

Should a Staff Nurse's Age Be a Consideration in Making Patient and Shift Assignments?

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I think it is entirely appropriate to consider a nurse's age in making assignments. The mean age of staff nurses is now well over 40, and many aging nurses have concerns about their own health and safety as well as the health and safety of their patients (Yox, 2004). Numerous reports point to a deepening nursing shortage, which is unlikely to reverse as other shortages have in the past. Therefore, it is imperative that we not only recruit new people into nursing, but that we also retain our older, more experienced nurses in the workforce. Statistics, however, show that many nurses leave the workforce entirely between the ages of 50 to 55. The demands of shift work, high patient-to-nurse ratios, increasing patient acuity, and flat wage structures that fail to reward years of experience have left older nurses with little reason to stay in the nursing work-force. It is not unusual to hear aging nurses talk about being overworked, underpaid, and underappreciated (Yox, 2004). To stem the tide of nurses who retire "before their time," it is crucial to recognize the importance of these clinical experts and give consideration to their age and their longevity in the profession when assigning them to patient care. For instance, providing nursing staff positions that require less on-call, shift, weekend, and holiday work and reduced patient care loads could be viewed as incentives for remaining in the profession and be used effectively to retain aging nurses.

Many nursing staff positions require on-call scheduling, especially in areas with unpredictable patient loads such as labor and delivery, the operating room, and postanesthesia units. As one ages, it is difficult to work a 12-hour shift and then be called back to work a few hours later for an emergency case. Conditions such as this may create high levels of emotional and physical exhaustion, particularly for older nurses who may not be able to physically recover from this experience as quickly as when they were younger. Nurses who experience emotional exhaustion generally have less job satisfaction and higher levels of burnout (Nursing Executive Center, 2000).

As individuals age, most will experience a progressive decline in aerobic power, reaction speed, and acuity of senses. Shift work poses additional risks for older nurses. Aging decreases the speed of circadian adaptation to night work, increasing the risk of sleep disorders and therefore impaired job performance and other negative health effects (Institute of Medicine, 2004). Our work environments are designed for younger "average" employees; as Blakeney explains, "Employers need to hire RNs for their brains and not brawn" (Yox, 2004, p. 2). We owe our

older nurses better working hours and reduced patient loads. This can help to keep them in the workforce, and also keep them healthy and safe.

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From an economic standpoint, it is important that we retain our older nurses because of the high cost of replacing them. The Nursing Executive Center (2000) estimates the average cost of replacing a specialty nurse at 156% of annual salary. The hidden costs of turnover can be sizable, and replacement costs can actually be four to six times higher than hospitals typically estimate. Flexible work schedules and reduced work hours are far less costly than replacing older, experienced nurses.

Finally, most professional careers reward workers who have spent many years in their profession. Nurses, especially those who choose to remain at the bedside, receive little reward. It is not uncommon that salaries for nurses employed at institutions for more than 10 years may be only a few dollars more per hour than that of a newly hired and newly licensed nurse. Also, schedules may vary little for those with numerous years of experience. This generation of older nurses, part of the baby boom generation, provided the greatest number of nurses ever to our profession. They have spent most of their lives providing care for others. As a profession that is charged with the care of others, isn't it about time we care for our own?

References

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