

# Nursing and the Aging Workforce: Myths and Reality, What Do We Really Know?

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## KEYWORDS

• Aging • Myths • Healthy aging • Registered nurse • Retirement  
• Magnet • Shortage • Stereotypes

## NURSING AND THE AGING WORKFORCE: MYTHS AND REALITY

The rapidly growing aging nursing workforce, defined as registered nurses (RNs) older than 45 years, contributes to the predicted shortage of nurses.<sup>1</sup> This article describes the magnitude of the issue of the aging nursing workforce, explores the myths and realities of aging, and presents the evidence-based strategies prevalent in one Magnet environment targeted to address the challenges of aging thus promoting the retention of nurses. Research findings focused on nursing workforce are limited with regard to the issues of aging and the effect of the current age shift on recruitment and retention.

## MAGNITUDE OF THE ISSUE: THE AGING NURSING WORKFORCE

Obtaining an accurate calculation of the numbers of nurses older than 45 years is a difficult endeavor; however, it is known that the numbers are growing. Buerhaus and colleagues<sup>2</sup> reported that there were 100,000 nurses older than 50 years in 1980 in contrast to more than 400,000 nurses in 2007. In 2008, the average age of an RN in the United States was reported to be 47 years, an increase from 46.8 years reported in 2004.<sup>3</sup> The bigger shift is in the number of RNs older than 50 years, which is 45%, an increase from 33% in 2000.<sup>3</sup> What are the implications of these trends on the nursing workforce? Among other effects including the effect on quality,<sup>4</sup> these figures represent a looming retirement and significant impact within the nursing workforce today.

The general workforce in America is aging, with 20% of the workers expected to be 55 years or older by 2015.<sup>5</sup> From 1998 to 2006, the number of civilian workers, 55 years

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and older increased by 49.9%, whereas those aged 25 to 54 years increased by only 5.5%.<sup>5</sup> Life expectancies are increasing. In the report *Profile of Older Americans: 2007*, it is reported that persons 65 years and older have an average life expectancy of an additional 18.7 years from the previous predictions: 20.0 years for women and 17.1 years for men.<sup>6</sup>

Further, research findings are clear regarding the effect of experience on nursing practice and quality outcomes.<sup>7-9</sup> Uhrenfeldt and Hall<sup>7</sup> described the proficient experienced nurse as making decisions based on ethical discernment and critical observations. In this study, the proficient nurse was reported to have wisdom. Daley<sup>8</sup> relates the development of professional expertise to the transition from serial problem solving to stages of career development. The perspectives and actions of nurses are affected by levels of experience. Novice nurses identify issues such as time management or lack of educational preparation as constraints to quality practice. Experienced nurses report barriers in more of a systems approach, such as the method in which assignments are made or the levels of support systems available to aid them in performing their role. Taylor<sup>9</sup> cites an example of the dichotomy between novice and expert perspective by suggesting that the inability to recognize meaningful information and relate to possible causal factors is influenced by a combination of lack of clinical expertise and stress. Professional experience, nursing expertise in the provision of clinical care, and a maturity of perspective and critical thinking hold advantages for the patient and the health care system in ensuring quality outcomes.

Awareness of the predicted large scale exodus of aging nurses from the workforce has spurred some creativity in approaches to retention. Phased retirement has been suggested as one solution to bridge the knowledge gap between novice and expert practices and has been widely implemented in academic organizations.<sup>10</sup> Hospitals and employers of nurses have been slower to adopt this innovative approach to retention. In a recent survey, only 7% of the surveyed hospitals (N = 41) reported any type of phased retirement plan and only 9% reported formal succession planning initiatives even though both programs are proposed solutions for preserving clinical knowledge and expertise.<sup>11</sup> There is a paucity of research data to support whether phased retirement is an effective strategy to retain expertise within the nursing profession. It is clear, nonetheless, that the aging of the population of nurses and thus the nursing workforce is not a myth but a reality and that the retention of expertise within nursing has an effect on patient outcomes and nursing practice and must be strategically addressed.

Thornton<sup>12(p311)</sup> summarized the science around the issue of the aging population by concluding that "considering the aging population issues that need to be addressed in the next four decades, developmental and longitudinal studies of individuals and cohorts after middle age are extremely sparse and are a priority." Perceptions of successful aging are multidimensional and include physical, mental, and social parameters.<sup>13</sup> Addressing the myths of aging with data and education is a way to increase opportunities for older nurses within the workforce and maximize the benefits of knowledge and expertise for the patient.

## **MYTHS ASSOCIATED WITH AGING**

### ***Physical Abilities***

Myths, defined as "a widely held mistaken belief,"<sup>14</sup> are often focused on negative images and stereotypes. Research about aging has predominately reported dismal predictions of functional declines in both physical and mental capacities. The concepts of healthy or successful aging are beginning to counteract the negative images of growing old.<sup>13</sup> However, the physiologic changes associated with aging

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