Wisdom at Work:

The Importance of the
Older and Experienced Nurse
in the Workplace

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I. EXECUTIVE SUMMARY

With projections of a severe and looming nursing shortage, the Robert Wood Johnson Foundation® (RWJF) commissioned the development of this Wisdom Works white paper to identify promising strategies and opportunities for retaining experienced nurses. One projection from a 2003 online survey conducted by the American Nurses Association revealed that, in the age cohort of 40 or older, more than 82 percent of nurses planned to retire in the next 20 years.[1]

This paper is a response to the current and increasingly daunting crisis resulting from the shortage of nurses. Generally, workforce experts agree on three major approaches to augment the nursing workforce:

1. Increase the number of enrolled nursing students and retain them through graduation.

2. Retain new graduates and nurses at all stages of their professional careers, including older nurses.

3. Attract nurses back to the bedside who have left the national nursing workforce, such as nurses otherwise employed or those who have retired, or attract nurses from other countries (even though this latter strategy has some politically charged ramifications).

We focus on *one* approach—the retention of the older nurse to the usual retirement age and even beyond. While we acknowledge that all three approaches must converge to substantially reverse the consequences of the nursing shortage, the importance of retaining older nurses—and the knowledge and wisdom they contribute—has only recently begun to receive attention. Among the baby boomers aged 55 and over are healthy and vibrant retirees or soon-to-be retirees, with a robust 10 to 30 years of additional life expectancy. These individuals are fast becoming the largest untapped source of potential labor in the U.S. economy.[2]

Throughout this paper, facts and myths about aging and the older nurse, information on how workplaces support or detract from the quality of older nurses' work lives, best strategies for recruitment and retention to take full advantage of this pool of valuable human resources, and work role adaptations that are realistic and attainable will be presented. The underlying question "Is there value in retaining the older nurse in an increasingly chaotic health care system?" leads to a resounding yes!

This paper is organized to:

1. Present an introduction and a current review of the literature regarding what has been researched and written about the older nurse. Areas reviewed include data trends, anecdotal references, ergonomic and work design, and work environment, including the physical plant and operational culture considerations.

2. Present a business case for the immediate implementation of strategies to increase the retention and/or recruitment of the older nurse.

3. Share the results from interviews with sages—experts who possess targeted expertise as well as a broad view of the role and functions of the older nurse.

4. Document the results from a pilot survey of nurses addressing heretofore-unasked questions, such as the psychological impact of role changes, and peer support or toleration of workload sharing with younger nurses.

5. Reveal a set of best practices, in both health care and non–health care settings, where older employees are respected, honored, and valued for their active contributions, and explore how these might be relevant for replication in a variety of health settings.

6. Synthesize common themes from each of the above data sources, highlighting key findings and critically examining whether areas of overlap represent consensus or merely a lack of creativity and a signal that more creative work needs to be done. This, then, leads to a set of recommendations and concluding remarks.

Twelve best practices that would contribute the most to the retention of the older nurse were identified. They are briefly described, and examples of their implementation are given, in this section of the paper. Where possible, examples of successful models in health care systems are described. If a successful model from health care could not be identified, an example from another industry was used. Many of the examples are summarized from the AARP Best Employers Program for Workers Over 50, but other examples represent the Magnet Recognition Program, the Pebble Project and RWJF's *Transforming Care at the Bedside* initiative. The order of listing does not indicate order of importance. The available evidence does not allow for conclusions about the relative importance of each practice.

Boosting 401(k) Participation and Redefining Pensions. This practice includes financial education programs in the workplace to better inform and prepare workers to handle financial challenges and to capitalize on the benefits of employer-provided 401(k) plans. The practice may also include automatic enrollment of employees; instead of offering employees the choice of "opting in" to a 401(k) plan, eligible employees are automatically enrolled into the plan and must take specific action to "opt out" if they do not want to participate.

Children's Health System, Birmingham, Ala., offers catch-up contributions. Workers age 50 and older may make additional contributions to a retirement plan up to the specified legal limit.

Scripps Health, La Jolla, Calif., offers structured pension plans as defined contributions with employee after-tax contributions, allowing employees to straddle retirement and employment. In response to the needs of the 50-plus workers, Scripps recently added retiree health insurance to its benefits and created a tax-free health account for retirees to save toward additional medical expenses.

Care-giving and Grief Resources. AARP's 2002 *Staying Ahead of the Curve* study found that workers age 45 and over have home-front concerns that are numerous and pressing. Caring for a spouse, parent, grandchild, or other person is a major concern. This option helps older workers balance their care-giving responsibilities and personal challenges while remaining employed.

Bon Secours Richmond Health System, Richmond, Va., provides a 50 percent subsidy for elder care and sick-child care, and employees can receive home-health-care assistance for their dependents up to 10 days per year. Bon Secours also offers subsidized child care for grandchildren.

Scripps Health established a life-cycle employment program to assist workers in planning for their personal needs at every stage of life, from increasing family time and putting children through college, to caring for parents and protecting assets.

Corporate Cultures That Value the Mature Worker. This best practice views mature employees as a "resource to be cherished rather than a liability to be minimized."

Bon Secours Richmond Health System included the Director of Senior Services on its diversity team specifically to address senior employee issues.

Scripps Health trains managers as to the motivators, demotivators, and communication preferences and strategies for various age groups, including mature workers as well as new entrants into the workforce. This training is called "Crossing the Generation Chasm."

Baptist Health South Florida, Coral Gables, Fla., made a commitment to mature workers through its Employee Advisory Groups. Besides diversity classes, this program deals with age-related issues and gives mature workers an opportunity to offer feedback.

Flexible Work Options. Flexible work options include alternatives for scheduling, worksite location, assignments and job structure. Other options include job sharing, part-time work and compressed work schedules.

Scripps Health offers two complementary programs: job sharing and flexible work options. Job sharing at Scripps Health is an option for all employees, especially those who want to work part-time or fewer hours. Two employees can share the same job position.

Yale-New Haven Hospital, New Haven, Conn., recently implemented a "Have It Your Way" shift option for the nursing staff to allow for greater flexibility.

Lee Memorial Health System, Fort Myers, Fla., offers full- and part-time employees the Seasonal Months Off program, which allows them to take time off for up to six months per year while maintaining their health and life insurance at the same rate.

Carondelet Health Network, Phoenix, has a seasonal worker program that allows nurses to sign short-term contracts and work on a seasonal basis.

Knowledge Transfer Paired With Phased Retirement. In this practice, the soon-to-retire employee trains a replacement within a flexible schedule that has sufficient time built in to guarantee completion, allowing the accumulated knowledge and skills of the experienced employee to be transferred to the replacement.

Pinnacle West Capital Corporation, Phoenix, has a knowledge-transfer program whereby a soon-to-retire employee trains a replacement within a certain time frame and has considerable flexibility during this period to arrange a work schedule. Employees do not have formal rules or guidelines about what to share and how, but they are strongly encouraged to let others know when they are departing and what knowledge they wish to transfer beforehand. Pinnacle West Capital attributes its very high customer satisfaction scores in part to its programs of knowledge sharing and employee transition. Through these programs, both the company and the employee reap benefits during the retirement process.

Magnet Status. While not specifically designed to address the older nurse, Magnet status may be important to retention. In physics, magnetism is one of the phenomena by which materials exert an attractive or repulsive force on other materials. Similarly, there are eight essential forces of Magnetism that work together positively to create an environment of excellence. The eight essential forces of Magnetism are: nurse autonomy and accountability (clinical autonomy); control over nursing practice and practice environment (organizational autonomy); good nurse-physician relationships and communication; the opportunity to work with other nurses who are clinically competent; supportive managers/supervisors; support for education; adequate nurse staffing; and concern for the patient.

Studies over the last 20 years provide evidence that registered nurses working in Magnet hospitals have higher rates of job satisfaction.[186]

Four of the SETON Healthcare Network's acute-care hospitals have earned the American Nurses Credentialing Center's Magnet status. This network offers many additional benefits: a shift bonus plan that provides a means of encouraging staff to schedule an increased number of shifts during periods of increased patient census; a seasonal flex plan that allows experienced critical care nurses the opportunity to work for nine months and take three months off during the summer; a seasonal 80-hour reward that encourages nurses to regularly work 80 hours per pay period during the hospital's busiest times; flexible scheduling to include full- and part-time positions, varied shift schedules and PRN work and work schedules to be tailored to fit individual and family needs; and a weekend work plan for nurses who may prefer weekend work hours. This plan pays staff an additional amount for their consistent weekend work, giving some people the ability to focus on family, school or other activities during the week. There is also a referral program for hard-to-fill positions that offers a $2,000 referral bonus for recruitment of a new staff member.

Baptist Health South Florida, whose South Miami Hospital was designated as a Magnet hospital in June 2005, also offers an array of benefits attractive to the older nurse. They include: flexible hours to meet the employee's personal needs; education offerings and in-service programs provided free of charge; on-site shoe repair, dry cleaning and a hair salon; an employee assistance program; elder-care resources; pastoral care; a retirement plan and matching contributions; and paid time off (PTO) and cash-outs on an elective or emergency basis. PTO cash-outs can be used for medical expenses resulting from accident or illness; imminent loss of home; the impact of catastrophes, such as fires, floods, or hurricanes; vehicle purchase or repair (over $500); and legal fees for domestic/child custody issues. Employees can also cash out PTO for the purchase of a principal residence or yearly college tuition expenses for themselves, spouses or dependent children. Also offered are: a "sunshine fund" through which employees having financial difficulties can obtain interest-free loans; tuition assistance; scholarships worth up to $12,000 per year; an adoption benefit of up to $4,000 per adoption per year; and a credit union.

Mentoring Programs. Mentoring programs increase opportunities to transfer corporate knowledge and advice that is not always conveyed through formal training activities. They create and expand career opportunities and help companies solve

problems that could otherwise block productivity. More important, these programs provide ways to leverage the institutional knowledge of older workers to the benefit of themselves, junior employees, and the company as a whole. These practices may be formal or informal.

In its preceptor program, Baptist Health South Florida does more than just publicly recognize the efforts of seasoned nurses who agree to serve as preceptors to younger, less experienced colleagues. Baptist Health offers financial incentives for experienced nurses to take on this role.[187]

Scripps Health[188] has implemented a clinical mentorship program. This program was funded through a $5-million business plan. Tangible benefits have begun to be realized, including retention of the nursing workforce, thus saving salary and recruitment dollars. Included in the program was the development of 65 nursing positions for clinical mentors. Clinical mentors—not to be confused with preceptors—are selected based on demonstrated maturity within nursing and clinical expertise. They are able to schedule shorter, more flexible shifts to function as resources for both experienced and inexperienced staff on units. There are very stringent competence and personality requirements. Improvements in two national nursing quality measures—rates of failure to rescue and hospital-acquired pressure ulcers—have been documented. The shorter shifts and less demanding physical work have been seen as a benefit to older nurses with excellent clinical skills.

Phased Retirement. Several health care organizations have incorporated phased retirement, a practice that allows older workers to leave the workforce gradually, for example, by reducing the number of hours worked before full retirement while continuing to accrue benefits. Some organizations also rehire retirees without affecting their retirement benefits.

SSM Healthcare, St. Louis, and Bon Secours Richmond Health System allow long-tenured employees to collect full retirement benefits while continuing to work on a part-time basis or at reduced hours.

St. Mary's Medical Center, Huntington, W.Va., adjusts pension calculations to allow workers in their final years of employment to reduce hours without decreasing their pension benefits. St. Mary's also rehires retirees.[189]

Scripps Health has modified its benefits package to allow an employee who is aged 55 or older and has worked in the system at least 10 years to reduce the hours worked while maintaining full-time benefits. Employees can work as few as 16 hours per pay period and still receive health care coverage. The cost of these benefits has been offset by decreased turnover in all hospital departments. Pension changes have also been implemented, including allowing employees to draw on their fund while still working.

Planning for Retirement. Nurses are often unprepared for retirement. This practice focuses on retirement planning education.

Thomson West, Cambridge, Mass., hosts quarterly one-hour group information sessions for employees. After the sessions, employees may meet one-on-one with a financial planner. This benefit is available to all employees, presumably on an elective basis.

The Charles Stark Draper Laboratory, Eagan, Minn., allows employees to attend ongoing seminars on retirement planning, college savings, transitioning to retirement, healthy lifestyles, and estate planning. The financial planning covers a range of topics instead of just mature-worker issues such as retirement.

Talent Management. This best practice is an employer's assessment of the impact of projected demographic and labor market changes in its workforces. This strategic planning tool leads to an in-depth understanding of the current talent base by key factors such as age, career level and skill area. Talent management is important because it focuses on the need to perform a workforce analysis.

Inova Health System, Fairfax, Va., has a Web-based talent management system. This system helps Inova attract and retain top talent. The system includes applicant tracking, employee referral, career development, succession planning, performance appraisal and learning management.

Training, Lifelong Learning, and Professional Development. This practice directs education programs to the older worker.

Ohio State University Medical Center has two career enhancement programs—Program 60+ allows anyone over 60 to audit classes free of charge, and the Bridge Program helps older workers transition into college.

Loudoun Healthcare Inc., Leesburg, Va., has partnered with George Mason University to hold graduate classes for a master of science in nursing at its facilities.[190] Bon Secours Richmond Health System employees can enroll in 50 different classes and development programs, held at varying times and locations to accommodate individual schedules.

Workplace Redesign and Ergonomic Improvements.[191, 192, 193, 194] Physical working conditions contribute to turnover and burnout, particularly in older nurses. Ergonomics uses information about people to make the workplace safer, more comfortable and more productive. While not initially or solely focused on the older workforce, technology, design, and ergonomics are providing new options and solutions for fostering longer work lives. According to researchers, "[in] the healing environments of health care, it is particularly important to take care of those who care for the ill and injured."[195]

Baptist Health South Florida installed new beds throughout the hospital system to reduce the constant stresses nurses experience by lifting and moving their patients.[196]

Parrish Medical Center, Titusville, Fla., opened a new hospital in 2002. In a survey of 734 staff members in 2004, a majority stated that the design features—access to natural

light, improved airflow, separation of public/patient transport areas, and homelike patient room design–positively affect the quality of their work life and help them provide care more effectively. Annual staff turnover has decreased from 20 percent in the old facility to 13 percent.

Peace Health, Eugene, Ore., while waiting to begin construction on its new 440-bed regional medical facility, installed ceiling lifts and booms in patient rooms in the ICU and neurology units of its existing facility. After the installation of the equipment, the average annual number of patient-handling injuries decreased from five to one, and annual costs of patient-handling injuries decreased from $365,145 to $993.

St. Alphonsus Regional Medical Center, Boise, Idaho, renovated a nursing unit to reduce noise levels. Changes included increasing the size of private rooms, adding carpet to hallways, putting acoustical tiles on walls and ceilings, and relocating machinery and nurse charting away from patients. As a result, average decibel level per patient room was less than 51.7, quality of sleep improved from 4.9 to 7.3 (on a scale of 0–10), and patient satisfaction scores improved during a three-month comparison period.

Bronson Methodist Hospital, Kalamazoo, Mich., since opening its outpatient and inpatient pavilions in April and November 2000, has seen nursing turnover rates drop to 4.7 percent; the occupancy rate rise to 87 percent; and overall patient satisfaction increase to 96.7 percent. Private patient rooms have resulted in decreased patient transfers because of the elimination of conflicts among patients and an increase in patient sleep quality. Private rooms, location of sinks, and air inflow design have also resulted in an 11 percent decline in overall nosocomial infection rates. Market share has increased.

Methodist Hospital Clarian Health Partners, Indianapolis, since opening its new Comprehensive Cardiac Critical Care unit in 1999, has made a number of improvements, which have resulted in higher employee satisfaction. Patient fall rates are down 75 percent due to the unit's decentralized design, which allows for better observation. Patient room layout, equipment integration, and other design features have helped push patient transfers down 90 percent. Overall patient dissatisfaction rates have dropped from 6 percent in 1998 to 3 percent in 2001. A decrease in patient transfers, combined with nurses' more consistent knowledge of each patient's condition, has contributed to an improved medication error index. Unit design has helped reduce the caregiver workload index, resulting in improvements in nursing efficiency.

The University of Pittsburgh Medical Center-Shadyside, a two-year member of Transforming Care at the Bedside, has initiated an advanced clinical design, incorporating a number of innovations.[197] Each nurse has a personal non-cellular phone. Instead of using their feet to ensure communication, nurses receive the shift report by dialing Voice Care, a password-protected voice mail/message system. Patient histories and recent clinical information are stored on the system. Physicians use Voice Care to provide admission reports to nurses. The use of the personal phone saves every nurse 20 minutes per shift, returning $420,000 to bedside care. Voice Care saves every nurse approximately eight minutes per shift, returning $267,000 to the bedside. Patient

supplies are immediately available in the patient's room, saving six trips to the supply room or 18 minutes for every nurse, returning $400,000 to bedside care.

At Shadyside, new documentation practices have reduced paperwork by 50 percent. If a nurse deems the unit too busy because of admissions or emergent situations, a pull of a chain notifies others and delays the receipt of new admissions 30 to 60 minutes. If a patient's condition deteriorates, the nurse uses the personal phone to call a Condition C, and a rapid response team comes to the unit to provide support. When a nurse has a problem and the unit director is not immediately available, the nurse can call the ASSIST line monitored by the VP Patient Care Services. The caller receives an e-mail to acknowledge the concern and notify leadership.

Summary of Best-Practice Findings

These 12 best practices are ones that hold the most promise for addressing issues related to the older nurse. As can be noted, these programs have been designed based on the specific context and culture of each organization. What is important is the commitment demonstrated to workers in general and to older workers specifically.

Two practices seem particularly important–talent management and knowledge transfer. The former would help health care institutions to understand their workforce needs, while the latter would help address the "brain drain." Health system leaders must understand their workforce needs. It is only when organizations understand the talent they need and begin to identify gaps and potential gaps in their talent base that appropriate plans can be put in place. With 2010 less than four years away, each hospital should know nurses' intent to leave their organization and the potential gaps created by retiring older nurses.

David DeLong[198] cautions businesses about the high cost of losing intellectual capital and its heightened importance when the baby boomers retire. The loss of older nurses' knowledge can have a deleterious impact on hospitals in terms of patient outcomes and safety.

Although there is a growing consensus that the older nurse can continue to have a pivotal bedside role, particularly when best-practice strategies have been implemented, few employers offer the flexibility and the incentives needed to retain older nurses.[199] Of equal concern is the general lack of preparedness for responding to the aging workforce.

While many employers fail to see the aging workforce as a compelling business interest, a bottom-line, business case can be made for making workplaces attractive to older nurses. Research on the benefits of programs for retaining the older nurse is sparse. Obviously, implementation of many of the best practices described in this section would have an attached cost; however, it is not unreasonable to expect that improved retention of nurses would also result in certain cost savings and/or increased revenue for the employer, in addition to benefiting the entire health sector.

To begin this survey, it will be helpful to have some general information about you. All information will be maintained as confidential and the results will only be reported in aggregate. Please answer the following questions.

DEMOGRAPHICS

What is your age?

- ☐ Under 40
- ☐ 40–49
- ☐ 50–59
- ☐ 60–65
- ☐ 66–or older

What is your gender?

- ☐ Female
- ☐ Male

Which setting *best* depicts where you practice?

- ☐ Acute care medical/surgical
- ☐ Acute care intensive care or specialty units
- ☐ Acute care without 'hands on' nursing
- ☐ Home care
- ☐ Ambulatory/outpatient
- ☐ Skilled/Long term care
- ☐ Other: (describe)_____

Which role *best* depicts your practice?

- ☐ Direct patient care
- ☐ Case manager or care coordinator
- ☐ Staff development or patient educator
- ☐ Quality improvement or utilization review
- ☐ Other: _____

Which best describes your seniority/total years spent as a *practicing Registered Nurse?*

☐ Less than two years

☐ 2–5 years

☐ 6–10 years

☐ 11–15 years

☐ 16–or greater

Which best describes your seniority in the institutional setting of your current employer?

☐ Less than two years

☐ 2–5 years

☐ 6–10 years

☐ 11–15 years

☐ 16–or greater

Which best describes your domestic arrangements (check more than one, if necessary)?

☐ Live alone in own residence

☐ Live with spouse/significant other in own residence

☐ Live with children in own residence

☐ Live with parents or other extended family in own residence

☐ Care for significant other/parents/child or extended family in a non-institutional setting outside of primary residence and in a non-institutional setting

☐ Care for significant other/parents/child or extended family in an institutional setting (i.e., long term care) outside of your primary residence

☐ Other: (describe)

Which best describes your current *primary* working hours?

☐ 8 hour days, full-time

☐ 8 hour days, part-time

☐ 8 hour evenings, full-time

☐ 8 hour evenings, part-time

☐ 8 hour nights, full-time

☐ 8 hour nights, part-time

☐ 12 hour days, full-time

☐ 12 hour days, part-time

☐ 12 hour evenings, full-time

☐ 12 hours evenings, part-time

☐ Other: (describe)

How many weekends do you usually work in a month?

☐ None

☐ One

☐ Two

☐ Three

☐ Four

SECTION ONE: Perceptions of 'fitness' for work

As you reflectively think about your nursing practice in relationship to other younger nurses, please rate your practice in these areas. "Generally speaking, my abilities are: 1 = Better Than, 2 = the Same As, or 3 = Less than, younger nurses in these categories:"

A.	Keeping pace with assigned workload	1	2	3
B.	Managing difficult families	1	2	3
C.	Keeping abreast of and using new technology	1	2	3
D.	Handling ethical dilemmas	1	2	3
C.	Influencing physicians	1	2	3
D.	Guiding other disciplines, including follow through	1	2	3
E.	Enduring unit-based pressures	1	2	3
F.	Interpreting labs, monitors, and other clinical data	1	2	3
G.	Working consecutive days	1	2	3
H.	Mentoring staff and students	1	2	3
I.	Managing highly complex patients	1	2	3
J.	Pioneering changes in practice parameters	1	2	3
K.	Providing culturally sensitive care	1	2	3
L.	Tailoring patient education	1	2	3
M.	Lifting, bending, and physically performing	1	2	3
N.	Functioning in Codes and Disasters situations	1	2	3
O.	Tailoring discharge planning	1	2	3
P.	Working with multi-generational workers	1	2	3
Q.	Embracing non-patient care organizational change	1	2	3
R.	Documenting outcomes of care	1	2	3
S.	Preventing patients from high risk situations	1	2	3
T.	Assessing patients	1	2	3
U.	Assisting with JCAHO (or other accreditors) readiness	1	2	3
V.	Maintaining infection control standards	1	2	3

W.	Using and troubleshooting high tech equipment	1 2 3
X.	Providing feedback to administration	1 2 3
Y.	Delegating to nursing and other professional staff	1 2 3
Z.	Showing compassion for patients, families & coworkers	1 2 3

SECTION TWO: **Perceptions of the work environment**

As you think about your unit's work environment, both now and for the duration of your career, rate the relevant importance of the following factors that would influence the quality of your work life. Use this scale: 1 = highly impacts me; 2 = moderately impacts me, and 3 = has very little or no impact on me.

"My work environment matters to me, so I am most likely to continue my employment on a unit that has:"

A.	Consistent staff–patient ratios	1 2 3
B.	Permanent versus temporary staff	1 2 3
C.	Specialty teams (e.g., 'lifting' teams, IV teams)	1 2 3
D.	Supplies at the bedside	1 2 3
E.	A discharge planner	1 2 3
F.	A staff developer	1 2 3
G.	A Clinical Nurse Specialist	1 2 3
H.	A Case Manager	1 2 3
I.	A chaplain or social worker	1 2 3
J.	Cardiac and other monitors	1 2 3
K.	Computer access to the internet	1 2 3
L	Physical accommodations for the family	1 2 3
M.	A quiet place to do paperwork	1 2 3
N.	A quiet place to take a break	1 2 3
O.	Patient assignments are made exclusively by acuity	1 2 3
P	Patient assignments are made exclusively by room clusters to minimize walking	1 2 3
Q.	Patient assignments are made exclusively on care continuity	1 2 3
R.	Bright and cheerful décor	1 2 3
S.	Subdued and peaceful décor	1 2 3
T.	Equipment that is immediately available	1 2 3
U.	Nurses who use pagers, PDAs/handheld computers and other communication technology	1 2 3

V.	Multi-generational nurses	1	2	3
W.	Noise restrictions (i.e., no paging)	1	2	3
X.	Specialty equipment is available to handle large patients, confused patients, etc.	1	2	3
Y.	Bright lighting	1	2	3
Z.	Subdued lighting	1	2	3
AA.	Decentralized or no nursing stations	1	2	3

SECTION THREE: **Perceptions of human resource practices**

As you think about the human resource practices, both now and for the duration of your career, rate the following factors that would influence your quality of life satisfaction. Use this scale: 1 = highly impacts me; 2 = moderately impacts me, and 3 = has very little or no impact on me.

"Human resource practices are important to me, so I am most likely to continue to work if I am able to:"

A.	Influence my work schedule	1	2	3
B.	Limit the length of my work day	1	2	3
C.	Limit the number of consecutive days I work	1	2	3
D.	Limit the physical dimensions of my work	1	2	3
E.	Take an assignment with a lower nurse-patient ratio than other nurses	1	2	3
F.	Seek job roles that are peripheral to, but complement bedside care	1	2	3
G.	Retain retirement benefits at the highest rate of pay if a position with a lower rate of pay comes available	1	2	3
H.	Retrain for alternative positions	1	2	3
I.	Attend continuing education to keep abreast of trends	1	2	3
J.	Restrict job functions (i.e., use of computers), but compensate in other areas	1	2	3
K.	Work through a phased-in retirement	1	2	3
L.	Formally mentor other nurses	1	2	3
M.	Have adult support services available to help reduce the burden of caregiving for family/significant others	1	2	3
N.	Take a longer rest break during the work shift	1	2	3
O.	Participate in social events that are geared to senior staff	1	2	3
P.	Participate in exercise and other wellness programs geared to senior staff	1	2	3
Q.	Have 'floating' reduced or eliminated	1	2	3

SECTION FOUR: Likelihood of collegial support

When thinking about younger staff and the potential to design a work environment and human resource benefits aimed at the older nurse, generally speaking, what do you perceive as their readiness to accept these changes? Use this scale: 1 = eager and supportive; 2 = supportive as long as their needs are also met; and 3 = unready and most likely, non-supportive.

"My younger colleagues support—to varying degrees—the contributions of older nurses; I believe their response to these changes would be:"

A.	Modified job roles for older nurses	1	2	3
B.	Job duty restrictions for older nurses	1	2	3
C.	More flexible work hours for older nurses	1	2	3
D.	More frequent rest breaks for older nurses	1	2	3
E.	Special education opportunities for older nurses	1	2	3
F.	Modified work environments to accommodate older nurses	1	2	3
G.	Changing human resource benefits for older nurses	1	2	3
H.	Letting older nurses take reduced work loads	1	2	3
I.	Letting older nurses substitute job tasks more suited to their strengths and abilities	1	2	3

SECTION FIVE: Open-ended responses

In closing, please comment on the following questions:

1. In thinking of your previous responses and more, what are the *top three factors* that will influence your intent to stay in nursing for the duration of your career?

2. What environmental or human resource factors did we not address that you think are important to retaining nurses like yourself?

3. Is there anything else you would like to say?

Robert Wood Johnson Foundation