AONE **GUIDING** PRINCIPLES

Introduction

More than 51 percent of the current workforce is age 40 or older — a 33 percent increase since 1980 — and 40 percent of the U.S. nurse workforce is age 50. As nurses age, retire or find employment outside of health care the number of employable nurses will decline. Improved health and technological advances make it possible to extend work life beyond age 65. Older workers are needed for their skills and experience and to fill many essential positions. Employers must be prepared to invest in the productivity of these workers.

Assumptions

- The costs of nursing turnover at the state and national level are equal to or greater than two times a nurse's salary.

- Quality care and positive patient outcomes are associated with a highly skilled and caring nursing staff.

- With the loss of expert nurses to retirement, hospital safety and effectiveness could be severely compromised.

- Innovation in job design and nursing roles and functions are needed to retain and effectively utilize older nurses in the workforce.

- Adaptations to the work environment may be needed to enable the older nurse to be employed.

- Investments in programs to retain and to develop older nurses for new and emerging roles are essential.

- Effective new strategies to recruit and retain older nurses must be implemented.

- The work-related needs and characteristics of older nurses must be determined.

- Generation needs regarding motivators, demotivators and communication preferences must be determined.

Guiding Principles

- Commitment for retaining the older nurse in the workforce occurs across all levels of the organization (Senior leadership, Nursing leadership, MD leadership, HR).

- Organizations know and understand internal demographics such as the ages of nurses, intent to retire, types of positions vacated and succession plans.

- Human resource benefits are designed to entice the older nurse to stay in the organization (Health benefits).

- Alternative roles for older workers are designed and evaluated.

- Flexible work schedules are developed.

- Programs involving both experienced and newer nurses promote knowledge transfer.

- Training for various alternative career options is available.

- Environmental modifications with an emphasis on injury prevention are provided.

- Phased retirement or rehiring post-retirement options for older nurses are available.

- Training regarding strategies for understanding the aging workforce's generational needs must be available.

Operational Definitions

- Retirement: withdrawal from workforce participation – typically at a later stage of life and with the collection of accrued benefits such as Social Security or a pension.

- Older worker: anyone 40 or over.

Resources

- Curran, C.R., (2006). The Oldies are Goodies. *Nursing Economics*, 24 (4), 177.

  The author utilizes the literature on aging to debunk the myths that older workers in the nursing workforce are less flexible, less reliable, and more expensive than their younger counterparts. The author goes on to point out that while older nurses have a place in the workforce, modifications must be made to reduce the physical demands of patient care such as bedside computers, automated beds and the assistance of

non-professional staff. In addition, the author points out that modification of incentive structures must be done to recruit and retain the older nurse.

■ Stuenkel, D. l., & Cohen, J. (2005). The multigenerational nursing work force: Essential differences in perception of work environment. *Journal of Nursing Administration*, 35(6), 283-285.

The researchers discussed addressing the nursing shortage and retention strategies related to the multi-generational professional nurse in the work force. Information about the 4 generations—Veterans, Baby Boomers, Generation Xers, and Nexters--was shared. Tailoring management style to match the specific employee mix was highlighted. This article is appropriate for managers and nurse executives.

■ Larkin, M. (2010). Shortage strategies: Retaining the experienced nurse. *Journal of Nursing Administration*, 37(4), 162-163.

This article addresses three areas of focus: financial and institutional costs of retaining older nurses; current concerns and evidenced based interventions in creation of an environment that assists in retention of the older nurse; moving forward an effort to retain older nurses. According to Larkin, in 2010 40 percent of all RNs will be older than age fifty creating a significant impact on institutions as they retire, not only leaving in numbers but leaving gaps in advanced skill levels and years of expertise at the bedside. Wisdom and gut instinct come from experience, something that will be lacking as a

retirement exodus ensues. In a commissioned report *Wisdom at Work* by Robert Wood Johnson Foundation (RWJF), concerns and evidenced-based practice (EBP) interventions aimed at retaining older nurses are identified. Some of these include physical demands of bedside nursing, increasing emotional challenges at the bedside, and personal conflicts of long shifts. EBP promising interventions detailed in the RWJF report include improvement of the work environment to prevent lift injuries, boosting 401(k) participation, developing a culture that supports the older nurse, and offering flexible schedules that accommodate the older worker. Since *Wisdom at Work* has been released, RWJF has received feedback on best retention strategies which target the older and experienced nurse. These nurses have the desire to work; it is up to us to meet their request and the national demand for nurses.

■ Institute of Medicine (IOM). (April, 2008). Retooling for an aging America: Building the health care work-force. *Institute of Medicine Fact Sheet*. Retrieved from www.iom.edu/agingamerica.

■ Sweet, S., & Pitt-Catsouphes, M. Talent pressures and the aging workforce: Responsive action steps for the health care & social assistance sector. The Sloane Center on Aging at Boston College. Industry Sector Report 2.1.0. Retrieved from http://www.bc.edu/research.