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The Post-pandemic Challenge of Retaining, Re-attracting, and Renewing Experienced Nursing Talent

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Introduction

COVID-19 has highlighted how important it is to have experienced registered nurses who can be redeployed in emerging complex situations. We are facing an impending global shortage of nurses, and yet, there has not been a systematic approach to the retention and re-attraction of retiring nurses. Pandemic demands have tested the professional engagement and commitment of experienced nursing professionals. Increasingly vulnerable to stress and burnout, many experienced nurses have retired, intend to retire, leave the profession, or move to roles that are less demanding post-pandemic.

In response to this nursing talent crisis and the increasingly chaotic nature of pandemic careers in nursing, we identify career issues related to professional calling, stress and burnout, and talent appreciation. We proceed to connect talent management (TM) strategies and the role of HRM and other talent managers with the re-attraction, retention, and renewal of ageing and/or retired experienced nurses, post-pandemic. In the face of socio-political and socio-economic changes and crises, we consider how to build a sustainable society through better management and retention of a stressed and limited pool of talent (Vaiman, Sparrow, Schuler, & Collings, 2018).

The Organisation for Economic Co-operation and Development (OECD) anticipated a global shortage of 2.5 million nurses by 2030 (Scheffler & Arnold, 2019), which has since been compounded by the pandemic (Casafont et al., 2021; Sperling, 2021). There are several reasons cited as factors causing the shortages in nursing professionals. For example, attrition rates of 18 per cent reflect the insufficient number of nursing students completing their education (Horkey, 2015; Chan et al., 2019). The ageing workforce combined with unhealthy work environments that promote both physical and mental stress have led to increased turnover and nurses leaving the profession (Sasso et al., 2019). Also relevant, the severity of COVID-19, and the lack of available vaccines and treatments, required that health professionals faced a real possibility of death (The Lamp, 2020). This has prompted nurses to significantly reframe their professional, personal, and family lives. More recent developments of new strains of COVID-19 have seen an uptake in the number of unvaccinated patients entering critical care, further expounding the problem. This is in sharp contrast to reasons that could make this an attractive profession when the economy is strong; with well-developed educational programs, professional development opportunities and a clear career development pathway offered within a healthy work environment (Carnevale, Smith, & Gulish, 2015). There is an urgency required to ensure that effective workforce strategies are implemented to promote retention, re-attraction, and renewal of qualified nurses, because without career opportunities and adequate compensation, experienced nursing professionals will leave their occupation (Lavoie-Tremblay et al., 2019).

Given the uncertainty inherent in the COVID-19 pandemic, we draw from the chaos theory of careers to inform our discussion. Thietart and Forgues (1995) introduced the concept of chaos in organisations, driven by counteracting forces of change and stability. Even small changes can have large effects during chaos, as new stabilities, actions, and results develop that are unique to organisations. They noted that similar patterns will be observed at the organisational, sub-organisational, group and individual level.

Chaos theory of careers considers careers to be self-organising patterns that emerge in a non-linear fashion (Pryor & Bright, 2003). In other words, individuals' careers stem from multilevel, complex and dynamical systems (Järvensivu & Pulkki, 2020). This conceptualisation aptly describes the non-linear nature of career development strategies related to early retirement and unretirement. These stages reflect a dynamic response to work-life complexities (see Amundson, Mills, & Smith, 2014). Chaos theory recognises the complexity and dynamism of careers and the need to respond to unplanned and unexpected events and opportunities (see Pryor & Bright, 2014). Therefore, chaos theory promotes the development of career adaptability, vocation or calling, and moral responsibility (Bland & Roberts-Pittman, 2014).

The next sections describe three important issues related to the chaotic careers of this valuable source of professional nursing talent: professional calling and skills development, feeling appreciated, and stress and burnout.

Professional Calling and Skills Development

Nursing professionals around the world confront multifaced and long-term challenges common to all health occupations including adequate numbers, equitable distribution and retention (World Health Organization, 2020). However, the COVID-19 pandemic has put nursing professionals' physical and psychological well-being in an unforeseen and risky situation (Haque, 2021) and increased their work-related stress and turnover intentions (Chen, Liu, Yang, Wang, & Hsieh, 2021). In the COVID-19 pandemic, like in earlier pandemics (SARS in 2003, MERS-CoV in 2015, Zika virus disease in 2016 and Ebola virus disease in 2014), nurses play a central role in preventing the spread of the pandemic (World Health Organization, 2020). In the war against the COVID-19 pandemic, nursing professionals are on the frontline (Haque, 2021). The reasons for embarking on a nursing career include having a calling or vocation (Bloom, Colbert, & Nielsen, 2021; Dik, Eldridge, Steger, & Duffy, 2012). Bloom et al. (2021) summarised prior literature, noting that callings are associated with positive work experience, stronger occupational identification, work engagement, and work and career commitment. Bloom et al. (2021) exhorted future researchers to explore how stories that compose a 'called' identity might evolve over time and may affect identity work. This creates a need to engage the voices of nursing employees to innovate in their job duties and institutional goals (e.g. de Azevedo, Schlosser, & McPhee, 2020; Schlosser, Zinni, & Armstrong-Stassen, 2012).

Once the decision has been made to embark on a nursing career, the path to experience requires specialised skills education and on-the-job experience over many years. Benner (1982) noted the following stages of evolution in skills development: 1) inexperienced novice (student nurse); 2) advanced beginner (new graduate) with a need for an experienced mentor to help set priorities; 3) competent stage (two to three years) where the nurse is able to prioritise tasks by using past experiences; 4) proficient stage at which the nurse is able to see the situation in its entirety with a holistic understanding; and, finally culminating in stage 5) expert, where the nurse has an extensive knowledge of complex patient situations (Benner, 1982). Healthcare institutions require expert nurses who have developed specialised knowledge to address looming post-pandemic healthcare challenges, including ageing populations, rising mental and physical issues related to inactivity and isolation, significant elective surgery backlogs, the provision of healthcare for COVID longhaulers, and the potentially catastrophic delay in the diagnosis and treatment of other serious illnesses.

Given that the development of experienced nursing talent takes years of vocational commitment and training, there is no quick solution to these talent challenges. Recently, some countries have focused on additional recruitment strategies, including re-attracting and re-hiring retired nurses (Casafont et al., 2021) to help deal with the increased exit of nurses. To do so, healthcare institutions must consider what type of career support might re-engage those

contemplating leaving the nursing profession, and in particular, engaging such nursing professionals to appreciate and sustain a 'calling' motivation.

Feeling Appreciated

Experienced nurses who chose nursing for a career often did so for vocational reasons and responded to a call for help in the early stages of the pandemic (Young, 2020). This underlined the strength of their commitment to vocation, or professional 'calling' (Bloom et al., 2021). However, as nurses stood up to become 'heroes', using their skills to aid those in need, sacrificing their own personal health and family, the question was, were they actually treated as 'talent'. Were experienced nurses considered a valued human asset that needed to be managed and honed?

Talent identity is connected to management transparency in the practice of informing individuals of their talent pool status. However, this can create discontent for those identified as talent if expectations are not met, and for others who are not included in the talent pool (Khoreva, Vaiman, & Kostanek, 2019). Indeed, the associated concept of such psychological contract breach is pertinent to our literature review because it refers to the beliefs about reciprocal obligations at the foundation of the employee-organisation relationship (Rousseau, 1989). Robinson and Morrison (2000) noted that perceived breach was associated with more intense feelings of violation when employees both attributed the breach to purposeful reneging by the employer and felt unfairly treated in the process. In North America, nurses have been asked to work longer hours and forgo vacation time while their pay has been capped; breaching their psychological contract (e.g. Gaines, 2022; Stewart, 2022).

One of the casualties of such a trust breach has been the loss of civic virtue behaviours – those organisational citizenship behaviours at the core of a vocational career like nursing (Robinson & Morrison, 2000). Nurses are faced with unsustainable working conditions that have worsened during the pandemic, including inadequate staffing ratios, increased assaults and patient violence, and a lack of protection and mental health support offered to staff working in such environments (e.g. Stewart, 2022). In the later stages of the pandemic, many North American healthcare institutions mandated vaccines and fired nurses who consciously decided to not take the vaccine. Although nursing organisations supported this action to protect the majority of their members (Gillis, 2021), this step created more angst and heavier workload within the hospital environment, and external protests ensued that threatened the ability of nurses to report to work. A lack of appreciation can further amplify feelings of stress and burnout and result in a loss of organisational citizenship behaviours.

Stress and Burnout

The demanding nature of the nursing profession includes stressful work, physical labour, and challenging shift work. Over the course of the pandemic, many experienced expert nurses developed negative perceptions of career outcomes and expedited their retirement plans (Lippens, Moens, Sterkens, Weytjens, & Baert, 2021) or sought other less stressful positions in healthcare (Ralph, Freeman, Menard, & Soucie, 2021). The motivation to leave the profession has been driven by burnout and helplessness; with ensuing stress negatively affecting their calling (Markowski, Cleaver, & Weldon, 2020).

Nurses have been redeployed to COVID wards and have been required to learn new protocols and treatments on the fly. A recent Canadian study of 650 hospital employees concluded that high levels of stress, anxiety, and depression were associated with redeployment (Menard, Soucie, Freeman, & Ralph, 2022). The female-dominated nursing workforce has been called upon to balance increased work as well as increased family demands during the pandemic. Bloomberg noted that women have shouldered three times as much childcare than their male counterparts during the pandemic (Avi-Yonah, 2021).

The uncertainty brought on by the pandemic has only increased existing issues that affected talent specialists' ability to mobilise a contingent workforce long before the pandemic arose. Lessons learned from SARS, have resulted in some national pandemic influenza preparedness plans consisting of limited information on how to expand and prepare the health workforce during pandemics (Köppen, Hartl, & Maier, 2021). Even though some retirees have returned to help stem the shortage of skilled talent during COVID, other experienced nurses, older and younger alike, have decided to leave the profession due to the sheer workload and burnout that has ensued. Wave after chaotic wave, the nurses and other health care professionals were left trying to keep up, while others who could no longer cope exited from the turmoil altogether (2021).

Talent Management Literature

TM has garnered much support over the past two decades (e.g. Collings, Scullion, & Vaiman, 2015). However, as a concept TM remains elusive and it has been defined in different ways (Al Ariss, Cascio, & Paauwe, 2014; Nowak & Scanlan, 2021). For example, Lewis and Heckman (2006) have noticed three types of conceptualisations regarding TM: 1) a collection of typical HR department practices or functions; 2) talent pools or flows of employees into jobs in an organisation; and 3) a generic perspective on talent that focuses on either high-performing and high-potential employees or talent in general (see Nilsson & Elström, 2012, p. 28). As noted by Cappelli (2008), 'At its heart, talent management is simply a matter of anticipating the need for human capital and then setting out a plan to meet it' (p. 1). TM also considers the great uncertainty organisations are faced with, and the pandemic has certainly drawn attention to this concept, especially as it relates to nurses where life and death has become so prominently affixed.

Meyers et al. (2014) mapped talent philosophy as a 2 × 2 matrix, based on inclusive/exclusive approach and developable/stable talent. In particular, stable talents are highly trained and experienced individuals who are not easily developed. This reflects the challenges in healthcare, where nursing professionals must undergo significant professional training. Organisations employ an exclusive approach to stable talent during a war for talent and must identify, attract, and retain talented individuals. In contrast, an inclusive approach considers the character strength and particular talent(s) of individuals that talent managers must identify and utilise.

In the case of nurses during the pandemic, nurses became recognised as 'heroes' and essential frontline workers. However, based on Meyers and van Woerkom (2014) inclusive/exclusive approach to TM and developable/stable talent, it is uncertain if they were actually considered and treated like talent (Ralph et al., 2021). Nurses represent an important stable source of highly trained and experienced talent. Meyers and van Woerkom (2014) recommended that organisations employ an exclusive approach during a war for talent to identify, attract, and retain talented individuals. In contrast, nurses were not managed like exclusive stable talent during the pandemic, where many were expected to do their jobs without enough PPE, lagged vaccinations, and no structured organisational support. They were also not treated with an inclusive approach, which considers the character strength and particular talent(s) of individuals that talent managers must identify and foster. Redeployed nurses were offered little training for a pandemic situation that demanded new protocols, technologies, and practices.

Global Implications and Nursing Talent Management

An important stream of discussion in global TM considers how TM practices may vary across cultures, regions, and countries (Dries, 2013; Tarique & Schuler, 2010). Currently, there is a

growing interest in implementing TM in healthcare organisations (Mitosis, Lamnisos, & Talias, 2021). However, the consideration of healthcare talent has often focused only on leadership talent (e.g. Haines, 2016; Nowak & Scanlan, 2021) such as doctors and senior administrators, and almost completely ignores key frontline nursing professionals. Recently, a few TM studies have stressed the importance of TM practices in order to increase nursing personnel's skills and satisfaction, but also to positively contribute to the patient care and sustainable development of healthcare organisations (Mitosis et al., 2021). Post-COVID-19 issues facing the management of nursing talent might include work-family balance, managing stress and uncertainty, expanding mentorship and training, job-rotation opportunities, gender support, and developing talent inclusion policies for an ageing labour pool of nurses.

The Elephant in the Room – Leadership

As a first step towards attraction and retention is the need for HRM, talent specialists and frontline nurses to connect so that they are bringing a synergistic approach to the problem at hand. Earlier reports have noted the lack of research on health care leaders and managers which is impacting how sector shortages of nurses are managed (Hewitt, 2006).

More importantly, this synergistic leadership between nursing and HRM needs to be ever-present. Transformational leadership may be appropriate in this scenario since its focus is on intrinsic motivation as well as follower development which is in line with the needs of most workgroups that may require inspiration and empowerment to succeed in difficult and challenging times (Northouse, 2016). Interviews conducted during the pandemic with frontline nurses highlighted their request for transformational leaders (Ralph et al., 2021). Transformational leaders encourage teams to prosper through collaboration. In a hospital setting, collaboration is paramount to success as we have not only seen during the pandemic, but also on a daily basis, in ensuring patient care and safety (Rosengarten, 2019). HR has an important role to play, to ensure that talent is in place to achieve its overall mission. Fig. 9.1 demonstrates the way that HR policies can influence the talent retention, re-attraction and renewal of nursing professionals.

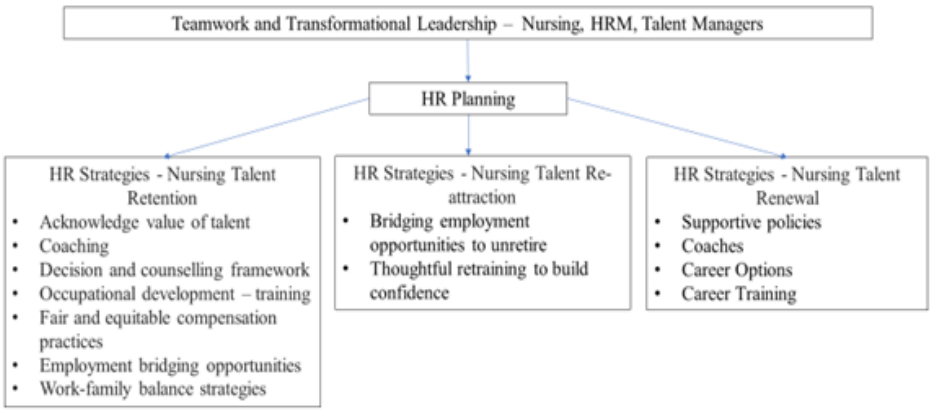

Fig. 9.1. Nursing Talent Retention, Re-attraction, and Renewal Through HRM and TM Strategies. *Source*: Authors' Original Work.

Nursing Talent Retention

HRM can recognise nursing professionals as talent and help nurses feel appreciated by engaging experienced nurses close to retirement and re-engaging retirees. A recent study concluded that older nurses with longer tenure with the organisation were more affectively committed and had stronger intentions to remain (Salminen & Miettinen, 2019). This

underscores the need to continue to engage such ageing healthcare workers; the challenge will be to find ways to continue to engage older employees, even after they have made the decision to retire. Motivational antecedents have been understudied in explaining bridge employment (e.g. Kooij, de Lange, Jansen, & Dikkers, 2008).

HRM can also recognise nursing talent by providing coaching to deal with chaotic uncertainty in their careers and environment and by further developing their professional competencies, even though these nurses are older employees. Employees will resist change – because it disrupts the fractal pattern of their lives, but ongoing learning will promote their adaptive capacities (Pryor & Bright, 2003, p 17). To this end, HRM talent managers should encourage a positive approach to uncertainty by developing a 'decision and counselling framework that helps clients deal with change and ambiguity, accept uncertainty and inconsistency and utilise the non-rational and intuitive side of thinking and choosing' (Gelatt, 1989, p. 252). For example, there is evidence that older nursing professionals with high levels of resilience are more likely to continue working until retirement age or even beyond compared to those older nurses with lower levels of resilience (Salminen, von Bonsdorff, & von Bonsdorff, 2019).

As nurses try to deal with stress and burnout, they will consider alternatives to dealing with stress and burnout that include retiring, seeking a less stressful job in the same workplace, seeking accommodation from the healthcare employer, and considering offers from other institutions. A recent study (Salminen, von Bonsdorff, McPhee, & Heilmann, 2021) noted the importance of work-family balance, facilitated through individual consideration for work schedules to be key to retention. HRM might also consider providing ageing healthcare workers with occupational development and increased flexibility, for example using bridge employment opportunities to increase labour force participation after people retire from career jobs (Zhan & Wang, 2015).

Compensation is another issue that has contributed to stress and burnout. Nurses have recently witnessed new nurses being paid very large hiring bonuses (Ralph et al., 2021) yet they have been complaining throughout the pandemic the need to be paid more because of the dangers they are faced, the longer working hours, self-isolating from their families to ensure their safety, and the emotional strain of dealing with continuous death and the roar of anti-vaxxers downplaying the urgency of this issue. The unfairness in the system only creates further angst, and feeling underappreciated, which manifests itself in feelings of stress and burnout (Menard et al., 2022). Fair and uncompetitive ways of rewarding those on the frontline must be considered immediately to avoid the further degradation of the profession and the ability to retain the talent already in place.

Nursing Talent Re-attraction

Talent contingencies that are focused upon attracting experienced retirees back to paid work are relatively unexplored, although unretirement might be considered another stage in the career cycle (Schlosser et al., 2012). Researchers have identified push and pull factors that lead older adults to prefer retirement or continued participation in the labour force (Barnes-Farrell, 2003; Markowski et al., 2020, Schlosser et al., 2012; Shultz, Morton, & Weckerle, 1998). A pull factor is typically a positive factor that encourages a person to take a certain path whereas a push factor is viewed as something aversive that pushes a person in a particular direction (Shultz et al., 1998). Thus, there are several factors, such as physical health, financial situation, family responsibilities and the attractiveness of leisure time, which influence older employees' late career decisions, such as bridge employment (Beehr & Bennett, 2015; Wang & Shultz, 2010). Armstrong-Stassen and Schlosser (2010) noted the importance of tailoring HR practices to older nurses in order to increase retention.

Although management researchers have identified success factors within a context of unemployment and re-employment (e.g. Zikic & Klehe, 2006), less is known about the push and pull factors for labour market re-entry within a context of retirement and unretirement (Irving, Steels, & Hall, 2005; Maestas, 2010; Schlosser et al., 2012). Unretirement has been defined as full retirement to full time employment, full retirement to part-time employment/partial retirement and, partial retirement to full time employment (Maestas, 2010). In addition, people who unretire are referred to as 'reverse retirees' (Smeaton, Di Rosa, Principi, & Butler, 2018, p. 7). Unretirement occurs after retirement has already taken place and can be considered another stage in the career cycle (Schlosser et al., 2012). Retirees are motivated to return to the workforce for financial, social, and emotional reasons including personal fulfilment and the opportunity to share one's knowledge and skills with the younger generation (Armstrong-Stassen et al., 2012). However, there can be societal and organisational factors, such as cultural norms, a challenging economic environment as well as workplace policies which can complicate individuals' abilities to unretire (Smeaton et al., 2018).

It is important to understand that post-pandemic efforts to retain and re-attract experienced nurses may be obfuscated by their pandemic experiences. The motivation to unretire during a world pandemic created new uncertainties and urgency. For the healthcare organisation, this motivation was connected to the dire need to handle the surge in patient care. For the retiree, their motivation required attention to 'calling' and vocation, which differs from transactional motivations highlighted for return to work in prior research on unretirement (see Schlosser et al., 2012). Retirees are in a high-risk demographic of serious complications from the virus. Despite this, many remained active during the pandemic at significant personal risk to themselves, but this civic virtue seems unlikely to continue post-pandemic. Armstrong-Stassen et al. (2012) concluded that individuals are more likely to want to return to work for their former employer when they have the ability to work in jobs that are meaningful, with mentoring opportunities, and with a modified work role that is of interest to them.

HRM can tap into other prior research findings as they seek to re-attract nursing talent retirees. For example, retirees who missed the financial and emotional resources related to their work experience were more likely to want to return to work for their former employer, particularly when they had the ability to work in jobs that were meaningful, with mentoring opportunities, and with a modified work role that was of interest to them (Armstrong-Stassen et al., 2012). There has been research considering the transition of older workers to volunteer positions (e.g. Schlosser & Zinni, 2011), or to contract consultant positions that allow organisations to access years of experience.

With advances in technology related to patient care, older workers may be reluctant to re-engage in today's workplace (Mahoney, 2011), despite the fact that some of this technology could ease the physical aspects of some of their tasks. To stem this potential loss of talent re-engagement, HRM can build confidence in this talent through thoughtful training. Older workers learn better by showing how to do things, as opposed to methods of online learning desired by younger workers. Care must be taken to cater to each age group appropriately to achieve success.

Nursing Talent Renewal

Understanding the perspective of nursing talent requires that HRM and talent managers understand the calling motivation of nursing professionals, their need to be appreciated as talent, and the stress and burnout they must overcome in the face of chaotic uncertainty (Thorne, 2021). HRM can develop nurses' professional calling by supporting the development of nurses' career resilience, providing them with adequate resources to do their jobs, helping to keep the healthcare mission alive, and by supporting policy changes.

Talent renewal strategies are needed in order to avoid the alienation involved as feelings of appreciation are threatened by stress and burnout. When stress and burnout affect calling, talent renewal strategies are required. Chaos theory promotes the development of career adaptability, vocation or calling, and moral responsibility (Bland & Roberts-Pittman, 2014). The development of these aspects can be promoted through access to coaches, counselling, and institutional support systems.

Ensuring that nurses have many career options at their disposal is important to retention, and renewal in in a chaotic workplace. Bridge retirement, or the pursuit of jobs that will bridge to retirement, differs from unretirement because the goal of bridging is to eventually retire. The bridging of work to retirement, whereby they might work fewer days per week might reinvigorate them and help them to deal with emerging and complex situations (Calvo, Haverstick, & Sass, 2009). Having the opportunity to perhaps transition to the HR department, work with talent specialists, and become the broker between HR and other health leadership might be a desirable position since it acknowledges and values their talent. As noted, this may mean that more training is required to gain HR knowledge and experience, offering them new opportunities.

Implications for Research and Practice

Building upon this literature review, our chapter has presented an overview of the changing perspectives of nursing professionals as they face waves of uncertainty and chaos, most recently tested through the COVID-19 pandemic. In addition to the COVID-19 pandemic, demographic, financial and health policy trends influence the mobility and retention of nursing professionals (World Health Organization, 2020). Consequently, integrated TM practices and transformational leadership are required in order to attract, retain and re-attract nursing talent.

We explicate the influence of uncertainty by applying the chaos theory of careers (Pryor & Bright, 2003) and describe HRM's role and TM strategies for attracting, retaining, developing performance and re-attracting ageing nurses, post-pandemic. We present a cycle of TM strategies for healthcare HRM beginning with nursing talent re-attraction, progressing to talent retention, and talent renewal strategies. We respond to recent calls for more research on the transition from retirement to work, especially when prompted by search for authenticity, balance, and challenge as well as HRM strategies for encouraging high demand nursing professionals to re-enter the labour force (Sullivan & Al Ariss, 2021). In addition, we aim to integrate the literature on TM and changing careers, which still remain largely disconnected in HRM literature (Crowley-Henry, Benson, & Al Ariss, 2019). Examining the TM of ageing workers in a field dominated by female workers, we respond to calls for more research regarding the concept of age and gender in HRM (Aaltio, Salminen, & Koponen, 2014). Although the consequences of the COVID-19 pandemic are particularly evident in healthcare organisations and in nursing profession, the pandemic has forced organisations in different sectors to re-evaluate their HRM practices and to find new ways to manage their human capital (Aguinis & Burgi-Tian, 2021). Based on our literature review, we conclude that focusing on the creation of sustainable and healthy work environments and the promotion of individuals' career adaptability, development and professional calling can be seen as means to manage talent in different organisations post-pandemic.

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