

Volume 9, Issue 1 /2007 - Employing Older Workers

Wisdom at Work

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A report sponsored by the Robert Wood Johnson Foundation, entitled "Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace", (released in June 2006) aims at formulating a response to the current and increasingly daunting crisis resulting from the shortage of nurses.

Employing Older Workers

Favourable Working Conditions

Unless hospitals begin to address the conditions that would help older nurses extend their work life past usual retirement age, many of these nurses will retire at the very time hospitals are faced with the growing demands of an aging population. Various surveys and reports document that older nurses are more likely to extend their work life under the following conditions:

- _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
- _Favourable work schedules
- _Economic incentives
- _Less strenuous jobs that use their experience
- _Ergonomically friendly, safe and effective workplaces
- _Retirement programmes that make working longer attractive
- _Innovative new nursing roles

New Job Descriptions

One of the recommended approaches is to maximise the dissemination of experience accumulated by older nurses through custom-made job descriptions and functions. By allowing nurses to expand into different roles and components of nursing, the institution would thus: (1) maintain the skills and experiences of nursing staff and benefit from the control or reduction of training costs; (2) be required to redefine expectations of the nursing practices; (3) need to address diversity-related issues; (4) be positioned to develop stronger and more functional multidisciplinary teams; and (5) have the capacity to improve relationships with patients and their families. These roles could offer a wonderful opportunity for seasoned nurses to take their bedside experiences and apply them in new roles. However, it is more important to have the nurses develop expertise in these domains, but not across all domains. Some of these new functions could be described as follows:

Nursing Roles Brief Description

_The Chief On-Boarding Officer assists newer nurses when they join the hospital staff; helps younger nurses sharpen their problem-solving skills; and assists with the integration and transition into the culture. This officer also assists in shaping the organisational culture of junior-senior nurse mentoring.

_The Best-Practice Coach examines the qualitative data, determines how best to utilise the information and coaches younger nurses or clinicians to achieve a higher level of clinical performance.

_The Technology Facilitator assists in the development of methods for effectively incorporating the technology into practice.

_The Team Builder coaches younger nurses and physicians, and sets up corrective processes and approaches. The Team Builder also teaches nurses to master the skills needed to serve as team coaches or facilitators.

_The Senior Consultant/Cost-Benefit Analyst acquires the skills necessary to use new technologies and provides an assessment of the technology from a systems perspective; determines the return on investment or performs cost-benefit analysis; and determines how to incorporate patient satisfaction data or medical utilisation data into practice.

_The Preceptor/Mentor integrates new nurses into the organisation and into the practice setting within the organisation and assists in the transition from theory to practice and from novice to expert nurse.

_The Community Liaison serves in a quasipublic- relations or community-action role.

_The Research Assistant participates regularly in "think tank" discussions with multidisciplinary team members for healthcare delivery issues, and conducts research to assess the needs of older nurses.

_The Relief Nurse performs "limited assignment" of patient care duties for nursing staff during their absence (e.g. during lunch and breaks), which would accommodate the scheduling needs of the older nurse.

_The Safety Officer conducts patient safety assessments and recommends preventive patient care delivery practices.

_The Staff Development Officer addresses the professional development issues of the nursing staff.

_The Communicator serves as the communicator and integrator of cultures for patients/ families and staff.

_The Patient Educator and Family Advocate educates patients/families/caregivers, facilitates more in-depth education, freeing other nurses for other patient care responsibilities. The Educator also helps patients/families to negotiate the healthcare delivery system along a continuum of care.

_The Quality Coach uses data for evidence based patient care practices to improve patient care.

New Work Models

Although these positions are viewed as excellent opportunities to extend the career of the older nurse, they tend to confirm a tendency to promote the most experienced, best skilled, sharpest clinical nurses into administrative and other non-clinical roles. However, excellent clinicians should not feel that providing bedside care is a second class role. One should be cautious about sending, either overtly or indirectly, the message that if nurses want to better themselves, they must leave bedside practice. There may also be resistance from other healthcare professionals to accept these new roles, viewed as an infringement on their roles.

Furthermore, some experts put forth the idea of the establishment of a professional nurse practice, thereby eliminating the need to create new positions, job categories or job descriptions. The hospital would contract with the senior nurse practice group to provide the services incorporated in the defined roles, such a technology facilitator or quality coach. Additionally, because the nurses in this practice group would no longer be hospital employees, they would gain new status and have a different relationship with the medical staff. Under this system, both the nurses and physicians would be independent contractors, both professional, both highly experienced, both contributing to the hospital.

Development of Career Paths

To a great extent, the comprehensiveness of their education and training allows nurses to operate fairly proficiently upon graduation from nursing school. However, over the course of their career, much time is spent differentiating them to develop a bedside practice. This type of orientation makes it very difficult for the senior, experienced clinician to switch to an undifferentiated role, for example, to serve in an administrative and managerial role that requires different skill sets and an understanding of technology.

In general, healthcare institutions fail to create career paths and to offer continuing education and training needed for this type of career shift. Because current and future practices will increasingly require nurses to both participate in and lead multidisciplinary teams composed of individuals with varying technical skills, levels of preparation, and roles, the establishment and implementation of a career ladder is critical.

Conclusion

There are many reasons why healthcare organisations are awakening to the recruitment and retention of older nurses as part of the demographic mix in their agencies. Experts advise that organisations should "understand and know their internal demographics" with data such as the age of the nursing workforce, intent to retire, the types of positions that will be vacated, and - in the case of management positions - whether a succession plan is in place.

While strategies for recruiting and retaining older nurses are feasible, the challenges ahead are indeed great. Nothing short of transformational change is required to avert a potential public health catastrophe within the next 15 years. We need to be clear that there is no time to waste.

