

Impact of Aging Nurses on Workforce Planning
at Gundersen Lutheran Medical Center

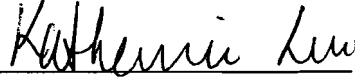
by

Marcia L. Kast

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Katherine Lui, Ph.D.
Research Advisor

The Graduate School

University of Wisconsin-Stout

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**The Graduate School
University of Wisconsin-Stout
Menomonie, WI**

Author: Kast, Marcia L.

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ABSTRACT

The well-publicized nursing shortage is due to changes in both supply and demand: fewer people are entering and staying in nursing, while the need for health services is increasing as the population ages (Hatcher, Bleich, Connolly, Davis, O'Neill Hewlett, Stokley Hill, 2006). The nursing shortage is expected to worsen by the year 2010 when the national shortage will put the nursing workforce in critical condition. Now and in the foreseeable future, the older RN nursing workforce will continue to swell and the forces that determine their decision to continue working in the nursing profession. It is important for employers to obtain an understanding of these forces to retain this base of experience and knowledge (Norman, Donelan, Buerhaus, 2005).

Gundersen Lutheran Medical Center in La Crosse, Wisconsin has been proactive forming a Workforce Planning Committee in February 2006. I was asked to join this group to conduct a survey of all nurses.

The purpose of this research study is to analyze factors pertaining to the retention of nurses with the focus on nurses over the age of 50 at Gundersen Lutheran Medical Center.

The study response rate was 68%. Quantitative analysis was performed for the five sections: demographics, perceptions of fitness for work, perceptions of work environment, perceptions of human resource practices, and likelihood of collegial support. Qualitative analysis was performed on the three open-ended questions that concluded the six-page survey.

The data collected from this study will help steer Gundersen Lutheran Medical Center in enacting best practices to retain nurses.

The Graduate School
University of Wisconsin-Stout
Menomonie, WI

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Chapter I: Introduction

According to Wikipedia, the term, Baby Boomer, has been applied for those with birthdates between 1946 and 1964. Approximately, 77 million babies were born in the United States during these boom years (Harvard School of Public Health MetLife Foundation, 2004). Today, in the United States, another Baby Boomer turns 50 every 6.7 seconds (Rimer, 1998).

As the population ages, so do the nurses. More than a quarter, 28%, of the nursing workforce was 50 or older in 2004 (Thrall, 2005). It is estimated by 2010 that 40% of the U.S. nursing workforce will be over 50 years of age (U.S. GAO-01-944, 2001). The well-publicized nursing shortage is due to changes in both supply and demand: fewer people are entering and staying in nursing, while the need for health services is increasing as the population ages (Hatcher, Bleich, Connolly, Davis, O'Neill Hewlett, Stokley Hill, 2006). The nursing shortage is expected to worsen by the year 2010 when the national shortage will put the nursing workforce in critical condition. A strong and solid effort for the retention of nurses is crucial to combat the nursing shortage (Thrall, 2005).

Now and in the foreseeable future, the nursing workforce will continue to swell with the older RNs and the forces that determine their decision to continue working in the nursing profession. It is important for employers to obtain an understanding of these forces to retain this base of experience and knowledge (Norman, Donelan, Buerhaus, 2005). Stephanie L. Swartz, Gundersen Lutheran's Chief Nursing Officer, stated, "Workforce planning is looking at a special segment of the nursing population – older nurses. This group offers experience and expertise invaluable to Gundersen Lutheran, but the organization needs to be understanding of this group's concerns: including generational issues, ergonomics, shift preferences, pending retirement, and other issues" (Bouffleur, (Ed.), 2006). Gundersen Lutheran formed a Workforce Planning Committee in February 2006. I was invited to join this group in June 2006.

Statement of the Problem

This study will analyze factors pertaining to the retention of nurses over the age of 50 at Gundersen Lutheran Medical Center in La Crosse, Wisconsin.

Research Objectives

The objectives of this study:

1. Identify factors pertaining to the retention of nurses over the age of 50 at Gundersen Lutheran Medical Center in La Crosse, Wisconsin.
2. Prioritize these factors to assist Gundersen Lutheran Medical Center in focusing their resources on older nurse retention efforts.

Significance of the Study

This study will help steer Gundersen Lutheran Medical Center in enacting best practices to retain older nurses. Positive changes for older nurses would encourage knowledge-sharing between generations of nurses and ensure patients receive safe, quality care from competent providers. The average salary of medical-surgical nurse is \$46,832 (Atencio, Cohen, Gorenberg, 2003). Nationally, RN turnover cost has been reported to be up to two times a nurse's salary. Gundersen Lutheran Medical Center wants to retain these dedicated and loyal older nurses.

Assumptions of the Study

The assumptions of this study:

1. It is assumed that survey respondents are registered nurses and employed at Gundersen Lutheran Medical Center in La Crosse, Wisconsin.
2. It is assumed that all information received from the surveys is honest and factual.
3. This researcher will successfully evaluate the information received and produce meaningful and useful findings.

Definition of Terms

Attrition - "Reduction in numbers as a result of resignation, retirement, or death" (Merriam Webster, 1997). Gundersen Lutheran Medical Center uses the term interchangeably with "turnover".

Baby Boomer - Someone who was born during the period from 1946 to 1964.

(http://en.wikipedia.org/wiki/Baby_Boomer)

GL – Refers to Gundersen Lutheran Medical Center headquartered in La Crosse, Wisconsin

Older nurses – The terms old and older continue to be redefined. For statistical purposes, older workers are often considered those between the ages of 55 and 64, but the law defines an older worker as anyone 40 or over. The legal definition tallies with a pervasive attitude among many corporate recruiters who consider 40 and up unacceptably old. (Hatcher, et al. 2006). In the context of this study, the older nurses is considered to be 50 years and up, unless otherwise specified.

PTO – Paid Time Off. (Gundersen Lutheran Policy HR-500, 2007).

Turnover - The number of workers hired by an establishment to replace those who have left in a given period of time (The Free Dictionary, 2006).

WEO – Week Ends Only - Hourly incentive work plan available at Gundersen Lutheran whereby an employee works 12-hours on Friday, Saturday, and Sunday for a six-month commitment. (Gundersen Lutheran Policy HR-580, 2005).

Limitations of the Study

The limitations of this study:

1. The results of this study are limited to employees in the nursing profession at Gundersen Lutheran Medical Center main location in La Crosse, Wisconsin and outlying regional facilities.

2. All 1,373 employees in the nursing profession at Gundersen Lutheran Medical Center were asked to participate in the survey.
3. Qualitative analysis was derived from three open-ended questions. Respondents chose to answer none, some, or all.

Chapter II: Literature Review

Baby Boomers

The 77 million Baby Boomers are more likely to survive into old age (Harvard School of Public Health MetLife Foundation, 2004). Since 1900, average life expectancy in the United States has increased from 47 years to 77 years. The Baby Boomers who reach 65 in 2011 can expect to live, on average, at least another 18 years. Much of the credit for a longer life should be given to progress in medicine and in pharmaceuticals, along with impressive medical technologies (Giorgianni, 1999). Millions of older Americans are successfully aging, and they have the potential to make enormous contributions, and to become a social resource of unprecedented proportions. The Baby Boom generation is reluctant to surrender their youth because they are finding they really do not have to (Giorgianni, 2005). Persons in the public eye have continued to work including Alan Greenspan, Mick Jagger, Nelson Mandela, and many others. Baby Boomers are seeing that age does not define ability, opportunity, or the work-life of an individual.

Nursing Profession

As was the norm at the time, the majority of female Baby Boomer college graduates went on to become nurses and teachers (Hill, 2004). In 2004, the largest group of health care professionals in the United States was nurses. Their number was over 2.9 million, according to a survey by the U.S. Department of Health and Human Services (U.S. Department of Health and Human Services Administration, 2004). Wisconsin was reported to have over 62,000 nurses with over 51,000 actually employed in nursing. These numbers of nurses represent the backbone of our nation's healthcare system (Hatmaker, DeWitty, 2005).

Nursing Shortage

The shortage of nursing professionals is projected to reach one million by 2010 which will put the nursing workforce in critical condition (Fralic, Grady, Hegge, Salmon, 2001). The impending critical nursing shortage will come at a time when the first wave of Baby Boomers begin to retire, qualifying for coverage under the Medicare program beginning in 2010. Hospitals continue to make up the largest sector of the nurse labor market, particularly for registered nurses.

A comprehensive study, "Analysis of the Nursing Workforce Crises: A Call to Action", examined fifteen reports that focused primarily on nursing and were conducted by various stakeholders (Bleich, Hewlett, Santos, Rice, Cox, Richmeier, 2003). This was the only neutral body that has examined these reports and drew conclusions to determine broader strategies and recommendations. All of the reports examined acknowledge the shortage with problem themes identified as supply, demand, health care economics, workforce planning, leadership, and work environment. But the recommendations for resolving it varied greatly with gaps identified. The nursing shortage continues to be a national problem and will take a collaborative effort to attempt transformational change.

Turnover

The costs of the nursing shortage are high (Atencio, 2003). Turnover costs up to two times a nurse's salary. Turnover costs can add up quickly with an average salary of \$46,832. for a medical/surgical nurse. Turnover costs are even higher for specialty nurses. Replacement costs include human resources expenses for advertising and interviewing, increased use of traveling agency nurses, overtime, lost productivity, and temporary replacement costs for on-call nurses. Another cost is the risk to patients due to unfamiliarity of practices with replacement staff. But older nurses have something more valuable than the swiftness of a younger nurse, experience, especially experience with high acuity patients (Hatcher, et al. 2006).

Loss of Expertise

A number of industry examples are given in the book, *Lost Knowledge* (DeLong, 2005), which gives credence to the impact of losing expert employees and the knowledge that they possess. Early retirement incentives promoted by some companies can have catastrophic effects on a company when no means have been employed to capture the knowledge that walks out the door.

Often these knowledge gaps can be hard to identify in healthcare due to the interdependent and complex integrated aspects of medical technology and work systems. Much time can elapse in recovering this lost knowledge and productivity. Patient care can inevitably suffer (Furino, (Ed.), 2006).

Retirement

Although the age of 65 has been the magic number for retirement, many workers plan to continue to work well beyond (Brown, 2003). Reasons include not only financial concerns but Baby Boomers desire to remain mentally and physically active and the desire to be productive and useful. They desire to work for enjoyment and to have something interesting to do. Those that have not retired yet report they plan to work in their retirement years or never retire, and almost half indicate that they envision working into their 70s and beyond. Baby Boomers are more likely to continue working longer, and to move gradually towards complete retirement (Harvard School of Public Health MetLife Foundation, 2004).

Baby Boomers are less likely than current retirees to have enough post-retirement income to maintain their pre-retirement living standards (Butrica, Iams, Smith, 2003). One reason is Social Security's progressive payment formula, so collecting benefits is more favorable if you wait to later age. Baby Boomers can expect higher incomes in retirement years than their predecessors – that's an absolute measure. But in relative measures, the percentage of retirement income as opposed to pre-retirement income is about 13 percentage points less than current retirees.

Many industries are trying to persuade older workers to remain in their positions past the time when they might otherwise retire (Norman, et al. 2005). Many employment policies currently favor retirement and discourage creativity in retaining older workers. Retirement policies need to change to encourage older workers to remain in the workforce (Workplace Strategy Map, 2002).

Retention

Retention efforts have become a critical task for nursing leaders (Atencio, et al. 2003). Although enrollments in schools of nursing are beginning to increase slightly, there remains the projected nursing shortfall. After nurses are recruited, a greater emphasis must be placed on retention (Gullatte, Jirasakhiran, 2005). Creating an organizational culture of nurse retention is crucial to reducing vacancies in healthcare organizations. Employers need to ensure that their organization is the employer of choice for current and future nurses. It becomes imperative to search for ways to retain experienced nurses (Atencio, et al. 2003).

De Long (2004) stated that retaining organizational knowledge is a philosophical approach to business that will give a company or institution a competitive edge in the years ahead. Older nurses should look for ways to redefine their roles to become the innovators of nursing education and the mentors and shapers of a new generation of outstanding nurses (Hatcher, et al. 2006). Is there value in retaining the older nurse in an increasingly chaotic health care system? The conclusion in the executive summary of the white paper, *Wisdom at work* (2005), was a resounding yes!

Employment Influences

During the foreseeable future, the nursing workforce will be driven increasingly by the swelling number of older nurses and the forces that determine their decision to participate in the nursing workforce (Norman, et al. 2005). A variety of workplace initiatives influence employment decision for nurses over 50. They have been identified as: lack of flexible hours, the stress of

work, pension-related expectations, continuing professional education, pay, and the pace of change (Andrews, et al. 2005). Research suggests that more experienced and older nurses have a greater desire for autonomy, suggesting the need for policy initiatives sensitive to employment experience (Atencio, et al. 2003).

As reported in the AARP study, the following were considered very important factors in working in retirement (Brown, 2003):

- Working in an environment where employee opinions are valued
- Working for a company that let older employees remain employed for as long as they wish to work
- Being able to take time off to care for relatives
- Being able to set their own hours
- Working for a company that offers good health benefits
- Working for a company that offers health benefits to retirees

There are not enough younger workers to replace Baby Boomers (The Changing Workforce, 2003). Regardless of their motives, older workers will be needed, not only because of their skills and experience.

Focus groups were conducted at Clarion Health Systems in Indianapolis, Indiana to determine what would keep nurses working at the bedside (Ellerbe, 2005). The results were presented at the Adaptations for an Aging Workforce Conference. Factors identified included: to be valued by leadership, ergonomic issues, multi-generational issues, retention bonuses, schedule flexibility based on seniority, healthcare after retirement, more paid time off for tenured staff, and closer parking.

Best Practices

Aging workers, not just nurses, represent a valuable resource of talent and experience, which unfortunately remains too often an untapped resource; however, that's changing (Giorgianni, 2005). The nation will reap the benefits as a larger number of older people are able to and want to contribute more than they take from our economic life. Hospitals are beginning to recognize the value of older nurses and are establishing workplaces that are friendly to the growing segment of the workforce (Gaffney, 2006). Gullatee (2005) stated, "Remember to take care of the people who take care of the patients."

Veterans Administration nurses average age is 47 years (Leftridge, Jordon, 2005). This fact has led the way to incorporating ergonomic strategies ranging from creating minimal lift environment to equipping rooms with mid-height electrical outlets and easy-to-reach supplies to reduce stress and strain on the body. A proactive approach needs to be adapted by the whole healthcare community to retain nurses eligible for retirement.

"Workplace of the Future: Spotlight on the Mature Nursing Workforce" was held in June 2005 to determine best practices for engaging and retaining mature nurses. Discussions focused on the following issues:

1. Lack of financial literacy
2. Unsafe, inadequate ergonomic protections for nurses
3. Brain drain from nursing
4. Inadequate work environment design and technology
5. Lack of incentives for retention of the older nurse
6. Inadequate policies supportive of the older nurse.

These discussions were the basis for recommendations as proposed solutions submitted to the 2005 White House Conference on Aging. Proposed solutions included:

1. Educational programs and a website to address financial planning.
2. Incentive for implementing safe patient handling technology and legislation for an ergonomic standard in health care.
3. Redesigning roles for older nurses including mentoring and role modeling programs.
Develop comprehensive programs to capture and categorize knowledge that would be lost with retiring nurses that could be used by subsequent generations of nurses. Encourage employers to support and fund membership in professional nurse organizations.
4. Encourage the development and use of technology, provide incentives to industry to create older worker friendly equipment, and include nurses and ergonomic experts in the process. Create a clearinghouse for technology best practices and innovation.
5. Provide on-site training to transition nurses to acquire new skills for less physically demanding roles in management, education and advanced practice. Provide on-site services, i.e. salon, car maintenance, take home meals that would normally conflict with a nurse's availability for work. Implement flexible scheduling. Implement phased-in pension benefits to all older nurse to slowly transition into retirement. Provide better compensation, such as retention bonuses.
6. Implement legislative solutions that would allow for pension portability, health insurance, and more extensive Family and Medical Leave Act protections. Provide grants or funding to organization for restructuring work environments. Seek National Institute of Nursing Research funding for demonstration projects that focus on new delivery models where older nurses in age-compatible roles which require less walking, standing, pushing and pulling; and younger nurses do more of the high-mobility, task-dominated work.

Chapter III: Methodology

Introduction

The nursing shortage is well documented. According to, “*Wisdom at Work*” (Harper, 2006), there are three recognized approaches to increase the nursing workforce:

1. Increase the number of enrolled nursing students and retain them through graduation.
2. Retain new graduates and nurses at all stage 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.

This study will only focus on the retention of nurses over 50 years of age and at only one institution, Gundersen Lutheran Medical Center.

Subject Selection and Description

The original intent of the research study was to survey only nurses over the age of 50. The Human Resource Department determined that number to be 406 as of June 2006. Gundersen Lutheran’s Workforce Planning Committee made the decision to broaden the survey to include all nurses to gain insight from all age groups. Gundersen Lutheran Medical Center employed a total of 1,373 nurses at time of survey distribution in February 2007. The Human Resource Department provided these figures along the names and internal mail stops with the permission of Monty Clark, Senior Director of Human Resources.

Instrumentation

Permission was obtained from the Robert Wood Johnson Foundation to use the survey in their publication, *Wisdom at Work: The Importance of the Older and Experience Nurse in the Workplace, 2006*. Gundersen Lutheran’s Workforce Planning Committee gave their approval for

the final survey instrument. Demographic information was modified slightly and collected on survey respondents. The survey instrument included nine questions in demographic section; 28 ranking questions in Section One: Perceptions of fitness for work; 26 ranking questions in Section Two: Perceptions of the work environment; 17 ranking questions in Section Three: Perceptions of human resource practices; and 9 ranking questions in Section Four: Likelihood of collegial support. Researcher did a literature review to gain insight and background information on the topic of this study. A copy of the survey instrument can be found in Appendix A.

Data Collection Procedures

To promote a high rate of response, an extensive marketing and communication plan targeted to nurses was formulated prior to the release of the survey. This included the weekly newsletter, monthly nursing magazine, internal nursing website, weekly emails to all nurses, and bulletin board display cases.

All survey nurse participants received a cover letter that outlined the purpose and confidentiality measures involved in the survey, as well as describing that the survey was strictly voluntary and confidential.

The six-page survey instrument was distributed to all nurses via inter-office mail on February 16, 2007. Nurses had the option of completing either this mailed survey or on-line survey on the internal web site with the deadline of March 5, 2007. Completed paper surveys were returned to Service Excellence departmental mail-stop. Paper survey responses were entered into the on-line survey instrument to facilitate data analysis.

Data Analysis

On-line raw data files were emailed to UW Stout's Research Department for analysis. The Statistical Program for Social Sciences, version 10.0, (SPSS, 2002) was used to analyze the data

and produce quantitative results. Cross tabs were used to identify responses by age group, number of years nursing, and number of years employed at Gundersen Lutheran.

Qualitative analysis was performed by me to identify common themes, issues, and concerns surfacing from three open-ended questions on the last page of the survey.

Limitations

Results of the survey identified and prioritized factors that nurses consider important to remain working at Gundersen Lutheran Medical Center. These results will not necessarily reflect the same priorities identified in other similar studies conducted at other institutions.

Chapter IV: Results

As the population ages, so do the nurses. More than a quarter, 28%, of the nursing workforce was 50 or older in 2004 (Thrall, 2005). It is estimated by 2010 that 40% of the U.S. nursing workforce will be over 50 years of age (U.S. GAO-01-944, 2001). The nursing shortage is expected to worsen by the year 2010 when the national shortage will put the nursing workforce in critical condition. A strong and solid effort for the retention of nurses is crucial to combat the nursing shortage (Thrall, 2005).

It was my original intent to distribute the survey instrument only to GL nurses over 50 years of age. Gundersen Lutheran's Workforce Planning Committee made the decision to broaden the survey participants to include all nurses to gain insight from all age groups. This study will help steer Gundersen Lutheran Medical Center in enacting best practices to retain older nurses.

Instrument Returns

The six-page survey instrument was distributed to all 1,373 GL nurses via inter-office mail on February 16, 2007. Survey respondents preferred to participate by mailing back the survey 69% (n=640) vs. on-line participation 31% (n=287). The survey deadline was March 5, 2007.

The survey was divided into five sections:

- Demographics – 9 questions
- Section One – Perceptions of Fitness for Work – 28 ranking questions
- Section Two – Perceptions of Work Environment – 26 ranking questions
- Section Three – Perceptions of Human Resource Practices – 17 ranking questions
- Section Four – Likelihood of collegial support – 9 ranking questions
- Section Five consisted of three open-ended questions.

Item Analysis

The survey instrument was given to 1,373 nurses employed at Gundersen Lutheran Medical Center in La Crosse, Wisconsin and GL's outlying clinics. This study will analyze factors pertaining to the retention of nurses over the age of 50. Survey results will help steer Gundersen Lutheran Medical Center in enacting best practices to retain older nurses.

Demographic Section

The demographic section captured information about each nurse including age, gender, work setting, work role, domestic arrangements, working hours, years of nursing practice, number of weekends worked per month, and the number of years employed at Gundersen Lutheran. The survey summary can be found in Appendix D.

1. What is your age?

Nurses under 50 constituted 63% (n=585) vs. nurses over 50 at 37% (n=343). GL nurses over 40 years of age constitute 69.5% (n=644). The legal definition tallies with a pervasive attitude among many corporate recruiters who consider 40 and up unacceptably old. (Hatcher, et al. 2006). GL "legally" has a workforce of older nurses.

2. What is your gender?

Overwhelmingly, females constituted the majority of nurses at GL, 95.1% (n=882) vs. males at .049% (n=45).

3. Which setting *best* depicts where you practice?

Hospital settings include: acute care medical /surgical, acute care intensive care or specialty units, and acute care without 'hands on' nursing. Clinic settings refer to the category ambulatory/outpatient. Remaining settings are: home care, skilled/long term care, non-patient care, and other. Results indicate respondents' practice setting was: hospital 50.8% (n=471), clinic 35.3% (n=327) and remaining settings 13.9% (n=129).

Table 4.1 Question 3 Results

Nurse setting	N=927	Percentage
Acute care medical/surgical	189	20.4%
Acute care intensive care or specialty units	256	27.6%
Acute care without 'hands on' nursing	26	2.8%
Home care	12	1.3%
Ambulatory/outpatient	327	35.3%
Skilled/Long term care	1	0.1%
Non-patient care	37	4.0%
Other	79	8.5%

4. Which role best depicts your practice?

Majority of GL nurses are involved in direct patient care 78.2% (n=725) whether in the hospital or clinic setting.

Table 4.2 Question 4 Results

Nursing role	N=927	Percentage
Direct patient care	725	78.2%
Case manager or care coordinator	46	5.0%
Staff development or patient educator	28	3.0%
Quality improvement or utilization review	14	1.5%
Other	114	12.3%

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

Majority of GL nurses 62.9% (n=772) live with spouse/significant other. Respondents could check more than one choice if applicable (n=1227) which would indicate that 24.7% (n=303) also had children. Small percentage of nurses also had to care for other in their family.

Table 4.3 Question 5 Results

Domestic arrangement	N=1227	Percentage
Live alone in own residence	74	6.0%
Live with spouse/significant other in own residence	772	62.9%
Live with children in own residence	303	24.7%
Live with parents or other extended family in own residence	16	1.3%
Care for significant other/parents/child or extended family in a non-institutional setting outside of primary residence and in a non-institutional setting	38	3.1%
Care for significant other/parents/child or extended family in an institutional setting (i.e., long term care) outside of your primary residence	6	0.5%
Other	18	1.5%

6. Which best describes your current primary working hours?

Hospital operates daily 24/7 while the clinics predominately operate days. This is borne out at 29.6% (n=274) work 8-hour days, full-time and i-hour days, part-time 24.8% (n=230).

Table 4.4 Question 6 Results

Working hours	N=927	Percentage
8 hour days, full-time	274	29.6%
8 hour days, part-time	230	24.8%
8 hour evenings, full-time	11	1.2%
8 hour evenings, part-time	34	3.7%
8 hour nights, full-time	7	0.8%
8 hour nights, part-time	9	1.0%
12 hour days, full-time	71	7.7%
12 hour days, part-time	18	1.9%
12 hour evenings, full-time	30	3.2%
12 hours evenings, part-time	13	1.4%
WEO- weekends	27	2.9%
Other	203	21.9%

7. Which best describe your seniority/total years spent as a practicing nurse?

Outstanding percentage of 30.9% (n=286) have been practicing nursing over 26 years.

Almost half, 47.3% (n=438) have over 20 years experience.

Table 4.5 Question 7 Results

Years as Nurse	N=927	Percentages
Less than two years	56	6.0%
2—5 years	105	11.3%
6—10 years	118	12.7%
11—15 years	111	12.0%
16—20 years	99	10.7%
21—25 years	152	16.4%
Over 26 years	286	30.9%

8. How many weekends do you usually work in a month?

GL nurses participating in the WEO incentive program constitute only 3.9% (n=36). Most nurses do not work any weekends, 45.6% (n=423).

Table 4.6 Question 8 Results

Weekends	N=927	Percentage
None	423	45.6%
One	231	24.9%
Two	224	24.2%
Three	13	1.4%
Four	36	3.9%

9. Which best describes your employment with Gundersen Lutheran (GL)?

GL employment retention is high at 29.9% (n=277) for nurses working at GL over 20 years. The group of nurses with over 26 years at GL is 20.3% (n=188).

Table 4.7 Question 9 Results

Years at GL	N=927	Percentages
Less than two years	92	9.9%
2—5 years	173	18.7%
6—10 years	167	18.0%
11—15 years	80	8.6%
16—20 years	138	14.9%
21—25 years	89	9.6%
Over 26 years	188	20.3%

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: better than, the same as, or less than, younger nurses in these categories:"

Survey participants were asked to rank their abilities in 28 different categories against those of younger nurses. Refer to Appendix E which summarizes responses for those ages less than and greater than 50.

It is clear that nurses over 50 perceive that they can keep pace with assigned workload. Nurses ranked the "same as" 55.2% (n=187) or "better than" 41.9% (n=142) than their younger counterparts. Only 2.9% (n=10) perceived themselves as keeping pace "less than" younger nurses.

Nurses over 50 realized their physical limitations by responding at “less than” ranking 27.4% for “Lifting, bending, and physically performing” vs. nurses under 50 at 9.4%.

Percentages dealing with perceptions on technology issues for nurses over 50 were higher for the “less than” ranking for “Keeping abreast of and using new technology”, (14.2% vs. 7.2%) and at “Using and troubleshooting high tech equipment”, (21.4% vs. 10.1%). Apparently older nurses felt “less than” adept with technology in comparison to the nurses less than 50.

Nurses over 50 perceive that they can perform “better than” or at least the “same as” their younger counterparts in the remaining categories with no broad variances of percentages.

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: highly impacts me; moderately impacts me, and 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:"

Survey participants were asked to rank the degree to which 26 items in a work unit would influence their decision to continue employment in that work unit. Refer to Appendix F which summarizes responses for those ages less than and greater than 50.

Both age groups, under 50 and over 50, felt strongly that consistent staff and consistent patient to nurse ratios were a factor that would moderately or highly impact their continued employment on a unit. Nurses under 50 ranked staffing at “high impact”, 77.9% (n=455) and “moderate impact” at 18.7% (n=109). Nurses over 50 ranked staffing at “high impact”, 68.2% (n=229) and “moderate impact” 26.5% (n=89). Similar findings were seen for “Permanent versus temporary staff.

Interestingly, both groups had over 50 percent for “high impact” when ranking “Computer access to the internet” as being a factor in continued employment on a unit.

Both age groups, under 50 and over 50 ranked “A quiet place to take a break” as high impact, 53.5% and 55.0% respectively. Along with this, “A quiet place to do paperwork” resulted in similar percentages for high impact.

Identical percentage of 74.4% in both age groups over 50 (n=434) and under 50 (n=250) ranking high impact for the factor, “Equipment that is immediately available”. Specialty equipment also ranked as high impact factor for both age groups at 56.7% (n=330) and 51.2% (n=171) respectively. “Supplies at the bedside” ranked 40.6% for age group less than 50 and 48.2% for age group over 50.

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: highly impacts me; moderately impacts me, and 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:"

Survey participants were asked to rank the importance of 17 different human resource practices that would influence their quality of life satisfaction and influence their decision to continue work. Refer to Appendix G which summarizes responses for those ages less than and greater than 50.

Overwhelmingly, “Influence my work schedule” was ranked as having high impact by both age groups under 50 and under 50 years of age. Under 50 was 83.9% (n=490) and over 50 was 79.7% (n=271). This factor had the highest percentages in high impact. Along those same lines,

both “Limit the length of my work day” and “Limit the number of consecutive days I work” had higher percentages. All percentages were over 50% as high impact.

As a factor to influence quality of life and continue employment, “Retain retirement benefits at the highest rate of pay if a position with a lower rate of pay comes available” ranked as high impact for age group over 50 with 67.2% (n=227) and for age group under 50 with 55.9% (n=326). For the age group over 50 “Work through a phased-in retirement” ranked 50.7% (n=171), considerably more than the under 50 group which ranked 27.7% (n=161).

Continuing education was a high ranking factor, again with both age groups. Under 50 was 69.6% (n=406) and over 50 was 71.7% (n=243) in response to “Attend continuing education to keep abreast of trends.

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: eager and supportive; supportive as long as their needs are also met; and 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:"

Survey participants were asked to rank their perceptions of younger nurses' support for nine different areas of change. Refer to Appendix H which summarizes responses for those ages less than and greater than 50.

In seven out of nine factors percentages were greatest in the ranking, “Supportive but to their needs” for the likelihood of collegial support of the younger staff for changes in the work environment and human resource benefits for older nurse. The only two factors with percentages in the ranking “Unready and non-supportive” were “More frequent rest breaks for older nurses”

and “Letting older nurses take reduced work loads”. Percentages were 53.5% (under 50) and 63.1% (over 50) and 53.7% (under 50) and 62.2% (over 50) for each factor respectively. But “Letting older nurses substitute job tasks more suited to their strengths and abilities” received over 50% in both age groups as being supportive but to their needs.

Section Five: Open-ended responses

I reviewed all open-ended responses involving 3,433 comments in arriving at common themes for qualitative analysis. Twenty-seven themes were identified. Qualitative ranking was determined by the number of times the theme was addressed in any of the three open-ended questions. The top ten qualitative rankings are as follows: pay, scheduling, PTO and insurance benefits, staffing, seniority, health, job satisfaction, support, working conditions, and education. The first three, pay, scheduling, PTO and insurance benefits, are consistent with those themes identified in the survey used for the *Wisdom at Work* paper. (Hatcher, et al. 2006). Refer to Appendix I: Summary – Qualitative Survey Responses for a complete breakdown of comment themes. Rank and theme are tabulated by age groups, under 50 and over 50 with respective percentages.

Chapter V: Discussion

One common thread prevailed throughout this research study - the passion of nurses and their top priority in giving their patients the best care they possibly can regardless of their own needs or wants.

Limitations

The limitations of this study:

1. The results of this study are limited to employees in the nursing profession at Gundersen Lutheran Medical Center main location in La Crosse, Wisconsin and the outlying regional facilities.
2. All 1,373 employees in the nursing profession at Gundersen Lutheran Medical Center were asked to participate in the survey. This included both nurses in the hospital and in clinic settings. The Robert Wood Johnson Foundation created the survey instrument and questions were geared toward the hospital setting where their survey was conducted rather than the clinic setting.
3. Qualitative analysis was derived from three open-ended questions. Respondents chose to answer none, some, or all.

Conclusions

In the review of literature, as reported in the AARP study, the following themes were considered very important factors in working in retirement (Brown, 2003):

- Working in an environment where employee opinions are valued
- Working for a company that let older employees remain employed for as long as they wish to work
- Being able to take time off to care for relatives
- Being able to set their own hours

- Working for a company that offers good health benefits
- Working for a company that offers health benefits to retirees

My qualitative analysis of the open-ended questions yielded similar findings:

- My voice, autonomy theme ranked at 17th. Nurses want to know their opinions are valued. The high response rate of 68% is indicative of wanting to be heard. This is why I feel this research study should be shared with the nurses at Gundersen Lutheran.
- Opportunities, transfers, job positions theme ranked at 13th with a 101 comments. Older nurses want to remain working for GL for as long as they wish to work but this may be in a different nursing role than direct patient care. Mentoring of younger nurses was identified as an alternate role.
- Demographics showed that older nurses are caring for family members. Family values are important to nurses at GL. 62.9% of nurses live with spouse/significant other and 24.7% have children living with them. I expected high percentages for responses relating to family because of our Midwest location. Although family needs only ranked at 19th, the powerful messages in the comments were moving.
- Scheduling issues were the number two ranking. Some departments at GL do offer self-scheduling including the emergency department where I work.
- Health concerns ranked number six. Nurses were very concerned that if their own health failed this would result in being unable to care for patients. Caring for patients was the main reason that they became a nurse.
- Currently GL does not offer benefits to retired employees. GL does offer matching contributions to an employee's 401K plan. Retirement, pension, 401K plan ranked

11th in the themes. Nurses commented they feel that benefits should be given to retired nurses.

Patient/nurse ratio refers to the number of patients a nurse is assigned to care for. Nurses' comments expressed concern for the safety of patient care. Nurses emphatically agree patient acuity needs to be taken into account when nursing assignments are made. Nurses work through their breaks if necessary or have their meals shortened to care for patients. I was greatly impressed with the passion nurses have for their patients.

Nurses felt seniority should be used in scheduling, staffing, pay, and benefits. Seniority needs to be factored into scheduling. Nurses realized that you can not give all older nurses all weekends off. A mix of seasoned nurses and nurses with less experience is required in scheduling to ensure patient safety. The wisdom of experience prevails for the safety of the patient.

Currently, GL uses a pay for performance review system. No additional pay or bonus is given for years of service. GL Policy Number HR 500, Paid Time Off, factors in years of service for calculating PTO with a bonus accrual for over 20 years of service. The disparity between the pay for clinic nurses vs. hospital nurses received negative comments. GL pays hospital nurses a higher hourly rate than clinic nurses. The GL rationale is that hospital nurses must provide 24/7 coverage while clinic nurses have primarily day shift coverage. There were no comments stating that GL pay was too low but nurses did want the GL wage to remain competitive with Mayo.

I thought the 51.5% percentage of nurses > 50 stating that access to the internet was a high priority in Section Two was somewhat contrary to the finding in Section One that 21.4% of nurses > 50 felt less than adept with technology than their younger co-workers.

Both age groups ranked "A quiet place to take a break" as having high impact that would influence the quality of their work life. I work the hospital emergency department and agree that this factor is very important in the highly stressful nursing environment. Comments were reviewed

such as “What break?” resulting in the conclusion that a quiet break area is a definite must in the nursing workplace. The same holds true for “A quiet place to do paperwork”.

“Equipment that is immediately available” received a high ranking of 74.4% in both age groups that indicated all nurses want equipment close at hand to care for the patient. Special equipment for specific patients and supplies at the bedside both ranked as high impact for both age groups, each being over 50% respectively. I feel these ranking scores show a high degree of concern for the patient.

Recommendations

I would make modifications to the demographic section for questions 3 and 4 to better reflect the practice settings and nurse roles respectively in which GL nurses practice. Choices for hospital or clinic setting in question 3 would be helpful in data analysis. I would have added to question 4 administrative and clinical manager role selections. The “Other” setting and “Other” role selections resulted in higher percentages than desired because the more specific selection choices were not available, i.e. “Other” practice setting 8.5% (n=79) and “Other” nurse role 12.3% (n=114).

I believe the summary results for quantitative and qualitative analysis of this study should be shared with all nurses at Gundersen Lutheran Medical Center in the very near future since the survey was completed March 5th.

The Workforce Planning Committee is taking a methodical and conservative approach to release of survey results. Committee members are formulating a communication plan as to which data stats and analysis will be released and the timeline for this release. The Chief Nursing Officer, Stephanie Swartz, RN, BSN, has reviewed all the comments from the open-ended questions. A sub-group of the Workforce Planning Committee is meeting to further analyze

specific themes that ranked higher in the qualitative analysis and develop a strategy to incorporate the results of this study in recruitment and retention efforts.

I have reviewed several times over all 3,433 comments. Although the qualitative analysis ranking indicates the number of times each comment was written about, the actual number does not reflect the strong belief/impact of a particular comment. I felt that some of the most meaningful comments may be in a low ranking theme but are most valuable in the content of the comment. Each comment needs to be taken seriously and on an individual basis. I believe if a nurse took the time to write it down, it was of value to that nurse and it is her/his voice that needs to be heard. Survey results are not just in the numbers! Meaningful constructive comments should shape the direction that Gundersen Lutheran moves in the retention of nurses over 50. GL administrative decisions will drive the formulation of policies that will affect the younger nurses as they continue to age.

It has been over a year since I began this study. Some portions of the study were made easier having a large institution involved that has over 6,000 employees, i.e. mailing and copying costs, access to the nurse population, and the wisdom of the Workforce Planning Committee. But working with a large institution has its drawbacks too. The whole survey process, each step of the way, tended to be on a bureaucratic level, taking way longer than I ever anticipated.

The survey response rate was 68%, due to an extensive marketing and communication plan developed and put in place months before the release of the survey. It served as an advertising campaign for the release of a "new product" – the all nurse workforce planning survey. I did not initially see the value in this, but was proven wrong as the surveys began to pour in.

Only a small portion of the data analysis is included in this research project paper. The GL Workforce Planning Committee has had me revising and adding literally hundreds of spreadsheets to analyze the data in just about every way possible. All 89 questions have been cross tabulated

and broke down for every age group and analyzed by the number of years in nursing and also by the number of years employed at Gundersen Lutheran.

A simplistic solution would be to give nurses over 50, extra pay but that would probably result in an age discrimination lawsuit. Nor is it feasible to give all nurses insurance when they retire. Look at the situation that General Motors finds itself. GM is losing millions of dollars because it has to pay high insurance costs for all of their retirees. GL maintains a positive bottom line. GL is in the business world too. It is a very careful balance to weigh the cost of employee benefits against revenue generated by rising healthcare costs. GL wants to remain an independent healthcare institution in a highly competitive marketplace.

It has been an exhausting but valuable learning experience for me. But I strongly recommend a research study be conducted before turning 60 years old.

Further Study

I felt the three open-ended questions at the end of the survey provided valuable information. For further study I would recommend in-depth interviews be conducted. This further research would involve gathering the wisdom of expert, "sage" nurses employed at Gundersen Lutheran Medical Center in one-on-one interviews. I believe that their decades of experience in patient-centered care would provide further reinforcement that there is value in retaining older nurses in an increasingly chaotic health care system.

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Appendix A

Gundersen Lutheran

February 16, 2007

Dear Gundersen Lutheran Nurse,

The enclosed survey, which is being distributed to all Gundersen Lutheran nurses, is the result of efforts by a Workforce Planning Committee that has been in existence for over a year. *As a highly valued professional, your input will guide future decisions, so don't miss this opportunity to give your views.* Your participation in the survey is strongly encouraged and greatly appreciated.

The survey will take approximately 10 minutes to complete, whether you fill out the enclosed survey or use the on-line version accessible from the Gladiator home page or Nursing page. Links will also be included in *Weekly Update* and *Bridges*. A token of appreciation is enclosed.

The committee began by reviewing Gundersen Lutheran's nursing workforce demographics and presenting this information to managers. Areas of interest are nursing retention, aging nurses, and generational issues. Several national studies have been conducted, but this committee felt it was very important to understand and gain insight into the factors that influence our own nurse population. The committee is enthusiastic about the information this survey will provide to help Gundersen Lutheran prepare for future staffing challenges.

Robert Wood Johnson Foundation's in-depth study, *Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace*, was released in June 2006. The impetus for this study was the severe nursing shortage projected by the year 2020, which experts estimate will be a shortfall of 800,000 nursing professionals. Workplaces must begin now to address the multi-faceted reasons behind this anticipated shortage. This study became the basis of a master's field research project for committee member, Marcia Kast. She obtained permission from the Robert Wood Johnson Foundation to use the same survey instrument here at Gundersen Lutheran that was created for the *Wisdom at Work* project. The Workforce Planning Committee endorses use of this survey.

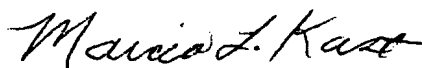
- **Consent and Confidentiality:** The survey is voluntary. Your response will be anonymous and strictly confidential. Only combined data, not individual, from all Gundersen Lutheran nurse survey participants will be used for the final report and research project.
- **How this information will be used:** Results will be shared and will serve to guide future decisions at Gundersen Lutheran in recruitment and retention of nurses.
- **Due Date:** Your prompt response is appreciated. Please complete the on-line survey or return the completed survey in the enclosed envelope by **March 5**.

On behalf of the Workforce Planning Committee, thank you for taking the time to complete the survey! If you have any questions, please call or email any member of the committee.

Sincerely,



Stephanie Swartz, CNO, RN
Ext. 53213



Marcia Kast, TEC
Ext. 53900

Mason Quackenbush, Director of Recruitment, Ext. 55562
Jodi Beier, RN Clinical Manager Recovery, Ext. 55363
Jim Engh, Human Resources Operations Manager, Ext. 54355

Edie Kubicek, RN, Nurse Recruiter, Ext. 53209
Carol Berra, RN, Employee Health, Ext. 56405

Gundersen Lutheran Medical Center, Inc.

1900 South Avenue • La Crosse, Wisconsin 54601 • (608) 782-7300 • (800) 362-9567 • www.gundluth.org

Appendix B



Gundersen Lutheran Workforce Planning Nurse Survey

This project has been reviewed by the Gundersen Lutheran and UW-Stout IRB as required by the Code of Federal Regulations Title 45 Page 46.

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.

Survey return deadline is **Monday, March 5, 2007**.

Please answer the following questions. You may check more than one box, if applicable.

DEMOGRAPHICS

1. What is your age?

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

2. What is your gender?

- Female
- Male

3. 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
- Non-patient care
- Other: (describe) _____

4. 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: _____

5. 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) _____

6. 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
- WEO- weekends
- Other: (describe) _____

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

- Less than two years
 2—5 years
 6—10 years
 11—15 years
 16—20 years
 21—25 years
 Over 26 years

8. How many weekends do you usually work in a month?

- None
 One
 Two
 Three
 Four

9. Which best describes your employment with Gundersen Lutheran?

- Less than two years
 2—5 years
 6—10 years
 11—15 years
 16—20 years
 21—25 years
 Over 26 years

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:"

	Better Than	Same As	Less Than
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
E. Influencing physicians	1	2	3
F. Guiding other disciplines, including follow through	1	2	3
G. Enduring unit-based pressures	1	2	3
H. Interpreting labs, monitors, and other clinical data	1	2	3
I. Working consecutive days	1	2	3
J. Mentoring staff and students	1	2	3
K. Managing highly complex patients	1	2	3
L. Pioneering changes in practice parameters	1	2	3
M. Providing culturally sensitive care	1	2	3
N. Tailoring patient education	1	2	3
O. Lifting, bending, and physically performing	1	2	3

	Better Than	Same As	Less Than
P. Functioning in Codes and Disasters situations	1	2	3
Q. Tailoring discharge planning	1	2	3
R. Working with multi-generational workers	1	2	3
S. Embracing non-patient care organizational change	1	2	3
T. Documenting outcomes of care	1	2	3
U. Preventing patients from high-risk situations	1	2	3
V. Assessing patients	1	2	3
W. Assisting with JCAHO (or other accreditors) readiness	1	2	3
X. Maintaining infection control standards	1	2	3
Y. Using and troubleshooting high tech equipment	1	2	3
Z. Providing feedback to administration	1	2	3
AA. Delegating to nursing and other professional staff	1	2	3
AB. 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:"

	High Impact	Moderate Impact	Very Little/No Impact
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

	High Impact	Moderate Impact	Very Little/No Impact
Q. Patient assignments are made exclusively on care continuity	1	2	3
R. Bright and cheerful decor	1	2	3
S. Equipment that is immediately available	1	2	3
T. Nurses who use pagers, PDAs/handheld computers and other communication technology	1	2	3
U. Multi-generational nurses	1	2	3
V. Noise restrictions (i.e., no paging)	1	2	3
W. Specialty equipment is available to handle large patients, confused patients, etc.	1	2	3
X. Bright lighting	1	2	3
Y. Subdued lighting	1	2	3
Z. Decentralized 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:"

	High Impact	Moderate Impact	Very Little/No Impact
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

	High Impact	Moderate Impact	Very Little/No Impact
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 care-giving 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:"

	Eager & Supportive	Supportive but to their needs	Unready & Non-Supportive
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

Please go to the next page to answer open-ended questions.

Appendix C

Route 1 & College Road East P.O. Box 2316
Princeton, New Jersey 08543-2316
Tel. 877 843 RWJF (7953)
www.rwjf.org



November 28, 2006

Marcia Kast
Gunderson Lutheran Medical Center
1900 South Avenue
La Crosse, WI 54601

Dear Ms. Kast:

Thank you for your request dated November 20 asking for permission to reproduce the survey from the RWJF publication, *Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace, 2006*.

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Thank you.

Sincerely,

Joan Barlow, *design manager*
Robert Wood Johnson Foundation

Appendix D: Survey Summary

Number of Surveys Distributed	1373		Surveys		%
Number of Survey Completed	927		Paper	640	69.0%
Response Rate	68%		On-line	287	31.0%
Age Breakdown		%	Age Breakdown		%
40 - 49	301	32.5%	40 - 49	208	93
50 - 59	298	32.1%	50 - 59	202	96
Under 40	283	30.5%	Under 40	195	88
60 - 65	38	4.1%	60 - 65	29	9
66 - Over	7	.8%	66 - Over	6	1
Practice Setting	N=927	%	Yrs - RN	N=927	%
Ambulatory/outpatient	327	35.3%	> 25 years	286	30.9%
Acute care intensive care or specialty units	256	27.6%	21 - 25 years	152	16.4%
Acute care medical/surgical	189	20.4%	6 - 10 years	118	12.7%
Acute care without 'hands on' nursing	26	2.8%	11 - 15 years	111	12.0%
Other	79	8.5%	2 - 5 years	105	11.3%
Non-patient care	37	4.0%	16 - 20 years	99	10.7%
Home care	12	1.3%	< two years	56	6.0%
Skilled/Long term care	1	0.1%			
Role	N=927	%	Yrs - GL	N=927	%
Direct patient care	725	78.2%	> 25 years	188	20.3%
Other	114	12.3%	2 - 5 years	173	18.7%
Case manager or care coordinator	46	5.0%	6 - 10 years	167	18.0%
Staff development or patient educator	28	3.0%	16 - 20 years	138	14.9%
Quality improvement or utilization review	14	1.5%	< two years	92	9.9%
			21 - 25 years	89	9.6%
			11 - 15 years	80	8.6%
Open-Ended Questions	Responses	%	Gender	N=927	%
1. Top Three Factors	802	86.5%	Females	882	95.1%
2. Environmental / HR Factors NOT addressed in survey	549	59.2%	Males	45	4.9%
3. Anything Else to say	449	48.4%			

Appendix E: Survey Responses Section One

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:

Better Than, the Same As, or Less Than, younger nurses in these categories:"

		Age of Nurse	Better Than	Same As	Less Than
A. Keeping pace with assigned workload	N=583	<50	47.9%	50.4%	1.7%
	N=339	>50	41.9%	55.2%	2.9%
B. Managing difficult families	N=584	<50	68.0%	29.6%	2.4%
	N=339	>50	74.6%	24.2%	1.2%
C. Keeping abreast of and using new technology	N=584	<50	25.5%	67.3%	7.2%
	N=339	>50	21.2%	64.6%	14.2%
D. Handling ethical dilemmas	N=582	<50	58.1%	39.9%	2.1%
	N=339	>50	75.2%	24.8%	0.0%
E. Influencing physicians	N=581	<50	66.8%	28.9%	4.3%
	N=340	>50	77.9%	19.4%	2.6%
F. Guiding other disciplines, including follow through	N=583	<50	61.6%	35.8%	2.6%
	N=339	>50	70.8%	28.6%	0.6%
G. Enduring unit-based pressures	N=584	<50	56.2%	41.3%	2.6%
	N=337	>50	59.1%	36.2%	4.7%
H. Interpreting labs, monitors, and other clinical data	N=583	<50	53.3%	44.3%	2.4%
	N=338	>50	47.9%	47.9%	4.1%
I. Working consecutive days	N=584	<50	26.7%	61.1%	12.2%
	N=341	>50	29.6%	52.5%	17.9%
J. Mentoring staff and students	N=584	<50	68.2%	28.6%	3.3%
	N=340	>50	71.8%	25.6%	2.6%
K. Managing highly complex patients	N=584	<50	64.7%	31.5%	3.8%
	N=335	>50	67.2%	28.7%	4.2%
L. Pioneering changes in practice parameters	N=583	<50	36.5%	58.1%	5.3%
	N=339	>50	41.3%	53.4%	5.3%
M. Providing culturally sensitive care	N=579	<50	34.7%	63.6%	1.7%
	N=336	>50	45.2%	52.4%	2.4%

		Age of Nurse	Better Than	Same As	Less Than
N. Tailoring patient education	N=581	<50	51.5%	46.6%	1.9%
	N=338	>50	52.1%	46.4%	1.5%
O. Lifting, bending, and physically performing	N=583	<50	17.0%	73.6%	9.4%
	N=339	>50	10.9%	61.7%	27.4%
P. Functioning in Codes and Disasters situations	N=581	<50	47.2%	47.8%	5.0%
	N=336	>50	41.1%	50.9%	8.0%
Q. Tailoring discharge planning	N=581	<50	43.0%	50.4%	6.5%
	N=333	>50	39.3%	51.4%	9.3%
R. Working with multi-generational workers	N=583	<50	47.2%	51.1%	1.7%
	N=340	>50	50.9%	48.2%	0.9%
S. Embracing non-patient care organizational change	N=582	<50	29.6%	66.0%	4.5%
	N=339	>50	39.2%	54.9%	5.9%
T. Documenting outcomes of care	N=582	<50	37.5%	60.5%	2.1%
	N=336	>50	40.2%	56.3%	3.6%
U. Preventing patients from high risk situations	N=579	<50	50.3%	48.0%	1.7%
	N=333	>50	54.4%	44.4%	1.2%
V. Assessing patients	N=583	<50	62.8%	35.8%	1.4%
	N=336	>50	69.6%	29.5%	0.9%
W. Assisting with JCAHO (or other accreditors) readiness	N=582	<50	35.7%	60.5%	3.8%
	N=336	>50	40.8%	53.0%	6.3%
X. Maintaining infection control standards	N=583	<50	28.3%	70.7%	1.0%
	N=339	>50	35.1%	63.7%	1.2%
Y. Using and troubleshooting high tech equipment	N=582	<50	32.6%	57.2%	10.1%
	N=336	>50	22.0%	56.5%	21.4%
Z. Providing feedback to administration	N=581	<50	42.2%	53.7%	4.1%
	N=340	>50	51.5%	44.1%	4.4%
AA. Delegating to nursing & other professional staff	N=582	<50	52.2%	44.0%	3.8%
	N=338	>50	53.6%	42.9%	3.6%
AB. Showing compassion for patients, families, & coworkers	N=581	<50	44.8%	54.4%	0.9%
	N=340	>50	55.3%	44.1%	0.6%

Appendix F: Survey Responses Section Two

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: highly impacts me; moderately impacts me, and 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:"

		Age of Nurse	High Impact	Moderate Impact	Very Little /No Impact
A. Consistent staff—patient ratios	N=584	<50	77.9%	18.7%	3.4%
	N=336	>50	68.2%	26.5%	5.4%
B. Permanent versus temporary staff	N=582	<50	60.7%	31.8%	7.6%
	N=337	>50	60.2%	29.4%	10.4%
C. Specialty teams (e.g., 'lifting' teams, IV teams)	N=582	<50	31.4%	43.1%	25.4%
	N=335	>50	37.9%	35.8%	26.3%
D. Supplies at the bedside	N=583	<50	49.6%	34.6%	15.8%
	N=334	>50	48.2%	31.4%	20.4%
E. A discharge planner	N=584	<50	32.2%	36.6%	31.2%
	N=334	>50	29.3%	35.0%	35.3%
F. A staff developer	N=581	<50	29.3%	52.5%	18.2%
	N=337	>50	32.6%	44.5%	22.8%
G. A Clinical Nurse Specialist	N=583	<50	28.3%	46.0%	25.7%
	N=336	>50	28.9%	37.5%	33.6%
H. A Case Manager	N=583	<50	30.2%	43.9%	25.9%
	N=337	>50	28.8%	43.6%	27.6%
I. A chaplain or social worker	N=583	<50	45.1%	41.3%	13.6%
	N=334	>50	44.6%	37.7%	17.7%
J. Cardiac and other monitors	N=582	<50	47.3%	32.1%	20.6%
	N=334	>50	36.8%	35.6%	27.5%
K. Computer access to the internet	N=583	<50	55.7%	36.0%	8.2%
	N=336	>50	51.5%	34.8%	13.7%
L. Physical accommodations for the family	N=583	<50	45.8%	42.2%	12.0%
	N=331	>50	39.9%	40.2%	19.9%

		Age of Nurse	High Impact	Moderate Impact	Very Little /No Impact
M. A quiet place to do paperwork	N=582	<50	49.1%	42.6%	8.2%
	N=337	>50	57.9%	34.1%	8.0%
N. A quiet place to take a break	N=581	<50	53.5%	37.2%	9.3%
	N=338	>50	55.0%	34.0%	10.9%
O. Patient assignments are made exclusively by acuity	N=581	<50	42.0%	39.8%	18.2%
	N=334	>50	31.7%	41.0%	27.2%
P. Patient assignments are made exclusively by room clusters to minimize walking	N=584	<50	13.2%	45.4%	41.4%
	N=332	>50	14.2%	38.3%	47.6%
Q. Patient assignments are made exclusively on care continuity	N=584	<50	34.6%	45.9%	19.5%
	N=334	>50	28.7%	40.4%	30.8%
R. Bright and cheerful décor	N=581	<50	25.1%	56.3%	18.6%
	N=335	>50	31.6%	51.6%	16.7%
S. Equipment that is immediately available	N=583	<50	74.4%	22.1%	3.4%
	N=336	>50	74.4%	19.9%	5.7%
T. Nurses who use pagers, PDAs/handheld computers and other communication technology	N=583	<50	41.9%	42.9%	18.3%
	N=335	>50	36.7%	43.6%	19.7%
U. Multi-generational nurses	N=582	<50	31.3%	52.9%	15.8%
	N=336	>50	31.8%	51.8%	16.4%
V. Noise restrictions (i.e., no paging)	N=583	<50	15.4%	49.2%	35.3%
	N=334	>50	21.6%	46.4%	32.0%
W. Specialty equipment is available to handle large patients, confused patients, etc	N=582	<50	56.7%	29.0%	14.3%
	N=334	>50	51.2%	26.9%	21.9%
X. Bright lighting	N=583	<50	25.0%	55.9%	19.0%
	N=335	>50	32.5%	49.9%	17.6%
Y. Subdued lighting	N=579	<50	19.2%	56.8%	24.0%
	N=332	>50	22.3%	53.3%	24.4%
Z. Decentralized no nursing stations	N=581	<50	18.8%	38.2%	43.0%
	N=332	>50	17.2%	34.6%	48.2%

Appendix G: Survey Responses Section Three

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: highly impacts me; moderately impacts me, and 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:"

		Age of Nurse	High Impact	Moderate Impact	Very Little /No Impact
A. Influence my work schedule	N=584	<50	83.9%	12.3%	3.8%
	N=340	>50	79.7%	15.3%	5.0%
B. Limit the length of my work day	N=583	<50	52.3%	37.2%	10.5%
	N=336	>50	57.4%	31.8%	10.7%
C. Limit the number of consecutive days I work	N=581	<50	56.6%	32.5%	10.8%
	N=340	>50	25.5%	27.6%	13.5%
D. Limit the physical dimensions of my work	N=584	<50	29.8%	51.5%	18.7%
	N=340	>50	44.7%	40.6%	14.7%
E. Take an assignment with a lower nurse-patient ratio than other nurses	N=581	<50	14.5%	42.2%	43.4%
	N=334	>50	16.5%	36.2%	47.3%
F. Seek job roles that are peripheral to, but complement bedside care	N=582	<50	29.7%	45.5%	24.7%
	N=331	>50	36.3%	36.0%	27.8%
G. Retain retirement benefits at the highest rate of pay if a position with a lower rate of pay comes available	N=583	<50	55.9%	32.1%	12.0%
	N=338	>50	67.2%	24.0%	8.9%
H. Retrain for alternative positions	N=583	<50	34.6%	49.4%	16.0%
	N=336	>50	37.5%	44.0%	18.5%
I. Attend continuing education to keep abreast of trends	N=583	<50	69.6%	28.5%	1.9%
	N=339	>50	71.7%	24.8%	3.5%
J. Restrict job functions (i.e., use of computers), but compensate in other areas	N=582	<50	16.2%	52.4%	31.4%
	N=336	>50	16.1%	49.1%	34.8%
K. Work through a phased-in retirement	N=581	<50	27.7%	50.4%	21.9%
	N=337	>50	50.7%	39.8%	9.5%

		Age of Nurse	High Impact	Moderate Impact	Very Little /No Impact
	N=583	<50	32.6%	51.6%	15.8%
	N=337	>50	40.7%	46.6%	12.8%
M. Have adult support services available to help reduce the burden of care-giving for family/significant others					
	N=582	<50	24.2%	50.9%	24.9%
	N=336	>50	25.6%	41.1%	33.3%
N. Take a longer rest break during the work shift					
	N=583	<50	16.6%	42.4%	41.0%
	N=339	>50	14.7%	31.3%	54.0%
O. Participate in social events that are geared to senior staff					
	N=583	<50	6.3%	31.9%	61.7%
	N=333	>50	9.6%	24.0%	66.4%
P. Participate in exercise and other wellness programs geared to senior staff					
	N=582	<50	19.4%	35.9%	44.7%
	N=336	>50	31.3%	33.9%	34.8%
Q. Have 'floating' reduced or eliminated					
	N=578	<50	30.3%	36.3%	33.4%
	N=332	>50	33.1%	24.1%	42.8%

Appendix H: Survey Responses Section Four

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: eager and supportive; supportive as long as their needs are also met; and 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:"

			Eager & Supportive	Supportive but to their needs	Unready & Non- supportive
A. Modified job roles for older nurses	N=581	<50	9.0%	63.7%	27.4%
	N=339	>50	8.3%	64.3%	27.4%
B. Job duty restrictions for older nurses	N=579	<50	7.4%	55.4%	37.1%
	N=327	>50	5.8%	54.7%	39.4%
C. More flexible work hours for older nurses	N=582	<50	12.0%	52.2%	35.7%
	N=335	>50	8.1%	53.7%	38.2%
D. More frequent rest breaks for older nurses	N=579	<50	5.7%	40.8%	53.5%
	N=333	>50	4.2%	32.7%	63.1%
E. Special education opportunities for older nurses	N=582	<50	17.7%	56.9%	25.4%
	N=337	>50	12.2%	61.1%	26.7%
F. Modified work environments to accommodate older nurses	N=581	<50	12.9%	57.8%	29.3%
	N=335	>50	8.4%	61.5%	30.1%
G. Changing human resource benefits for older nurses	N=582	<50	13.2%	57.0%	29.7%
	N=335	>50	11.3%	54.6%	34.0%
H. Letting older nurses take reduced work loads	N=579	<50	6.2%	40.1%	53.7%
	N=333	>50	4.5%	33.3%	62.2%
I. Letting older nurses substitute job tasks more suited to their strengths and abilities	N=564	<50	11.9%	53.7%	34.4%
	N=335	>50	8.1%	51.0%	40.9%

Appendix I: Summary of Qualitative Analysis
Gundersen Lutheran Workforce Planning Nurse Survey- March 2007

Rank	Comment Themes	TOT	<50	>50	%
1	Pay, wages, salary, compensation, annual evaluations, financial concerns	439	303		69.0%
				136	31.0%
2	Scheduling, hours, shifts, on-call	424	262		61.8%
				162	38.2%
3	PTO, insurance, benefits	354	207		58.5%
				147	41.5%
4	Staffing, patient/RN ratio, workload, quality of care, continuity of care	254	177		69.7%
				77	30.3%
5	Seniority issues/concerns	249	140		56.2%
				109	43.8%
6	Health, energy, stamina, ergonomics, wellness, fitness, healthy food	220	113		51.4%
				107	48.6%
7	Job satisfaction, passion, desire, contentment, belief	198	112		56.6%
				86	43.4%
8	Support from administration, management, co- workers, atmosphere	187	104		62.3%
				83	37.7%
9	Working conditions, equipment, supplies	157	90		65.7%
				67	42.7%
10	Education, in-service, growth, learning	155	101		65.2%
				54	34.8%
11	Retirement, pension, 401K	122	68		55.7%
				54	44.3%
12	Teamwork, co-workers, committees, relationships	121	72		59.5%
				49	40.5%
13	Opportunities, transfers, jobs, positions, HR	101	59		58.4%
				42	41.6%
14	Respect, appreciation, relationships	93	52		55.9%
				41	44.1%
15	Recognition, appreciation, valued, positive feedback	81	38		46.9%
				43	53.1%
TOTAL		3,433			

Rank	Comment Themes	TOT	<50	>50	%
16	Stress, burnout, mental demands	52	28	24	53.8%
17	My voice, autonomy	37	22	15	29.7%
18	Change	36	21	15	40.5%
19	Family Needs	31	21	10	58.3%
20	Job role, job fit	30	16	14	32.3%
21	Technology issues/concerns	27	15	12	55.6%
22	Communication	26	16	10	44.4%
23	Floating	16	13	3	61.5%
24	Documentation, paperwork	14	8	6	18.8%
25	Honesty, ethical, fairness, trust	12	8	4	57.1%
26	Job security	10	7	3	42.9%
27	Work travel	7	5	2	70.0%
Total Comments		3,433		2	28.6%