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The Oldies are Goodies

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WHAT A FRIEND NURSING HAS in the Robert Wood Johnson (RWJ) Foundation. RWJ's good work for the nursing profession has helped us understand our profession, quality of care issues, the importance of adequate nurse staffing, and now the need to retain the older nurse as long as we can. Their recent publication "Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace" should be required reading for all nurse leaders (Hatcher et al., 2006). One of the most shocking pieces of this study was the definition of the older nurse as a registered nurse who is 45 years old or older! By 2010 40% of all RNs will fit into the category of older nurses. With more than a million people worldwide turning 60 every day, and in the United States where one baby-boomer turns 50 every 7.6 seconds, the workforce is aging rapidly. Although 65 is the commonly defined age of retirement, technology and improved health make a delayed age of retirement possible. As our country's health care delivery system seeks to recruit additional nurses, older nurses represent a rich source of skill and experience.

Mature Myths

Traditionally hospitals have invested their efforts into recruiting rather than retaining RNs. When replacement costs are inclusive of all aspects of employee turnover, the cost of replacing a medical-surgical nurse exceeds \$92,000 and it costs \$145,000 to replace a specialty-area nurse (Hatcher et al., 2006). So if a small hospital employing a mere 100 RNs has an average turnover rate of 21.3%, the annual expenditure to replace those 21 medical-surgical nurses would be just less than \$2 million (Hatcher et al., 2006). If the turnover rate of the 1.3 million nurses who are employed by American hospitals is 20%, the total cost to the industry is over \$12 billion.

Although the dollar cost of turnover is overwhelming, there is also a significant loss of expert knowledge. There are many myths associated with older workers. One common misconception is that older workers are unwilling to try new things. The reality is that workers aged 45 to 77 report that learning something new would be essential to their ideal job (Hatcher et al., 2006). A Louisiana State University study found that in a state agency, older workers were more willing than their younger counterparts to learn new technology (Kleiman, 2005). Towers Perrin (2003) found that as one ages, motivation increases rather than declines.

Another popular misconception is that older workers are more expensive to employ. However, the costs of more vacation time and pensions are outweighed by the low turnover of older workers. The true costs of employee turnover are rarely calculated by employers. The higher turnover of younger employees cannot be overestimated. There are often myths about the lack of return on investment from training older workers. The truth is that older workers stay on the job longer than younger workers following training (Hatcher et al., 2006).

Precious Assets, Not Liabilities

All of these positive data about the older nurse do not suggest that employers will not have to make changes to retain these valuable employees. Twelve hour shifts are difficult for 30 year olds; it is necessary to offer numerous choices of days and shifts for older workers. The physical demands placed by elderly patients on older nurses cannot be ignored. It's time to start thinking of technology as the nursing assistant. High-tech beds, carts, and wheelchairs minimize employee injuries and add to the patient's comfort. If you are old enough to remember orderlies, you remember how lovely it was to have strong young men to assist with the lifting, moving, and running associated with patient care. A bedside computer, a fully automated bed, and an orderly to assist in providing outstanding patient care are beneficial to nurses of all ages.

Employers must also modify their benefit and incentive structures to recruit and retain the older worker. In 2005, 49 hospitals were recognized by the AARP as best employers for workers over 50. These hospitals had workplaces designed for older workers including elder-care referral services, phased retirement, retiree relations programs, etc. These hospitals had corporate cultures that viewed the older worker as a precious asset rather than a liability.

When it comes to improving the bottom line and patient care, the evidence is clear: the oldies are goodies.