Aging Workforce

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 Does it ever worry somebody when a mother turtle leaves her newborn turtles to head back to the sea? This is what is about to happen in the nursing profession. Baby-boomers who are one of the largest workforce generations in nursing are continuing to retire every year in the US. Dolan (2011) shows that by 2020 current nursing workforce will not meet the staffing requirement across the country (Dolan, 2011). Nursing is going to be feeling the shortage unless something is done to prevent the older nurses from retiring too soon. The American Organization of Nursing Executives (AONE) has guiding principles on various topics and one of those principles talks about the aging nursing workforce. This paper will look at how to retain those older more experienced nurses longer to help ease that shortage.

 One top priority for nursing leaders across the states should be retaining these older experienced nurses until more new nurses get trained. Middaugh (2016) explains nursing will be close to nursing shortage crisis by 2050 (Middaugh, 2016). A few reasons for leaving are more baby-boomers continue to retire each year, job dissatisfaction, and nursing burnout. Research performed by Mackusick & Minick (2010) explains some reasons for nurses to leave the industry are being emotionally overwhelmed, workplace violence, and job dissatisfaction (Mackusick & Minick, 2010). Every nurse’s needs, will not be pleased by the policies implemented but addressing some of those concerns is a start. The nurse leader has to come up with ways to retain these nurses a little while longer to ease the transition of all the nurses retiring. If the these older experienced nurses all retire then the nursing staff will be left to figure it out and patient safety could be comprised with the less experienced nurse. The wealth of knowledge the veteran nurses carry means so much when training these new nurses who just graduated from nursing school. Quality of nursing care could be harmed as well when new nurses start on the job trying to find their own way. An older experienced nurse has been there before and knows what it takes to give excellent care to the patient. Snavely (2016) research shows that hospitals with open holes on the schedule have a higher rate of readmission to the hospital (Snavely, 2016). The safe high quality care is not provided to the patient with inadequate nurse staffing and the value of the care is not as great as it can be. DeNisco & Barker (2016) explains how the hospitals could be in staffing compliance at the start of a shift and then by the end of the shift patient to nurse ratios are out of compliance (DeNisco & Barker, 2016). If a nursing unit is short that day nurses will feel the pressure and mistakes can happen when under duress. Nursing executives have to look at the safety, quality, and value of the patients along with the staff of the hospital.

 Upon researching the Health and Medicine Division website no publications were found correlating to the retaining older experienced nurses or anything correlating to the nursing shortage. However, researching the University of Mary research database an article was found from the Institute of Medicine, which is now known as the Health and Medicine Division. Wyatt (2013) talks about how the nursing leader has to prepare for the nursing shortage and provide that nursing change for the future (Wyatt, 2013). The leader is the one held accountable for the staff they are leading. Hospitals run data identifying what is trending up and down for staff retention. Retaining the experience staff is key for hospitals to prevent the staff shortages that lead to mistakes happening compromising patient safety. Another issue with staff shortages is the hospital could possibly turn to travel nurses and they are very expensive. The nursing shortage is real and retaining the older experienced staff is a way to combat that shortage.

 Moving forward to the possible policies for nurse leaders to implement helping to retain older experienced nurses and easing the nursing shortage. Research provided by Hairr, Salisbury, Johannsson, & Redfern-Vance (2014) shows with patient to nurse ratios of 4:1 or fewer provde the patient a better chance for a positive outcome (Hairtt. et al., 2014). Leaders can implement a policy preventing nurses from taking more than 4 patients at a time in a shift. Doing this give nurses that job satisfaction of a positive patient outcome when nurses can give that high quality care to each patient (Hairr, et al., 2014). When a nurse has the time to give each patient his or her undivided attention the job is rewarding to the nurse. On the other hand when a nurse has to rush and speed up cares when having 5-6 patients nurses become burnt out, feel stressed or patient safety is compromised. Doing this leads to nurses quitting the profession or in this case the older nurses just retire. Majority of nurses would be for this policy and no cons to the policy at the staff nurse level. Another policy to help keep older nurses working is having a more flexible work schedule for them. Middaugh (2016) explains that making the schedule flexible for them is an incentive for those nurses to stay and work (Middaugh, 2016). This is great for the older experienced nurse and could work for them. One con would be the younger nurses without seniority might have some backlash to the idea. It is the leaders job to be transparent and make staff understand the reasoning behind each decision (DeNisco & Barker, 2016). The leader is the one to make sure all staff understands why the company is implementing the policy. The last policy talked about to possibly implement by nursing leaders is providing wage increase and bonuses to the senior staff as incentive to stay. Sorrell (2010) talks about the salary increase or providing bonuses to the aging to help retain them longer (Sorrell, 2010). By doing this the leader can offer a contract for the bonus and in return have the nurse stay 2 more years to receive part of the bonus upfront then receive the rest of the bonus upon completion of the 2 year contract. Once again younger nurses would have to have an opportunity for something like this to keep everyone happy. One option for that is the leader offering something along the lines of loan repayment.

 The nurse leaders has to get all the staff together in a meeting to announce when and what will happen for new policies retaining older experienced nurses. As DeNisco & Barker (2016) explains the leader has to influence the staff to see the whole picture of the policies being implemented (DeNisco & Barker, 2016). Then it will have to be staff to embrace these new policies and see the vision of the future these policies bring to the hospital. It will be a challenge for the nurse leader to get all staff to be for the policy. The AONE guiding principle The Aging Workforce suggests trying similar policies stated above to retain the older nursing staff. Nothing is perfect and each leader will have to try what they think is best in retaining their older staff.

 Financially the cost saving is huge for hospitals to prevent the older staff from retiring. Snavely (2016) shows that just preventing one percent of nurses from leaving can save a hospital $379,500 (Snavely, 2016). That is so much money a hospital could be putting back into the company reinvesting in employees. The other end of the spectrum is not so good to look at. Snavely (2016) shows that the turnover of just one staff nurse is between the mid $30,000 to the mid $50,000 range (Snavely, 2016). That is just one nurse from the bedside. Another factor is when hospitals have nursing vacancies that is a potential loss of revenue. Reaserach by Snavely (2016) talks about how the nursing shortage can possibly cause a loss of tax revenue impacting funding for the hospital (Snavely, 2016). The loss of funding means less for the staff. Without the funding certain aspects of the companies budget has to be cut in order to balance the budget.

 In conclusion, the nursing shortage is real and is happening in present day. Nursing leaders that are passive on the topic are wrong and need to start being proactive on the issue. The AONE has a guiding principle about the issues and has ways to help alleviate the nursing shortage. The fact they have a guiding principle shows they understand there is an issue occurring right now. Nurse leaders can provide a better patient to nurse ratio, a flexible schedule, and offer wages increases along with bonuses as incentives to stay in the nursing profession. These polices are just ideas and nurse leaders can find which one suits their own senior nursing staff. With every policy comes backlash and dealing with that when it arises is key for the leader to keep the respect and morale of the staff in the positive light. Financially it is better to hold on to the senior staff longer and ease the nursing shortage until more nurses join the workforce. Nurse leaders have the challenge laid out in front of them. Now it is time to accept the challenge and make a positive impact to prevent the full force of the nursing shortage starting with retaining the older experienced staff.

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