IT'S ABOUT TIME:
AN ANALYSIS OF THE AGING NEW JERSEY NURSE WORKFORCE

A Report to Governor Chris Christie and the New Jersey State Legislature

December 2013

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The aging of our nurses and their impending retirements will only serve to heighten the looming nursing shortage our nation faces as both the nation and its caregivers age. Efforts to retain the older nurse must be responsive to the nurse's circumstances

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ABOUT THE NEW JERSEY COLLABORATING CENTER FOR NURSING

The New Jersey Collaborating Center for Nursing (the Center) was established at Rutgers, The State University of New Jersey State by statute (P.L. 2002, c116) on December 12, 2002, and builds upon the strategic work begun by New Jersey Colleagues in Caring, a nursing collaborative established in 1996 through the Robert Wood Johnson Foundation. The Center's overarching mandate is to assure the best possible nursing care for the residents of the State of New Jersey.

To assure the best possible care, objective information is developed and disseminated by the Center in order to provide an ongoing strategy for the allocation of State resources directed toward the nursing workforce, which is an essential component of the State's health care system. The Center's role, which is to determine whether New Jersey nurses are equipped to meet the changing healthcare landscape in New Jersey, becomes even more critical with the looming aging nurse workforce. This report focuses on the aging New Jersey nursing workforce, quality nursing care for New Jersey residents, and the rapidly shifting demographics of New Jersey.

ACKNOWLEDGEMENTS

The New Jersey Collaborating Center for Nursing would like to thank the New Jersey Board of Nursing for its support and all of the licensed New Jersey registered nurses who took the time to complete the survey that provided data for this report. Without their efforts it would not be possible to estimate the findings that are included in this report.

DISCLAIMER
The attached report contains research findings prepared by the New Jersey Collaborating Center for Nursing for Governor Chris Christie and the New Jersey Legislature. Statements of fact have been obtained from a sample of New Jersey registered nurses, and are not opinion-based statements of the New Jersey Collaborating Center for Nursing or it's Executive Board.

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EXECUTIVE SUMMARY

This report provides demographic and workplace details specific to the older registered nurses who are actively licensed to practice in the State of New Jersey. Of these nurses the overwhelming majority (95 percent) are currently employed and when they retire New Jersey will be faced with a health care crisis that needs to be addressed in the immediate future.

We know from previous research that the registered nurse workforce is much older than other professions (Auerbach, Buerhaus, & Staiger, 2007; Buerhaus, Staiger, & Auerbach, 2000; Harrington & Heidkamp, 2013). In New Jersey on average a registered nurse is 55 years of age. Based on this previous work, we surveyed registered nurses over the age of 50 in an effort to determine what factors led to their decision to retire, what factors would bring retired nurses back into the workforce, and how to keep currently employed nurses in practice.

Our findings suggest that almost half of the older New Jersey nurses are employed in acute care hospitals, and that the majority of employed and retired nurses are in very good health. Flexible work schedules, adequate support staff, better nurse staffing, and modification of physical demands are the most common factors reported by nurses that could keep them in the workforce.

This report includes research findings that are part of an effort to ensure that New Jersey has an adequate nurse workforce. Based on these findings, the New Jersey Collaborating Center for Nursing submits the following recommendations to Governor Christie and the State Legislature:

Recommendation 1: Retrain older nurses in an effort to keep them in the workforce, and develop positions that capitalize on the experience of the older nurse.

Recommendation 2: Continue to support P.L.2007, c.25 that requires New Jersey health care facilities to establish and implement safe patient handling programs. This modification the physical work environment should include ergonomic changes such as assistive devices or no lift policies.

Recommendation 3: Provide economic incentives that boost 401K, and financial planning. Offer incentives that include compensation for experience, tax-based incentives, or educational subsidies.

Recommendation 4: Support facilities that recognize nursing excellence and innovation in professional practice as well as those that value the experience of the older nurse.

FOREWORD

As a new generation enters the nursing profession as novices, another prepares to retire as experts. Quality nursing care for the residents of New Jersey depends upon the older nurses' sound clinical judgment, knowledge and expertise. It is imperative that the experienced, older nurse be retained and retrained in order to assure high quality nursing care in New Jersey. The retirement of older nurses in combination with an aging population will drive the 21st century nursing shortage. Now is the time to understand and analyze the needs of the older nurse in an effort to determine what can be done to retain these nursing experts rather than lose human capital to the passage of time.

An unprecedented shift in New Jersey's population demographics is underway and New Jersey needs to understand how best to retain the older registered nurse and assure high quality nursing care for the residents of New Jersey. This timely report presents the findings from a study of older nurses conducted by the New Jersey Collaborating Center for Nursing.

THE NEW JERSEY NURSE RETIREMENT STUDY

The New Jersey Collaborating Center for Nursing is constantly monitoring the status of the nurse workforce in New Jersey through surveys that detail demographic characteristics of nurses and the educational capacity of nursing programs statewide. This study expands on the Center's work and allows us to make policy recommendations based on empirical evidence that we have complied from registered nurses.

In an effort to determine if the aging nurse work force is an issue of concern in New Jersey, the New Jersey Collaborating Center for Nursing conducted the first survey of older New Jersey registered nurses. Through our relationship with the New Jersey Board of Nursing we were able to obtain home mail addresses from a random sample of 2,000 actively licensed New Jersey registered nurses ages 50-75 years.

The survey was implemented using a modified Dillman (Dillman, 2010) methodology, and nurses were queried on demographic characteristics, aspects of their job, and their health and wellbeing. The survey was well received by New Jersey nurses as evidenced by the fact that 40 percent completed and returned the survey with little to no incentive to participate.

BACKGROUND

In the 21st century, changes in the age composition of the population and of the labor workforce have emerged as the defining issue of our time. State leaders across the country are grappling with the social, economic, and public policy implications of this demographic shift.

As the nation's population ages, it should be noted that there is a large cohort of the nursing workforce that is 50 years of age or older. Nationwide, the average age of the registered nurse is 47 years. Overall, older nurses, defined as 50 years of age and older, comprise 44.7 percent of the nation's currently employed nursing workforce (Health Resources and Services Administration, 2010). Despite economic downturns, as this cohort of older nurses continues to age a large segment of the nursing workforce is expected to be lost through retirement, resulting in projected shortage of registered nurses within the next decade (Buerhaus, Auerbach, & Staiger, 2009).

In New Jersey, the average age of a currently employed nurse is estimated at 54 years, and approximately 54 percent of the employed nursing workforce is over the age of 50 (New Jersey Board of Nursing, 2012). In order to plan for a potentially large attrition of older registered nurses, it is important to gain a better understanding of the numbers of New Jersey nurses who intend to retire within the near future, identify their employment settings, and quantify the factors that may influence their retirement decisions.

THE AGING POPULATION
Aging matters. Never before in history, has the United States population consisted of increasingly larger numbers of aging persons. Birth rates have shifted, and there has been a decline in death rates. By 2020, aging Americans, the 65 and older population, is projected to increase 36 percent to 55 million. The 85 and older Americans are projected to increase 13.5 percent to 6.6 million during that time. People are living longer, and are projected to live even longer in the future.

Aging in New Jersey matters. In fact, at 13.5 percent New Jersey has a higher proportion of older persons when compared the nation as a whole (U.S. Census, 2010). Baby boomers are aging. Major healthcare challenges will accompany the aging of the boomers. Policymakers at the federal, state and local level are changing how matters of aging are addressed (Jacobs, 2006). Among these priorities is meeting the demands arising from the ethnic diversity of the aging population and their related health conditions.

Given that a larger proportion of older Americans are projected to survive to advanced years, the need for specialized nurses and nurse researchers will also increase (Grady, 2011). The aging New Jersey nurse workforce is in need of a response from policymakers, which will encourage the nurse to not retire. Retention will bolster the nursing workforce and assure high quality nursing care.

THE NURSE WORKFORCE

The current registered nurse labor supply has been described as a "bubble" which may not be sustainable over the long term (Staiger, Auerbach & Buerhaus, 2012). In the short term, the nursing workforce has made impressive gains in employment growth as compared to the 1990s. The nursing shortage, therefore, has been temporarily eased due to the increase in total full-time equivalent registered nurse employment. This growth in the nursing workforce has been spurred by salary increases. In addition, the economic downturns which began with the post-September 11 economic recession, motivated nurses to return to work to supplement their household incomes (Buerhaus, 2008).

The demand for nurses is expected to increase at a rate of 2 percent to 3 percent per year over the next two decades; however, the number of registered nurses is not expected to increase much at all due to the large numbers of nurses projected to retire during that period of time. It is anticipated that the nursing shortage projected to begin in 2015 will be nearly three times larger than any nursing deficit the U.S has experienced in the past fifty years (Buerhaus, Auerbach & Staiger, 2009).

The expected retirement of the largest cohort of nurses will push the registered nurse workforce below projected need by 2020 (Buerhaus, 2008). The aging of the nursing workforce is primarily due to the decline in younger women choosing nursing as a career between 1980 and 2000. As a result, the registered nurse workforce will continue to age, shrink, and will not meet projected long-term workforce requirements. Retention of the older nurse is essential to assuring high quality nursing care in New Jersey.

America's eldercare workforce is unprepared and understaffed (IOM, 2008). While the nursing shortage affects Americans of all ages, the aging of our nursing workforce and their impending retirements will only serve to heighten the looming crisis our nation faces as both the nation and its caregivers age. New Jersey and the nation must strive to retain older nurses in order to ward off a nursing shortage brought on by the passage of time and a lack of preparedness. New Jersey stakeholders need to recognize that nurses at the bedside, nurse educators and nurse scientists will play an increasingly vital role in assuring quality eldercare

METHODOLOGY
The survey for this report contained items to assess demographic characteristics and measures of job satisfaction that have been tested extensively in previous research and have demonstrated reliability and validity in more than a decade of health services research. Survey questions specific to factors influencing nurses' intentions to retire were constructed for this study from a review of the scientific literature. The survey also contained the SF-12 Health Survey, as a measure of perceived health. The SF-12 Health Survey, originally developed for the Medical

Outcomes Study, has well-established reliability and validity in over 40 countries and a variety of languages, and has been endorsed by the National Commission of Quality Assurance (Ware, Kosinski, & Keller, 1996).

Characteristics of the Older New Jersey Nurse

Table 1 outlines the demographic characteristics of older nurses in New Jersey. At 58 years of age, nurses currently employed are on average only six years younger that nurses who are retired. The overwhelming majority (94 percent) of both employed and retired nurses are women. Large proportions (79 percent) of white nurses are currently employed, which suggests that the New Jersey workforce may be slightly more diverse than the nationwide nurse workforce where 83 percent of nurses are white. However, the U.S. Census Bureau reports New Jersey as one of the most diverse states in our nation and it is concerning that a larger proportion (20 percent) of New Jersey's retired nurses are black. These numbers suggest that the currently employed nurse workforce is less diverse that those that are retired.

Table 1. The Demographic Characteristics of Older New Jersey Registered Nurses

	Employed	Retired
Age, mean (SD)	58.3 (4.0)	64.3 (4.8)
Gender		
Male	55 (6.2)	3 (6.0)
Female	833 (93.8)	47 (94.0)
Race		
American Indian Alaska Native	0 (0.0)	0 (0.0)
Asian	40 (4.4)	1 (2.0)
Black/African American	58 (6.3)	10 (20.0)
Filipino	74 (8.2)	2 (4.0)
Native Hawaiian/Other Pacific Islander	2 (0.2)	3 (6.0)
White	723 (79.0)	33 (66.0)
Mixed Race	4 (0.4)	0 (0.0)
Other	14 (1.5)	1 (2.0)
Total	915 (100.0)	50 (100.0)

Employment Setting of Older Nurses

Almost half (49 percent) of New Jersey's older nurses surveyed reported they were employed in hospitals (see **Figure 1**). This is followed by 14 percent of nurses who report that they were employed in an ambulatory care or an outpatient clinic setting. Eight percent of these nurses reported working in a nursing home or a long-term care setting, and 7 percent reported working in school health. Less than 3 percent of nurses reported working in academia, community health, pharmaceutical, and mental health. These findings differ slightly from the national nurse workforce as a whole where more nurses' report working in hospitals (56 percent reported by Budden, Zhong, Moulton, & Cimiotti, 2013; 62 percent reported by HRSA, 2010), and fewer report working in ambulatory care (6 percent), home health (6 percent), nursing home/long term care (6 percent), and school health (3 percent).
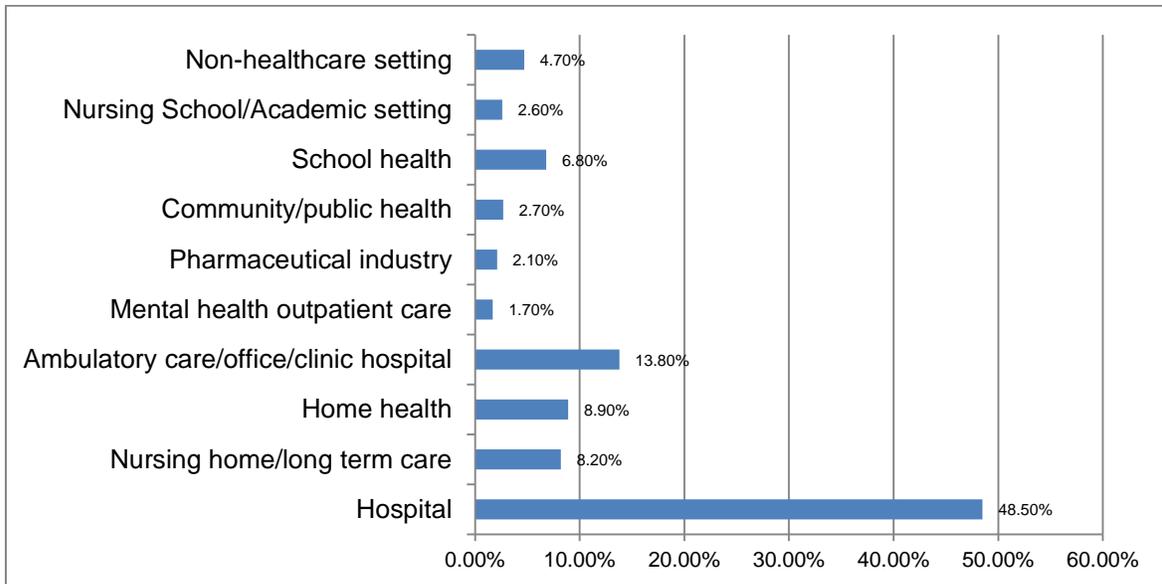
Figure 1. Practice setting of currently employed registered nurses

Slightly more than half (53 percent) of New Jersey's older nurses are staff nurses. These are the nurses at the bedside, the direct care providers, the nurses who carry the disproportionate burden of physical and emotional exhaustion associated with the delivery of nursing care.

Health Status of the Older New Jersey Nurse

Table 2 shows that there is virtually no difference in perceived health status of nurses who are currently employed and those who are retired. More than half (66 percent employed and 68 percent retired) of these nurses report to be in very good or excellent health. In fact, a slightly higher proportion (2 percent) of retired nurses report very good or excellent health when compared to nurses who are currently employed. Norman et al., (2005) reported similar findings where little difference was noted in the proportion of younger and older nurses who reported very good or excellent health (76.8 percent and 74 percent, respectively). This is evidence that given the current workforce demands there is a good possibility that nurses who are currently retired are physically able to perform nursing care with limited changes to the workplace demands.

Table 2. Perceived Health Status of Employed and Retired Registered Nurses

	Employed	Retired
	Number (percent)	Number (percent)
Excellent	230 (25.1)	13 (26.0)
Very good	377 (41.2)	21 (42.0)
Good	259 (28.3)	11 (22.0)
Fair	41 (4.5)	4 (8.0)
Poor	8 (0.9)	1 (2.0)
Total	915 (100)	50 (100)

Factors that Influence Registered Nurses to Retire

As one might expect, nurses reported that a number of personal and workplace factors contribute to their decision to retire. The personal factors that led nurses to retire are listed in **Figure 2**. Eighty-eight percent of nurses reported the need for more personal time, 67 percent reported that they had sufficient income, and 52 percent reported a personal health issue. Forty-four percent and 42 percent of nurses reported changing family responsibilities and health status of a family member, respectively.
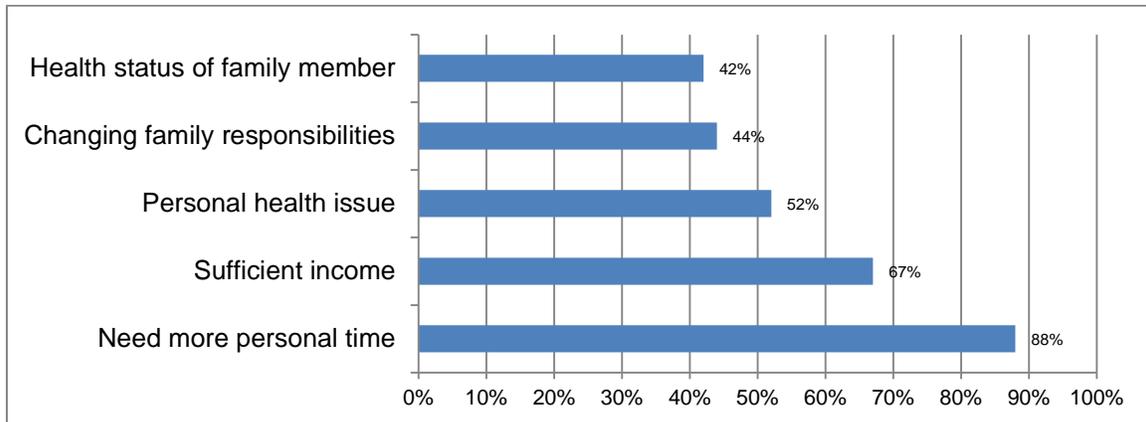

Figure 2. Personal factors that lead registered nurses to retire

The workplace or job-related factors that led registered nurses to retire are listed in **Figure 3**. Sixty-nine percent of nurses reported that the scope of the job responsibilities and that they achieved their personal goals led to retirement. The physical requirements of the job was a contributing factor in retirement reported by 60 percent of nurses, and work schedule and salary/wages were reported by 54 percent and 47 percent of nurses, respectively. These findings are higher than previous reports where 34 percent of older nurses report that salary and benefits as reason for leaving the profession (Norman et al., 2005)
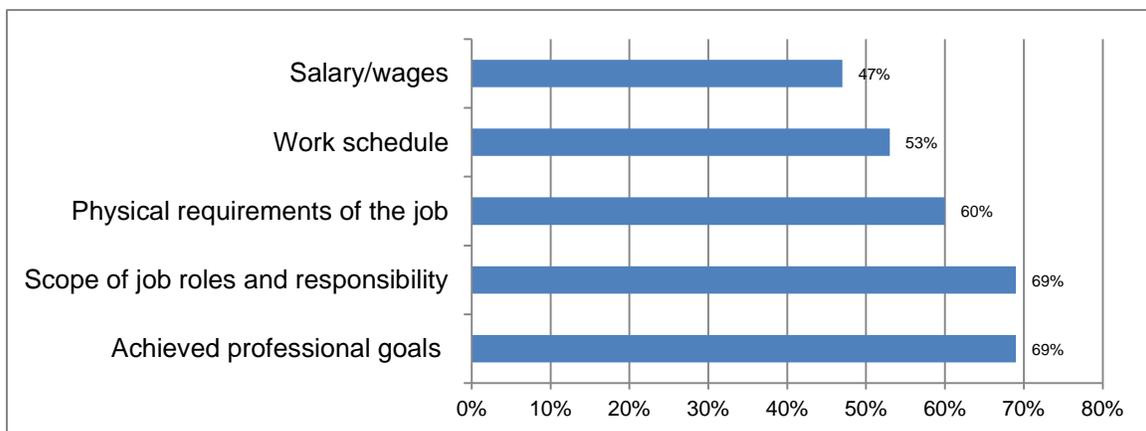

Figure 3. Work factors that lead registered nurses to retire

Figure 4 lists those factors that would bring retired nurses back into the workforce. When we asked nurses what factors would influence their decision to return to the nurse workforce, the overwhelming majority (80 percent) reported adequate support staff to perform non-nursing tasks would bring them back into the workforce. On average 75 percent of retired nurses reported that a flexible work schedule, better nurse-to-patient ratios, and modified physical job requirements would bring them back into the workforce. Additionally, the majority of nurses reported health insurance for part-time work (64 percent), better retirement benefits (62 percent), and a re-entry into practice program (70 percent) would bring them back into the workforce. These finding are not surprising since it has been previously reported that the majority (55 percent) of nurses who provide direct care are dissatisfied with their retirement benefits (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). In a previous report 80 percent of older nurses indicated that improve wages and benefits would solve our workforce crisis; 66 percent cited better working hours (Norman et al., 2005).
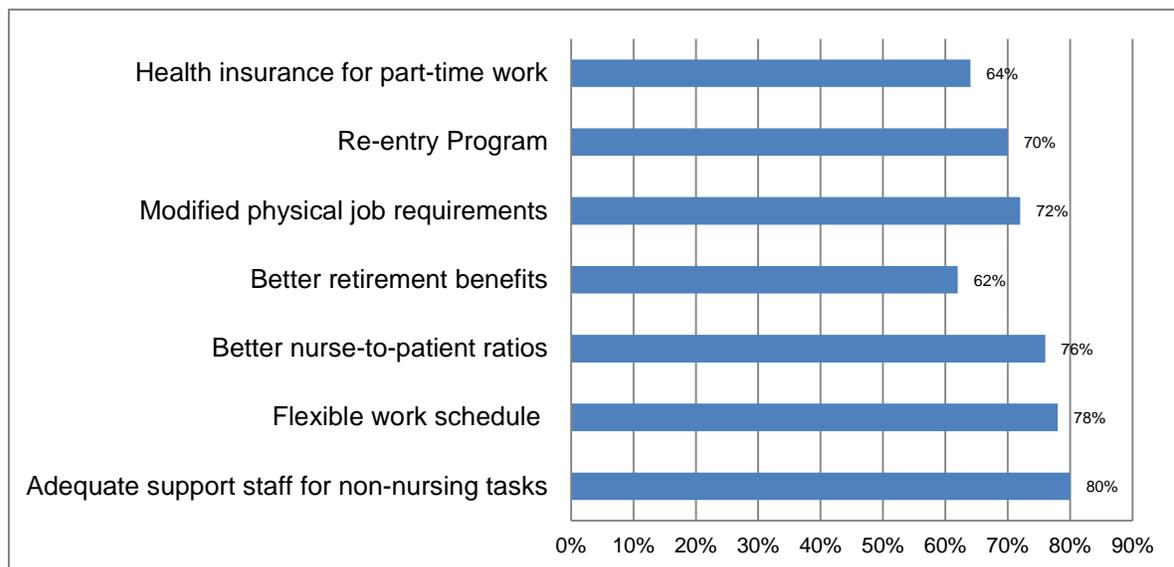

Figure 4. Factors that could bring registered nurses back into the workforce

Conclusions and Recommendations

Based on the findings from this study the following list of recommendations was compiled in an effort to stabilize the nurse workforce in New Jersey. By retaining the older segment of the nurse population in New Jersey we can avert a potential workforce crisis while providing the expertise that is necessary to provide high quality patient care.

The Joint Commission recommends making funds available for hospitals and other health care organizations for investment in nursing services and to align private payer and federal reimbursement incentives to reward effective nurse staffing.

Recommendation 1: Retrain older nurses in an effort to keep them in the workforce, and develop positions that capitalize on the experience of the older nurse.

Recommendation 2: Continue to support P.L.2007, c.25 that requires New Jersey health care facilities to establish and implement safe patient handling programs. This modification the physical work environment should include ergonomic changes such as assistive devices or no lift policies.

Recommendation 3: Provide economic incentives that boost 401K, and financial planning. Offer incentives that include compensation for experience, tax-based incentives, or educational subsidies.

Recommendation 4: Support facilities that recognize nursing excellence and innovation in professional practice as well as those that value the experience of the older nurse.

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