Retaining Experienced VA Nurses: Their Own Perspectives

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As the Baby Boomers swiftly approach retirement age, the current nursing shortage is on the verge of a dramatic and devastating escalation. This pilot study explores how older nurses, whose experience and skills are invaluable to the nursing workforce, could be encouraged to prolong their careers.

Registered nurses (RNs) comprise the largest health care occupational group in the United States, with more than two million jobs throughout the country.[1,2] Over the past 20 years, however, a fundamental shift in the nursing workforce has created a situation in which large cohorts of experienced nurses are approaching retirement while fewer new nurses are entering the profession.

According to the latest National Sample Survey of Registered Nurses (NSSRN), conducted by the Health Resources and Services Administration of the HHS, the average age of RNs in the United States climbed to 46.8 years in 2004—up from 45.2 in 2000 and 44.3 in 1996.[3] Moreover, this survey showed that 41% of RNs were aged 50 or older (up from 33% in 2000 and 25% in 1980) and only 8% were under age 30 (down from

25% in 1980).[3] In the VA, the RN population may be slightly older; systemwide data indicates an average age of 47.4 years,[4] and data from our institution, the San Francisco VA Medical Center (SFVAMC), San Francisco, CA, indicates an average age of 49.7 years.[5]

At the same time, labor market analyses indicate poor prospects for recruiting adequate numbers of nurses in the future. Although the American Association of Colleges of Nursing reported that enrollment in and graduation from baccalaureate nursing programs increased in 2006 for the sixth straight year (up 5% and 18%, respectively, from 2005), 2006 also marks the fifth consecutive year during which a substantial number of qualified applicants (32,323 that year) were turned away from these programs, primarily due to insufficient nursing faculty.[6] Attracting and retaining nursing faculty continue to pose a challenge for colleges due to aging faculty, job dissatisfaction, inadequate compensation, and limited programs for preparing academic nurse educators.[7]

As a result of these factors, the country has begun to feel the effects of a nursing shortage that is expected to worsen dramatically as nurses retire in greater numbers and demand for nurses steadily increases. According to the American Hospital Association, there were 116,000

RN vacancies in hospitals nationwide as of December 2006.[8] And the HHS has projected that, if current trends continue, the present RN shortage of about 9% will more than double to 20% by 2015 and escalate to 29% by 2020.[2] Given the devastating effects such a large-scale nursing shortage is likely to have on the quality of patient care, health care organizations and institutions have begun to examine ways to head off this crisis.

Although many of these efforts focus on recruiting younger nurses into the profession, several experts have emphasized the importance of simultaneously working to retain older, more experienced nurses.[9] When seasoned nurses leave, the health care system incurs high costs from recruiting and hiring replacements, and there may be a negative impact on patient outcomes as a result of both higher patient-nurse ratios and the loss of the older nurses' expertise.[9] Yet it appears that little is being done to encourage older nurses to stay. In a recent survey of 571 hospital administrators, 94% reported having no policies in place to address the unique challenges older nurses face when remaining in the workforce.[10] Clearly, there is a need for health care leaders to identify innovative and creative strategies for prolonging the careers of older nurses.

To learn more about how to encourage these experienced nurses

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to continue working, we undertook a pilot study at the SFVAMC. The aim was to elicit RNs' perspectives about staying in the workforce. Specifically, we addressed the following questions: (1) What are nurses' views about their work environment?; (2) What are the generational differences in perspectives about this environment?; and (3) What are nurses' recommendations for working beyond retirement age? In this article, we present the results of this study and discuss its implications for retention of nurses in the VA and elsewhere. First, however, we review what has been established in the nursing literature regarding workplace concerns of older nurses and the possible impact of generational differences.

NURSES' WORKPLACE CONCERNS

Although many nurses are entering nursing as a second career, evidence indicates a serious and continuous decline in the number of nurses who continue working after age 50.[11] The 2004 NSSRN data show a steep rise in the percentage of RNs who report themselves not working beginning around age 55—from 12.3% of nurses aged 50 to 54 to 19.8% of those aged 55 to 59, 35.2% of those aged 60 to 64 years, and 59.4% of those aged 65 and older.[3] And results of a 2001 survey of 1,116 randomly selected, actively licensed RNs and licensed practical nurses (LPNs) between the ages of 45 and 75 years living in North Carolina showed that 36% were planning to retire by the summer of 2006.[12] Based on these findings, the authors warned, "Depending on what happens in the general economy, there may be a large and rapid exodus of the most experienced nurses in the next few years."[12]

Several studies have been undertaken in recent years to understand the issues that could influence nurses' decisions to continue working. In 2001, for instance, The Foundation for Healthy Communities launched an initiative aimed at assessing the increasing difficulty of recruiting and retaining RNs and LPNs in New Hampshire. The project included a survey of a random sample of approximately 10% of the state's nurses with active and inactive licenses. While respondents ranked salary as only the fifth most important aspect of the work environment, they overwhelmingly identified "a raise in pay" as the factor that would most help them stay in the profession. Fully half of the respondents identified a pay raise as their first choice, and 81% identified it as one of their top three choices. Overall, 36% of practicing nurses said they were paid a fair wage, while 49% said they were not. Of the respondents working full time, 51% reported annual salaries under $40,000.[13]

Other factors identified in this survey as being important to retention included respect, flexible working hours, practice autonomy, and shared clinical decision making power. Notably, the survey found that nurses aged 40 to 59 years, who represented more than half of the practicing nurse workforce, were the least satisfied with their jobs—despite having generally higher salaries and more authority than both their younger and older counterparts.[13]

In 2005, the Robert Wood Johnson Foundation (RWJF) funded a white paper to identify opportunities for retaining experienced nurses. This project included a web-based survey of nurses (of all ages) employed by Presbyterian Healthcare Services in six New Mexico cities. The survey examined factors related to job satisfaction and the intent of current nurses to remain in the nursing workforce.

While the survey had a low response rate (19%) and was not designed to be generalized to a broader population, some of its key findings were consistent with previous studies.

Specifically, respondents identified pay and benefits and flexible scheduling as being among the most important factors that would influence their intent to stay in nursing. In their conclusion, the authors suggested that the following conditions would likely influence nurses' decisions to extend their careers: (1) a supportive workplace; (2) social interaction with peers and patients; (3) more control over the work setting; (4) participation in decision making; (5) recognition, encouragement, and positive feedback from supervisors about their work; (6) favorable work schedules; (7) financial incentives; (8) less strenuous jobs that make good use of the nurses' experience; (9) a workplace that is ergonomically friendly, safe, and effective; (10) retirement programs that encourage working longer; and (11) innovative new nursing roles.[9]

Other recent studies have addressed factors contributing to nurses' satisfaction. In a qualitative study of 14 perioperative RNs older than 50 years, Letvak found that job dissatisfaction was related to the demands of call, inflexible scheduling, consecutive 12-hour shifts, and flattened wage structures that did not recognize years of service.[11] Rosenstein reported the results of a survey designed to assess how various health care professionals (including nurses, physicians, and executives) view the nurse-physician relationship and its impact on nurse satisfaction, morale, and retention.[14] The results from 1,200 responses showed that everyday interactions between nurses and physicians strongly influence nurses' morale, and the author concluded

that "the quality of nurse-physician relationships must be addressed as facilities seek to improve nurse recruitment and retention."[14]

THE GENERATIONAL IMPACT

In considering how best to encourage older nurses to stay in the profession, it may be useful to take generational characteristics into account. A number of authors have described differences between the four generations currently occupying the workforce in terms of values, work ethic, attitudes, and aspirations.[15–17] As Sherman points out, assigning characteristics to a generational group is "not infallible," but it does help us to understand how individuals born during a certain era share formative life experiences that affect the way they approach their jobs and their lives.[15]

The "Silent Generation" (also known as "Veterans," "Traditionalists," or the "Mature Generation") is composed of people born between 1925 and 1945.[15,18] (This definition, as well as those that follow for the other generations, is a compromise based on dates that vary slightly between sources.) This generation lived through the Great Depression and World War II, a time during which the need for people to pull together to face adversities helped create a general sense that obstacles can be overcome. Members of the Silent Generation tend to have large numbers of children, to be cautious and conservative, and to follow rules "by the book." Viewed as archives of clinical knowledge, nurses from this generation tend to reminisce and usually are proud to talk about the "good old days."[17]

The "Baby Boomers," the group comprising people born between 1946 and 1964,[15] represent the largest cohort of RNs in the United States today, outnumbering RNs in their 20s by nearly four to one.[19,20] This group

benefited from the gains of a thriving economy, and most Baby Boomers were raised in two-parent families. Having grown up during an era of increased social reform, many Baby Boomers participated directly in the civil rights and women's movements. Thus, this generation has challenged authority and asked questions. Its members tend to be committed to making the world a better place and are often classified as "workaholics." They are frequently referred to as the "Sandwich Generation" because many take care of aging parents while their children are still living at home.[21]

The next generation, often labeled "Generation X," encompasses individuals born between 1965 and 1980.[15,16,18] They tend to be bright and articulate, and many have become accustomed to the amenities of a double-income home. Having witnessed the effects their parents' demanding jobs and long working hours often had on the family unit, many members of this generation express a clear desire to avoid this path.[21] As a result, loyalty to the organization tends to be less important than in previous generations.[21] Members of Generation X tend to look for independence, value a satisfactory balance between work and personal life, and desire self-development opportunities.[15,16]

The most recent group is the "Millennial Generation" (also known as "Generation Y"), which is made up of people born between 1981 and 2000.[15,18] Presently, the Millennials are the smallest cohort in the nursing workforce—but they are increasing.[15] They grew up amidst rapidly advancing technologies and ultramodern communication devices that are linking our world together in unprecedented ways. Millennials tend to be more educated than any other generation, and more of them have expressed interest in nursing careers

compared with members of Generation X.[15] According to Sherman, Millennials are "a global generation" who "accept multiculturalism as a way of life."[15]

Aside from being a possible source of conflict, generational characteristics may give nursing leaders and administrators insight into the best ways to communicate with, motivate, and optimize the abilities of each group.[15] With this in mind, we built a generational analysis into our pilot study, in order to determine the impact that generational differences might have on nurses' perspectives about their work and their working environment.

STUDY DESIGN AND METHODS

Our descriptive study used cross-sectional survey methodology with a convenience sample of RNs from the SFVAMC, a 120-bed, urban, academically affiliated medical center. It was approved by the SFVAMC's human subjects' protection processes: the Nursing Research Council; the VA Research and Development Committee; and the University of California, San Francisco Institutional Review Board. The study was designed and undertaken as part of a student project for a master's degree in nursing by the first author (A.L.).

Nurses were included if they were RNs working full time, part time, or per diem on any of the following units: acute care, critical care, operating room, home-based care, psychiatry, outpatient clinics, or nursing home. Registry nurses, temporary staff, LPNs, nurses employed in management or administration positions, and advanced practice nurses were excluded.

The survey

In our literature search, we did not find one particular survey instrument that was appropriate for exploring VA

nurses' perceptions about their work environment. Therefore, we created our own instrument based on the literature and feedback from individual nurses.

The resulting survey consisted of four demographic questions followed by 11 "human resource" items and two "VAMC initiative" items (Figure). In 10 of the human resource items, nurses were asked to rate their agreement with statements regarding aspects of the work environment, including respect and acknowledgement, equipment, pay, stress, and physical demands of the job. These items used a four-point Likert-type scale to rate agreement, with 1 corresponding to "strongly agree" and 4 corresponding to "strongly disagree." The remaining three survey items (one in the human resource section and two in the VAMC initiatives section) were write-in questions that asked respondents to list three positive attributes of their work (that is, their professional strengths), three suggestions for improving time management, and their three highest priority considerations for working beyond retirement.

To evaluate the usability and face validity of the questionnaire, a cohort of nurses with master's degrees reviewed the survey for content and then completed the revised draft. Next, a group of RNs at the SFVAMC (who were excluded from taking the survey during the study itself), were asked to measure the time it took them to complete the survey and to provide comments about its usability.

The study was advertised through the VA intranet e-mail system and introduced by nurse managers. An introductory letter attached to the survey was subsequently placed in RNs' mailboxes on their units. Return of surveys to the investigators through campus mail constituted

DEMOGRAPHIC

1. The following are the three generations working together today.[a] Which generation are you? (Circle one)
    Silent Generation (born 1925 to 1945)
    Baby Boomers (born 1946 to 1964)
    Generation X (born 1965 to 1980)

2. How many years have you been a nurse? _____

3. How many years have you been employed at the VAMC[b]? _____

4. What is your employment status? (Circle one)
    Full Time   Part Time   Per Diem

HUMAN RESOURCE

Circle the best response to each question:
    1 - Strongly agree   2 - Agree   3 - Disagree   4 - Strongly disagree

5. In your department, the management is respectful of your experience.   1 2 3 4

6. List 3 positive attributes of your work.

_____

7. Physicians acknowledge your clinical expertise.   1 2 3 4

8. Peers value your clinical expertise.   1 2 3 4

9. Peers look to you for guidance.   1 2 3 4

10. The equipment in your department meets the needs for providing safe patient care.   1 2 3 4

11. You are paid a fair wage considering your years of experience.   1 2 3 4

12. Your job is more stressful as a result of increased use of technology.   1 2 3 4

13. Your job has become more stressful as a result of cost cutting.   1 2 3 4

14. Your job is more stressful as a result of staff member shortages.   1 2 3 4

15. The physical demands of the job are difficult for you.   1 2 3 4

VAMC INITIATIVES

16. List 3 suggestions that you think could improve time management (work flow, efficiency) on your unit.

_____

17. Prioritize 3 considerations to keep you working beyond your retirement date.

_____

Figure. Survey to address retention of registered nurses nearing retirement at the San Francisco VAMC. [a]The survey did not include an option for the Millennial Generation (Generation Y)—that is, individuals born after 1980. While the sample of respondents did include two respondents from this generation, their data were included with the Generation X cohort in the generational analysis for convenience purposes. [b]VAMC = VA Medical Center.

consent to participate. Responses were anonymous as long as no identifying marks were put on them.

Data analyses

We calculated descriptive statistics for the demographic items and quantitative statistics (frequencies) for each of the 10 Likert-type items. For the latter items, responses that indicated either "agree" or "strongly agree" were grouped together as "agreed," and

those that indicated either "disagree" or "strongly disagree" were grouped together as "disagreed." Generational differences were determined using chi-square analyses on each of the Likert-type items.

The three write-in items within the human resource and VAMC initiatives sections were coded for themes and subcategories. We used Wilson's techniques for content analysis, thematic coding, and con-

sensus to establish validity.[22] In applying this technique, a participant's response was considered the unit of analysis and the set of categories were developed from the topics in the responses. The three researchers individually coded the content and then discussed the categorization. Themes were established based on consensus of the three researchers. When any disagreement occurred, rationale for the theme of each response was discussed until consensus was reached. The frequency of responses in each category was calculated, and the frequency of the particular response determined the prioritization schema.

DEMOGRAPHICS OF RESPONDENTS
Of the total 409 nurses employed at the study site, 252 were eligible for the study based on the inclusion and exclusion criteria.[5] Of these 252 nurses who received surveys, a total of 94 completed and returned the survey, for a response rate of 37%. All surveys were returned without identifying marks, thus protecting the anonymity of the participants.

Among respondents, the number of years of RN experience ranged from one to 43, with a mean (SD) of 20.43 (10.55) years. The mean number of years respondents had been employed at the facility site was 14.32 (8.65). Employment status revealed that 88.7% of the participating RNs were full time, 7.2% were part time, and 4.1% were per diem.

The generational distribution of the respondents was similar, overall, to that of the entire sample of nurses who received the survey. As has been noted in other recent studies, the majority of respondents (75%) belonged to the Baby Boomer generation. Another 14% were members of the Silent Generation, and 10% were members of Generation X. Although the survey did not include an option for respondents to identify themselves as members of the Millennial Generation, we did receive responses from two individuals from this generation. (These individuals each had worked 2.5 and 3 years, respectively.) For the purposes of our analyses, we included these two nurses' data in the Generation X cohort.

RESPONSES TO THE QUANTITATIVE ITEMS
Responses to the Likert-type items on the survey revealed that most respondents felt valued by their peers and by physicians (Table 1). Slightly more than half of the respondents (56%) felt they were not paid a fair wage. Roughly three quarters reported job stress related to cost cutting measures and to the nursing shortage, but only 37% of the total group indicated that advancing technology was a source of stress. Most (71%) felt that equipment provided was adequate to do their jobs, but 61% said that the physical demands of the job create difficulty for them.

Generational analysis
Due to the small numbers of respondents in the generational categories, our ability to detect significant differences between the generations in their responses to the Likert-type items was somewhat limited. Nevertheless, our analysis showed that a majority in each generation felt respected and valued by their peers, nurse managers, and physicians; be-

Table 1. Responses to quantitative survey items relating to human resources issues (n = 94)		
Survey item (item no.)	No. (%) of respondents who agreed	No. (%) of respondents who disagreed
Manager respects experience (5)	76 (81)	18 (19)
Physicians value expertise (7)	71 (76)	23 (24)
Peers value clinical expertise (8)	89 (95)	5 (5)
Peers look to for guidance (9)	89 (95)	5 (5)
Equipment is adequate for patient care needs (10)	67 (71)	27 (29)
Paid a fair wage considering years of experience (11)	41 (44)	53 (56)
Job stress due to advancing technology (12)	35 (37)	59 (63)
Job stress due to cost cutting measures (13)	70 (74)	24 (26)
Job stress due to staffing shortages (14)	71 (76)	23 (24)
Physical demands are difficult (15)	57 (61)	37 (39)

Table 2. Stress due to advancing technology, by generation[a]				
	No. (%) of respondents			
Response	Silent Generation[b]	Baby Boomers[c]	Generation X[d]	All
Strongly agree	1 (7%)	15 (21%)	0 (0%)	16 (17%)
Agree	7 (50%)	12 (16.8%)	0 (0%)	19 (20%)
Disagree	6 (43%)	33 (46%)	6 (75%)	45 (48%)
Strongly disagree	0 (0%)	12 (16.8%)	2 (25%)	14 (15%)
Total	14 (100%)	72 (100%)	8 (100%)	94 (100%)

[a]Chi-square = 15.14; P = .019. [b]Defined in the survey as individuals born between 1925 and 1945. [c]Defined in the survey as individuals born between 1946 and 1964. [d]Defined in the survey as individuals born between 1965 and 1980. This cohort also included two individuals from the Millennial Generation (Generation Y), which is generally defined as those born between 1981 and 2000.

Table 3. Stress due to cost cutting measures, by generation[a]				
	No. (%) of respondents			
Response	Silent Generation[b]	Baby Boomers[c]	Generation X[d]	All
Strongly agree	5 (36%)	28 (39%)	6 (75%)	39 (41%)
Agree	8 (57%)	21 (29%)	0 (0%)	29 (31%)
Disagree	1 (7%)	13 (18%)	1 (12.5%)	15 (16%)
Strongly disagree	0 (0%)	10 (14%)	1 (12.5%)	11 (12%)
Total	14 (100%)	72 (100%)	8 (100%)	94 (100%)

[a]Chi-square = 10.94; P = .09. [b]Defined in the survey as individuals born between 1925 and 1945. [c]Defined in the survey as individuals born between 1946 and 1964. [d]Defined in the survey as individuals born between 1965 and 1980. This cohort also included two individuals from the Millennial Generation (Generation Y), which is generally defined as those born between 1981 and 2000.

lieved they were not paid a fair wage considering their years of experience; and dealt with increased job stress due to staffing shortages. The one item that showed statistically significant generational differences was the perception of job stress relating to advancing technology, with members of the Silent Generation feeling the most stressed by this factor and members of Generation X feeling the least stressed (Table 2). There was also a nonsignificant trend toward generational differences in the perception of job stress related to cost cutting measures, with a much larger majority of the Silent Generation (93%) reporting such stress compared with the Baby Boomers (68%) and Generation X (75%) (Table 3).

WRITE-IN RESPONSES
Although respondents were asked to provide three answers for each of the three write-in items on the human resource and VAMC initiatives sections, many nurses provided more—with some giving long lists of items. The sections that follow summarize these responses according to the investigator-assigned categories and themes.

Descriptions of positive attributes
All 94 respondents included comments regarding their positive attributes. The category of attributes most frequently cited—by 63 (67%) of the respondents—was experience (Table 4). Specifically, 17 respondents mentioned their experience in many and diverse settings; 17 mentioned their specialized clinical skills; 16 mentioned their knowledge; and various others cited their expertise, critical thinking skills, and problem solver status. Notably, this emphasis on experience is supported by the majority of positive responses to the Likert-type items regarding whether peers value respondents' clinical expertise, peers look to them for guidance, managers respect their clinical experience, and physicians value their

Table 4. Positive attributes identified by survey respondents, by category		
Category	**Examples of attributes in category**	**No. (%) of survey respondents (n = 94)[a]**
Experience	Experience in many and varied settings, specialized and expert experience (clinical knowledge and skills), critical thinking, status as problem solver	63 (67)
Teamwork	Team player, hardworking, flexible, conscientious, people oriented	32 (34)
Organization	Organizational skills	20 (21)
Ethics	Positive work ethic, honesty, commitment and loyalty to the VA	14 (15)
Reliability	Dependability, dedication, responsibility	12 (13)
Leadership	Confidence, professional outlook, professional attitude	10 (11)
[a]Numbers in column exceed 94 and percentages exceed 100 because some respondents identified job strengths in more than one of the listed categories.		

clinical expertise. Other categories of positive attributes included teamwork, organization, ethics, reliability, and leadership.

Suggestions for improving time management

A total of 68 respondents suggested ways to improve time management within their units. From these suggestions, four common categories emerged: staffing, environment, management, and scheduling (Table 5).

Of the 68 respondents, 44 (65%) made suggestions about staffing issues. Many of these respondents mentioned the need for more nursing or ancillary support staff, a concern that is mirrored by the fact that the majority of respondents agreed that they experience job stress related to staffing shortages. Of the 44 total staffing comments, 25 mentioned increasing the RN-to-patient ratio, having staff cohesion that could facilitate better teamwork, or using travelers (nurses hired on contract for an extended length of time) to increase vacation flexibility—all of which were also mentioned in the suggestions for keeping nurses in the workforce.

There were 15 comments addressing environmental needs, many of which related to improving equipment. This concern was corroborated somewhat by the sizeable proportion of respondents (29%) who disagreed with the statement that "equipment meets my needs for providing patient care."

Five respondents commented about management improvements, including the need for more caring and supportive managers who encourage nurses to stay. The low number of comments about management is supported by the fact that 81% of respondents agreed that their manager respects their clinical experience.

Finally, four respondents suggested having flexible hours and three suggested having a 10-hour work day. Currently, most nurses at the study site have no flexibility in their schedules, which require eight- and 12-hour shifts on acute care and critical care units, respectively.

Incentives and reasons for delaying retirement

Seven of 94 respondents expressed adamantly that they would not consider working beyond retirement age. The remaining 87, however, listed conditions under which they would consider delaying retirement. Of these respondents, 67% cited pay-related incentives or changes (Table 6). Additionally, 29% of respondents mentioned staffing issues, 23% mentioned scheduling improvements, 13% mentioned better management support, and 8% mentioned environmental issues. Overall, the categories from these comments were similar to those for time management, with differences in the prioritization based on the frequency of response.

EVIDENCE SUPPORTS THE NEED FOR CHANGE

Findings of this study generally reflect those described in previous nurse surveys. A somewhat larger proportion of our nurses (56%) responded that they were not paid a fair wage, compared with those surveyed as part of the New Hampshire Nursing Workforce Initiative (49%).[13] The emphasis on pay increases as an important incentive for retention in our survey is consistent with the findings of both the New Hampshire survey and the survey included in the RWJF study.[9,13] Like nurses in other health systems, our nurses clearly want to

Table 5. Survey respondents' suggestions for improving time management, by category		
Category	**Examples of nurses' suggestions**	**No. (%) of survey respondents (n = 68)[a]**
Staffing	Increase staff; increase ancillary support (e.g., nursing assistants, ward clerks, escort and transport service, lift teams); maintain proper staffing levels; improve communication; improve teamwork; improve overall respect; increase staff cohesion; use travelers to increase vacation flexibility; avoid floating to unfamiliar areas or at all; arrange alternatives to doing floor nursing; protect nurses from patient abuse and violence; arrange for optimal utilization of skills; decrease computer work; switch to an all-RN staff	44 (65)
Environment	Update equipment; provide adequate equipment; increase space for patient care; increase size and cleanliness of patient rooms; reduce noise in the hospital; increase proximity to cafeteria; improve quality of cafeteria food; improve general cleanliness	15 (22)
Management	More caring or supportive managers needed; management/ administration should encourage nurses to stay; nurse managers should: schedule regular staff meetings, provide clearly stated expectations, offer clearly defined roles, decrease the number of meetings overall	5 (7)
Scheduling	Allow flexible hours; offer a 10-hour work day[b]	4 (6)
[a]Only 68 of the 94 survey respondents made suggestions for improving time management. Each of these respondents made only one suggestion; therefore, there is no duplication of respondents between or within the categories. [b]Nurses at the study site currently are required to work eight-hour shifts on acute care units and 12-hour shifts on critical care units.		

see pay that is not capped and that rewards expertise and experience.

Our findings about generational differences should be interpreted cautiously. Given the limitations arising from the small and unequal numbers of respondents in the generational categories, further investigation into these differences, particularly with regard to sources of job stress, is warranted. Should additional research confirm that older nurses experience greater job stress related to advancing technology, it may be wise for health systems to consider providing these nurses with extra education and support to relieve this stress and ease their adaptation to new technologies.

Despite the limitations of our pilot study (chief among which were the low response rate and small resulting sample size, use of a convenience sample from only one institution, and the use of a survey instrument whose validity and reliability has not been definitively established), the similarity of our findings to those of other surveys lends credit to its applicability beyond the SFVAMC. Overall, it adds to the evidence suggesting that the health care industry as a whole needs to reevaluate its retention strategies so that nurses nearing retirement are recognized as valuable contributors to the future nursing workforce.

Although much attention currently is focused on the nursing shortage, it is likely that the aging of the U.S. workforce in general will have a similar effect on other health care professionals, such as pharmacists. Therefore, health care institutions must shift their focus to address issues that affect employees of all disciplines who are nearing retirement. Through strategic initiatives and policies, institutions need to offer attractive retention options, such as professional advancement, flexible hours, bonuses, job changes, and competitive pay. They must make older nurses and other health care workers feel welcome, accommodated, appreciated, and wisely used.[9] In addition, the emerging workforce must be given opportunities to work with older mentors to develop their knowledge and skills and to plan for their future in their chosen health care profession.

HOW ARE HEALTH SYSTEMS RESPONDING?

In the RWJF white paper, the authors stated that hospitals are aware of the issues related to nurse recruiting and

Table 6. Incentives and reasons for delaying retirement identified by survey respondents, by category		
Category	**Examples of incentives/reasons in category**	**No. (%) of survey respondents (n = 87)[a]**
Pay-related	Monetary incentives, ongoing step increases, payment for experience, promotion, ability to receive part-time and retirement pay while working	58 (67)
Staffing issues	Better staff cohesiveness (good rapport and teamwork among staff), less discomfort floating to other and unfamiliar areas, adequate numbers of licensed nurses or better staffing ratio	25 (29)
Scheduling	Flexibility—flexible hours, four-day work week, day shift only, per diem or part time without losing benefits, 10-hour work day,[b] work choice	20 (23)
Management support	Encouragement to stay, supportive environment	11 (13)
Environmental issues	Improved cleanliness and appearance of surroundings, cafeteria in closer proximity to units (improved food or food choices), more space, upgraded equipment and supplies	7 (8)
[a]Numbers in column exceed 87 and percentages exceed 100 because some respondents identified reasons in more than one of the listed categories. [b]Nurses at the study site currently are required to work eight-hour shifts on acute care units and 12-hour shifts on critical care units.		

retention but that potential solutions have been applied inconsistently and ineffectively. In general, they pointed to a lack of "political will to act."[9]

These conclusions are supported by results from the 2004 follow-up to a 2002 survey conducted by Nurse-Week Publishing and the American Organization of Nurse Executives to elicit areas of the nursing workplace in need of improvement. This follow-up, which surveyed a nationally representative, random sample of 3,500 licensed RNs, showed that, while no areas declined and some improved since the last survey, others had little or no apparent progress.[23]

Even when health systems take action to attract more nurses, these actions may have unintended consequences for experienced nurses currently working in the system. When efforts are directed mainly at incentives for new hires, for instance, older nurses may watch their salaries stagnate while their employers offer new and prospective employees such perks as sign-on bonuses, premium shifts, and attractive benefit packages.[24] To avoid such pitfalls, health systems must consider the full range of factors that affect retention, as well as recruiting. To that end, nursing organizations, including the American Nurses Association, continue to campaign to raise awareness of issues relating to staffing levels, respect, fair wages, flexibility, safety, and control over practice.[24]

The VA, too, has been exploring these issues in recent years. In 2001, J. David Cox, vice president of the National VA Council for the American Federation of Government Employees, testified before the Senate VA Committee about the nursing shortage, suggesting several measures to avoid the impending crisis. These included limiting the use of mandatory overtime, setting more consistent and meaningful standards for nurse staffing levels, increasing nurses' involvement in patient care decisions, and improving the VA nurse pay and promotion system. In his statement, Cox pointed out that, while the nurse locality pay system had been reformed in the past year, with the guarantee of an annual nationwide raise for VA nurses, these increases were not being implemented uniformly. He also questioned a new VA policy to limit nurses' promotion capabilities to specific educational requirements, pointing out that some RNs with associate degrees and many years of clinical experience might be as qualified for promotion to the "RN2" level as candidates with the requisite bachelor of science in nursing (BSN) degree. While promotion of a candidate without a BSN to the RN2 level is possible

with a waiver, Cox expressed concern that this provision is not being utilized fully.[25]

In 2004, Congress passed the Department of Veterans Affairs Health Care Personnel Enhancement Act, which was signed by the President and enacted into law on December 3, 2004.[26] This legislation allowed the use of alternate work schedules for RNs and special pay for nurse executives as incentives to improve nurse recruiting and retention.[26,27] Implementation of these measures, however, depends on creation of local and departmental policies.[27]

Magnet recognition

Although it was not designed specifically to address the concerns of older nurses, the American Nurses Credentialing Center's Magnet Recognition Program has proven, over its 20-year existence, to help health care institutions retain nurses and improve job satisfaction. The program recognizes facilities that offer nurses a working environment that is characterized by eight "Forces of Magnetism": (1) nurse autonomy and accountability; (2) control over nursing practice and the practice environment; (3) good nurse-physician relationships and communication; (4) opportunities to work with other, clinically competent nurses; (5) supportive managers and supervisors; (6) support for education; (7) adequate nurse staffing; and (8) concern for the patient.[9] For its potential to improve retention and satisfaction across the board, the RWJF white paper identified the attainment of Magnet status as one of 12 best practices for enhancing the work environment of older, experienced nurses.[9]

THE WAY FORWARD

With the nursing shortage already underway, there is little time for delay in addressing the issues that would keep experienced nurses working longer—not only to boost the national supply of RNs but also to ensure that the valuable body of knowledge these nurses possess is passed on to the newest generations. Based on age statistics of the RN workforce, this need is likely more acute in the VA—and at the SFVAMC in particular—compared with the private sector.

While recent legislation has prompted strategic development for VA nurse recruitment and retention, delays continue pending creation of local policies. Our pilot study, though limited, indicates that many of the nurses at the SFVAMC would strongly consider staying beyond retirement. It also provides useful data for formulating retention policies regarding experienced nurses. For instance, our findings suggest that retention of these nurses could be negotiated through pay incentives, flexible staffing and scheduling options, and improvements in management support and the work environment. Should these measures succeed in retaining experienced nurses, the facility could significantly reduce costs associated with nurse turnover and new-hire orientation. In order to gain more insight into these issues, our findings should be validated through study replication in other facilities and with larger sample sizes. ●

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