

Retaining the Older Nurse

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Letvak, S. (2002). Retaining the older nurse. *Journal of Nursing Administration*, 32(7/8), 387-392.

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Abstract:

The nursing workforce is aging more rapidly than the workforce as a whole, and fewer young people are entering the profession. It is imperative that older nurses be retained, not only for their experience and expertise, but also to prevent worsening an already critical nursing shortage. A descriptive survey design was used to determine the knowledge base and plans for the aging RN workforce by North Carolina hospitals and nursing homes. Nurses over age 55 made up 14.1% of the respondents' RN staff. Most administrators are aware of the aging workforce and wish to retain older nurses. Unfortunately, 94% of facilities have no policies in place to address the needs of older nurses, and 87% admitted to having no immediate plans to do so. Specific recommendations are made to assist nurse managers in retaining the older RN.

Article:

We are in the midst of yet another nursing shortage. The North Carolina Center for Nursing 1 conducted a survey of all the hospitals in the state during the summer of 2000 to assess the severity of the nursing shortage. The average hospital RN vacancy rate was found to be 8.4%. Almost a third (31%) of hospitals reported vacancy rates of 6% to 11%, 16% had vacancy rates between 11% to 15%, and 10% were severely understaffed with vacancy rates of 16% or higher. The professional literature and the popular media are full of stories of impending doom if the current shortage continues to deepen as expected. Staffing shortages may lead to a decrease in quality of care as well as an increase in errors. 2 Heavier workloads and longer hours fall on an already stressed staff. A shortage of skilled nurses is a serious issue.

Historically, nursing shortages have come and gone, leading many to view this current shortage as "here we go again." This shortage is very different, however. Along with declining enrollment in schools of nursing, the RN workforce is rapidly aging. It is imperative that older nurses be retained, not only for their experience and expertise, but also to prevent worsening an already critical nursing shortage. Although much literature is available on the nursing shortage, little research has been done on the older nurse. Specifically, there is almost no research on the healthcare industry's response to the aging workforce.

The Aging Workforce

Nurses are aging more rapidly than the workforce as a whole. The average age of registered nurses in the United States has increased substantially, from 37.4 years in 1983 to 44.5 years in 2000, while the workforce as a whole has aged only 2 years during this same period. 3,4 Additionally, from 1983 to 1998 the number of working RNs below age 30 dropped from 30% to 12%, while the number of US workers under 30 dropped by only 1%. 5

Several other issues are important to the aging workforce. According to the Federation of Nurses and Health Professionals, 6 1 in 5 nurses plans on leaving the profession within the next 5 years, and a staggering 50% say they often think about leaving the profession. There also will be fewer nurses to replace those who leave the profession, as entry-level enrollment in nursing programs is drastically declining. Between 1993 and 1996, enrollment in diploma programs declined 42%, enrollment in baccalaureate programs declined 19%, and enrollment in associate degree programs declined 11%. 7

Research on Older Workers

Research has been conducted on older workers in general. Most studies demonstrate that chronological age is a weak predictor of capacity for productive performance. 8 Bass and Caro 9 found that older people have the physical and mental capabilities to perform all but the most physically demanding tasks, and they have the ability to learn new skills that may be required. Although employers may be concerned about higher rates of illness and absenteeism in older workers, Beatty and Burroughs 10 found younger and older workers have similar absenteeism rates. The National Center for Health Statistics 11 reports that while more persons over the age of 65 have chronic illnesses that limit their physical activity (38%) than do younger persons (15%), elders have fewer acute illnesses. In terms of physical abilities, Shephard 12 found that peak muscle performance remains constant until about age 40 and then declines only slightly from 40 to 65 years of age. Finally, Cofer 13 provided a summary of the literature, stating older workers perform as well as or better than younger workers and rank high in positive interpersonal skills.

Research on Older Nurses

There has been little empirical research on older nurses outside of demographic and anecdotal reports. Dorsett 14 surveyed 205 registered nurses age 24 to 69, and found that age was a significant predictor of updating behavior. Contrary to stereotype, older nurses (defined as age 40 and older) were more apt to keep up to date with changing job demands. Wheeler 15 interviewed 8 female RNs over the age of 50 who were employed full time in hospitals, and found these nurses felt good about themselves and their clinical skills but desired more continuing education. Age was not a deterrent for them in meeting the demands of their jobs. Brennan 16 utilized the constant comparative method to analyze interviews of 50 nurses over the age of 50 who were out of work for no more than 5 years. Findings included the ebb and flow of career patterns, family coming before careers, and feeling a sense of accomplishment by working. The nurses felt a moral obligation to deliver quality care.

Methodology

A descriptive survey design was utilized to determine the knowledge base and plans for the aging RN workforce by North Carolina hospitals and nursing homes. Surveys are a popular method for collecting data to describe, compare, or explain knowledge, attitudes, and behavior.

17 A simple 2-page questionnaire was developed using open-ended and closed questions. Several nurse administrators first reviewed the tool for face validity. In addition to basic demographic information (type of facility, number of beds, and number of RN staff), respondents were asked the following:

- * What percentage of employed RNs were over 55
- * How aware they were about the aging RN workforce
- * If they wished to retain older nurses
- * If any specific policies to address the aging nursing workforce were in place or were being planned
- * Who they felt was responsible for assisting aging nurses in continuing their employment (eg, employers, individual nurses, the government, or nursing education)
- * How concerned they were about the current nursing shortage

Open-ended comments also were solicited.

After Institutional Review Board approval, a list of licensed hospitals and nursing homes in North Carolina was obtained. Questionnaires were sent to administrators of all 160 hospitals and 411 nursing homes. A self-addressed stamped envelope was included. The overall response rate was 52% (45% of hospitals and 55% of nursing homes), which is considered successful as healthcare institutions are heavily surveyed. Typical response rates for mailed surveys are usually small, at 25% to 30%. More importantly, response rates over 50% allow findings to be generalized. 18

Findings

Responses were received from 62 hospitals, 214 nursing homes, 10 facilities describing themselves as both hospital and nursing home, and 4 facilities described as continuous care retirement communities. From the 411 nursing homes and 160 hospitals licensed in North Carolina that were surveyed, two questionnaires were returned from nursing homes that had closed. Descriptive statistics were performed using SPSS statistical software.

Study findings demonstrate that a significant percentage of employed RNs in North Carolina healthcare facilities are age 55 or over (average of all facilities = 14.1%). Hospitals averaged 12.6% RNs over 55, while nursing homes averaged 14.8%. Administrators were asked how aware they were about the aging workforce: 54% were very aware, 36% were moderately aware, and 10% stated they were unaware of this issue. Of note, hospital administrators were more aware of this issue, with 73% stating they were “very aware,” while for nursing homes, 48% were very aware.

Administrators were asked if they wished to retain RNs over the age of 55. There was no significant correlation (P (less than) .05) between type of facility and desire to retain older RNs. Overall, 22% of administrators stated “yes, at all costs” with 77% stating “yes, if they can meet job requirements.” Nursing homes were more likely to retain older nurses at all costs (24% vs 19%). Only one administrator responded that they do not wish to retain older nurses; however, this same respondent stated they had no older nurses in employ and marked “this issue does not apply to us” (Table 1).

Desire to Retain RNs Over 55	N	%
1. Yes, at all costs		
Hospital	12	19
Nursing home	51	24
Hospital/nursing home	2	20
CCRC	0	0
Total responses	65	22
2. Yes, if they can meet job requirements		
Hospital		
Nursing home	161	75
Hospital/nursing home	8	80
CCRC	4	100
Total responses	223	77
3. No, they are too costly		
Hospital	0	0
Nursing home	1	<1
Hospital/nursing home	0	0
CCRC	0	0
Total responses	1	<1
4. Does not apply		
Hospital	0	0
Nursing home	1	<1
Hospital/nursing home	0	0
CCRC	0	0
Total responses	1	1

CCRC, continuous care retirement community.

Table 1. Sample Characteristics (N = 290)CCRC, continuous care retirement community.

Administrators were asked if they had any specific policies in place to address the needs and issues surrounding an aging workforce. Unfortunately, only 6% of facilities (n = 16) stated they

had specific policies in place. Also of note, only 5% of facilities had plans to address this issue in the next 3 to 6 months, and 87% admitted to no immediate plans (Table 2).

Specific Policies for Aging RNs	N	%
1. Yes, policies in place		
Hospital	6	10
Nursing home	10	5
Hospital/nursing home	0	0
CCRC	0	0
Total responses	16	6
2. No policies in place		
Hospital	56	90
Nursing home	204	95
Hospital/nursing home	10	100
CCRC	0	0
Total responses	274	94
3. Will address in 3-6 months		
Hospital	3	5
Nursing home	10	5
Hospital/nursing home	1	10
CCRC	0	0
Total responses	14	5
4. Will address within year		
Hospital	11	18
Nursing home	10	5
Hospital/nursing home	2	20
CCRC	0	0
Total responses	12	8
5. No plans		
Hospital	48	77
Nursing home	194	90
Hospital/nursing home	7	70
CCRC	4	100
Total responses	253	87

CCRC, continuous care retirement community.

Table 2. Specific Policies for Aging RNs,(N = 253)CCRC, continuous care retirement community.

Administrators were also asked who is responsible for assisting the aging RN in maintaining employment. The majority of administrators (68%) felt individual RNs were responsible for their own skills, 60% felt hospitals and nursing homes were also responsible. Only 39% of administrators felt nursing education was responsible for retaining the aging RN, and 25% felt the state and federal government needed to play a role (Table 3).

	N	%
Individual RNs themselves	96	68
Employers	174	60
Nursing education	112	39
State and federal government	73	25

Table 3. Who Should Assist the Aging RN? (N = 290)

Finally, administrators were asked how concerned they were about the current nursing shortage. A majority of respondents (88%) stated they were “very” concerned, while 8% (n = 24) stated they were “concerned, but this shortage too will pass.” Only 4% of respondents stated they were “not concerned” about the nursing shortage.

Open-ended questions were asked about what policies were in place for older employees and any other comments on this issue. Specific policies currently in place to assist and retain older nurses include:

1. Benefit packages geared toward senior employees
2. Availability of 8-hour shifts when requested
3. Reduced or part-time hours with continuation of benefits
4. Part-time hours and flexible shifts encouraged for older workers
5. After age 60, may start retirement benefits to supplement part-time hours
6. Appreciation gestures to recognize years of service
7. Older RNs placed in administrative positions when possible and utilized to orient younger nurses
8. Part-time hours with reduction in benefits
9. Seminars paid by facility for professional development
10. Scholarships offered for continuing education

Other comments also were solicited. Respondents stated they were having trouble retaining all nurses, not just older nurses, and preferred older nurses for their strong work ethic. Numerous long-term care administrators stated agency nurses are crippling the healthcare industry and more

needs to be done to attract nurses to long-term care. Computer skills were mentioned as a weakness in older nurses. Finally, multiple respondents wrote about the need to attract more students into nursing to prevent a worsening of the shortage when the current older nurses retire.

Limitations

This study was limited to hospitals and nursing homes in North Carolina. Large-scale studies on a national basis may offer further ideas on how other healthcare facilities are managing the aging RN workforce.

Discussion

This study demonstrates that while the aging of the workforce is recognized as a problem within healthcare facilities, little is being done to address this growing concern. Nurse administrators must begin to develop policies and plans to meet the needs of an aging RN workforce.

Developing Personal Views of Aging

A first step in developing policies for older nurses is for managers and individual nurses to reflect individually on their own views of aging and the aging nurse. How are older nurses currently treated in your facility? How do you as an individual treat older nurses? Create a committee, consisting of both older and younger nurses, to address policies and concerns of the older nurse. A strategic plan needs to be developed to address the specific needs of older nurses and to promote retention.

Assessing Job Satisfaction

Managers must assess job satisfaction and areas of concern with their staff. Fletcher 19 writes that when assessing job satisfaction, nurses must be asked to think about attitudes and experiences stemming from current employment, why they entered the profession in the first place, and the reasons for remaining. Exit interviews must be conducted to determine why an individual nurse is leaving. All members of the administrative team could spend a few hours each month working with an older nurse to better understand the mission of the organization and the duties of the care providers.

In addition to assessing job satisfaction in older nurses, managers can survey staff to determine what is important to them. Nevidjon and Erickson 20 state that staffs of different institutions have differing needs. Although increased salary is usually always mentioned as a need, many nurses request increased recognition, more direct patient care, and increased autonomy. Beatty and Burroughs 10 found that while workers who are 40 to 49 years old rank money, enjoyment, and usefulness in order of importance, workers age 50 to 59 rank enjoyment of work, usefulness, and money in order of importance. Additionally, like most nurses, older nurses want flexible schedules, portable benefits, and innovative work environments that capitalize on their years of experience.

Promoting Organizational Commitment

Nurse managers must build organizational commitment. McNeese-Smith and Nazarey 21 found that commitment to one's place of employment is enhanced when a nurse feels good patient care has been provided. Overall job satisfaction, opportunities for learning, competitive salary, and a desire to retire from the organization also are important. Managers can encourage positive

interpersonal relationships with social gatherings and committee involvement. Research demonstrates that the intrinsic rewards of interaction with co-workers become more important as an individual ages. 22

Taking Responsibility

Although only 60% of the respondents in this study felt the institution has responsibility for retaining the older nurse, healthcare institutions have an obligation to the older worker. This study found few institutions with specific policies in place to address the older nurse. This is in agreement with Steinhauser, 23 who found that few companies offer major ongoing educational programs to prevent age discrimination or deal with intergenerational issues. Healthcare institutions must first assess their organizational culture, provide preventative and conditioning programs, and provide supportive environments for the older worker.

Frequent training and retraining opportunities must also be provided for older nurses. Schooler et al 24 state that the longer a worker remains in a job, the more likely he or she is to require training. Most institutions direct much of their education to new hires, new policies and procedures, and mandatory inservicing. Olson 25 found that older workers often fall behind in acquiring new skills because they are not given the same opportunities as younger workers. Employees are given the most training opportunities at the age of 40 and the least after 55.

The majority of respondents to this study (75%) did not feel the federal and state governments have responsibility for retaining the older nurse. However, nurses must encourage lawmakers to allow reforms in our pension systems to allow phased retirement. Nurses must take an active role in campaigning for the support of the Nurse Reinvestment Act and the Nurse Employment and Education Development (NEED) Act, which will provide money for career ladder grants allowing increased pay and recognition for years of experience in nursing. Nurses must also lobby for legislation on minimum staffing laws and the banishment of mandatory overtime.

We must provide recognition to the older nurse in addition to providing career ladders. Police and fire departments and our military recognize years of service with stripes or badges. Why not recognize years in nursing with stripes on a sleeve or pins visible to others?

Finally, we must all encourage and support research on older nurses. We know very little about older nurses or how nurses and others perceive them. Large-scale studies must be conducted on job satisfaction of the older nurse as well as on programs that enable us to retain our experienced nurses.

Conclusion

The graying of the RN workforce, along with a serious nursing shortage, requires that the healthcare industry give more attention to the problems and potentials of an older workforce. A slowing economy may prevent nurses from retiring as planned. Findings from this study clearly demonstrate that hospitals and nursing homes are aware of and wish to retain older nurses. Sadly, few have policies in place, and most are not considering implementing policies in the near future. Sorenson 26 writes that as we enter the end of our work lives, all careers provide mainly risk for losses and few opportunities for gain. As a person ages, they become increasingly vulnerable to entering the state of retirement.

In addition to the loss of knowledge and experience when a nurse retires, it is expensive to replace nurses. Money must be spent on advertising, interviewing, and orienting new nurses. There may also be financial loss from overtime and loss of business due to inadequate staffing. It is estimated that the replacement of an employee can cost as much as 150% of the departing employee's salary. 27

Nurse administrators must take an active role in retaining the older nurse. It is imperative that policies be developed if we are to retain older nurses and assure an adequate supply of our most experienced RNs. Many respondents in this study wrote that the older nurse does not want special treatment—only to be treated fairly. Nursing has an obligation to older nurses who have spent their careers caring for others; it is now our turn to care for them. Aging workers are our future—the job you save may be your own.

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