

The experience of being an older perioperative nurse

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Letvak, S. (2003). The experience of being an older operating room nurse. *AORN Journal*, 78(4), 635-649. doi:10.1016/S0001-2092(06)60670-4

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Abstract:

THIS QUALITATIVE STUDY used a purposive sample of perioperative nurses age 50 or older to describe the experience of being an older perioperative nurse. Three themes were identified from data analysis: growing old in the OR, interpersonal and organizational concerns, and worries about the future.

THESE OLDER PERIOPERATIVE NURSES still are challenged and energized by being in the OR, although they have concerns about call and scheduling and have experienced conflict with surgical technologists.

THESE NURSES ALSO ARE VERY WORRIED about the future of nursing, specifically perioperative nursing. They aptly asked, "What's going to happen when the older nurses are gone and no one is here to train the new ones?" *AORN J* 78 (October 2003) 635-649.

Article:

Aging of the nursing workforce has compounded an already acute nursing shortage. The average age of RNs in the United States has increased substantially from 37.4 years in 1983 to 41.9 years in 1996 and 44.5 years in 2000. The total US workforce has aged only two years during the same 17-year period.^{1,2} Although the average age of RNs is increasing, specialty areas, such as perioperative nursing, are experiencing an even more significantly aging workforce. One author reports that the average age of the 86,000 perioperative nurses in the United States is at least one to two years older than that of the average practicing nurse.³ Another author cites the average perioperative nurse as being 47 years of age.⁴ More specifically, a 2000 AORN member survey found the average perioperative nurse to be 47.3 years of age.⁵

The largest cohort of nurses in the United States currently is aged 40 to 49, and there is a significant decline in the number of nurses who continue to work after age 50.² With nurse labor market analyses indicating poor prospects for recruiting adequate numbers of nurses to meet US health care needs, retention of older nurses is imperative.⁶

Despite the recent media attention to the aging nurse workforce, little is known about older nurses, specifically older perioperative nurses. In the midst of a critical nursing shortage, it is crucial to understand what it is like to be an older nurse.

REVIEW OF THE LITERATURE

Aside from demographic and anecdotal reports, little research has been conducted on older nurses, and almost no research has been conducted on older perioperative nurses. One researcher

surveyed 105 RNs aged 24 to 69 and found that contrary to the expected stereotype, older nurses (ie, older than age 40) were more apt to stay up to date with changing job demands.⁷ Another researcher interviewed eight female RNs older than age 50 who were employed full time in a hospital. Although these RNs desired more continuing education, the researcher determined that they felt good about themselves and their clinical skills.⁸ More than 60 working and retired nurses in Canada, aged between their late 40s and mid-50s, were interviewed informally by one researcher.⁹ Using a verbal history approach, the researcher found that nurses stop working in their 50s because nursing is too difficult and labor intensive. Additionally, older nurses felt too distanced from younger nurses. This distancing made the older nurses feel that they could not join forces to bring about change. Another researcher used the constant comparative method to analyze in-depth interviews of 50 nurses older than age 50.¹⁰ These older nurses discussed placing obligations to family members before their careers yet believed they had a moral obligation to continue providing patient care.

In-depth interviews of 11 staff nurses older than age 55 were conducted by one researcher. Results of the interviews demonstrated that these older nurses were working because they continued to care about patients, despite

- * the Stressors of intergenerational conflict with younger nurses,
- * less respect from patients and their family members, and
- * inequity in pay.¹¹

They were confident in their abilities and felt capable of continuing to meet the demands of hospital nursing.

In another study, one important finding was that administrators desire to retain older nurses. In this survey of 571 hospital and nursing home administrators, nurses older than age 55 made up 14.1% of respondents' RN staff members. Almost all administrators were aware of the aging RN workforce and strongly desired to retain older nurses; however, 94% had no policies in place to address the needs of older workers, and 87% admitted to having no immediate plans to address this issue.¹²

In summary, although demographic information is available, little is known about the aging RN workforce, and even less is known about the work experiences of older perioperative nurses. The purpose of this qualitative study, therefore, was to describe the work experiences of older perioperative nurses. An additional purpose of this study was to encourage nurse empowerment, specifically of older perioperative nurses, by contributing to research. The research question asked was: What is the experience of being an older perioperative nurse?

THEORETICAL FRAMEWORK

Feminist, relational ontology provided the theoretical framework for this study. Nursing is a female-dominated profession; however, much of the research on the profession has lacked a gender perspective.¹³ During the past 25 years, numerous feminist theorists have challenged the prevailing adult growth and development models (ie, separation, individuation, independence) in favor of an alternative model of women's growth.¹⁴⁻¹⁶ By listening to the voices of women, researchers discovered that a woman's self develops, not as the result of movement away from

infant symbiosis and embeddedness toward adult autonomy and individuation, but rather as an inextricable part of relationships, interpersonal connections, and interactions. When women speak, therefore, they speak of themselves as living in connection with others.¹⁷ One theorist described this inner sense of connection to others as the central organizing feature of women's development.¹⁸ This connection provides a sense of value and effectiveness in life activities. Healthy relationships are mutual and growth enhancing. Historically, women have been deprived by a male-dominated society that has overlooked relational needs.

The premise of a relational framework is that women's development endows them with relational and expressive skills and the need for compassion and caring. Relationships are an integral part of life¹⁶ and are a fundamental component of a perioperative nurse's world. The majority of nurses are women, and some researchers postulate that women's voices can best be heard by using a feminist perspective. Additionally, a feminist perspective can be used, not only for understanding issues related to women, but also as a perspective for developing an understanding of human lives, regardless of gender, race, or culture.¹⁹

METHODS

This study used a purposive sample of perioperative nurses age 50 or older. I recruited participants by contacting perioperative nurse managers and by tapping personal networks. Three participants were recruited by referral from other participants. Consistent with qualitative methodology, participants were recruited until saturation of data was achieved. This occurred after enough data had been collected to determine initial themes or categories so that the experiences of additional participants are captured by the defined themes or categories.²⁰

DATA COLLECTION. After approval to conduct this study was granted by a university institutional review board, I contacted perioperative nurse managers of area hospitals by telephone to explain the purpose of the study and seek potential participants. First, I contacted participants by telephone to inform them about the purpose of the study and explain that interviews were expected to take at least one hour and would be recorded on audiotape. Additionally, I informed participants that more than one interview might be necessary. After initial telephone contact, four women and one man declined participation stating they could not find the time to be interviewed. A possible limitation of this study is that the experiences of the nurses who declined to participate were not heard.

I obtained written, informed consent from participants before interviews were conducted. Nine interviews took place in a quiet location at the hospital where the nurses were employed. Four interviews took place in the homes of the participants, and one interview took place at a coffee shop. Interviews ranged in length from 50 minutes to two hours 15 minutes, with the average interview lasting one hour. I interviewed three nurses a second time during data analysis to clarify and validate study findings.

A relational framework acknowledges the researcher as a vital part of a collaborative process of inquiry.²¹ Interviews (ie, conversations), therefore, were not conducted but were participated in by the nurses and myself. Interviews were informal, and no two interviews were alike as a result of the unstructured interview format. I recorded in-depth interviews on audiotape to ensure that the conversations captured all that was discussed. Conversations were unstructured, allowing

participants to describe their experiences rather than interpret them. I took descriptive and reflective field notes during interviews to capture facial expressions, body movements, and emotions that could not be captured on audiotape. Additionally, I used field notes to identify questions that required clarification later in the interview. The purpose of this study was to give voice to the older perioperative nurse, so a voice-centered, relational method of data analysis occurred concurrently with data gathering.

Initially, I asked all participants about

- * demographic information (ie, age, years in nursing, employment status, educational preparation);
- * how long they had worked in perioperative nursing; and
- * how long they planned to work in the OR.

After these initial questions were answered, I asked each participant to describe what it is like to be an older perioperative nurse. Before each interview, I bracketed out all existing knowledge and presuppositions regarding older nurses and problems faced by perioperative nurses in today's health care environment. Bracketing allows the researcher to converse with participants without attempting to validate his or her own presuppositions and beliefs.²² Specific presuppositions I brought to the study included that

- * ORs have become significantly more stressful as a result of increasing technology, cost cutting measures, and staff member shortages and
- * the physical demands of the OR (eg, heavy lifting, long hours of standing) may be especially difficult for older nurses.

DATA ANALYSIS. I also used the voice-centered, relational method to guide data analysis.¹⁷ This method translates relational ontology into a concrete method of qualitative data analysis by allowing individuals' narratives to be explained in terms of their relationships and the broader social and cultural contexts in which they live. Maintaining voice allows the reader to ascertain not only who is speaking, but also who is listening. It is the researcher's ability to develop meaning from the data that allows a shifting of the research process into a relationship within which the researcher can make meaning of the data.

The first step in data analysis was to transcribe all audiotapes verbatim. I incorporated field notes into the written text. The voice-centered relational method incorporates four or more readings of the interview text, which involves listening to the audiotapes while reading the written dialog. In the first reading, I read the text to determine the overall plot and story that was being told by a respondent. I listened for recurring images, words, metaphors, and contradictions in the narrative. I also reflected on my own feelings and thoughts about the story being told and wrote down points of identification with the participant, questions, and overall feelings. I then produced a written summary of the dialog content.

In the second reading, I focused on how the respondent experienced, felt, and spoke of himself or herself. I marked all references to self and then highlighted passages in the text that best exemplified what it was like to be an older perioperative nurse. This step was crucial because by

carefully listening to the respondent, I was brought into a relationship with that person and could discover how they speak of themselves without my bias.¹⁷

During the third and fourth readings of the text, I focused on the social context in which the respondents spoke. I directed my attention toward personal and professional relationships, how the nurses viewed themselves within their organizations, and how they viewed themselves within the profession of nursing. Building on the previous readings, I again highlighted passages that revealed personal experience.

I performed data analysis concurrently with data collection. I interpreted the meaning of each nurse's story, and as more interviews were collected, I noted areas of differences and agreement and developed categories and themes. When no new findings were identified, I stopped recruiting participants. Data were traced through individual interview transcripts and then through the overall group to present a unified voice for the older perioperative nurse. The voices portrayed were from all participants in the study.

All research must respond to canons that stand as criteria against which the trustworthiness of the project can be evaluated.²³ I ensured that scientific rigor was met in this study by adhering to established strategies.²⁴ These strategies include

- * an active analytical stance,
- * investigator responsiveness,
- * methodological coherence,
- * saturation of the data, and
- * theoretical sampling and sampling adequacy.

By following these strategies, I directed data analysis and development of the study as necessary to ensure that the completed project was reliable and valid.

FINDINGS

The participants in this study consisted of 14 perioperative nurses, aged 50 to 62 (mean [M] = 56.1) who were employed at least part time in staff level positions in the OR. Thirteen of the nurses were women; one perioperative nurse was a man. Thirteen of the participants were Caucasian and one was Asian. The nurses worked in five hospitals located in four counties of a southeastern state. Three of the hospitals are large teaching facilities, and two are community hospitals. Years worked in nursing ranged from 12 to 41 years (M = 31). Years worked in the OR ranged from nine to 32 years (M = 20.1). Ten of the participants worked on specialty teams, including urology, orthopedic, neurology, vascular, and trauma. Four of the nurses worked on general or float teams. Ten of the nurses worked full time, and four worked part time. Nine of the nurses were diploma prepared, three had associate's degrees, and two had bachelor's degrees. Three nurses planned on retiring at age 60, one at age 61, two at age 62, two at age 64, five at age 65 or older, and one was undecided, claiming she would "go as long as I can go."

Three central organizing themes emerged from the voices of the 14 nurses. The themes are identified as

- * growing old in the OR,
- * interpersonal and organizational concerns, and
- * worries about the future.

In reporting study findings, pseudonyms are used to protect the nurses' identities. Table 1 provides a brief description of each participant using the assigned pseudonyms.

GROWING OLD IN THE OR. The voices of all 14 perioperative nurses clearly were heard early in data analysis when discussing self. They characterized themselves this way-"We are not just nurses, we are OR nurses, and we love what we do." A majority of the respondents have spent their entire careers in the OR. Ms F, who works as a member of a float team, said

My entire career has been in the OR, and I love it. There is excitement. Different cases all the time-different patients, different people. Whatever comes to our door, you go in, and it is your turn.

Ms E, a specialty team nurse said

We are a different breed of nursing-it is different from any other, and I think that is what has made it easier to stay. There is such a variety of things going on; it keeps you from getting burned out.

TABLE 1
Participant Descriptions
Using Pseudonyms

Name	Age	Years of nursing experience	Years of OR experience
Ms A	57	33	13
Ms B	58	29	10
Mr C	50	12	12
Ms D	60	35	15
Ms E	50	26	18
Ms F	56	31	31
Ms G	61	37	10
Ms H	56	32	9
Ms I	59	35	26
Ms J	56	32	16
Ms K	55	31	30
Ms L	62	39	30
Ms M	55	32	32
Ms N	51	30	30

Ms M, who has spent her entire nursing career in the OR, spoke of being a perioperative nurse even before she became a nurse.

When I went into Fundamentals in nursing school in 1966, I distinctly remember the instructor going around and asking all of us what we wanted to do when we graduated. And all I wanted was to be in the OR. And I was the only one. I thought it would be exciting with a lot of action going on. And I was right. I loved it then, and I still do.

Overall, the nurses did not see themselves as "older." Clearly, they viewed themselves as being more experienced and respected. Ms I said

I don't see any problem working as an older nurse. There is always help, and I don't mind getting help when I need to. I guess I sort of demand respect because in that aspect, when I call for help, I get help.

Ms L also spoke of being respected

As an older nurse, you are really in a position of authority. Like the other day, one of the young doctors was getting huffy with the scrub tech, and things weren't going right. I told him, "Just listen-it is not her fault, so you just straighten up. I'm old enough to be your mother and I can bust your ears." And you know, he just shut right up.

Participants spoke of being more stable and working harder now that they are older. Additionally, they spoke of perioperative nursing being difficult, no matter how old one is. Ms A said, "Some days, it is just really hard no matter what your age is. Some of the younger nurses have a harder time with it. We've seen it all."

Participants said age is not an issue in the OR, although they do have less endurance. Ms K said, "Well really, being older isn't an issue. I may be more tired after eight hours then when I was in my 20s, but the recall and memory are just as good." Ms H, a part-time float nurse, said "If you have to cover a 3 to 11 [shift] and then go back to work at 6:30 the next morning, that is harder for an older nurse. We don't have quite the energy we used to have."

Ms F said

Sometimes you forget things. Like you go out of the room and I am supposed to pick something up but I forget and I go back in and they have to remind me. And my body has slowed down too- I can't move around as fast. But my job performance is not affected.

After many years of working in the OR, only five of the 14 nurses spoke of work-related injuries. Two participants had repetitive motion injuries, one slipped on a wet floor, one slipped off a pneumatic stool, and another had a corneal abrasion. Ms B who is working part time said,

The mental stress can be rough-especially during the downsizing period a few years back, but I haven't had any real physical injuries other than bumping my head once on a piece of equipment. But we've had lots of girls with injuries. Anyway, I don't worry so much about physical injury as I do about this being such a hazardous area with all the smoke and gases.

Ms D, a specialty team nurse, said

Once when I was working urology, there was a lot of water on the floor and I slipped and fell onto the palms of my hands. I'm always running into stuff too, though I don't usually get too banged up.

Ms A said

I've had a few strains and stuff but nothing acute. When I pull something wrong and have a backache for a few days, all I do is tell the tech or somebody, hey listen, I lifted this patient wrong and I got a strain in my back, and I need to take it easy. They will all say "take it easy," and I get a break for a few days. I do think what is most hazardous is all the water on the floor. It hurts when you hit the floor!

Of note, the nurses did not consider needle sticks to be injuries. "I've never had any injuries other than a few needle sticks, and maybe a few sharps injuries with knife blades and such," claimed Ms M, a veteran of 32 years in the OR. Another said, "I am sure to use great body mechanics and take care of myself. Other than a needle stick now and again, I haven't had any problems." Several of the participants considered health to be the responsibility of the nurse. Ms D said, "I have never had any back injuries, and I think I'm safe in saying that most injuries come from bad body mechanics." Another nurse said, "A lot of nurses with back problems, I think, already had problems and just want the compensation thing. Especially with these travelers." Several of the nurses also spoke of having to take care of themselves to properly care for their patients. All 14 of the participants planned on growing even older in the OR. Ms B joked

Well, seniority in the OR is great. It can mean that you've worked great and they've given you raises and you really love it. But it also can mean you can't do the job anywhere else-so we are staying.

Mr C, a specialty team member nurse concurred, "One thing about the nurse who is more than 50 years old in the OR. They either are leaving nursing or staying in the OR. We aren't going anywhere."

INTERPERSONAL AND ORGANIZATIONAL CONCERNS. The social context in which nurses work in relation to interpersonal and organizational concerns is the second theme I identified during data analysis. Specifically, the nurses spoke of the stresses caused by call and scheduling, as well as interpersonal relationships, particularly with surgical technologists.

All 14 nurses voiced concerns about call and scheduling. Ms G, who works part time as a member of a specialty team, stated "Older nurses just don't want to deal with the call because we still have to be here at 7:00 the next day, you know." Ms A said.

You can't stay up all night and then work half the next day with no sleep. At least, I believe I can't. I think it is hazardous to the patient. It compromises patient care. The only way I could get out of call was to go full time, so I did.

Ms N said, "Call and call pay are major issues. If you are going to have nurses on call, the pay is an insult. You are home-bound. You can't even put a cake in the oven." Ms A said, "Call is a problem. When I'm on call, I can count on at least 12 to 15 hours, maybe 18 sometimes. I think the longest I've done recently was 22 hours straight." Ms H said, "The call is a killer. Twenty years ago people would switch with you all the time. Now everyone is out for themselves." Ms D added

I've told my kids. If you are going to have an accident, don't have it on the weekend. You are going to have on-call nurses who are burned out. The on-call CRNA [certified RN anesthetist] is burned out. The doctor is burned out.

When discussing what will keep older nurses working, Mr C said

Nurses are probably leaving because of the schedules. You move to the top of your field in 10 years and they are asking people with 30 years of experience to work 12-hour shifts and take weekend call.

Several of the nurses felt that age and tenure should grant reprieve from call. "I believe that by the time you are 60, you don't need to be taking call again. You can't bounce back as fast as you could when you were younger." Another nurse said,

Hospitals must be more flexible. We paid our dues, and we need a little time with our older parents and our grandchildren. A lot of older nurses just might stay in longer if they didn't have to worry about call.

Ms L, the oldest nurse in the study, said "What will keep nurses? No call. There needs to be an age cut-off for taking call."

In regard to call, salary also was identified as a problem. "The OR needs to recognize call pay, recognize the validity of emergency call and how important it is to pay accordingly." The nurses spoke of the need to pay for experience. Ms B said, "Hospitals need to pay for experience. We need to show how experience equals better work and how that experience is valuable." Ms E said, "I know nurses who quit for a month or two and then came back and were hired for a few more dollars than when they left. What is the sense in that?" Finally, Ms M said, "You want to know you are making what you are worth. Your self-worth means a lot."

The older nurses also talked about themselves in relation to their patients and coworkers. Ms N said, "Working in the OR, most of your interpersonal relationships are with your coworkers because the patients are asleep." Ms I agreed but added,

I think we get a bad rap for not relating to our patients. But if you think about it, coming into the OR is probably one of the scariest things that can happen in a hospital, and we only have a certain amount of time to make people comfortable. You really do have to communicate, and communicate well.

The respondents also talked about the importance of their coworkers. Ms J said, "I think you'll find OR nurses are more team players than other nurses. We are there for each other."

The nurses described dramatic cultural changes in the OR with the presence of surgical technologists. Ms I said, "There is a big rivalry between the RNs and the techs. Techs will say 'you make so much money-you do it.'" Ms M said, "The big difference in the techs is they're not seeing the importance of certain things that have to be done for patients. They just don't have the education." Mr C said,

Part of the problem now with being an OR nurse is there are more techs. They have Generation X attitudes and don't want to be told how to do or when to do anything. They want to be on an equal level, but there is not an equal level there. I'm sorry, but there is not.

Ms L said,

We have a lot of techs in the OR. It used to be about 20% and now it is about 50%. Most of these techs are very young-younger than my children. They are right out of school. And that is the real problem. I'm not going to lie to you, you know. Their attitude comes across sometimes when they think I'm their mother or I'm acting like their mother. Which does happen sometimes (laughs) but they really are immature.

Several of the respondents had more positive relationships with surgical technologists. Ms G said,

Some of the techs look at us older nurses as a chance to learn something. You know, they hear us talking about the days before everything was disposable, and they just can't believe it. We reused the suction and most of the equipment. They can't even imagine [that].

Ms I said, "It really does depend on the tech. Some you pick up an attitude behind your back, like 'oh that fuddy duddy, she's a stickler for everything.'" Ms E said,

Well I get along fine with the techs. They do a great job, and I don't like to scrub much, though some of the nurses do. I like to circulate and be with the patient.

Several respondents spoke with remorse about the loss of the nurse in the scrub role. Ms F said, Oh, I miss the days when I scrubbed too. In an average week, you'd circulate three times and scrub twice, and the next week you circulated twice or you'd circulate in the morning and scrub in the afternoon. It was such a nice balance.

Ms N said, "They kind of sneaked up on us. We heard we were getting some help in the OR, but we didn't realize at first they were taking 50% of our jobs away." Ms G said

At first, I was really upset when all the techs came in. You know, they were stepping on our toes. We also heard rumors that they were going to make the same [money] as nurses, and that made us upset all the more. But it has worked out, and it doesn't bother most of us as much anymore.

WORRIES ABOUT THE FUTURE. All of the nurses voiced concerns about the nursing shortage, specifically in the OR. Ms D said

There is such a critical shortage of OR nurses, and I think it is going to get much worse down the road, and we will just be relying even more on travel nurses.

Ms M said

We are in crisis. You can't even get a vacation when you've earned the time. My whole career has been in the OR, and I am just so saddened to see what it has become.

Many of the nurses spoke about problems with the educational system. Ms L said

Younger nurses have been trained differently than us older nurses. We had a three-month or longer rotation in diploma school. The new nurses have barely seen the inside of an OR.

Ms I said

If I hadn't gone to a diploma school, I wouldn't be in the OR right now. We need more exposure in our nursing schools. People who come into the OR now think it is all glamour, and they figure it out soon enough and quit.

Educating new nurses also is a concern. Ms K said

We are bringing in some new young nurses, but our directors are not prepared to educate them, and we don't have educators. Our education programs are all CBL [computer-based learning]-that's great but who are these young girls going to ask a question of?

Ms F said, "A big problem is a lot of OR nurses just don't want to go through the trouble of educating anyone." Mr C added

You know, historically the OR has not been very open. We need to be more open; and we do see more students coming through, but a lot of time, the doctors don't want them in there. The attitude is "this is a team, and you are not going to be part of the team, so why should I waste my time teaching you?"

Other nurses spoke about the overcrowding in the OR. "We do need people interested in the OR, but we already have too many students. What with residents, anesthesia students, nursing students, tech students . . ."

The nurses were clear, however, about not accepting just anyone into the OR. "When I was in school, you had to show you cared. You are taking just anybody now," said one. Another said If you have someone even remotely interested in being an OR nurse, we have to grab them because we can't just take anyone off the floor and expect them to perform here. Another voice said

There is a big age gap in the OR. They are really young or really old. We don't see a lot of 30- to 45-year-old nurses. I think we made a big mistake of not encouraging nurses who were older than 30 to come into the OR. That was a mistake we all made.

Ms A clearly summed it up by stating, "How are we going to make the OR an attractive place so we get the best nurses? OR nurses just aren't any nurse, you know."

DISCUSSION AND CONCLUSION

The relational model and application of the voice-centered method of data analysis allows the voices of older perioperative nurses to be heard. These nurses have given most of their careers to working in the OR and love what they do. Older perioperative nurses in this study expressed frustration and concern regarding call and scheduling, as well as with cultural changes in the OR that have occurred with the introduction of the surgical technologist. Additionally, older

perioperative nurses are very concerned about the nursing shortage and recruiting high-quality nurses into the OR.

Job dissatisfaction is a major theme when discussing the nursing profession; however, despite the concerns and frustrations voiced, the older nurses in this study still said they generally were satisfied in their jobs. This supports findings from a recent study of rural nurses in New York, in which older nurses were significantly more satisfied than younger nurses.²⁵ Additionally, older perioperative nurses are able to meet the physical and mental demands of their jobs. The nurses spoke of being respected and having positions of authority in the OR.

Findings from this study have important implications for nurse managers. Although older perioperative nurses generally are satisfied in their positions, they are concerned about the demands of call, inflexible scheduling, and flattened wage structures that do not recognize years of service. They desire flexible work schedules and recognition that an older nurse may not be able to work consecutive 12-hour shifts. Indeed, older nurses are no different from other older workers in the United States, who desire flexible work schedules so they can avoid early retirement.²⁶ Additionally, the stress of call is a serious concern. Should older nurses with many years of tenure in their positions be granted reprieve from call?

Nurse managers have to ensure that the working environment is comfortable and safe. Several older nurses in this study spoke of having weaker bladders, but not being allowed to take timely breaks. Additionally, the nurses spoke of heavier equipment and frequent falls on wet or slippery floors. Quality lifting equipment must be readily available, and inservice programs should be provided frequently regarding their use. Tray weight limits must be adhered to strictly. Nonlip mats should be used wherever possible. Older nurses should be asked about their safety concerns. All nurses need to be aware that needle sticks are occupational injuries and not just part of the job.

Additionally, nurse managers have the responsibility of fostering positive relationships between nurses and surgical technologists, especially when intergenerational conflict may exist. Research has demonstrated that supportive work environments are an important predictor of job satisfaction as well as quality patient care.²⁷ Although intergenerational conflict has been discussed in the nursing literature and suggestions for improving relationships have been made,²⁸⁻³⁰ research is needed on specific interventions that will enhance communication and working relations among different age groups.

Findings from this study are important for nurse educators. Many of the older nurses in this study spoke of the loss of exposure to the OR with the demise of the diploma program. Indeed, the shortage of perioperative nurses can, in part, be attributed to a decrease in perioperative content in nursing program curricula.^{31,32} One study found that although 77% of ORs in a specific geographical area had vacancies, 83% of area nursing schools did not offer preceptorships or clinical internships in perioperative settings.³³ One researcher suggested a precepted perioperative elective course for students who express an interest in perioperative nursing.³¹ Another group of researchers suggested increased collaboration with colleges and universities to increase student interest and involvement in the OR.³² Despite concerns by participants in this

study about the number of students in the OR, it is clear that the only way to recruit more nurses is to increase exposure to the OR.

Most importantly, this study has significant implications for the profession of nursing. A critical shortage of nurses exists, especially for experienced specialty nurses, such as perioperative nurses. Increased dependency on travel nurses is expensive financially and adversely affects staff member morale. Additionally, as the shortage intensifies, perioperative nurses are concerned that nurses will be replaced even more by nonprofessional staff members.³⁴ Older nurses, such as the ones in this study, are vital to the stability of the health care system. They are physically capable of meeting the demands of their jobs and are experts in what they do.

Although many nurses leave the profession in their early 50s, the nurses in this study hope to work into their 60s. Although dissatisfied nurses may have left the profession at younger ages, research is needed to identify why older nurses have decided to continue working. Research is needed on alternative staffing models to reduce call and provide flexible scheduling for an aging workforce. Additionally, this study was based on a sample of perioperative nurses from the southeastern United States. Further research is needed about older perioperative nurses from other geographical areas, as well as other racial and cultural groups.

The nurses in this study gave voice to the experience of being an older perioperative nurse. They still are challenged and energized by being in the OR. They are respected by members of their close-knit teams; however, they also are very worried about the future of nursing, and specifically perioperative nursing. They desire refresher programs to encourage nurses to return to the profession and trained educators in the OR to assist with the training and precepting of new nurses. They also desire to be recognized for their years of service. As one nurse said, "What's gonna happen when your older nurses go out and there is just nobody here to train the new ones?"

Editor's note: Funding for this study was provided by ValleyLab, Boulder, Colo, through the AORN Foundation.

NOTES

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