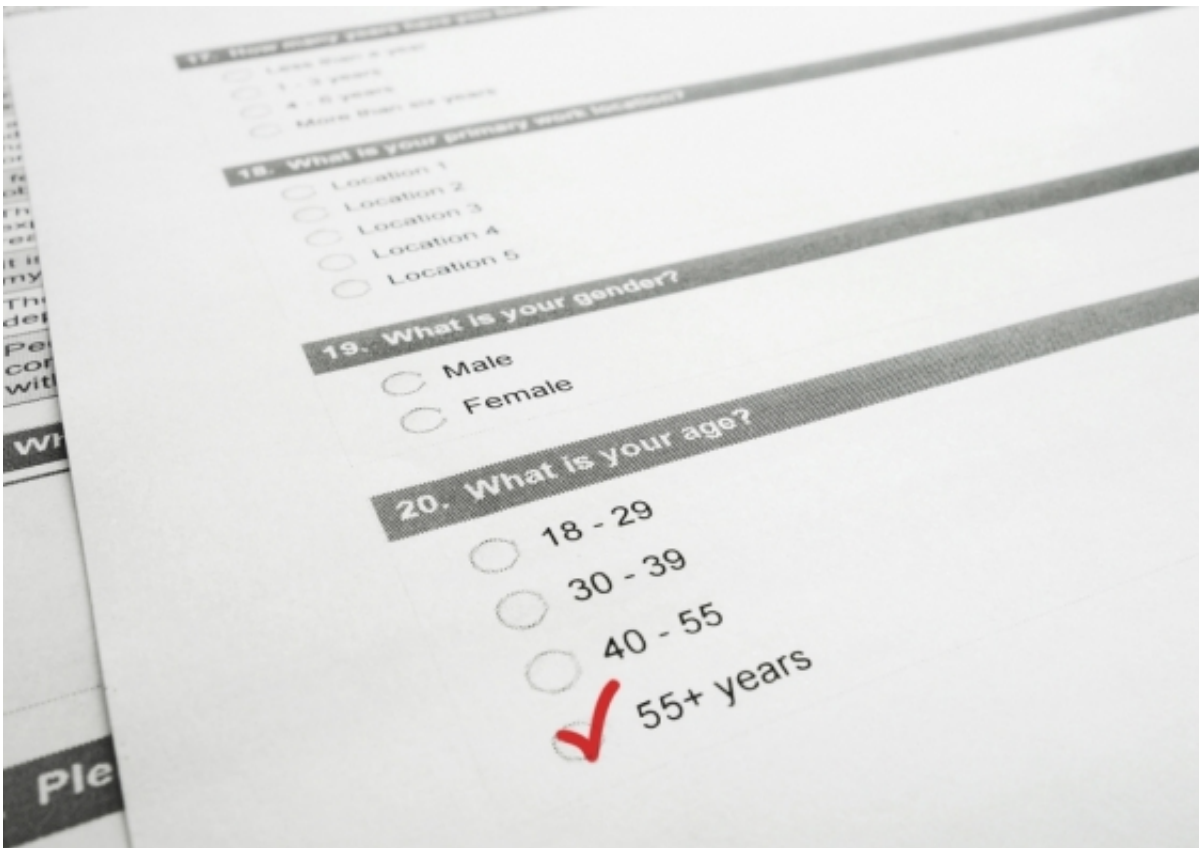


Why retire? Understanding the urge for doctors to work past 65

March 20 2017, by Myles Gough



17. How many years have you worked?

- ☐ Less than a year
- ☐ 1 - 3 years
- ☐ 4 - 5 years
- ☐ More than six years

18. What is your primary work location?

- ☐ Location 1
- ☐ Location 2
- ☐ Location 3
- ☐ Location 4
- ☐ Location 5

19. What is your gender?

- ☐ Male
- ☐ Female

20. What is your age?

- ☐ 18 - 29
- ☐ 30 - 39
- ☐ 40 - 55
- ☒ 55+ years

Credit: University of New South Wales

UNSW researchers have identified key reasons why some doctors continue working beyond retirement age, despite evidence suggesting their performance is more likely to decline.

In Australia in 2014, nearly 10 per cent of the medical workforce was over the age of 65. This marked an 80% increase from 2004. Currently, there are some 1700 employed [doctors](#) in Australia aged 75 and older.

While older doctors can occupy important roles in the profession as teachers, mentors and leaders, potential benefits must be weighed against a "complex array of factors associated with ageing" that could hinder optimal performance, the researchers say.

"Whilst the psychological health of older doctors who are still practising tends to be better than that of younger colleagues, there are demonstrated declines in their cognition and [patient outcomes](#)," said Dr Chanaka Wijeratne, from the UNSW School of Psychiatry.

"There is a need for the profession to promote retirement as a final transition in a medical career, and provide resources for doctors to do so."

Dr Wijeratne and colleagues recently surveyed 1048 Australian doctors aged 55 and over to better understand the professional and psychosocial factors influencing their retirement decisions. Their results were published this week in the *Medical Journal of Australia (MJA)*.

The researchers found that 38% of respondents had no intention to retire or were uncertain about their future retirement plans, and that the likelihood of retirement was most consistently predicted by two factors: the idea of work being a central component to their life, and their financial resources.

The results suggest the odds of retiring were lowest for doctors who saw their work as a central part of their life, and who had greater "emotional resources" such as better self-esteem and positive self-perception of their cognitive abilities.

International medical graduates also retired later, but researchers say this was due partly to their delayed entry into the workforce.

On the flipside, the survey results indicate that doctors with concrete intentions to retire, particularly those 65 and older, had achieved greater financial security and were more anxious about ageing.

The survey was sent to 6000 Australian doctors aged 55 and older in October 2015 and 1048 responses were considered valid. Respondents were asked to provide information about their demographic and professional details, education, medical specialty, geographic location, their typical hours and type of practice.

They were also asked to self-assess their physical and psychological health, and to indicate their intention to retire, along with the preferred age and a ranking of factors contributing to their decision.

Some of the other key findings:

- 38% (390) of respondents had no plans to retire or were unsure
- 62% (650) had plans to retire but only two-thirds nominated an age, and 315 of these respondents (48.4 %) were already older than 65
- Of those with plans to retire, the median anticipated age was 70 for men and 68 for women, which is later than the rest of the community
- Doctors aged 65 and older who intended to continue working indicated this was motivated by family or partner wishes, the cognitive stimulation and sense of purpose provided by work, and their good physical health

The researchers say their results will inform the development of educational resources to help doctors more effectively plan for their

retirement.

Doctors past retirement age have valuable skills, but need to validate them

The MJA also published a related editorial piece by Professor Brian Draper from the UNSW School of Psychiatry, who studies mental health problems and cognitive decline in old age.

Draper argues that doctors need to plan for retirement earlier in their careers as financial insecurity is one key factor keeping them in the workforce in late life.

While doctors working in the public sector are likely to have superannuation schemes with employer contributions, Draper says it can be more difficult for self-employed doctors, particularly general practitioners, to secure a stable retirement income.

But there are other factors, too: "Sometimes they don't have enough money, and sometimes they have nothing else to go to in life," he says. "A medical career can't be the be-all and end-all. Doctors need to have a rounded life with other interests, and they need to nurture relationships outside of work."

He says the benefits of having older doctors in leadership and teaching roles are "counterbalanced by evidence that they have less factual knowledge, are less likely to adhere to standards of care, and may also achieve poorer patient outcomes".

"While they may think they are in good physical health, there may be cognitive impairment that is harder for the older doctor detect," he says. "As doctors get older, keeping up with what's going on in the medical world

also gets harder and harder."

Draper notes that the Medical Board of Australia is currently considering implementing a revalidation system, which would require healthcare professionals to prove their skills and knowledge are up-to-date. He also highlights that the Royal Australian College of Surgeons (RACS) has changed its continuing professional development (CPD) regulations, requiring doctors to have their own GP and to undergo regular health checks.

He says these measures are needed, and that CPD programs should promote whole-of-career planning strategies, feedback from patients and peers, and age-related performance evaluations, which can proactively detect declines (or risks of decline) in a doctor's performance in certain tasks.

"This will help us reduce instances of decreased performance, and could help doctors transition their practice into areas where their skills are still appropriate and valuable," says Draper.

"You may not want a 75-year-old to be doing precise microsurgeries, but they may be perfectly suited to certain roles, and may even outperform younger doctors.

"On one level this is about reducing errors, but on another level it's about finding ways to better use older doctors' skills and abilities, which we need to treasure and value a lot more."

More information: Chanaka Wijeratne et al. Professional and psychosocial factors affecting the intention to retire of Australian medical practitioners, *The Medical Journal of Australia* (2017). [DOI: 10.5694/mja16.00883](https://doi.org/10.5694/mja16.00883)

Provided by University of New South Wales

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