

## Is Age and Mental Health a Determinant of Nurse Longevity in Critical Care?

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### Defining Old

- For statistical purposes, older workers are often considered those between the ages of 55 and 64,
- Law defines an older worker as anyone 40 or over. The legal definition tallies with a pervasive attitude among many corporate recruiters who consider 40 and up unacceptably old.
- Some sources further stratify the group: younger aging worker (ages 45–54); middle aging worker (ages 55–65) and older aging worker (over 65).
- The older nurse is considered to be 45 years and up, unless otherwise specified.

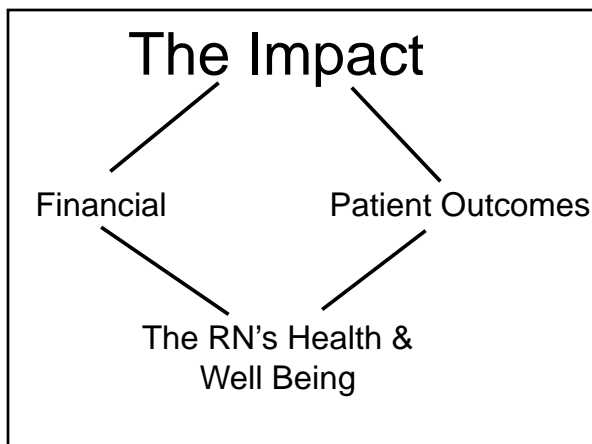
### Demographics of the Workforce

- National Sample Survey of Registered Nurses reported that 49% of working RNs in the United States can claim birth between 1947 and 1962.
- In 2002, these nurses began to reach 55 years of age, the time period where RNs historically begin the journey toward reduced hours and retirement.
- In Canada, a similar trend exists: 1 in 3 nurses is 50 or older (and 1 in 10 is under the age of 30).

Health Resources and Services Administration. Projected Supply, Demand and Shortages of Registered Nurses: 2000–2020. Rockville, MD: National Center for Health Workforce Analysis, Bureau of Health Professions, July 2002.  
Canadian Institute for Health Information. "Nursing Workforce Getting Older: One in Three Canadian Nurses Is Over 50." News release: December 14, 2004. Available at: <http://www.newswire.ca/en/releases/archive/December2004/14/c4933.html>. Accessed January 10, 2006.

### AARP's Definition of Retirement

While leisurely pursuits, fun, and time with family and friends still dominate peoples' images of retirement; pre-retirees envision a retirement that includes at least some form of work. Fewer than half (48%) define retirement as a chance to stop working for pay completely, slightly more than half (53%) state that their definition of retirement includes working for enjoyment, not money and having to do some kind of work to help pay bills (42%).



### The Financial Impact

- A survey of turnover in acute care facilities found that replacement costs for nurse positions are equal to or greater than two times a regular nurse's salary.
- Given a rate of nurse turnover in 2000 of 21.3 percent and a national average salary for a medical surgical nurse of \$46,832, the cost of replacing just one nurse was \$92,442.35 Replacing a specialty-area nurse increased this cost to \$145,000.
- Replacement costs include human resources expenses for advertising and interviewing, increased use of traveling nurses, overtime, temporary replacement costs for per diem nurses, lost productivity, training, and terminal payouts

HSM Group, Ltd. J of Nursing Admin,2002;32(9):437–439.  
HSM Group, Ltd. J of Nursing Admin,2002;32(9): 437–439.

## What if?



- Assuming a national nurse turnover rate of approximately 20 percent and a total RN population of 1,300,323 working in U.S. hospitals at an average annual salary of \$47,579.
- Estimated total cost of turnover to the industry \$12.3 billion



VHA. The Business Case for Workforce Stability. VHA Research Series 2002, Volume 7. Available at: [https://www.vha.com/portal/server.pt/gateway/PTARGS\\_0\\_2\\_1536\\_341\\_0\\_43/http%3B/remote.vha.com/public/research/docs/stability.pdf](https://www.vha.com/portal/server.pt/gateway/PTARGS_0_2_1536_341_0_43/http%3B/remote.vha.com/public/research/docs/stability.pdf). Accessed January 12, 2006.

## Hidden Costs

- What you really lose through people leaving, is efficiency & knowledge of how to get a job done faster and better. Losing the knowledge of expert older nurses can negatively affect organizational performance and productivity.

*"It is so important to have longtime nurses. They're the ones who know the system as well as the best way to care for the patients that the hospital commonly sees. In addition, it's a well-known fact that it costs a lot more to train a new nurse than to retain one."*

Leah Golden

## Impact of Nurses On Patient Outcomes

- Increase nurse staffing was associated with; lower hospital related mortality, lower cardiac arrest, lower hospital acquired pneumonia in the surgical population, lower episodes of failure to rescue, lower UTIs, lower G.I. bleed/shock, lower falls & rates in hospital acquired pressure ulcers
- The risk of hospital deaths would increase by 31% or roughly 20,000 avoidable deaths each year if all hospitals had a ratio of 8 patients per nurse instead of four. Each patient over a 4:1 ratio result in the odds of nurse burnout increasing by 23 percent, and job dissatisfaction increasing by 15 percent. (JAMA 2002)

The loss of older, expert nurses could indeed have a disproportionate impact on patient safety and quality of care, resulting in an increase in poor patient outcomes and adverse events. (Hatcher BJ, et al Wisdom At Work, Robert Woods Johnston Foundation, 2006)

## The Older Nurse by MacInnis

We tilt our heads back to use our bifocals. Our knees are bad, our feet flat, backs out, and shoulders pulled. Sometimes, when we run to the desk to get something, we can't remember what it was we were running for by the time we get there.

We are old nurses. But we still have something not found in the new nurse, something worth more than being swift; we have experience. Some patients can only be cared for by a veteran nurse, like those patients on ventilators, those with difficult families, or those with a variety of illnesses. Then there are those who receive care from different departments. A more experienced nurse can better juggle the needs of such patients and we can better assess orders based on the patient's condition.



MacInnis K. Amer J of Nursing, 2003 103(1): 31.



Blessed Are The Flexible  
For They Shall Never  
Be Bent Out Of Shape

## Myths about Older Workers

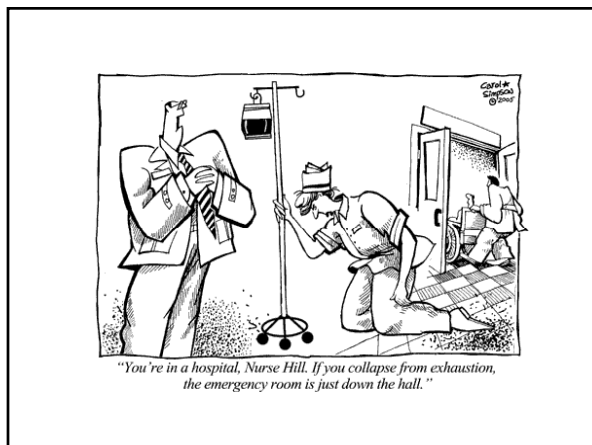
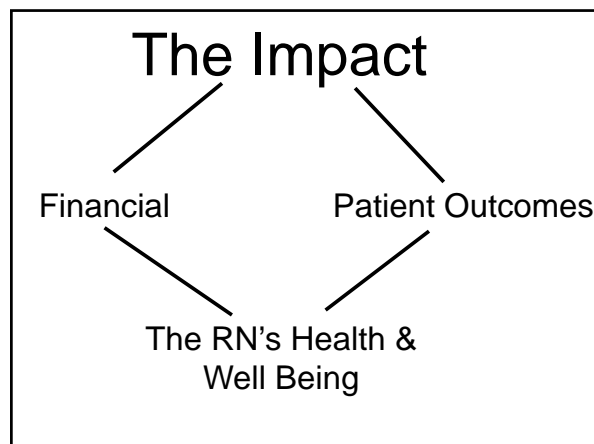
- **Myth: Older workers are not agile or quick, so they're of little value.**
  - Reality: Some mature workers do experience physical limitations, but their accumulated knowledge and experience and strong interpersonal skills often far outweigh physical limitations.
- **Myth: Older workers will either be disabled or out sick more often.**
  - Reality: Attendance studies reveal that older workers consume less sick time for short-term illnesses than younger workers.
- **Myth: Older workers are unwilling to try new things.**
  - Reality: Among workers aged 45 to 77, a total of 88 percent said "the opportunity to learn something new" would be essential to their ideal job.

AARP. Staying Ahead of the Curve: Washington: AARP, September 2002. Available at: [http://assets.aarp.org/rgcenter/econ/d17772\\_multiwork.pdf](http://assets.aarp.org/rgcenter/econ/d17772_multiwork.pdf). Accessed December 1, 2005.  
McNaught W and Barth. *McSloan Management Review*, 33(3): 53-63, Spring 1992

## Myths about Older Workers

- Myth: Older workers are unwilling to learn new technology.
  - Reality: A study by Louisiana State University found that older workers in a state agency were more willing than their younger counterparts to learn new technology.
- Myth: Older workers are less driven because of burnout or proximity to retirement.
  - Reality: Employee motivation increases—rather than declines—with age in many situations.
- Myth: Older workers as a group are considerably less cognitively sharp than younger people.
  - Reality: Selected cognitive decline actually begins at age 25. Less than 5% of people aged 65 to 69 have moderate to severe memory impairment

Kleiman C. Chicago Tribune, May 24, 2005.  
Working Today: The 2003 Towers Perrin TalentReport. Available at:  
[http://www.towersperrin.com/hrservices/webcache/towers/United\\_States/publications/Reports/Talent\\_Report\\_2003/Talent\\_2003.pdf](http://www.towersperrin.com/hrservices/webcache/towers/United_States/publications/Reports/Talent_Report_2003/Talent_2003.pdf). Accessed January 13, 2006



## Impact of Aging

- Progressive decline of aerobic power, reaction speed and acuity of senses
- Age decreases the speed of circadian adaptation to night work increasing the risk of sleep disorders and negative health effects
- Individual variability in age-related changes
- Adverse physical and mental health outcomes for women in jobs with high job demand and low job control

Letvak S. Nursing Outlook, 2005;53:66-72

## Physical Injury

- In US hospitals illness and injury rates for nurses increased by 52% between 1980 and 1993 (IOM report)
- RNs ranks 6th among US occupations at risk for strains and sprains
- 46% of injuries occur in RNs > 45yrs old, however, the majority occur in younger nurse
- Latex allergies/needlestick injuries
- Musculoskeletal disorders:
  - Age
  - Previous back problems
  - Situational factors (staffing levels)
  - Availability of lifting devices
  - Job strain factors

O'Brien-Pallas L. et al. J of Nursing Scholarship, 2004;36:352-357  
US Department of Labor, Bureau of Labor Statistics, released 2002

## Physical Demands of the Work

- The lack or inconsistent use of patient lifting devices and other technologies
- Presence of centralized work stations
- Long hallways
- High patient census
- Challenging work schedules

These factors contributed to the physical demands that adversely affect nurse retention and extension of the careers of older nursing professionals.

### Nurse Job Stressors in Critical Care Settings

- Interpersonal conflict
- Self image
- Management of the units
- Nature of direct patient care
- Inadequate knowledge and skill
- Physical work environment
- Life events
- Lack of administrative rewards
- 12 hour shifts ( > Burnout, chronic fatigue, cognitive anxiety, in general sleep disturbances {Iska-Golec I, et al. Work & Stress, 1996;10:251-256})



Workplace empowerment and magnet hospital characteristics have been linked to nurses emotional health in the workplace

Daraiseh N, et al. Ergonomics, 2003;46:1178-1199

### Nurse Working Conditions

- A web of physical, mental, social, organizational, and technological factors that interact in a complex way leading to individual effects as well as an interactive chain of work effects
- Working conditions may result in both work dissatisfaction and musculoskeletal symptoms and alternately dissatisfaction with their working conditions may lead to musculoskeletal symptoms.
- Musculoskeletal symptoms in nurses are 2x times the national mean.



Daraiseh N, et al. Ergonomics, 2003;46:1178-1199

### Study Comparing Work Condition Variables & Work Effects

- Working conditions in the study had multiple effects: significantly affected the level of effort exerted, perceived risk, satisfaction and dissatisfaction, energy level at the end of the workday, psychosomatic outcomes, and musculoskeletal symptoms.
- Working conditions had strong associations with both lower back and neck symptoms.
- Positive work stimuli can replenish emotional energy and boost muscular and mental energy reserves
- Negative work stimuli can deplete emotional, mental and muscular energy

Daraiseh N, et al. Ergonomics, 2003;46:1178-1199

### Top Retention Factors for Older Nurses

(Survey of 583 nurses with 84% over 40 years old)

- Recognition & Respect
- Having a voice
- Receiving ongoing feedback regarding ones performance
- Compensation
- Employee Health & Safety
- Job Design

Nurses in the survey were planning on working well into their 60's but not necessarily in same position or organization unless organizations create a responsive work environment

Palumbo MV et al. Nursing Economics, 2009;27(4):

### Empowerment Structures

#### Power

- Information
  - Data, technical knowledge and expertise required to function effectively and carry out the tasks required to perform the job
- Resources
  - Money, materials, supplies and equipment required to accomplish the goals at work
- Support
  - Feedback and guidance received from the supervisor peers and subordinates

#### Opportunity

- The potential of advancing to challenging positions or roles within the organization and the extent to which the job allows the employee to gain skill while being rewarded and recognize

Tigert JA, et al. CAACN, 2004;15:19-23

### Access to Empowerment Structures

- Increase motivation
- Autonomy
- Employee decisional involvement
- Organizational commitment
- Job satisfaction



Creates Productive and Effective Employees to Meet Organizational Goals

Tigert JA, et al. CAACN, 2004;15:19-23

### Wisdom at Work: 12 Best Practices

- Caregiver & grief resources
  - 50% subsidy for elder care & sick child care, Lifecycle employment program to assist workers and planning for their personal needs at every stage of life
- Corporate culture that values a mature worker
  - A director of senior services on a diversity team specifically to address senior employee issues, Manager training in crossing the generation chasm
- Magnet status
  - Nurse autonomy and accountability, control over nursing practice or nursing practice environment, good nurse physician relationships and communication & adequate staffing

Hatcher BJ, et al Wisdom At Work, Robert Woods Johnston Foundation, 2006  
[www.rwjf.org/files/publications/other/wisdomatwork.pdf](http://www.rwjf.org/files/publications/other/wisdomatwork.pdf)

### Wisdom at Work: 12 Best Practices

- Flexible work options
  - Job sharing and flexible work options, Seasonal months off program which allows employees to take time off for up to six months per year while maintaining health and life insurance benefits
- Boosting 401k participation & redefining pensions
  - Structured pension plans as defined contributions with employee after-tax contributions allowing employees to straddle retirement & employment
- Talent management
  - That includes applicant tracking, employee referral, career development, succession planning, performance appraisal & learning management

Hatcher BJ, et al Wisdom At Work, Robert Woods Johnston Foundation, 2006  
[www.rwjf.org/files/publications/other/wisdomatwork.pdf](http://www.rwjf.org/files/publications/other/wisdomatwork.pdf)

### Wisdom at Work: 12 Best Practices

- Workplace redesign & ergonomic involvement
  - Installation of new beds to reduce stresses nurses experience by lifting and moving patients, accessed to natural light, improved airflow and homelike patient rooms, decentralized workstations, location sinks, equipment integration, personal non-cellular phone positively affects the quality of work life
- Mentoring programs
  - Financial incentive for season nurses to serve as preceptors for younger nurses, Development of a clinical mentor program - 65 positions selected based on demonstrated maturity within nursing & clinical expertise. They are able to schedule shorter more flexible shifts to function as resources on the unit.

Hatcher BJ, et al Wisdom At Work, Robert Woods Johnston Foundation, 2006  
[www.rwjf.org/files/publications/other/wisdomatwork.pdf](http://www.rwjf.org/files/publications/other/wisdomatwork.pdf)

### Wisdom at Work: 12 Best Practices

- Training lifelong learning and professional development
  - Program 60+ /anyone over 60 can audit classes free of charge
- Phased retirement
  - Long tenured employees collect full retirement benefits while continuing to work on a part-time basis, adjust pension calculations to allow workers in final years to reduce hours without reducing benefits
- Planning for retirement
  - Quarterly one hour group information sessions for employees
- Knowledge transfer paired with phased retirement
  - Soon to retire employees train replacement within a certain timeframe with considerable flexibility

Hatcher BJ, et al Wisdom At Work, Robert Woods Johnston Foundation, 2006  
[www.rwjf.org/files/publications/other/wisdomatwork.pdf](http://www.rwjf.org/files/publications/other/wisdomatwork.pdf)

### It's Not About Age or Mental Health

- Supportive workplaces
- Social interaction with peers and patients
- More control over work setting
- Participation in decision-making
- Work recognition, encouragement, and positive feedback from supervisors
- Favorable work schedules
- Economic incentives
- Less strenuous jobs that use their experience
- Ergonomically friendly, safe and effective workplaces
- Retirement programs that make working longer attractive
- Innovative new nursing roles

