kreeg hij een kus op z'n hoofd.

Quote 14 – C 05:

Hun leren wat van jou, jij neemt een hoop van hun over, dus het is eigenlijk een ying and yang.