HEALTH CARE ON THE BRINK:
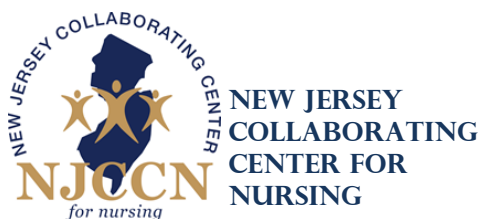# RETAINING EXPERIENCED NURSES

A White Paper on the New Jersey Nurse Workforce
December 1, 2011

NEW JERSEY COLLABORATING CENTER FOR NURSING

HEALTH CARE ON THE BRINK: RETAINING EXPERIENCED NURSES

A White Paper on the New Jersey Nurse Workforce

CONTENTS

EXECUTIVE SUMMARY

Health care and the population demographic changes that New Jersey will face in the immediate future are daunting. Within the next decade the aging population will increase significantly due to the baby boomers, who will consume a large portion of the available health care resources in our State. The increased demand for health care will be exacerbated by the large numbers of aging and retiring nurses, both in direct patient care and nursing education; all of which have the potential to place New Jersey and its health care system in jeopardy.

One solution to this emerging problem is to retain experienced nurses in our health care system and attempt to persuade those experienced nurses who have left the profession to return to direct patient care or nursing education. The question can then be raised what are the strategies that will help the health care system benefit from the wisdom of experienced nurses?

The New Jersey Collaborating Center for Nursing, along with the New Jersey Hospital Association, the New Jersey State Nurses Association, the New Jersey League for Nursing, and the Organization of Nurse Executives of New Jersey sponsored a conference to understand and address the issue of retaining experienced nurses. Nationwide experts on nursing and workforce issues presented at the one-day event to address implications of the aging workforce, focusing on the value of experienced nurses, workplace adaptations, and leadership strategies. The conference concluded with three participant small workgroups discussing and developing strategies to address these issues. After reviewing the reports from the workgroups, the attendees decided to develop a White Paper on the topic as an outcome of the conference.

As a result, in this paper the extent of the aging nurse challenge, nationally and in New Jersey, and retention strategies that were identified by the participants' small work groups are reported. Strategies for valuing the experienced nurse, adapting the work environment, and the role of nurse leadership in retaining seasoned nurses also are described to assist nurse leaders in preserving the high quality nursing care that is integral to quality health care in New Jersey.

HEALTH CARE ON THE BRINK: RETAINING EXPERIENCED NURSES

Current trends in the United States population and its health care system are suggesting that a severe health care crisis will result without a sufficient number of registered nurses. Registered nurses are vital professionals in the New Jersey health care system, and they represent the largest component of the health care workforce in the State. As the general population ages, the demand for nursing care will increase in areas such as chronic disease management, health promotion and wellness care, as well as end-of-life care. At the same time, a large number of the State's registered nurses are preparing for retirement and the supply of new nurse graduates entering the workforce is predicted to be far from adequate. To compound this situation, health care reform could bring an additional 1.3 million uninsured New Jersey residents into our health care system.[1]

One major part of a solution is to retain the experienced registered nurse workforce. It is obvious that a lack of retention strategies increases the need for more new nurses; yet, the best approach to retain experienced nurses has gone unexplored. The purpose of this paper is two-fold: 1) to examine those factors that contribute to experienced nurses leaving practice as nurses and 2) to provide recommendations on how to moderate the impending shortage of professional registered nurses in New Jersey. In this paper current trends are examined in the registered nurse workforce and three categories of evidenced-based strategies are introduced to upgrade the effectiveness and retention of this rapidly growing segment of the professional health care workforce.

Market Drivers That Impact New Jersey Nurses
There are a number of market drivers that have the potential to impact negatively the nurse workforce. However, three that have grave consequences for registered nurses and the overall quality of health care in New Jersey will be included in this paper: the aging population, the aging nurse workforce, and the aging nurse faculty.

The Aging Population. Stakeholders and policy makers have long described the graying of America as a potential health care time bomb. As baby boomers begin to retire from the workforce, many will rely heavily on Medicare and long-term care, two components of the health care system already burdened with fiscal issues.

A recent report on population growth from the United States Census Bureau found that, due to the aging of baby boomers, the fastest population growth rates are in the older age groups.[2] The population aged 45 to 65 grew at a rate of 31% and the population group that is 65 years of age and older grew at a rate of 15%. The fact that the largest numbers of older adults reside in the Northeast region of the United States is of further concern.

As the most densely populated state, New Jersey will find itself caring for a disproportionately larger share of older Americans. Presently, New Jersey has a population of 2.4 million who are between 45 and 64 years of age, and a population of 1.2 million who are 65 years of age or older. To complicate this issue further, 15%, of New Jersey residents are uninsured.[1]

The Aging Nurse Workforce. The recent report from the National Sample Survey of Registered Nurses found that 44.7% of registered nurses in the United States in 2008 were over 50 years of age.[3] This represents a 4% increase since 2004 and an 11% increase since 2000 in the number of nurses 50 years of age and older. Similar findings have been reported in New Jersey, where the majority of actively licensed and working registered nurses are 50 years of age and more than half of the State's nurses are between 46 and 60 years of age. One in eight registered nurses was over the age of 61 and almost a third of New Jersey registered nurses were 55 years of age or older.[4] These figures support a recent report that suggests that a large number of New Jersey nurses will begin to retire in 2010. As a result of this aging nurse workforce, an invaluable loss of nursing expertise and wisdom that comes from years of providing patient care can be expected. Experienced nurses have a deep-rooted understanding of patients' needs and have developed relationships with managers, administrations, and physicians, all of which have been linked to the quality of patient care.

The Aging Nurse Faculty. Findings from the National Sample Survey of Registered Nurses estimated that 31,056 nurses reported their principal nursing position was employment in schools of nursing. Of these nurses almost half were 50-59 years of age, and one in five is a nurse faculty member over 60 years of age. These figures suggest that 60% of our nursing faculty may be over the age of 50. The ramifications of an aging faculty have been reported, whereas in 2009, 52,115 qualified applicants were turned away from nursing schools in the U.S.[5] Following the nationwide trend. New Jersey colleges report that 58% of the faculty is over 50, and that only 85% of qualified applicants are admitted to entry nursing programs.[6]

Challenges in the Retention of Experienced Nurses
There are a number of key issues that have been identified as instrumental in nurses' decision to retire. However, there is a large body of evidence to suggest that factors present in the work environment of nurses may lead to poor patient care outcomes, and nurses' intent to leave the profession. These factors reported by experienced nurses include environmental issues that are both physically and emotionally demanding, and are associated with early retirement.

Physical Factors. It has been reported that the physical dimensions of aging such as menopause, diminished physical stamina, and sensory limitations related to visual and auditory acuity are compounded by workplace physical demands. Providing nursing care is physically demanding and the challenge of electronic health records and innovative uses of technology can be demanding as well as the fast paced care environments that are typical in acute care settings creating a challenge for the older nurse. The physical demands and long shifts associated with nursing care place the older nurse at higher risk of sustaining musculoskeletal injury.[7] In New Jersey, the majority of nurses report being injured on the job each year.

Emotional Factors. Lack of recognition and respect, autonomy, empowerment, as well as stress, burnout, and job dissatisfaction are factors commonly associated with nurses leaving the profession.[8] Older nurses also report lack of training and professional development opportunities and inflexible work options. Confounding these issues, the older nurse must contend with the experience of life stressors such as being a primary caregiver for elderly parents, college expenses for children, and a variety of financial concerns.[9] A third of all New Jersey nurses reported high levels of job-related burnout and 24% were dissatisfied with their jobs.[5]

Addressing the Challenge
Creating environments that retain experienced nurses was the focus of a conference at the Health Research and Educational Trust of New Jersey on May 11, 2010, and was co-sponsored by the New Jersey Collaborating Center for Nursing (The Center), NJ Hospital Association, NJ State Nurses Association, NJ League for Nursing, and the Organization of Nurse Executives of NJ. The Center serves as a future oriented research and development organization to disseminate objective data regarding the New Jersey nurse workforce. In a 2009 report, the Center made a recommendation to encourage employers of nurses to prepare for the retirement of large numbers of baby-boomer nurses. Subsequently, this conference was designed to present the most recent data regarding measures to value and retain experienced nurses.

In the keynote address, Peter Buerhaus, PhD, RN, FAAN, Vanderbilt University Professor, discussed the impact of the current recession in the United States, and identified near and immediate-term challenges facing the nursing profession and ways to address them. He described positive trends in the registered nurse workforce prior to the onset of the 2008 recession. His strategies to overcome these challenges included leveraging the profession's strong core of support by the public and private sector, as well as health policy thought leaders who know the contribution of nurses to the quality of patient care and safety. Strategies also described were preparing for the post-recession eventual job recovery, anticipating workforce needs for health care reforms, the increased impact of the predicted physician shortage, and the ongoing revisions of nursing education programs.

Linda Flynn, PhD, RN, FAAN, Professor and Associate Dean of Graduate Education at Rutgers University, discussed findings from a recent study. Flynn collaborated with the New Jersey State Board of Nursing to analyze the age distribution of all 108,079 nurses currently registered in New Jersey. Despite a recent influx of new registered nurse (RN) graduates, the average age of a New Jersey RN is currently 48.8 years of age. A total of 30.4% of current RNs in the State are 56 years of age or older, indicating that by 2017, almost one third of the current RN workforce will either be at or beyond the typical retirement age. Moreover, almost 9% of the current RN workforce in New Jersey is 65 years of age or older, indicating that they may retire at almost any time. Flynn warned that as the most experienced nurses retire, there might be a resulting loss of wisdom not found among the younger and less experienced nurses. She recommended a multifaceted approach to address the predicted "retirement tsunami" that would include strategies to delay full retirement among older nurses.

Dennis Sherrod, EdD, RN, Winston-Salem State University Professor and President of the Center for American Nurses, discussed the "Graying and Staying: Retaining Mature Nurses." Sherrod reported that nearly half of U.S. registered nurses are over 45 years of age, and that most nurses retire between the ages of 55 and 65. He reported that in a recent study very few hospitals had policies in place to address the needs of older nurses. Sherrod also reported that mature nurses (50+) described similar strategies that would encourage them to work longer: shorter work hours, continuing benefits such as health insurance, and new positions that may allow for mentoring younger nurses.

To create an environment that will value the experienced nurse, Maria Brennan, MSN, RN, CPHQ, Vice President and Chief Nursing Officer, St. Joseph's Regional Medical Center; Linda

Ries, DNP, RN, CNAA, Chief Nursing Officer, Hackettstown Regional Medical Center, and Dennis Sherrod conducted small group discussions on: Brain Drain, Workplace Adaptation, and the Role of Nursing Leadership. Creative strategies were identified and highlights were shared with conference participants and have been integrated into this paper.

The New Jersey Collaborating Center for Nursing has compiled the expert opinions from the speakers, with literature findings to develop this paper. Our recommendations provide a basis for a blueprint that the State's nursing and health care organizations can use in addressing issues with these strategies to retain experienced nurses.

Strategies for Successful Retention of Experienced Nurses
The participants in the Center's conference agreed that solutions to the potential workforce crisis should include the retention of experienced nurses, which could be addressed in three major categories: 1) incentives for retaining experienced nurses, 2) adaptations to the physical work environment, and 3) the role of nursing leadership.

Incentives for Retaining Experienced Nurses in the Workforce [10, 11, 12, 13, 14,]
- Economic incentives that include compensation for experience, such as tax-based incentives, pension and educational subsidies.

- Health promotion and stress reducing activities that will lighten the workload for experienced nurses.

- Staff development opportunities designed to retrain nurses for other roles/positions, which can capitalize on the experience of the seasoned nurse.

- Systems and health care organizations develop phased retirement plans, according to the needs of their nurses.

Adaptations to the Physical Work Environment [11, 12, 15]
- Ergonomically improved equipment and workplace design.

- Assistive devices, and a no lift policy.

- Patient care assignments clustered to minimize walking.

- Flexible staffing and scheduling that offers more days off between workdays, self-scheduling, and shift sharing options.

- Utilization of the wisdom of the experienced nurse by developing mentoring programs that pairs them with new nurses.

The Role of Nursing Leadership [11, 12, 15]
- Develop a culture within the work environment that values the experienced nurse, and recognizes their expertise.

- Implement shared governance and other principles of the Magnet Recognition program and/or apply for that status.

- Provide a program of lifelong learning and continuing education for the experienced nurse, including a special program to learn the basics of the new electronic technologies.

- Provide education for managers in how to meet the needs of the mature nurse.

- Facilitate the experienced nurse's knowledge transfer paired with a phased retirement plan.

- Implement retirement planning that includes a discussion of retirement plans during annual evaluations.

- Meet with individual nurses six months prior to retirement to investigate the possibility that the nurse would continue in a reduced direct patient care role.

The Solution: Retain the Experienced Registered Nurse

The aging population, aging nurse workforce, and aging nurse faculty reflect the current state of nursing in New Jersey. Bringing new nurse graduates into the workforce is not enough to assure an adequate supply of nurses in our State. It is imperative that administrators and health care stakeholders statewide work together in an effort to retain experienced nurses in the workforce.

As the evidence suggests, improving the work environment of nurses is a promising strategy in the effort to retain experienced nurses in the workforce, and it is one that can be implemented by health care facilities at little to no cost. Patients also benefit from the transmission of knowledge by experienced nurses.

Call to Action

Now is the time to institute retention strategies; the health care system cannot rely on a wait and see policy. To be complacent during the current recession, and eventual economic recovery, the shortfall of registered nurses in New Jersey will far exceed our capabilities.

A significant loss in the number of nurses working in New Jersey's health care facilities will result in inadequate nursing care, poor patient outcomes, and an economic burden placed on our health care system. The wisdom of the experienced nurses must be retained to provide the high quality nursing care that has always been associated with New Jersey health care facilities across the state.

APPENDIX A - AUTHORS

Geri L. Dickson, PhD, RN
New Jersey Collaborating Center for Nursing

Mary L. Johansen, PhD, RN
New Jersey Collaborating Center for Nursing
Rutgers, The State University of New Jersey, College of Nursing
mjohanse@rutgers.edu

Jeannie P. Cimiotti, DNSc, RN
New Jersey Collaborating Center for Nursing
Rutgers, The State University of New Jersey, College of Nursing
cimiotti@rutgers.edu

Barbara W. Wright, PhD, RN, FAAN
Health Policy Consultant
wrigbarb@aol.com

Diane Applebaum, DrPH, RN, CIC
Hunterdon Medical Center
applebaum.diane@hunterdonhealthcare.org

Barbara Chamberlain, PhD, APN, MBA, CCRN
PESI HealthCare

Jeannette T. Gabriel
Director of Policy and Research
JNESO

APPENDIX B - REFERENCES

1. Kaiser Family Foundation. (2011). New Jersey: Nonelderly Uninsured.
http://www.statehealthfacts.org
2. U.S. Census Bureau (2010) American FactFinder.
3. U.S. Department of Health and Human Services. (2010). The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses.
4. Flynn, L. (2007). The state of the nursing workforce in New Jersey: Findings from a statewide survey of registered nurses. Newark, NJ: NJCCN.
5. American Association of Colleges of Nursing.
6. New Jersey Collaborating Center for Nursing. (2011). Educational Capacity Report.
7. Ward-Smith, P., Hunt, C., Smith, J.B., Teasley, S.L., Carroll, C.A., & Sexton, K. (2007). Issues and opportunities for retaining experienced nurses at the bedside JONA *37*: 485-487.
8. Aiken, L.H., Clarke, D.P., Cheung, R.B., Soane, D.M. & Silber, J.H. (2002). Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction. JAMA *288*: 1987-1993.
9. Nooney, J. G., Unruh, L., & Yore, M. M. (2010). Should I stay or should I go? Career change and labor force separation among registered nurses in the U.S. Social Science & Medicine. *70*:1874-1881.
10. Fitzgerald, D. (2007). Aging, experienced nurses: Their value and needs. Contemporary Nurse *24*: 237-243.
11. Paterson, J, Moseley,A., & Jeffers, L. (2008). The retention of the older nursing workforce: A literature review exploring factors that influence the retention and turnover of older nurses. Contemporary Nurse *30*: 46-56.
12. Norman, L.D., Donelan, K., Buerhaus, P.I., Willis, G., Williams, M., & Ulrich, B. (2005). The older nurse in the workplace: Does age matter? Nursing Economics *23*: 282-289.
13. Sherrod, D. (2006). Strategies for retaining older nurses. Nursing Management *37*: 12-14.
14. Hill, K. S. (2010). A business case for phased retirement: will it work for nursing. JONA *40*: 302-308.
15. Palumbo, M., McIntosh, B., Betty, R., & Naud, S. (2009). Retaining and aging workforce: perceptions of human resource practice. Nursing Economics *27*: 221-227, 232.