

The Experience of Being an Older Staff Nurse

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Abstract:

The nursing workforce is aging at an unprecedented rate, yet we know very little about the experiences of older staff nurses. A qualitative design with purposeful sampling was used to describe the experience of being an older staff nurse. Data were obtained through in-depth interviews with 11 staff nurses over the age of 55 who were employed at least part-time in six hospitals located in the southeastern United States. Data analysis was guided by a feminist perspective utilizing the voice-centered relational method developed by Brown and Gilligan. Study findings demonstrate that older nurses are working because they continue to care, despite the stressors of intergenerational conflict with younger nurses, less respect from patients and families, and inequity in pay. Older nurses are confident in their abilities and are capable of meeting the demands of hospital nursing.

Keywords: older nurses, qualitative methodology

Article:

The profession of nursing is experiencing an unprecedented aging of its workforce. The aging of the workforce is an international problem, with shortages being reported worldwide (Buchan, 2001). The average age of a registered nurse in the United States is currently 44.5 years (Department of Health and Human Services, 2001). The shortage is especially acute for hospital nurses. In 2001, 89% of hospitals reported a shortage of registered nurses (American Hospital Association, 2001). Despite the recent attention to the aging of the workforce, we know very little about older nurses, and specifically, older nurses working at the bedside in hospitals.

The Older Nurse

There has been little research on older nurses outside of demographic and anecdotal reports. Dorsett (1994) surveyed 105 registered nurses aged 24 to 69 and found that contrary to stereotype, older nurses (defined as older than age 40) were more apt to keep up to date with changing job demands. Wheeler (1994) interviewed 8 nurses older than 50 years of age who worked full-time in hospitals and found the nurses felt good about their skills but desired more continuing education. Brennan (1997) used the constant comparative method to analyze in-depth interviews of 50 nurses older than age 50. These older nurses discussed placing family before their careers, yet had a moral obligation to care. Letvak (in press) surveyed administrators of hospitals and nursing homes and found that although the majority of administrators were aware of the aging of the workforce and wished to retain older nurses, 94% had no policies in place to address the needs of older nurses and 87% admitted to no immediate plans to create such policies.

A feminist relational ontology provided the theoretical framework for this study. Feminist theorists over the past 25 years, specifically, Miller (1976), Chodorow (1978), and Gilligan (1982), challenged the prevailing models of adult growth and development of separation, individuation, and independence to provide an alternative model of women's growth. By listening to the voices of women, the researchers found that a woman's self develops through relationships, interpersonal connections, and interactions. When women speak, they speak of themselves as living in connection with others (Brown & Gilligan, 1992). Miller (1976) first introduced the idea that an inner sense of connection to others is the central organizing feature of women's development. This connection provides a sense of value and effectiveness in life's activities. Healthy relationships are mutual and growth enhancing. Women have been deprived by a male-dominated society that has overlooked relational needs. Gilligan (1982) challenged Erikson's widely accepted stages of growth and development as having been inaccurately generalized to both genders and being critical of women as developing less successfully. Relational theory has also been applied to the workplace (Fletcher, 1996). Female workers define themselves and their success through their relationships.

A relational framework is especially appropriate for a study of nurses, as the model's premise is that women's development endows them with relational and expressive skills and the need for compassion and care. The majority of nurses are women, and listening to women's voices requires a feminist perspective. Relationships are an integral part of life (Gilligan, 1982) and are an integral part of a nurse's world.

PURPOSE

Despite a rapidly aging workforce and an acute nursing shortage, very little is known about older nurses. The purpose of this qualitative study was to describe the experiences of older staff nurses by giving voice to this unrecognized group. Older nurses were defined as being older than age 55.

DESIGN

A qualitative research design was chosen to reflect the exploratory nature of the research question and to give voice to older nurses in their own words.

Sample

The participants in this study were 11 female staff nurses aged 55 to 62 (mean age = 58.3) employed at least part-time in a hospital. Participants were recruited by contacting hospital nurse managers and through personal networks. All of the women were Caucasian. The nurses worked in six different hospitals located in four counties of a southeastern state of the United States. Three of the hospitals are large teaching hospitals, two are community hospitals, and the third is a specialty hospital. Years worked in nursing ranged from 21 years to 40 years. All worked as staff nurses either in intravenous (IV) therapy, mother/baby, intensive care unit/critical care unit (ICU/CCU), cardiology, medical/surgical, or outpatient surgery. Nine of the nurses worked full-time and 2 of the nurses worked part-time. Eight of the nurses were diploma prepared, 1 had an associate's degree, 1 had a baccalaureate degree, and 1 nurse had a doctorate. Nine of the nurses were married, 1 was divorced, and 1 had never married and was living alone. Most of the nurses (9) worked the day shift with occasional rotation to nights and evenings, and 2 nurses

worked evenings and/or nights. Almost half of the nurses(5) worked 12-hour shifts as their normal work schedule. Consistent with qualitative methodology, participants were recruited until saturation of data was achieved.

METHOD

Data Collection

Participants were first contacted by telephone to inform them of the purpose of the study and that interviews were expected to take at least 1 hour, would need to be tape-recorded, and that more than one interview might be necessary. Two of the women contacted declined to participate, stating they were uncomfortable having work discussions tape-recorded, despite assurances of confidentiality of information obtained.

Eleven women agreed to be interviewed. Seven of the interviews took place in a quiet location at the hospital in which the nurses were employed. Four interviews took place in the homes of the participants. Interviews ranged in length from 45 minutes to 2 hours and 45 minutes, with the average interview lasting 1 hour and 15 minutes. Nine of the nurses were interviewed once and 2 nurses were contacted for second interviews to clarify and validate study findings.

Qualitative methods acknowledge the researcher as a vital part of a relational, collaborative process of inquiry (Stacey, 1991). Interviews were not “conducted” but participated in by the participants and myself. Discussions were informal with only a few set questions, including demographic information (age, years in nursing, employment status, unit worked, shift, and educational preparation) and the following request: “Tell what it is like to be an older staff nurse.” Prior to each interview, I bracketed out all existing knowledge and presuppositions of what I knew about older nurses and problems being faced by hospital nurses. Bracketing allows the researcher to converse with participants without attempting to validate their own presuppositions and beliefs (Munhall, 1994).

In-depth interviews were tape-recorded to assure capturing all that was discussed. Field notes were taken during interviews to capture body movements or facial expressions that I felt might not be captured on tape. Field notes were also used for personal reflection of the interviews. As the purpose of this study was to give voice to the older staff nurse, a voice-centered relational method of data analysis was concurrent with data gathering.

Data Analysis

Analysis of data collected for this study was guided by the voice-centered relational method developed by Brown and Gilligan (1992). The voice-centered relational method translates relational ontology into a concrete method of qualitative data analysis by allowing individuals’ narrative to be explained in terms of their relationships and the broader social and cultural contexts within which they live. By maintaining “voice” one can ascertain not only who is speaking but also who is listening, which shifts the research process to a practice of relationship in which truths can emerge or become clear.

The first step of data analysis was to have all tapes transcribed verbatim. Field notes were incorporated into the written text. The voice-centered relational method revolves around a set of four or more readings of the interview text listening to the tapes while the readings are being

carried out. In the first reading, the text was read for the overall plot and story that was being told by the respondent. I listened for recurrent images, words, metaphors, and contradictions in the narrative. I also reflected on my own feelings and thoughts about the story being told. I wrote out how I identified with the participant, questions I had, and overall feelings.

In the second reading I focused on how the respondent experiences, feels, and speaks about herself. A highlighter was used on the text to mark passages that I felt exemplified what it was like to be an older staff nurse. This step is crucial; by carefully listening to the respondent, it brings us into relationship with that person and we can discover how she speaks of herself before we speak for her (Brown & Gilligan, 1992, pp. 27-28).

In the third and fourth readings of the text I attended to the ways the women spoke of relationships and how they experience themselves in the relational landscape of their work and lives. Passages were again highlighted as illuminating the personal experience.

Data analysis was concurrent with data collection. The meaning of each woman's story was interpreted, and as more interviews were collected, areas of differences and agreement were noted. When no new findings were identified, interviews were stopped. The analysis of the data finally involved organizing the data into broad categories and themes. Data were traced through individual interview transcripts and then through the overall group as a unified voice for the older staff nurse.

FINDINGS

The research question asked about the experience of being an older staff nurse. Four central organizing themes emerged from the voices of the 11 nurses. The themes are identified as we're here because we care, we carry our load, our relational workplace, and our relationship with the organization.

We're Here Because We Care

The first theme to emerge from data analysis, and the one most loudly heard, was the nurses' love for nursing and their commitment and dedication to caring. Relationship with the patient was always discussed when I asked the women to describe the experience of being an older nurse. Many of the nurses spoke of choosing to stay at the bedside despite family, peer, and organizational pressure to accept positions that may be physically easier, such as infection control or case management. One nurse, who has worked in mother/baby for 40 years stated, "What keeps me in nursing is loving what I do. I love what I do. I love where I am. There is nothing else I've ever wanted to do." Another nurse, a medical-surgical nurse with 36 years of experience, stated, "I love what I do. I know that I've done the best by my patients and nobody else may have done for them what I did. That's who I'm accountable to—the patient." This desire to care comes from the self or, as an ICU nurse stated, "It is just something that comes from within. You know, they say it is a chosen profession. I feel nursing chose me."

We Carry Our Load

Older nurses are confident in their abilities and are empowered in their ability to care. A medical-surgical nurse stated, "I have a lot of critical thinking skills that few new nurses have. This allows me to problem solve and help other nurses make proper decisions." A doctorally

prepared nurse who works part-time in the ICU stated, “I don’t get an easier assignment because I’m over 50. I carry my own weight. Sometimes they give me the most difficult patients.” This confidence was expressed by an IV nurse, who stated, “You know, we don’t have to prove our ability. We know we’re good.” And a cardiac nurse with 35 years of experience described how she responded to a group of young nurses who complimented her skills at a code: “I may be old to you guys, but I’ve got the moves.”

Our Relational Workplace

The older nurses also talked about themselves in relation to their coworkers, patients, and increasing demands of hospital nursing. These older nurses are members of the “silent generation” (born in 1930 to 1945) or are early baby boomers (born in the early 1940s through early 1960s). Different generations have been identified through common characteristics giving them a group identity. This generational identity is brought about by rapid changes in technology, culture, and world events that provide each generation with unique norms and values. Smith and Clurman (1997) described the “matures” (those currently 55-65) as being conservative and having a strong sense of obligation and duty, especially to their jobs. The younger nurses of today (born in the late 1960s through 1980s) are known as Generation X-ers and are noted for being blunt, self-reliant, and unwilling to take work as seriously as their older peers. There is much in the literature on X-ers complaints that older workers are self-righteous, set in their ways, rigid, and workaholic, whereas the older generation claims younger workers are slackers, whiners, unwilling to pay their dues, and possessing negative attitudes.

Eight older nurses in this study gave voice to a generation gap within nursing. A mother/baby nurse with more than 30 years of experience stated, “Some of the younger nurses think I don’t have any sense. They don’t even think I have enough smarts to take a temperature.” Others spoke of younger nurses refusing to work off-shifts and holidays: “I think they are just used to having things given to them where we had to work for what we have. They don’t want to pay their dues.” Another nurse stated, “I think a lot of it is just attitude. These new nurses just basically want to come and do as little as possible and then go home.” Another stated, “They have very different attitudes. They’re in it for the money. You know, when we started, we were making four dollars an hour. We weren’t in it for the money.” Another nurse stated, “There are lots of differences between the nurses we are preparing now. When I graduated from nursing school I knew I was going to be a nurse forever. These nurses can only talk about how soon they can go back to school and get away from the bedside or they just want to leave nursing completely.”

Not all the older nurses discussed the younger generation in a negative way. Several spoke of being role models and being sought after for their expertise on their units. One older nurse proudly shared how she was called “Mama” by the other nurses on her unit. An ICU nurse stated,

I have such a world of experience, and I’ve learned so much. It is gratifying when the newer nurses are coming in and look to you and depend on you so much as their resource. It really is kind of nice.

Another spoke of being challenged by the younger generation: “I like the challenge of being with the younger people, just the challenge of being able to share my experiences to help them become better nurses.”

The nurses also spoke of their relationships to patients. Although most of the nurses spent much of the interviews speaking of their commitment to caring, they also spoke of how patients and families have changed since they entered nursing. A medical/surgical nurse with 37 years of experience stated, "You know, they [families] are much quicker to criticize. Before, the nurse could do no wrong. Now they look for things to go wrong." Another stated,

Patients, and their families, have become more demanding. I think it is all the publicity about their rights and the errors occurring in health care. In fact, last week I had a patient come right out and say, "I'm paying for this."

Another nurse stated, "A lot of our patients are just so rude. They are more rude lately than I have seen in my lifetime."

Most of the older nurses felt they were well received by their patients. A medical/surgical nurse stated, "Just last week a woman commented, 'finally a nurse with some gray hair. I know you know what you are doing.' " An IV nurse, who had just successfully inserted an IV after numerous sticks by other nurses, stated, "I had a man the other day tell me, 'what are we gonna do when you older nurses leave? You'd be surprised how many people say that to me.' "

Our Relationship With the Organization

Although the nurses spent most of our discussions speaking of their relationships with their patients and peers, they also spoke of being an older nurse within their institutions. They spoke of management, money issues, and retirement concerns.

Most of the nurses had positive relationships with their managers. An ICU nurse stated, "I receive very positive feedback from my manager. She is always making little comments such as, you aren't getting ready to retire. Period. You can forget it. And that thrills me. I'm glad she feels that way." Another nurse stated, "I think management appreciates the experiences us older nurses bring. We are the stability to a unit." Three of the nurses had very poor relationships with management. One nurse stated, "I think they want to keep me for the slot I fill, but I also think they would love to get rid of me. But they need me." Another nurse stated, "I get very little respect. I think they want us all out of here because we make too much money." Another nurse shared,

My manager asks me all too often when am I going to retire. I think my experience intimidates her. She may have the degree but I have the experience and skills and the nurses look up to me. I'm gold in her pocket and she doesn't see it that way.

As anticipated, the nurses also expressed concerns about the nursing shortage, which can be summed up by the following:

All nurses are overworked. The older nurse is no different. They keep saying there is a shortage of nurses but they also say we are under a budget crunch and we're fully staffed. Yet they still harp all the time on patient satisfaction, patient satisfaction. What about the nurses' satisfaction?

Almost all the nurses were loudly heard stating, "It's not the money," although they did express concerns about work hours and salary. One nurse stated,

I can't work 11 to 7 anymore because of my blood pressure medicines. I'll come in at 3:00 in the morning so I can take my medication in the evening, sleep off the side effects for a few hours, and then be safe to come in.

Another stated, "At age 61 I just can't do a stretch of nights anymore. I used to. But now with the nursing shortage and all, we are working with the minimum of staff and it is just so intense." Another stated,

Many of the units are going to 12-hour mandatory shifts for everyone. Where does that leave me? At the end of an 8-hour shift I'm about ready to fall off my feet and another 4 hours is just more than I can take.

The nurses also talked about their salaries. One nurse stated, "I feel I get paid for what I'm worth. I mean, I never thought I would make \$23.00 an hour." Another nurse stated,

I'm making more money than I ever thought I would. But after 40 years at the same job, it is not that I can't live on what I'm making or that I'll starve if I go part-time. The point is there is no difference in me and somebody right out of school. I should have some credit for that.

This thought was echoed by other nurses, one who stated,

They have to keep upping the starting salary to get new nurses. That doesn't leave much difference between me and the 21 year old. What incentive is there for me to stay? How does that respect my time and years of experience?

Other nurses spoke of the frustrations of being at the top of the salary charts with little if any cost-of-living wage increases. "We just want what is fair— we've worked for it after all."

Pension and retirement issues were also discussed. Most of the nurses hoped to work until age 65 or longer, although several were retiring in the near future in their early 60s. Although a majority of the nurses were married and spoke of having their spouses' retirements, several spoke of being unable to afford to retire. One nurse stated, "Right now I have no health problems and want to keep working. Financially though, you shoot yourself in the foot if you leave before 65. It cuts down so far." Others spoke of pensions that were so small that they were going to offer very little in the retirement years: "After working in this hospital for over 30 years it's pathetic when your social security is larger than your retirement." Several nurses also spoke of having to work for health insurance alone, especially when a spouse was disabled at home. They had to work more hours than they would have liked to just to keep their insurance paid.

DISCUSSION

The truth value of qualitative studies resides in the discovery of human phenomena or experiences as they are lived and perceived by the participants (Sandelowski, 1986). The reader is left to determine the fit and usefulness of the research findings. A relational model and application of the voice-centered method of data analysis has allowed the voices of older nurses to be heard. Older nurses are working because they continue to care despite the stressors of generational conflict with younger nurses, less respect from patients and families, a serious nursing shortage, and inequity in pay.

Although there is much discussion in the literature about high levels of dissatisfaction among nurses, the older nurses in this study were generally satisfied in their jobs. This supports findings from a recent study of rural nurses in New York in which older nurses were significantly more satisfied than younger nurses (Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002). The older nurses in this study were able to meet the demands of the job and were confident in their

ability to provide care. Although nurses have not been the focus of previous research, older workers have been found to have the physical and mental capabilities to perform all but the most physically demanding tasks (Bass & Caro, 1996). This study supports older nurses as being capable of meeting the physical and mental demands of bedside nursing, including high-stress environments such as intensive care.

Nurses have historically had very little voice. At age 62, the oldest nurse in this study stated, “As nurses, my generation was always accepting of whatever we got, which was a huge mistake. None of us had the courage to stand up.” We are now all challenged to have the courage to stand up for the older nurse—who is both the present and the future of nursing.

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