

Appendices

Assessment of Strategies to Retain Experienced Technical and Professional Healthcare Personnel After Retirement Age:

Mature Healthcare Workers Focus Group Research

Conducted On Behalf of:

**US Department of Labor
and
Maryland Department of Labor, Licensing and Regulation**

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Appendix 1: Tables

Current Mature Healthcare Workers and Retirees

Incentive Concepts Tested Among Current Workers – Explanation of Tables 1 & 2

The current mature workers were presented with a package containing seven (7) cards, each of which had a list of different ideas/concepts for retaining mature workers. These concepts were developed based on a comprehensive secondary research review of ideas implemented in other hospitals and/or recommended by experts in the health care industry and mature worker fields. (Refer to Bibliography in Appendix #5)

Respondents were first 1) asked to **sort these 7 cards into two piles**, discarding any card that did not contain any items that would affect their decision to postpone their retirement. Next, 2) they were asked to **rank order** the top three cards that included any items that would be personally be important to them. (See results in Table #1)

Finally, 3) for any cards they ranked as either a #1, #2, or #3, they were asked to place a check mark (✓) next to the individual items on each of the three cards that represented items which might impact their decision to postpone their retirement. (See results in Table #2)

Table 1
Summary Ranking Table: Current Mature Workers, All Markets

Cards/Categories	Counts for Current Nurses	Counts for Current Allied Health	Total Current Mature Workers
Total Respondents	N = 80*	N = 82*	N = 162*
Economic Incentives			
Number Ranked Card #1	33	40	73
<i>Number Ranked Card #1 or #2</i>	<i>59</i>	<i>66</i>	<i>125</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>68</i>	<i>73</i>	<i>141</i>
Specialized Benefits			
Number Ranked Card #1	26	23	49
<i>Number Ranked Card #1 or #2</i>	<i>37</i>	<i>50</i>	<i>87</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>59</i>	<i>69</i>	<i>128</i>
Flexible Scheduling			
Number Ranked Card #1	8	13	21
<i>Number Ranked Card #1 or #2</i>	<i>15</i>	<i>22</i>	<i>37</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>26</i>	<i>42</i>	<i>68</i>
Reduced Workload for Mature Workers			
Number Ranked Card #1	5	2	7
<i>Number Ranked Card #1 or #2</i>	<i>20</i>	<i>4</i>	<i>24</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>31</i>	<i>10</i>	<i>41</i>
Flexible Work Options			
Number Ranked Card #1	3	1	4
<i>Number Ranked Card #1 or #2</i>	<i>8</i>	<i>3</i>	<i>11</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>14</i>	<i>8</i>	<i>22</i>
New Retirement Options			
Number Ranked Card #1	2	2	4
<i>Number Ranked Card #1 or #2</i>	<i>16</i>	<i>12</i>	<i>28</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>28</i>	<i>31</i>	<i>59</i>
Improved Physical Work Environment			
Number Ranked Card #1	1	0	1
<i>Number Ranked Card #1 or #2</i>	<i>3</i>	<i>4</i>	<i>7</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>10</i>	<i>9</i>	<i>19</i>

*Not all respondents ranked the cards

**Table 2
Card Sort Exercise: Item Selection Summary - Current Mature Workers, All Markets**

Specific Item Summary – All Focus Groups	Current Nurses N = 80*	Current Allied Health N = 82*	Total Current Mature Workers N = 162*
Total # Respondents	N = 80*	N = 82*	N = 162*
Economic Incentives Card (Ranked #1)	33	40	73
Salary Adjustments for experience, longevity	65	67	132
Boosting 401(k)/403(b) matches	60	66	126
Retention bonuses	55	54	109
Salary/pay adjustments for not using benefits	44	50	94
Specialized Benefits Card (Ranked #1)	26	23	49
Employer-provided Medicare Supplemental/Medigap ins	52	56	108
Increased paid time off (PTO)	47	57	104
Employer-provided health insurance for PT work	45	56	101
Being able to bank paid time off	34	38	72
Mature Worker benefits (elder care, LTC insurance)	21	42	63
Paid/free parking	26	33	59
Discounted health & wellness services	23	34	57
Paid education/retraining/professional development	16	19	35
Wellness benefits	11	23	34
Financial planning/career counseling	11	14	25
Dependent tuition reimbursement	8	16	24
Flexible Scheduling Card (Ranked #1)	8	13	21
Flexibility in days/hours per week/month	21	41	62
Work only on designated days	14	26	40
Seasonal employment	21	16	37
Length of shifts	10	22	32
Shorter shifts	9	21	30
Army Reserve model (2 days/mo – 2 wks/yr)	4	0	4
Reduced Workload Card (Ranked #1)	5	2	7
Improved staff-patient ratios	26	N/A	26
Paid time for education/projects	14	6	20
Support staff	17	2	19
More time for direct patient care	18	N/A	18
Shift time for education/training/research	9	4	13
Additional meal periods and/or breaks	9	2	11
Reduced work assignments	N/A	9	9
Flexible Work Options Card (Ranked #1)	3	1	4
Designated/flexible roles	10	8	18
Created new roles for mature nurses	13	N/A	13
Project-oriented jobs	7	4	11
Job sharing	5	5	10
Mentoring programs	6	1	7
Floating/working on different units	3	N/A	3
New Retirement Options Card (Ranked #1)	2	2	4
Ability to maximize/accrue pension contributions	26	22	48
Phased-in retirement	18	25	43
Distribution of pension/retirement benefits while working	19	23	42
Improved Physical Work Environment Card (Ranked #1)	1	0	1
Ergonomics	8	10	18
Highly efficient workspaces	8	5	13
Providing specialized teams for support	3	5	8
Technological innovations (pagers, PDAs, cell phones)	3	1	4
Modified work environment (i.e., patient lifts)	1	N/A	1

*Not all respondents ranked the cards

Incentive Concepts Tested Among Retirees – Explanation of Tables 3 & 4

The retired/separated workers were presented with a package containing eight (8) cards, each of which had a list of different ideas/concepts for retaining mature workers. These concepts were developed based upon a comprehensive secondary research review of ideas implemented in other hospitals and/or recommended by experts in the health care industry and mature worker fields. (See Bibliography in Appendix #5)

First, the retired respondents were 1) asked to **sort the cards into two piles**, discarding any card that did not contain any items that would affect their decision to postpone their retirement. Next, 2) they were asked to **rank order** the top three cards that included any items that would be personally be important to them. (See results in Table 3)

Finally, 3) for any cards they ranked a #1, #2, or #3, they were asked to place a check mark (✓) next to the individual items on each of the three cards that represented items which might impact their decision to postpone their retirement. (Refer to Table #4 for detailed results).

Table 3
Summary Ranking Table: Retired Workers, All Markets

Categories and Rankings	Counts for Retired Nurses	Counts for Retired Allied Health	Total Retired Workers
Total Respondents	N = 26	N = 14*	N = 40*
Flexible Work Options			
Number Ranked Card #1	9	0	9
<i>Number Ranked Card #1 or #2</i>	10	1	11
<i>Number Ranked Card #1, #2, or 3</i>	11	1	12
Economic Incentives			
Number Ranked Card #1	4	5	9
<i>Number Ranked Card #1 or #2</i>	9	6	15
<i>Number Ranked Card #1, #2, or #3</i>	12	7	19
Flexible Scheduling			
Number Ranked Card #1	4	2	6
<i>Number Ranked Card #1 or #2</i>	13	4	17
<i>Number Ranked Card #1, #2, or #3</i>	14	6	20
Opportunities for Returning Workers			
Number Ranked Card #1	4	1	5
<i>Number Ranked Card #1 or #2</i>	9	3	12
<i>Number Ranked Card #1, #2, or #3</i>	15	4	19
Reduced Workload for Mature Workers			
Number Ranked Card #1	3	1	4
<i>Number Ranked Card #1 or #2</i>	7	2	9
<i>Number Ranked Card #1, #2, or #3</i>	11	4	15
Specialized Benefits			
Number Ranked Card #1	2	0	2
<i>Number Ranked Card #1 or #2</i>	2	2	4
<i>Number Ranked Card #1, #2, or #3</i>	7	6	13
New Retirement Options			
Number Ranked Card #1	0	1	1
<i>Number Ranked Card #1 or #2</i>	2	4	6
<i>Number Ranked Card #1, #2, or #3</i>	4	8	12
Improved Physical Work Environment			
Number Ranked Card #1	0	1	1
<i>Number Ranked Card #1 or #2</i>	0	1	1
<i>Number Ranked Card #1, #2, or #3</i>	3	1	4

*Notes:

Not all respondents ranked the cards. One Retired Allied Health group was not asked to perform the card sort exercise

**Table 4
Card Sort Exercise: Item Selection Summary - Retired Workers, All Markets**

Specific Item Summary – All Markets	Counts for Retired Nurses	Counts for Retired Allied Health	Total Retired Workers
Total # Respondents	N = 26	N = 14*	N = 40*
Flexible Work Options Card (Ranked #1)	9	0	9
Designated/flexible roles	12	1	13
Mentoring programs	10	2	12
Creating new roles for mature nurses	11	N/A	11
Project-oriented jobs	5	1	6
Job sharing	3	1	4
Floating/working on different units	1	N/A	1
Economic Incentives Card (Ranked #1)	4	5	9
Salary adjustments for experience, longevity	14	8	22
Boosting 401(k)/403(b) matches	9	6	15
Salary/pay adjustments for not using benefits	5	7	12
Retention bonuses	8	0	8
Flexible Scheduling Card (Ranked #1)	4	2	6
Flexibility in days/hours per week/month	13	4	17
Work only on designated days	9	5	14
Shorter shifts	9	2	11
Length of shifts	9	0	9
Seasonal employment	5	3	8
Army Reserve model (2 days/mo – 2 wks/yr)	1	0	1
Opportunities for Returning Workers Card (Ranked #1)	4	1	5
No loss of seniority	16	7	23
Preferential scheduling accommodations	11	4	15
Economic/financial benefits (rehiring bonuses)	10	5	15
Attractive rehiring policies	12	2	14
Paid re-training/re-certifying/training	9	1	10
Reduced Workload for Mature Workers Card (Ranked #1)	3	1	4
Support staff	9	3	12
Improved staff-patient ratios	10	N/A	10
More time for direct patient care	10	N/A	10
Paid time for education/projects	6	4	10
Additional meal periods and/or breaks	5	4	9
Reduced work assignments	N/A	5	5
Shift time for education/training/research	3	0	3
Specialized Benefits Card (Ranked #1)	2	0	2
Increased paid time off (PTO)	6	7	13
Employer-provided health insurance for PT work	7	5	12
Employer-provided Medicare Supplemental/ Medigap insurance	3	6	9
Paid education/retraining/professional development	4	2	6
Mature worker benefits (elder care, LTC insurance)	2	4	6
Wellness benefits	4	1	5
Discounted health & wellness services	5	0	5
Paid/free parking	3	2	5
Be able to bank paid time off	2	2	4
Dependent tuition reimbursement	2	2	4
Financial planning/career counseling	1	1	2

*Notes:

Not all respondents ranked the cards. One Retired Allied Health group did not perform the card sort exercise

Table 4 (cont'd)
Card Sort Exercise: Item Selection Summary - Retired Workers, All Markets

Specific Item Summary – All Markets	Counts for Retired Nurses	Counts for Retired Allied Health	Total Retired Workers
Total # Respondents	N = 26	N = 14	N = 40
New Retirement Options Card (Ranked #1)	0	1	1
Maximize/accrue pension contributions	3	7	10
Distribution of pension/retirement benefits while working	2	8	10
Phased-in retirement options	3	1	4
Improved Physical Work Environment Card (Ranked #1)	0	1	1
Highly efficient workspaces	2	3	5
Providing specialized teams for support	2	3	5
Ergonomics	3	2	5
Modified work environment (i.e., patient lifts)	2	N/A	2
Technological innovations (pagers, PDAs, cell phones)	1	0	1

*Notes:

Not all respondents ranked the cards. One Retired Allied Health group did not perform the card sort exercise

Appendix 2: Detailed Findings

Current Mature Healthcare Workers and Retirees

Detailed Findings – Current Workers

Short-Term Plans: Next 1 to 5 years

Current Nurses

When asked about their short-term plans, the vast majority of the current nurses said they believed they would continue working in the health care field for the next one to five years.

- Many respondents spoke passionately about the nursing profession. For them, nursing is more than just a job. They enjoy knowing that as nurses they are making a difference in their patients' lives. Some mentioned that they find the dynamic nature of nursing to be both challenging and personally rewarding.

"Well, I'm planning to work the next five years; I plan to stay at the hospital. I am really blessed, I love what I do. I'm not looking to change the job at all."

"I'm sure I'm going to be (here), stay an RN, and do patient care. I can't imagine doing anything else."

"I love working there. A lot of the people I have worked with for the last 30 to 40 years and it's, you know, you just have a lot of good friends at work as well as co-workers, your peers. I don't want to be bored, sitting and read books and stuff like that. I've got to keep moving."

- Economic factors appear to be a major factor in the decision to remain in the workforce, at least for the short-term.
- Several of the nurses in each of the groups had children in college or who were approaching college age. Paying for their children's education was frequently cited as a reason for their continued presence in the workplace.

"Right now, I need (the hospital) to help me with tuition reimbursement."

"I'll still be working. I have two kids that go to college."

- The need to accumulate retirement savings or build their pension also influences the nurses' short-term plans. A number of respondents commented that they do not feel they have reached a point where they can financially afford to retire. As a result, they feel they will need to continue working, at least in the near future. Some said they would probably have to work into and during their "retirement".

"For the next five years, I plan to continue working full-time to build towards my retirement. And, I'm only 51, so I've got a ways to go yet."

"I know so many people that have retired and they're out looking for another job to supplement their retirement (income)."

"Well, in five years, I know I'll be working. I just talked with my financial planner and I'll probably be working 20 years from now to survive. I can't retire; I just didn't plan well enough, so I will be working."

"I'll still be working. You know, the stock (market) went down and all my retirement went out."

Detailed Findings – Current Workers

- Some of the nurses indicated that they are the primary wage earner in their household due to the retirement of a spouse or through divorce. Because they have responsibility for their household's financial obligations, they say it will be necessary for them to continue to work – at least for the short-term.

"I would like to retire early too; but I'm the primary breadwinner. My husband is retired already, but I'll probably be working until I'm 70 or 75. I always say that I'll have blue curly hair and a walker."

"I'm happily divorced and have huge mortgages, and I keep spending money like a crazy person, so yeah, I'm going to be working forever."

- Having mortgage payments and taking care of elderly family members or family members with health problems were other reasons frequently mentioned for continuing to work.
- Another important factor influencing their decision is the need to have health insurance coverage for themselves and their families. As long as they remain in the workforce, they said this was one less financial burden they had to worry about.

"I can go (retire) sooner, but it's... not practical health-wise. You cannot afford to retire. Because I've already investigated it, because of the (health) insurance issues."

- Notably, in some markets respondents mentioned that to qualify for healthcare coverage they needed to be employed full-time with their hospital. In a number of instances, respondents said that they would like to eventually move to part-time employment, but perceived that their hospital does not offer health insurance to part-time workers. Having to pay for health insurance once they retire or switch to part-time work is a major concern for these nurses and will greatly influence their future plans.

"I want to cut back on my days and I'll only be working because of Social Security until 67. I hope I can leave before then, but because of the insurance I probably have to stay until then."

- Many of these respondents cited the physical and mental stress of nursing as a major concern. There was the feeling that nursing becomes increasingly demanding as a worker ages. Nurses are concerned that it will become even more difficult for them to perform their job requirements as they age. They are worried that they may not be physically able to remain working as long as they had planned.
- As a result, a number of nurses said they would like to begin transitioning to part-time employment (or switch to a reduced schedule) as they become older because they expect that in the future they will not be able to meet the physical demands of a bedside nursing job. Others were exploring nursing-related positions that would involve less physical activity.

"I want to cut down my hours. I'm getting old; too much walking and I have to preserve my legs, before I retire."

"I love my job. I'm healthy, but I find it becoming more and more stressful, and I would like to find something a little less stressful, probably in the medical field. I am not enjoying it right now, because it has been becoming more stressful."

Detailed Findings – Current Workers

- Many of the nurses found the concept of working part-time or reduced hours to be very appealing. However, the economic impact of working part-time, including having less income, a potentially lower pension calculation, and either no health insurance or lowered contributions toward health insurance, make this option unrealistic to most of the nurses we interviewed.

“If you want to cut back, even though it's two or three days a week, that's going to affect your pension. When you retire, your pension is formulated upon the number of years of service and your three highest years of money making. So let's say, in the last four years that you work, if you cut back, that's going to affect your pension”

- A number of the nurses spoke of plans to continue working. However, some are considering changing hospitals or considering moving into a nursing position that would not involve bedside nursing. Several of the nurses who had received master's degrees said they planned to pursue aspects of health care other than bedside nursing. This, again, was mainly due to what they said were the considerable physical demands of the job.

“I'm currently looking for a job with the State, or the Federal Government, something to do with public policy. I love nursing, I love bedside nursing, and it's not realistic to keep doing it. It's very hard on your joints.”

“I am a master's prepared nurse and the more I read, the more I get this feeling of being drawn back into education, because I did do some teaching in the past.”

“I've been doing bedside nursing for all these years, I'm looking for a change, where I would be off on weekends with my family, and (do something) less stressful, less physical. (Now) we have to go from our floor to other floors, and that's causing the stress level to go up a little bit more, and (to) be on call on your day off, so I'm seriously thinking about a change. I will quit my job or look for (a) change.”

“I received a MHP from the School of Public Health and I have used my extra time, like, to do courses across the street, so I would want to use my public health degree in the (future)....”

- In one market, some of the nurses with long tenure were critical of the hospital's policy that placed a ceiling on their pension accrual at 40 years of service. They said they were weighing the pros and cons of staying in a work environment they know and enjoy against leaving to go to a different institution in order to begin building a second pension.

“In about four years I'll have 40 years of service and (the hospital) only gives you maximum 40 years of service. So, I will have to make a choice, do I want to go elsewhere and get a second pension, or do I want to stay here? If you work here for 50 years, they still only credit you for 40 (years) when they calculate your pension.”

- The retirement situation of their spouses was another factor that influenced the short-term plans of a number of these nurses. With their spouse already retired, or having plans to retire in the next five years, some nurses were seriously considering leaving the workforce as well, so that they would have more time to spend with their spouse for travel or other activities.

“My husband will retire at 62, so I would like to be able to spend some time (with him). And, I lost my father about three years ago, and I realized at that point that work wasn't everything.”

Detailed Findings – Current Workers

- Several nurses said they have retirement target dates in mind (age 65 - 67) as to when they expect to retire. Most often, these coincided with when they can begin to receive Social Security benefits and/or when they will qualify for Medicare.
- While most intend to remain in the nursing profession for the next five years, some nurses talked about factors in the workplace that could cause them to reconsider and retire early. Many of these directly affect the physical and mental well-being of the nurses.
- In particular, nurses mentioned the difficulty that mature workers have working 12-hour shifts as compared to 8-hour shifts. They note that as they have become older it has become much more difficult to have the stamina needed to be on their feet for 12-hour shifts.
- Others pointed to the overall nursing shortage and problems their hospital has had in staffing or finding enough support staff. They feel that nurses are being asked to take on more and more responsibilities and duties in order to compensate for the lack of staff.

Short-Term Plans: Next 1 to 5 years

Current Allied Health

The short-term plans of the current allied health workers were generally consistent with those of the nurses. The majority of these current allied health workers also believed that they would continue to be working in health care for the next one to five years.

- Notably, there did not appear to be a strong desire among many of these allied health workers to retire anytime soon. For a number of different reasons, most said they are just not ready to retire.
- Many respondents spoke of the satisfaction they get from the work they are doing. In particular, they cited the positive feelings they get knowing they are making a difference in patients' lives. For these participants, as long as they can continue to make a contribution, they see no reason to stop working.

"It's stressful, I mean, very fast-paced; but, I do enjoy it, and I think I feel good about making a difference."

"I enjoy working, and I enjoy people, and I enjoy patient care. You know, I'm always taking care of people, so that's that."

"I really love my job, so I would like to see myself working if I can do it."

- For others, there is a strong sense of camaraderie with their fellow workers that influences their decision to continue working. They enjoy the people they work with, and the spirit of teamwork helps to create a more positive work environment.
- A number of the current allied health workers commented that they could not see themselves just "sitting around" after retirement. They find their workplace to be stimulating; given the choice, they would prefer to stay active.

"I'll be working, yeah, full-time, because I am not idle, I like to work."

- Like their nursing counterparts, many of these allied health workers said their financial situation is an important consideration in their short-term plans. Paying for their children's college education and/or the mortgages on their homes are financial burdens that need to be taken care of before they can consider retiring.

Detailed Findings – Current Workers

“I have four kids in college, a mortgage, and I can't afford to retire. But it's also because of the whole (health) insurance and the cost of living, there's no where to go.”

“I think I'll still be working, still. The kids are still going to college.”

- Some of these allied health workers are using this time to prepare for retirement by saving as much money as they can.

“I'll probably still be right here. I just don't think that I'll be in any place that I will be able to retire financially.”

- Many of the workers said that the prospect of having to pay for their own health insurance, once retired, is an issue that very much concerns them and influences their thinking about retirement.

“That's one of the reasons people keep working is because of the (health) insurance.”

- Others commented on family members who are currently experiencing health or medical issues. At this time, it is very important for these workers to maintain their health insurance coverage in order to provide the level of care their dependents require. If they were to choose to retire early, they discussed that the burden paying for health care coverage would fall on them, which was not something they felt they are able to do.

“I plan on working. My concern would be healthcare, I can't pay for health care if I retire early and I have a husband that has major illnesses and we just can't afford it.”

“I have to work because I need the medical (insurance).”

- Although most felt they would continue working in the medical field during the next five years, some allied health workers find their current jobs to be very physically demanding and/or mentally stressful. As a result, some would like either to change positions/jobs, or to begin reducing the number of hours or days they work each week. They are concerned that if they stay in their current position, it could reduce the number of years they are able to work.

“I have already cut back a little bit. I'm still considered full-time, I'm 32 hours. But, in my field, it's very physically and mentally demanding. I'd like to do it as long as I could, as long as things don't get any worse.”

“If my health holds out, I'll probably be here.”

- However, in some markets respondents indicated that their hospitals do not offer part-time opportunities for any allied health positions. They say that this means workers must continue on a full-time basis, or leave to either work at another hospital or at a job that would offer them a more flexible work schedule.

“They don't hire part-time workers here. We have per diem (jobs), but (there are) no benefitsthey don't hire part-time (workers)”

Detailed Findings – Current Workers

- Overall, there was the feeling that most were likely to continue working for their current employer. Most were vested in their 403(b)/401(k) and/or pension and had attained a level of seniority, so if they went to another institution it would mean they would have to start over.

“It’s probably not realistic to think I can go some place else, because I don’t want to go and start over again in another institution.”

- For several respondents, whether they keep working at the same institution, or working at all, is dependent on salary issues. Some of these allied health workers mentioned that their pay raises are capped after attaining a certain number of years of experience. They said that the only additional money they can earn after that is in bonuses, not pay raises. This concerned them, because it affects their pension and retirement accumulations.

“Salaries would be the main point that’s going to keep me there. At my pay rate, I cap out at a certain amount and after that, there’s no more pay raises.”

At the same time, however, there were a number of allied health workers who were actively considering retiring within the next five years.

- In some cases, workers said that their spouse had either already retired or was planning to do so in the next few years. As a result, a number of factors were leading these respondents to stop working. Plans to move out-of-state, having sufficient income from the spouse’s pension, health concerns, and the opportunity to travel or pursue special interests or hobbies, will influence some workers to consider the possibility of retiring in the near future.
- During the next five years, some respondents said they would reach the age where they will be eligible to receive full benefits from Social Security. They considered this a milestone that signaled when they could retire, if they are financially able to do so.
- For a number of respondents, the lack of job satisfaction has caused them to consider retiring, rather than remaining in the workforce. Issues relating to increased workloads, understaffing, and the additional stress levels have made them actively consider retirement.

“In two years, I hope to be out of here. It’s very stressful, new people come in over you and everything is changed, you just get tired of the changes and doing the work with no help. And they expect everything to get done and you don’t have the help to get it done.”

- In addition, lifestyle concerns such as having to work long shifts (12-hour shifts), night shifts, and/or having to work on holidays were also factors in the decision.
- Likewise, problems caused by changes in their department or having new supervisors or managers have resulted in some workers feeling it is time for them to leave.

“I think I will be ready to leave. There are a lot of changes; we’ve gone through a lot of changes, a lot of assistant directors.”

Detailed Findings – Current Workers

Perceptions About Retirement

Current Nurses

Most of these respondents envisioned retirement as having the freedom to pursue interests both within and outside of nursing. To them, retirement means being in a position to choose whether they will continue working full-time, part-time, or not at all.

- Notably, most nurses do not appear to have established a time-line for their retirement. Most often, they intend to keep working for as long as they are physically able, and feel that they can perform their duties at a level that does not jeopardize their welfare or that of their patients.

“I will probably work as long as I can, but I think I would eventually like to get to the point where I don’t have to work unless I choose to.”

“When I plan to retire, it’s because I’m not functional any more.”

“If I feel that I’m not able to perform that expectation of me, I’m probably the first one to say, ‘This is it for me.’”

- A typical comment voiced by the nurses was that they would know when it is time for them to retire.

“I’m sort of taking a year at a time and I want to work as long as I can. I’m not planning ahead. I think I’ll know when it’s time for me to retire. And right now, I’m not ready to retire.”

- For many respondents the concept of retirement is very different from the traditional notion of retirement. They find it difficult to envision a time when they are fully retired and most believe they will continue some level of participation in the workforce, especially if they enjoy what they are doing.

- A number of nurses were concerned that they would find being retired, in the traditional sense, to be “boring”, and they felt that people age faster if they do not have things to keep them busy during retirement.

“I would like to be active, and I like using my mind, and I like using my nursing skills... And so, even if I had to work part-time, it’s something that hopefully I can continue doing.”

- Through either financial necessity or a concern with not having enough to occupy their time, many anticipate working on a part-time basis in their “retirement”.

“I enjoy nursing and it does provide some income and I don’t know that I could see myself just sitting on my butt when I’m 62 and not doing anything. So I might do home health or, you know, something along those lines and pick and choose when I want to work.”

- Central to many of these nurses’ perception of retirement is being able to work because they want to and not because they have to. Likewise, they want to have more “control” over their job; specifically this means not having to take call, get up early in the morning, or work weekends. They want to be able to fit the job into their schedules, rather than the other way around.

Detailed Findings – Current Workers

“It’s being able to choose whether I want to take a year off and maybe go work a couple of days a week or do whatever I want. But keep busy and keep active, and you know, be a consultant or work for a different kind of organization but still utilize the nursing skills.”

“I would like to do hospice nursing, but I want to be able to do it on my time, the hours that I would like.”

“At my age, probably I’m too young to retire, but I’m too old already to take up another job. So, I’ll probably stay with nursing. But my concept of retirement is something like I have a lot of choices that, you know, I can go on a leisure trip without worrying anybody, to ask them for permission, if I can go at that month or a certain date. I can go just whenever I want to. And, of course, if I can work part-time, that’s still retirement for me. I have more choices compared to what I have right now.”

- For many, being able to travel, spend more time with their families, and engage in volunteer causes and projects in their communities were frequently mentioned activities they hope to do in retirement.

“I would like to teach people to read...and I don’t have the time to do that now.”

“I would like to travel, you know, and not have to worry about expenses and mortgages and things like that. All the kids are gone.”

“When I retire, I really want to see the world... I think I’m the only one (of my friends) that hasn’t been to Europe.”

Perceptions About Retirement

Current Allied Health

While these current allied health workers have given some thought to their retirement, for the most part their plans tend to be rather uncertain and lack any clear timetable as to when they will actually retire.

- Many of the allied health workers intend to keep working for as long as are physically able, so long as they feel that they can perform their duties at a level that meets the expectations of their workplace.

“I would say the main thing that’s going to say when I retire is when my body gives out.”

- Similarly to the mature nurses, a number of allied health workers commented that they want to stay active and challenged. Being in an environment with younger workers helps them accomplish this. They spoke of friends who have fully retired and they “don’t like what they see” and thus prefer to stay in the workforce.

“Most of the older people that I talk to miss working. So, there is something about being in the workforce with younger people, you know, keeping up what’s going on, that keeps you healthier and helps you live longer.”

“I don’t see myself doing well in retirement, because I get bored after two days... and you can only do so much shopping!”

Detailed Findings – Current Workers

- Some respondents appear to have given retirement more thought than their counterparts. A number of the allied health workers have established target dates for their retirement. Generally, these milestones relate to their tenure at the hospital, Medicare eligibility, and/or the age at which they can begin collecting Social Security benefits.

“I think society has said 65, you retire, your Social Security kicks in, your Medicare kicks in, you're off the payroll or whatever, you look at other opportunities and other careers, whether they're volunteer, whether they're non-paid, whether they are (paid), and we're going to live to be 90, 95.”

- Upon retirement, there are some allied health workers who expect that they will leave the workforce altogether.
- A number of workers spoke of looking forward to using their time for activities they considered important, such as spending time with grandchildren, volunteering, or fulfilling personal goals. In at least one case, a worker planned to volunteer in a health care setting after retirement.

“There are people in nursing homes that need visits, companionship, that type of thing that I feel that's my calling when I retire.”

“I would like to do more volunteer work than I'm able to do (now) because of the constraints of the job.”

- Many respondents are looking forward to traveling, either after retirement or while they are still working. Some spoke of wanting to work in a traveling per diem position that would allow them to accept multi-week professional assignments in various locations all over the country. In this way, they would be able to travel while still earning income to supplement their retirement savings.
- While full-time retirement is the goal for some, many of the allied health workers expressed an interest in being able to continue working in health care on a part-time basis. Often, workers view part-time employment as a means of supplementing their retirement income. In addition, it provides an attractive way of transitioning from full-time employment to full-time retirement.

“My former coworker, who is now fully retired, worked two days a week and every Saturday, which seemed to work out for her. She gradually decelerated when she turned 65 and got Medicare and then she fully retired. I think that's the way to go.”

Detailed Findings – Current Workers

Longer-Term Plans: Next 6 to 15 years

Current Nurses

Most of the current nurses interviewed believe that they will continue working into their retirement, but on a part-time basis.

- The current nurses had very definite opinions about their longer-term plans regarding their continued participation in the workforce.
- Many nurses say they expect to be working beyond the “traditional retirement” age. They believe that over time they will gradually transition from working full-time to part-time and eventually to full retirement, when they will completely leave the workforce.
- For most there is no set timetable, but more of an evolutionary process where they will reach a point when they reduce the amount of time they choose to work.

“When (either) I feel like I can't do the job the way it needs to be done or not want to be here. I think that's going to be a big thing.”

“I'm going to work as long as I can. I just have to work, I will always work, I love nursing, I wanted to be a nurse since I was very, very young and I like what I do. And I don't know that I'll retire, unless they make me retire, or I get sick.”

“I love the job that I do and, barring unforeseen circumstances, I plan to keep doing this for probably at least another nine or ten years, (and) depending on the circumstances, maybe longer.”

- Financial concerns again come into play regarding their longer-term goals. Many felt that when they are physically or mentally ready to retire, financial obligations would keep them working in some capacity for a longer period of time. They want to retire with enough money in order to not have to worry about paying their bills but, at the same time, while they are still young enough and healthy enough to enjoy themselves.

“I really don't see any end point, just because of money reasons. I have worked here for 20 years. I don't have enough in my retirement fund to probably support me for two years. And, I know a lot of that is my fault, because I haven't saved and invested good.”

- In particular, the burden imposed by providing for health insurance after retirement is an issue that many are very aware of.

“If you leave early and you don't have health care benefits, and you have to pay for that, that's a huge expense.”

“I have to work for (health) insurance for both my husband and I.”

“I have to because of my money situation. I mean, (health) insurance is a big thing.”

- Besides the financial issues, the nurses discussed a number of other factors that might prompt them to rethink their plans to continue working in a hospital setting.
- Some of the nurses mentioned that the nursing shortage would most likely continue to be a problem in the coming years, which will require them to work even harder in the future; this may also influence their retirement plans.

Detailed Findings – Current Workers

- The physical and mental demands of nursing are very much on the minds of many nurses. They worry that they will not be able to continue to perform at their current level as they grow older. Likewise, they are concerned about being injured on the job from moving or lifting heavy patients. The difficulties of having to work 12-hour shifts are a particular issue for many of these mature nurses.

“Physically, I am very concerned. I love moving fast, I enjoyed being on my feet all my life, but I’ve seen that that’s going to be a problem as I age. I mean, some things are already showing up. Unfortunately, that has to do with age and I’m going, ‘Gee, this may mean I have to do a sit-down job.’”

“My biggest problem that I’m having right now (is) we’ve always been an 8- hour floor. We went to a 12-hour floor, and it has impacted me more than I ever thought.”

“Now they say full retirement is (age) 70. I don’t know physically if I’m going to make it to 70 doing what I’m doing. Nursing is a very, very, strenuous, difficult job.”

“We know that there’s a crisis in nursing, that it’s only going to be worse for the people that stay in nursing. They’re going to be dealing with even a tougher situation, as the numbers diminish. And so, it’s hard to project, knowing some of the stresses that we’re under currently, it ain’t going to get better unless there is a really good solution to the problem. Because whoever remains behind in the workforce, they’re going to be working harder than we are now.”

- Because of the long-term concerns about their health, nurses expressed interest in having less physically demanding jobs, such as teaching and mentoring younger, less experienced nurses in their hospital.

“I have a long-term plan in that I would like to continue doing what I’m doing, (and) get my master’s degree. And then I would look at either doing teaching at (the hospital) or at a university level.”

“I would like to see myself transitioning to a less physical side of nursing, possibly (doing) more paperwork or education. I can see myself still a full-time nurse, but transitioning to a less physically stressed area or position.”

- Several expressed their belief that nursing itself has changed significantly since they started working in the profession. They feel that today too much emphasis is being placed on recording data and filling out forms, at the expense of patient care. Likewise, many nurses say that their hospitals are more interested in achieving high “customer satisfaction” than in caring for their medical needs.

“No, it’s not on patient care, it’s on patient satisfaction.”

“Patients have changed a lot, too. They’re more demanding.”

- In addition, in several of the markets respondents pointed out that the longer a nurse stays on the job, the more certification their hospital requires them to have. The problem is that the financial burden falls on the nurses themselves, who must also find the time to do the coursework in addition to their regular daily responsibilities.

Detailed Findings – Current Workers

- Some nurses mentioned that when it was time to retire, they would walk away from nursing altogether. They said they expect to fully retire and pursue activities outside of health care that offer personal fulfillment.

“I would like to be able to retire when I'm still young enough to be in good health and be able to do volunteer work and travel.”

- A number of nurses have established target dates for when they plan to retire. These dates coincide with when they will be eligible for Social Security benefits and/or Medicare.

“I would like to work until I'm 66 or 67. I would like to get my full Social Security, because I still believe I'm going to get it. So, I am going to retire at a particular age and then not work.”

“I would want to work until I was able to get Social Security along with the retirement. I would have to be at least 62.”

“My plan has been to continue here until I'm 66. And I'm 60 now, and so I figure 66 and some odd months until I get my full Social Security benefit and 65 for Medicare. So, those are the things that impact that decision.”

Longer-Term Plans: Next 6 to 15 years

Current Allied Health

These current allied health workers plan to make a gradual transition to retirement by moving from full-time to part-time status and then eventually into full-retirement.

- Many of these mature workers said that they would like to reach a point in their careers when, financially and emotionally, they will have the choice to continue to work (on either a full- or part-time basis) or to stop working completely.
- Often, retirement was not viewed as being based on a fixed target date, but more based on their perception that they will “know” when it is the right time for them to retire.

“I want to work until I feel like someone says, 'You know, you're not doing a good job.'”

- Age 65 is viewed by many of these workers as being a target date for considering retirement because they would then qualify for full Social Security benefits and could begin to draw from their pension or 401(k)/403(b) benefits.

“When I turn 65, I'll have put in my 25 years.”

“When you're 65 or 66, that Social Security check is going to kick in and that's a big inducement to say, 'Why work?’”

- Retiring before age 65 is financially not an option for many of these workers. Some said they need to wait until college tuitions and other large financial commitments have been paid. Others realize they have not yet set aside enough for retirement and would not have the desired income level unless they were receiving full Social Security and/or pension benefits. This also affects their thinking about continuing to work on a part-time basis.

Detailed Findings – Current Workers

- Some allied health workers were fully engaged in their career and pictured themselves working full-time or almost full-time into their 70's.

“I really can't envision not working, I want to stay working as long as I can.”

- The ability to stay current and keep up with technological advancements also plays a role in the decision of some of these mature workers to stay in the workforce. Several respondents mentioned knowing colleagues who they said were essentially forced to retire because they were not comfortable with the increased technical aspects of their jobs.
- Like the mature nurses, many of the allied health workers expressed an interest in part-time employment in their existing occupations as a way of transitioning into full retirement. But, while they may want to keep working, they realize the physical demands of their job may not allow them to continue to work full-time. Therefore, the idea of working two or three days a week or having a flexible schedule that allows them to choose the days and hours they work is very appealing.
- A number of workers mentioned that the physical nature of their current job and problems with the lack of support staff create a stressful work environment, which is causing them to consider moving to part-time employment in the near future.
- Some workers would like to maintain a source of regular income to supplement their pension, 401(k)/403(b), and Social Security benefits. Others wish to stay active in “retirement” and welcome the idea of working on a limited basis.

“I would like to work, you know, get my Social Security and then you're allowed to work for awhile, for a certain amount, and then work like part-time or something.”

- However, respondents mentioned that there are numerous barriers to working part-time. Workers at some hospitals explained that their pension is calculated based on their last several years of employment. So, any years they were to work part-time would dramatically reduce the amount of payout they would receive.

“Part of the pension plan here, they average the last three years that you worked before you retire, how much you worked. So if you go to part-time, then they're going to look at you as a part-time person, even though you might have been here for 30 years as a full-time worker. But, if your last three years are part-time, they'll calculate that on the number of hours. So you can't really cut back without (it) affecting your retirement.”

- They mentioned that many of the benefits they currently have as full-time employees (such as health insurance, vacation/paid time off, and, in some hospitals, dependent tuition reimbursement) are either not available to, or are reduced significantly for, part-time employees.
- The potential loss of health care coverage due to switching to part-time employment is a major concern for the allied health workers.

“The insurance, you have to work 32 hours a week to carry it, so if you are only working two days a week, by the time you pay all your own insurance, you're not going to be making anything.”

- Several expressed the belief that there is enough of a demand in the marketplace for their specialties that finding employment that matches their needs is not a big issue. And, if their hospital or department has restrictions on hiring part-time workers, they are optimistic that other institutions will welcome their talents and experience.

“I'll work part-time. I'll gradually cut down. I have a skill that is really marketable. I can get a job anywhere, so I could work a day or two days a week, something like that.”

Detailed Findings – Current Workers

Job Satisfaction

Current Nurses

The current nurses believe there is a relationship between job satisfaction and the retention of nurses. Respondents identified a number of different areas in which they felt the hospital could make changes that would directly improve satisfaction among the mature nurses.

- Nurses want to be respected and appreciated.
- For these respondents, nursing is more than just a profession. It is a calling to which they have devoted much of their adult lives. An important part of their job satisfaction is knowing that their efforts do make a difference, and that someone at a higher level in the organization is aware of their contribution and recognizes it.

“Feeling like I make a difference to the patients that I take care of.”

- However, they believe that too often hospital administrators and/or their nurse managers do not acknowledge the contributions that nurses make.

“Not being appreciated on a daily basis.”

“I want to come to work every day feeling (good). Job satisfaction is the big thing. And I'm a little bit lacking in total job satisfaction.”

“We all contribute so hard and... a little pat on the back doesn't cost any money.”

- Many of the nurses believe that while their hospital depends on them, it does not really “value” them. Some mentioned that hospital administrators and management make them feel as though they are expendable.
- The nurses were critical of the high expectations they feel the hospital places on them. They cite pressure coming from both their peers and management. They say they are expected to constantly perform and they feel this is a significant contributor to job dissatisfaction among nurses. They report feeling frustrated that constant interruptions and forced multi-tasking hinder their ability to do their jobs.
- There is a widespread perception that hospital administrators do not understand what nurses do on a daily basis. All too often, when new reporting requirements or policies are instituted, nurses say that administrators have no idea the additional burden placed on them.

“The 135 little other things that you want us to do is what makes us leave at the end of the day knowing that we didn't do 80 percent of what we should have done. That's what leads to dissatisfaction... when you feel that your ability to accomplish what you want and what's important for the institution, and what's important for the patient together, that starts on the down slope, that's when people get dissatisfied with what they do.”

“I think that's an expectation, the docs that I work with, they're all working very, very hard and working more time, and I think that is just an expectation.”

“Well, everything is so computerized... and there's so much paperwork, it takes away from direct patient care.”

“You have to please the physicians, the patients, (and) the families.”

Detailed Findings – Current Workers

- A number of nurses mentioned needing to do administrative tasks outside of their job description, such as answering phones or acting as couriers, in order to keep their unit functioning. Furthermore, nurses felt that the increased amount of paperwork also keeps them from focusing on patient care.

“You spend more time on your paperwork than you do taking care of the patients.”

“The healthcare providers are doing more paperwork than taking care of people.”

- Many of the nurses said that the hospital places more emphasis on hiring new nurses than it does on retaining current nurses. They cited significant signing bonuses and high starting salaries as evidence of the favored status granted to the younger, less experienced nurses.
- Many said there is a relatively narrow gap between the salaries of the new, younger nurses and the older, more experienced nurses.

“What’s depressing is how much new grads get (paid). When you think about how long you’ve been here, and how long you’ve worked, and there’s not that much dollar’s difference.”

- Nurses in several markets complained about the salary caps that their hospitals have imposed.

“I work hard; it’s not my fault to reach that ceiling. You have your education, you have your experience, they should not cap you. They should give you something better, not punish you because you reached the ceiling.”

“I think some of the satisfaction you have to draw from within and there are certain things that brought you to nursing that you’re still doing. But, as with the salary caps... it’s a slap in the face, it’s like, why (should I) put in the extra effort?”

- Many of the nurses surveyed had relatively low regard for their hospital management and administration. Some felt that their nurse managers were unqualified to manage their unit, either because they had never been clinical nurses or they had not been *good* clinical nurses. Several respondents mentioned that nurses had left their department within the past six months, primarily because of poor management or perception of a lack of leadership.
- Respondents also complained that they have little voice in how their workplace is run. They see themselves as having been around long enough to understand how their departments could run more efficiently, but feel that their knowledge and experience is not being sought out or appreciated.

“I think the hospital wants cheerleaders in management positions, they do not open their minds, they don’t seem to have open minds at all. They want ‘yes’ people; they want pliable people. They’re not the least bit interested in hearing the voice of someone with experience. And, in their view, you are nothing but trouble.”

“I have asked for somebody to come in and help us clean up so that we can see the next patient, but the nurse is doing everything... and we’re lifting all this heavy stuff, because our patients have to change into gowns. (Yet) still, administration doesn’t want to listen to us.”

Detailed Findings – Current Workers

- Staffing is another area on which nurses were critical of the hospital. Patient-to-nurse ratios and high stress levels cause nurses to wonder if retirement might not be an attractive option.

“We have been chronically understaffed, too. Our offices have been short two people, and when you're talking about a staff of six... two people is a major big impact.”

“Our department is growing by leaps and bounds as far as the number of patients that we're doing. We don't have any extra equipment or beds or staff and it's physical -- because I think the youngest person in our department is, like, 47 and it's physically taken a toll on all of us. Sometimes we work 16 and 18 hours a day, so the health issue is a concern, too, for all of us.”

- There is a feeling that not enough incentives are being given to the older nurses in order to encourage them to work for a longer period.
- They dislike having to work holidays and having to take call. There is resentment for what they see as special treatment being afforded to newer and younger nurses.

“I think after a certain age, you know, they should just not have call for certain nurses or if you spend 20 years down there, give me a break and let the younger nurses do the call.”

- Respondents believe that the younger nurses are not as dedicated to the profession as those who have been with the hospital for many years. They feel the younger nurses often complain about working certain hours or shifts, and therefore they say it often falls on the mature nurses to have to step in and provide the coverage needed for nights, weekends, and holidays.
- In many of the hospitals, nurses complained about how scheduling is done. Many would prefer to work 8-hour shifts but, they say, increasingly the standard in their hospital has moved to 12-hour shifts. One nurse submitted a proposal to her department that incorporated 8-hour shifts for those who wanted them and still provided adequate coverage for her unit. She said that the hospital management flatly rejected her proposal. Schedules that change monthly were also an issue and problem for many of the nurses.
- Notably, in departments or units that do allow flexible scheduling or self-scheduling, nurses said that these policies greatly contribute to job satisfaction.
- Likewise, some nurses point favorably to a strong sense of team within their department that makes a positive difference in how they perceive their job.

“We have a lot of teamwork on our floor at nighttime, because there's not that many of us to take care of an agitated patient, so we have to be a team and that really contributes to our tour de force on the night shift, and that's really appreciated.”

Job Satisfaction

Current Allied Health

Current allied health workers also felt that the level of satisfaction with a job affects decisions regarding retirement plans.

- One factor that was very important to these workers, was being treated with respect. They believe that over the years they have shown loyalty and have worked hard to contribute to the quality of care provided by the hospital, yet they feel that their efforts are not always appreciated or recognized.

Detailed Findings – Current Workers

“I think that is the most major important thing with job satisfaction, to know that you are being backed, and you're being supported, and you're being valued.”

“Show respect to me as an employee. It doesn't matter what my age is, just show me respect, and don't treat me like a child.”

“Even the doctors thanking you for something makes you feel good. You know, it doesn't have to be much, but I do think acknowledgement is important for all areas, and I don't think that all areas get that acknowledgement of what we do.”

- While several respondents mentioned wanting to have greater respect from the doctors they work with, many felt that the bigger problem was with some of the hospital administrators and supervisors.
- There was the belief that the administration generally does not understand what they do, nor does administration sympathize with the problems faced by the allied health workers. Respondents view these administrators as being very disconnected from actual patient care, and see them as people who sit in front of a computer and create “layers of paperwork”.

“The demands put on everybody, no matter what age, is unreal right now. Well, that's really getting off the subject, but there seems to be a whole different management group up in here. The old saying, 'There's a lot of chiefs and no Indians.' And that whole group tends to push papers, they sit in front of computers and they decide what we're going to do on a computer.”

- Furthermore, they said that administrators are generally not interested in listening to their concerns or suggestions as to how to improve the workplace or make the workplace more efficient.

“I don't think organizations listen to older workers. I think, with all due respect, administrators are moving upward and onward and out to bigger and better things.”

- Salary levels were identified as another area that affects job satisfaction. In some markets, respondents said that other hospitals offer higher salaries than what they are receiving. As mentioned earlier, several workers had “salary caps” and were no longer eligible for annual raises. Even in markets where employees who had a “salary cap” did receive an annual “bonus” (instead of a raise), they were not happy with this practice. They want to accumulate as much retirement as possible, and they said the bonus did not accrue to their pension/retirement the same way a raise would. Also, they mentioned that the tax rate for that pay period was higher because it was paid in a lump sum.
- Scheduling issues were frequently mentioned as reasons why some workers were less than satisfied with their job. Having to work or be on call evening, weekends, and/or holidays causes problems for many of these mature workers. A number of respondents find it particularly troublesome when younger employees with far less experience or seniority appear to be given preferential treatment when it comes to setting their schedules.

“The last two weeks, I did five night shifts, 12-hours, 13-, 14-hour night shifts, (for) five consecutive nights straight. You know, (for) a lot of the people, if you're working 30 years, you should not be working the night shift anymore. And, it seems like the people that are coming in, they have a better schedule than the people who have been here for awhile.”

Detailed Findings – Current Workers

- These workers also mentioned that working in an industry that suffers from a shortage of qualified workers places an additional burden on the mature workers, who must assume greater responsibilities because of inadequate staffing. While these allied health workers understand the situation, they say that the lack of support staff combined with the physically demanding nature of their jobs has a negative impact on their job satisfaction.

“There's not enough support staff to support you when you are short handed or when you are handling crises.”

- In addition, they feel that the administration often sets unrealistic productivity standards that result in frustration and resentment among employees.

“The workload is now four times the amount than when I started in order to finish the day's work. So to do four times more in an eight-hour period requires a lot of physical stress and push.”

- Having the positive support of co-workers and supervisors makes a big difference in the workplace that respondents say contributes greatly to their job satisfaction.
- It is important for the allied health workers to feel they are making a difference. They derive satisfaction knowing they are affecting people's lives in a positive way.

“I think people want to know that they matter and they want to know that somebody is listening and they want to know that they make a difference.”

“There's some sort of satisfaction you get when you help someone.”

- Just like the nurses, allied health workers believe that while the hospital depends on them, it does not really “value” them. They, too, feel “expendable”.

Detailed Findings – Current Workers

Appreciation of the Mature Worker

Current Nurses

Overall, there was a feeling among these nurses that their hospitals do not truly appreciate or value the contributions of the mature nurses.

- The impression that their employer does not acknowledge the effort and commitment these nurses have given to their work is somewhat puzzling and hurtful to them.

“But the value placed on nursing. ‘Oh, you’re just a nurse.’”

“I remember the time when they knew your names and said, ‘Send so and so’ and now it’s just like banking, you’re just a number.”

- Consistent in each of the markets was the feeling that the hospital administration and/or their direct managers are too far removed from the day-to-day duties of the nurses to understand what is really being asked of them.
- Nurses see a disconnect between management expectations and the reality of their work environment. Many believe that hospital administrators lack a basic understanding of what is involved in patient care and what impact new policies or reporting requirements will have, particularly when they apply to the mature worker.

“The last time I had a genuine, absolute concern and I went to talk to the director, she looked at me in the face and said to me, and mind you, this was only a year and a half ago, and these were her exact words, ‘If you don’t like it, you can just leave’ and she smiled at me. Does that give you a signal or feeling like you’re valued and you’re respected?”

“I think that if you had a nurse manager who was a good nurse first and understood nursing before they became managers. They have no ideas what you’re doing as a nurse.”

“I swear to God, that any of them (administrators and managers) had to come out and do what they have asked us to do, they would walk out of here.”

“I think the people from the higher-up should really come to the place where you are, to really witness what you’re doing.”

- Notably, many respondents said that one clear indication they see of not being valued by their hospital is how new nurses are being recruited. From their perspective, the recent nursing graduates are being paid starting salaries out of proportion to their knowledge and experience.

“You can’t have an older nurse, having years of experience, and then this young nurse comes in and she’s starting out almost where you are. It’s ridiculous with no experience.”

“New nurses that are hired, you know, they even start almost what we’re making now.”

Detailed Findings – Current Workers

Appreciation of the Mature Worker

Current Allied Health

Similar to the reactions of the nurses, many of the allied health workers believe that their employers do not value the contributions mature workers make on a daily basis.

- From the perspective of these allied health workers, the hospitals rely on their experience, knowledge, and commitment to their profession, but fail to give any indication that they appreciate the job these workers do.

“I think that we are relied on for experience and if it wasn't for some of the more experienced people, you know, the new hires that they've got right now, things would go bad quickly.”

“There's no feedback, no, 'Hey, you did a great job.' Sometimes all you need is a pat on the back to keep you going.”

“They use you, but they do not give you a pat or say, 'Job well done.’”

- Consistent with the nurses, the allied health workers also share a feeling that hospital administration and/or their direct managers are too far removed from the day-to-day tasks of these workers to understand what is really being asked of them.

“The people in the ‘tower’ that make the decisions don't talk to the people that it affects, including the mature people. If you would come and see what we do and talk to us about what we do, you might make a different decision coming down the pike, and that's where that dissatisfaction plays in.”

“The hospital administration, they don't even know what therapy is. They don't really understand what the issues are for outpatient therapists, inpatient therapists, home therapists, they don't understand us.”

- It appears particularly troublesome to these workers that administrators are not taking advantage of the experience of the mature workers and asking for their ideas and suggestions. In fact, many feel that not only do they not ask for input, they do not listen when it is offered by the mature workers.

“I mean, nobody is listening to the people that have been here the longest.”

- Notably, many respondents said that one clear indication they see of not being valued by their hospital is the how younger workers are being treated. From their point of view, the younger employees entering the workplace are being given starting salaries far out of proportion to their knowledge and experience. And, the respondents said, the hospital expects the mature workers to train these young people.

“Sometimes I think that they advance the younger people and then... train them and... they end up leaving. And, you're still here and they don't advance you; they're not taking advantage of your experience.”

- At the same time, some of the more satisfied allied health workers did feel that their direct supervisor or other direct manager valued their experience and indicated this by asking for their opinions and/or getting them more involved in decisions that affect their workplace.

Detailed Findings – Current Workers

"I've been here for 28 years already, so they're asking me to attend meetings or asking my input some more. That makes me very good."

Awareness and Perceptions of Retention Strategies Initiated by Hospital

Current Nurses

Overall, there was a general lack of awareness of any hospital's specific efforts to retain mature, experienced workers. In some cases, when queried about this, the nurses found the question ironic – because they felt that hospitals are not interested in retaining older workers.

However, when pressed, some nurses gave a few examples of things that their hospital had put in place that did have a positive impact – but not necessarily on just the mature workers.

- For example, in hospitals that give retention bonuses to existing staff, nurses generally reacted favorably to this practice. However, in some markets the retention bonuses were only offered to full-time staff. Since many nurses would like to reduce their hours, they mentioned that retention bonuses for the part-time mature workers would be very appealing.

"The retention that they give, I think they are doing a great job, with the retention gifts, especially in this hospital."

"They did give a retention bonus every six months, you get \$1,000."

- Another successful retention strategy would appear to be dependent tuition reimbursement. Since a number of these nurses have children (or family members) still in school, any help with the costs of a college education are greatly appreciated.

"Well, that tuition has brought nurses in, because they have kids that are in high school and you have to work for two years before they actually start college. And I know other nurses that came to (the hospital) specifically because of that benefit."

- Some hospitals have worker appreciation efforts in place which nurses believe contribute to the retention of the mature worker. One example was a "Caring Workshop", which they described as being "a wonderful experience." The Caring Workshop is something the hospital does to show appreciation on behalf of all their employees.

"The only time I felt really valued in all the zillion years of working here is when we had that Caring Workshop."

- Interestingly, some nurses spoke of several efforts that appear to have been instituted on an individual department or unit level that have had a positive impact on retention, although they were not available to all nurses in the hospital.
- For example, there was mention of efforts by some of the nursing units to address the nurse-to-patient ratio, which they describe as being a very positive step.

"What they have done to retain the nurses is that we decreased the nurse/patient ratio in that it is primary nursing, they've dropped the patient/nurse ratio from 6 to 1 to 3 to 1."

- In addition, some nurses spoke very favorably about having flexible scheduling systems in their departments. They particularly pointed to a system that divides nurses into three groups, allowing each group, on a rotating basis, first choice of setting their schedule for the coming weeks.

Detailed Findings – Current Workers

“Another thing, we have the Nightingale Scheduling for Nurses. You schedule yourself for working off the Internet. And, on my unit, we are organized into different groups, A, B, and C, so it rotates. So this month, it's A group that picks first, B group picks next and then C group and then it rotates.”

“I think that our thing on our unit is that it's very flexible scheduling, so that keeps a lot of people there.”

- In another department, the managers had a clinical ladder program that appears to have had a very positive impact on worker satisfaction and long-term retention.
- Many nurses also liked the fact that their hospital was making a matching contribution to their 401(k) or 403(b) plans. While they saw this as a good way to retain mature workers, many felt the hospital should increase the match made by the employer.
- In one market, several nurses mentioned that their hospital had recently increased nurses' salaries to make them more reflective of their years of service. While they remarked favorably on this, several attributed the increase to a fear that the nurses were attempting to unionize. Several noted that after they had received this salary adjustment, the hospital had either restricted or eliminated overtime opportunities, which resulted in sending mixed messages to the workers.

“The salary is really good. The salary is commensurate with your years of service.”

- Being paid a salary that is in line with a nurse's experience and tenure is something on the mind of many of these mature workers. A number of nurses expressed the feeling that they were not being paid what they believe they are worth. Because of this, combined with salary caps, some believe the only way for them to make more money would be to switch to a different hospital that may offer a signing bonus.

“What you have to end up doing is jump jobs. In nursing, the only way you get a raise is to move hospitals.”

- Generally, these nurses were critical of the pay difference between the experienced nurses and the new nursing graduates. Nurses complained that there is no acknowledgement of seniority when it comes to salary. They pointed to the current starting salaries for nurses as being not that different from what they are receiving. Furthermore, offering sign-on bonuses for the new nurses was objectionable to many respondents. They cited examples of younger nurses leaving the hospital as soon as the conditions of their bonus had been met.

“It's like they're trying to recruit, but they're not trying to retain.”

“We feel in our place, that instead of encouraging us to work a little longer, it's like they feel like they're getting rid of us to be replaced by younger ones.”

- At the same time, a substantial proportion of respondents indicated that they were unaware of any formal retention strategies initiated by their hospital.

“I have never really gotten the message that they want to retain us.”

“I think what they say and what they do are two different things. They say, 'Oh, you're so important, everything depends on you,' but yet, face-to-face with your supervisor, whoever that may be, you're expendable.”

Detailed Findings – Current Workers

- Some nurses mentioned a recruitment and retention committee that had been created at their hospital to address issues. They knew that ideas such as job sharing and reduced shifts had been suggested as part of this committee, but said that these ideas have not been implemented.

“I believe some of them had a recruitment and retention committee for a long while and I don't know what happened to them. Ideas would be put forward, (such as) 8-hour shifts, and okay, great, terrific. We've put forth ideas and you never see them.”

- At another hospital, nurses said they used to receive a pay differential for seniority and credentialing, but said that practice was discontinued. Because of this, they said some nurses allowed their credentialing to lapse.
- Some respondents were aware that other hospitals have implemented strategies to retain mature workers. The strategies they mentioned included: reduced patient-nurse ratios, a one-weekend-a-month schedule, 8-hour shifts, job sharing, flexible scheduling, expanded benefits for part-time workers, and fully paid health care coverage.

“In California, the nurse-patient ratios have brought satisfaction to nurses. Because they would have to be covered if they're going to lunch, and it's very strictly enforced... and they love it. The nurses that I talked to out there, they like that a lot.”

“I have heard that they have gone through with the one-weekend-a-month scheduling.”

“I have been told, one of the hospitals, from one of their employees, they implemented a plan for 55 years and older, they offer them full-time benefits for part-time work. Now, I don't know if that is the case, because I don't know what their policies are, and I certainly haven't looked it into myself, but I think that's a huge incentive for them to stay. Huge.”

“(At) Kaiser, they give 100 percent medical insurance for their employees.”

Awareness and Perceptions of Retention Strategies Initiated by Hospital

Current Allied Health

Current allied health workers were critical of their hospital's efforts to retain mature workers. In fact, most did not feel any effort was being made by their hospital to do so.

- Not only did most of these allied health workers fail to credit the hospital with trying to retain older workers, many felt that their hospital was trying to *discourage mature workers from staying in the workforce*. One theme that emerged in the focus groups was the feeling that hospital administrators were pushing older workers out the door, in order to make way for younger workers so they could save money and increase productivity.

“I don't think that the hospital is making an effort to keep us.”

“If anything, they want to get rid of us.”

“They want me out, they can bring in a young person pay them a little less.”

- Many of these allied health workers felt that their hospital and its administration have given them little tangible indication that they value older workers.

Detailed Findings – Current Workers

- Again, they cited a lack of respect shown to the more experienced employees. They believe the hospital is not interested in what they have to say or in coming to them for their advice. Likewise, they feel that many of the administrators have never taken the time to understand what the allied health workers do and what problems they encounter on a daily basis.

“There's no clue of what we even do.”

- These respondents believe the hospital tries to minimize what they must pay in salaries by bringing in younger, less experienced workers for less money than they would have to pay if they retained the mature workers who are making more money.

“If there's a younger person who is fresh out of college, who says, 'I need a job, I need a job' and you can pay (that person) \$16 an hour, and they're paying a 63-year old med tech \$27 an hour. Well, who are they going to give all the shifts to? And, (they will) eventually weed out that older person.”

- Furthermore, there is much resentment as to the beginning salary levels being offered to the new, less experienced employees. Respondents believe that too often mature workers are being financially penalized by the hospital in order to recruit new workers to the organization with attractive salary offers.

“I understand that there is a lot of shortage of people in the healthcare system and they try to bring these kids with higher salaries, but they don't consider the people that are here for so many years and they have to just say, 'Okay, just swallow it.’”

“For our department, the newcomers come in; they have a \$4 raise for the salary. The old people that have been here for over 20 years, they got a 25 cent (raise). Isn't that a slap in the face?”

- As a result, the mature workers believe they are not receiving salary commensurate with their experience and years of what they see as having provided loyal service to the hospital.

“After 30 years of practice, with the grads, they're just making a little bit below what you're making after 30 years... (so) it's kind of upsetting.”

- Respondents seem particularly frustrated by what appears to be the hospital rewarding younger workers, whom the mature workers view as being less dedicated and less hardworking than the older workers.

“Most of them are coming in because of the money and they have no loyalty. The older techs are loyal.”

- At the same time, a few of these allied health workers did feel that their hospital was making some efforts to encourage mature workers to stay.

- In one hospital, allied health workers cited the bonuses they have received as a positive way of retaining workers, but it was pointed out that these bonuses were based on performance, and not length of service. Notably, in some markets workers had been paid bonuses but the hospital discontinued the practice.

“The bonus that we got, I thought that was wonderful. It was tied to the amount that you work; it wasn't tied to necessarily how long you've been here. I think it was tied to the amount of hours that you worked”

Detailed Findings – Current Workers

“I know that one time in our department, they were doing the bonuses, they were giving bonuses... and they don't anymore.”

- Others mentioned their hospital's policy of matching 401(k)/403(b) contributions as another way of encouraging workers to stay. Some felt that the matching contribution was relatively low, and thought that the hospital should increase match percentage.

“I think the 403 plan in itself is an incentive. Because you know, you put more money into it depending on your age.”

“The other thing that they did do just in the last couple of years was they started matching the stuff that you put into your retirement account. The problem was that they cap it at one percent. I mean, it's like a token thing.”

- In addition, several respondents from one hospital mentioned that workers are provided with a gift and/or a banquet to mark significant tenure with the hospital. They thought that was a nice program to recognize the contributions of the mature workers.

“Well, for the 30th year anniversary, they give you a selection of a gift. For example, I received this watch for my 30th anniversary.”

- Overall, however, respondents felt that for the most part, their hospital has given them little indication that they value older workers. Many felt that mature workers are expected to know more and do more without being compensated accordingly.

“They'll say things to you like, 'You're an experienced worker and we expect you to be doing all these things'”

Detailed Findings – Current Workers

Suggestions How to Become the “Employer of Choice for Mature Workers”

Current Nurses

When asked on an unaided basis what things their hospital could offer or provide the mature/experienced worker that would encourage them to remain working in their positions beyond their anticipated retirement time, the current nurses came up with a number of suggestions:

- Many nurses said that they want to feel that their contributions and efforts are being recognized and appreciated by the hospital administration. They want to feel they are wanted.

“I think mature nurses would stay in a place where they're respected, they're more appreciated, and the value of their contribution to the workplace is raised up in a way that, you know, if you're not there, it's not going to get done, so you really make the difference as a valued contributor in the workplace.”

“The older workers are going to leave, because they don't feel needed.”

“My big thing in the unit that I'm hearing is they feel like they would like to get rid of us, that we are considered the fossils, (they want to) put somebody in new, (for) less money. I think that is very wrong, because what we bring to the table is our experience, is our professionalism, and I think they should recognize that.”

- Respondents expressed the belief that hospital administration does not really understand what nurses do and what stress they are under to meet increasing demands caused by growing reporting requirements, challenging staff-patient ratios, and a frequent shortage of ancillary staff.

“We need more of upper management to know us, know what we do, and appreciate what we do. They don't, it's just, ‘You'd better do it.’”

“I think the stress is just number one. The patients are sicker, I think administration is so out of touch with what it's like to be a nurse in this day-and-age, it's not what it was, even five years ago.”

- Nurses call for a more realistic understanding of the physical and mental stress that the job places on mature workers. They believe that productivity expectations for mature workers cannot be the same as what is being asked of the younger nurses. Because mature nurses are more knowledgeable and experienced, they say they are being expected to do more than their younger, less experienced counterparts.
- Many of these nurses were particularly sensitive to the physical nature of their jobs and the burdens this places on the aging worker. They see a need for more help and support staff to work directly with the mature nurses. They suggest having more lift teams, operating room assistants, and paid care associates available.

“Having people that can help the nurses with the heavy lifting, transporting patients, taking specimens to the lab, all the things that nurses shouldn't have to do. They should have someone to do it for them. And, these are things that are not new, these have been going on for years, they're just not getting better.”

“In our department, we're running so short staffed, we have one operating room assistant to do all the running for us, with labs and everything else. Because one quit, and the other one left. There are no people to help us. I mean, you call for moving help and no one comes.”

Detailed Findings – Current Workers

- Similarly, respondents would like nursing management to become more involved and help out on the floor when the nurses are short-handed. Another suggestion was to adjust the nurse-to-patient ratio to something more realistic for older nurses.

“I think they're expecting more from everybody, as far as workload, and it's burning a lot of nurses out... and that's part of the reason why they're leaving the medical field or going to another hospital. The fact that the managers do not come in and help out when you're short-staffed, it's... a slap in the face, basically when you've got three people on, and you need six.”

“I think the nurse-to-patient ratio needs to change. They don't look at the fact that nursing has changed, that yes, years ago, I could have taken care of six patients myself with one aid and done perfectly fine, but with the acuity of the patients that I have (today), the ratio is not comparable.”

- Nurses say they want to focus on bedside nursing and not to be distracted by administrative and technical tasks. They recommended that support staff could be used to handle these types of tasks.

“Let us be nurses. Instead of being secretaries, techs, you're trying to do four different jobs all at the same time, so you can't do any of them well, because you can only stretch yourself so far.”

“All the time that we're spending putting all this information into the computer, we could be spending doing patient care.”

“Sometimes I wish they had more sort of ancillary support. You get stuck doing a lot of things that really somebody else could be doing it if they really value what they do with a nursing license rather than housekeeping.”

- Notably, nurses in several markets were shocked by the changes in the hospital environment that they have witnessed. Some referred to hospitals today as “hotels” or “Disneyland”. They believe that hospital management has adopted the philosophy of the travel and leisure industry - in that they see customer satisfaction as the most important objective.
- These nurses feel that the mission of a hospital should be to focus on the patients' medical needs and providing high quality patient care. There is a fear that this goal has become secondary. Instead of being customer service representatives, they would like to have rules in place to diminish the “chaos” of too many visitors, including young children, and unreasonable demands from patients and their families.

“We're a service organization now; we are not (a) patient care organization.”

“There's no way you can meet all the expectations of these patients, no matter how good a nurse you are, no matter how nice you are, especially in the emergency room. So it's a little frustrating at times.”

- Another key issue was preferential scheduling for mature nurses. They want greater flexibility in schedules. In particular, many feel that the older nurses should not be required to work 12-hour shifts.

“The factor of the 12-hour shifts that is very difficult for us aging nurses. It usually takes you a full day to recover from a 12-hour shift at our age.”

Detailed Findings – Current Workers

“Maybe flexible hours, maybe I won't be able to do a 12-hour shift, but maybe I can come in for an 8-hour shift.”

- Mature nurses also wanted some preferential treatment when it came to holiday scheduling, such as additional paid holidays based on years of service. Many felt like they had “paid their dues” by working holidays for many years, when they had younger children. They felt that the new, younger nurses were unwilling to make those sacrifices. These mature nurses said that the younger nurses expect the older nurses that do not have young children to work on holidays.
- These nurses suggested that scheduling should involve looking at the workload for a unit, not just the number of patients, and making appropriate adjustments. One gave the example that a unit that has four patients discharged and four new patients being admitted during a shift has a much greater workload than a unit that has the same four patients for an entire shift.
- Similarly, a number of respondents felt that the mature worker with longer tenure should be given considerations regarding having to be on-call. Nurses said that they have take call for years, and feel that this burden should begin to shift to the younger nurses.

“I'm on call on weekends and... there's no seniority. I've been there 27 years. If someone comes in that has been there six months, I still have to do the same amount of on-calls, I still have to do holiday calls, and it's not right.”

“That would be a huge incentive for me, not to have to take call.”

- A number of nurses in the different markets complained that it is difficult for them when they have to “float” to different units. They mentioned having problems adjusting to a different unit and worry that actions and decisions of the floating nurses could be detrimental to patients in certain situations. In addition, they noted that because of overtime limitations in some departments, the regular nurses are replaced with floaters in order to save money.

“When they pull people to certain areas, they say, 'Well, you work in the ICU, you can work in the ER.' I hate the ER. I'm terrified of working in the ER. They don't take that into consideration. Just because you're ICU, (they think) you can go and function in the ER. No, I cannot function in the ER, and I have said I will retire early if I'm ever pulled to the ER.”

“I think another issue in our unit that (is) we float to different areas, and I know that (for) the older nurses... that would be a perk for them if they did not have to float.”

“When they started putting the LPNs in there and cutting the RNs, it made it so hard for us - and LPNs are not floating. We're floating. And, the same two or three nurses float over and over again because the LPNs don't have to float-- because the other floors don't want them.”

- Notably, one suggestion that emerged in a number of the groups was the idea that there needs to be more of an effort to match the mature worker with nursing functions that are less stressful and less physically demanding.
- These nurses said that, as they begin to age, maintaining the same daily routine has become increasingly difficult. Most want to remain in the workforce and believe the skills and knowledge gained from years of experience can still be of great value. They feel that within the hospital environment there are other opportunities that could be made available to the mature nurse.

Detailed Findings – Current Workers

- Playing a greater role in the mentoring and teaching of younger nurses by the more experienced mature workers was cited as one such example.

“Look at other types of tasks or jobs that could be done and at least making nurses that are approaching retirement aware of what those positions are and trying to match their skills with what other positions are available.”

“This place is big enough that no matter what your age, there should be something for a nurse that is 35 or a nurse who is 65 to fit in.”
- Pay adjustments to recognize their many years of experience was a critical point. Nurses also felt their salaries should be more reflective of their experience and their longevity with the hospital. There was a strong resentment voiced about the starting salaries and signing bonuses being provided new nurses coming into the hospital. Some suggested that a remedy for this might be to remove or adjust the current salary caps, which the mature nurses view as being unfair to the older, experienced workers.

“If you want to retain the older nurses, they’re going to have to pay more money.”

“Hire them at their experience rate. That’s what keeps most nurses away. You know, I have seen 20- year nurses come in, 25- year nurses come in, and they were basically offered just above graduate pay.”

“Pay us for our experience...I’m sure that kids out of school or someone with ten years experience makes as much as I do.”

“They make the sign-on bonuses and higher starting salaries for new nurses coming in, but there’s a very small margin between somebody like us, who have 30, 40, 50 years (experience).”
- Although the nurses in several markets reported that they currently get some type of retention bonus, they believe that it should be made more widespread and felt that the amount should be increased.

“If they did a retention bonus for people over 50 or over 55, on a regular basis, that would have an impact.”

“If they can hire new grads, you know, out of college for \$5,000, why can’t they pay the older nurses \$5,000 to stay another year?”
- There was a concern voiced by a number of the nurses that hospitals are not doing enough to make part-time or reduced schedule employment a real option for those older nurses who are not ready for total retirement but who do not want to or are unable to meet the demands of full-time employment.
- These nurses believe that by offering part-time nurses a benefit package that would provide some form of coverage (Medigap) and paid time off (PTO), but at the same time not negatively affect their pension calculation, hospitals could both attract and retain many mature nurses who might otherwise leave the workforce.

“Part-time schedule for full-time benefits.”

Detailed Findings – Current Workers

“If you want to retire and want to continue working there, they cap the number of hours that you can work; otherwise they reduce your benefits.”

“The difference between me retiring when I'm 62 or 65 would be the health insurance. So, if they gave me better health insurance at 65.”

“I guess with some of the supplemental insurances, if you're retiring... you could still work part-time and stay under your maximum (dollar) limit or whatever. And some of the Medicare supplements, you have to pay for, they'll take out (of your salary). So if they can pay for it, that saves you, plus you can still work.”

- Other suggestions for retaining mature workers included offering free or preferred parking, more continuing education opportunities and computer/technology orientations, increasing the match percentage for the 401(k) or 403(b) plans, and providing annual health checkups.

“If you work somewhere a long time, they could give you preferred parking.”

“Financial security in terms of boosting the 401(k) and the 403, and increasing the set contribution of the hospital to match what the employee is paying into the 403.”

Suggestions How to Become the “Employer of Choice for Mature Workers”

Current Allied Health

The allied health workers expressed many of the same suggestions for encouraging the retention of mature workers that emerged from the nurses groups, but they also added a number of different ideas.

- These allied health workers hoped that hospitals would understand that as workers age they begin to slow down and certain tasks require more effort or help from others to accomplish. They suggested that adjustments should be considered as to the mature workers' length of shifts, stress level of the job, the amount of physical activities (such as heavy lifting), and/or the length of time mature workers spend on their feet each day.

“They need to look at trying to accommodate older folks, and I don't know that they'll really want to.”

“It's an aging population, I think there are many more things that we can be doing with other parts of the population that we're not doing. It's also an opportunity for the organization to utilize those employees in a new way.”

“I think another thing is to recognize, you know, as we get older, we're slowing down a little bit. When you're working in departments that are perennially short-staffed and you're pulling your weight and a part of somebody else's because you don't have that other person, that's a lot of stress.”

- Furthermore, they recognized the challenges many mature workers have with the newer computer technology. Respondents suggested offering enhanced technical assistance, additional training, or simplified systems to help these workers become more comfortable with these new necessary tasks.

Detailed Findings – Current Workers

- A flexible scheduling policy is highly desired. Many respondents say that, as mature workers, 12-hour shifts are mentally and physically challenging; however, they felt that 8-hour shifts would allow older workers to stay in the workforce longer, giving them more energy on a daily basis.
- A number of respondents felt that the on-call policies and schedule needed to change. They suggested that workers of all ages should have a day off after being on-call, and some recommended that mature workers with 20 or more years of service should be exempt from being on-call altogether.
- These workers also brought up the issue of respect for older workers. Respondents said they would like to know that there is a real commitment on the part of the hospital to acknowledge the value of having experienced employees in the workplace.
- They would like to know that they had the support and backing by management and occasionally be given a pat on the back and a sincere “job well done”.

“We need to be told more often that we're doing a good job.”

- A number of respondents felt that financial incentives were key to retaining the older workers. On an unaided basis, several suggested offering retention bonuses, higher 401(k)/403(b) matches, and salary increases. Furthermore, they mentioned the idea of a program of graduated benefits; meaning that as the worker stayed longer on the job, the more their benefits would increase.

“I think in order to retain the mature experienced workers that they need to, of course, money talks and BS walks, so we all want more money and, you know, less stress on the job.”

- Free or preferred parking was another suggestion that came up in several markets. Respondents felt that having their parking provided by the hospital would help ease their financial burden and increase job satisfaction.
- Other possible incentives they suggested for mature workers included more flexibility in setting their schedules, in terms of not only which shifts they work, but also possibly which days they work. They also raised the idea of job sharing as a way of encouraging workers to stay longer, especially those in high stress or physically demanding positions. In addition, they would like to see the senior workers have preference when requesting PTO.

“If they want to work a couple of days a week, let them pick their hours. If somebody is in their 50s and they feel better working in the daytime than in the evening... and they have the experience, let them do it.”

“In our department there is no seniority for taking vacations. I know we'll sign, what's your first choice, what's your second choice and third choice and sometimes I don't want to do it, because I know I'm not going to get the third choice, let alone the first choice. I think that's one of the things that would be nice to have is having senior people get a choice of vacation.”

- Overall, many of these allied health workers felt overworked and understaffed, and they see no end in sight. Several said that lunch breaks were rare and working overtime was more of the norm. One worker stated that 8-hour shifts routinely spill over to nine- or ten-hour shifts.
- Despite the long hours, most allied health workers enjoy their jobs and want to share their knowledge and expertise with workers who are new to the field. They would like their hospitals to value the time they spend mentoring younger employees and reduce their workload accordingly.

Detailed Findings – Current Workers

“I would say that the older workers have a wealth of experience that they can... continue to bring to their job and help the new people coming in to grow.”

- Health care coverage was recognized as being an important benefit enjoyed by the full-time employees and very much a concern of those considering full retirement or seeking to transition to part-time employment. Workers would like the hospital to consider ways of offering supplemental health insurance to their “retired” employees working part-time and, if possible, to those who are fully retired.

“If there was an incentive that I could get a supplemental health care insurance policy for significantly less, as long as I worked part-time or a minimum amount of hours after the age of 65.”

- Some mentioned having worked at a hospital where employees and retirees were able to have their prescriptions filled for free; they felt that this was a very good benefit.
- Workers also said they would like to see a change in the policy that would raise the cap on paid time off (PTO) and allow them to accrue more vacation time.
- Many said they would like the hospital to make part-time employment more attractive to mature workers who would like to continue working, but at a reduced level. They feel that the hospital should try to provide more benefits for part-time workers.

“If they made part-time worth more, more beneficial, I think you could have a lot of older people that could work part-time, but unfortunately, I’m paying twice, double, for the (health) insurance than what the full-time pays. It’s not even worth it (to work part-time).”

Detailed Findings – Current Workers

Reactions to Retention Concepts/Card Sort Exercise

Current workers were presented with a package containing seven (7) cards, each of which had a list of different ideas/concepts for retaining mature workers. These concepts were developed based on a comprehensive secondary research review of ideas implemented in other hospitals and/or recommended by experts in the health care industry and mature worker fields.

Respondents were 1) asked to **sort the cards into two piles**, discarding any card that did not contain any items that would affect their decision to postpone their retirement. Then 2) they were asked to **rank order** the top three cards that included any items that would be personally be important to them. Finally 3) for any cards they ranked a #1, #2, or #3, they were asked to place a check mark (✓) next to the individual items on each of the three cards that represented items which might impact their decision to postpone their retirement.

Responses were very consistent for both the current nurses and the allied health workers. (Refer to Table 1 (Ranking) and Table 2 (Item Selection) on the following pages for the results of these exercises.)

Current Nurses (See Tables 1 and 2)

- Of the seven overall concept cards, the two cards that emerged as having the most appeal to these current nurses were:
 - Economic Incentives (33 out of the 80 nurses surveyed ranked items on this card as being 1st in importance), and
 - Specialized Benefits (26 out of 80 ranked items on this card as being 1st in importance).
- Two other concept cards generated moderate interest:
 - Flexible Scheduling (8 out of the 80 nurses ranked this as 1st), and
 - Reduced Workload for Mature Workers (5 out of 80 ranked this as 1st).
- The remaining three concept cards generated limited interest among these mature nurses:
 - Flexible Work Options (3 out of the 80 nurses ranked this 1st),
 - New Retirement Options (2 out of 80 ranked this 1st), and
 - Improved Physical Work Environment (1 out of 80 ranked this 1st).
- Of the four different ideas contained on the Economic Incentives concept card, three were particularly appealing to the respondents:
 - *Salary adjustments for experience, longevity* (65 out of the 80 nurses said this would be very important to them),
 - *Boosting 401(k)/403(b) matches* (60 out of 80), and
 - *Retention bonuses* (55 out of 80).

There was also strong interest in:

- *Salary/pay adjustments for not using benefits* (44 out of 80 felt this was very important).
- Respondents expressed the greatest interest in three of the eleven ideas on the Specialized Benefits concept card:
 - *Employer-provided Medicare Supplemental/Medigap insurance* (52 out of the 80 nurses said this would be very important to them),
 - *Increased paid time off- PTO* (47 out of 80), and
 - *Employer-provided health insurance for part-time work* (45 out of 80).

Detailed Findings – Current Workers

Current Nurses (continued)

- There was moderate interest in several other ideas contained on the Specialized Benefits concept card:
 - *Being able to bank paid time off* (34 out of 80 felt this was very important),
 - *Paid/free parking* (26 out of 80),
 - *Discounted health and wellness services* (23 out of 80), and
 - *Mature worker benefits (elder care, LTC insurance)* (21 out of 80).
- Other concept cards presented a number of ideas that emerged as being important to at least one in four of these mature nurses:
 - On the Reduced Workload concept, the idea of *Improved staff-patient ratios* was felt to be very important by 26 of the 80 nurses.
 - On the New Retirement Options concept, the idea of the *Ability to maximize or accrue pension contributions* was felt to be very important by 26 of the 80 nurses.
 - And on the Flexible Scheduling concept, the ideas of the *Flexibility in days or hours per week or month* were felt to be very important by 21 of the 80 nurses and, similarly, *Seasonal employment* was also felt to be very important by 21 of the 80 nurses.

Current Allied Health Workers (See Tables 1 and 2)

- Of the seven overall concept cards, two clearly emerged as having the most appeal among the allied health workers:
 - Economic Incentives (40 out of the 82 allied health workers surveyed ranked this 1st in importance), and
 - Specialized Benefits (23 out of 82 ranked items on this card as 1st in importance).
- One other concept card generated moderate interest:
 - Flexible Scheduling (13 out of the 82 allied health workers ranked this 1st).
- The remaining four concept cards generated limited interest among these mature health workers:
 - New Retirement Options (2 out of the 82 allied health workers ranked this 1st),
 - Reduced Workload for Mature Workers (2 out of 82 ranked this 1st),
 - Flexible Work Options (1 out of 82 ranked this 1st), and
 - Improved Physical Work Environment (no one out of the 82 ranked this 1st).
- Respondents had very positive reactions to all four of the ideas contained on the Economic Incentives concept card:
 - *Salary adjustments for experience, longevity* (67 out of the 82 allied health workers said this was important to them),
 - *Boosting 401(k)/403(b) matches* (66 out of 82),
 - *Retention bonuses* (54 out of 82), and
 - *Salary/pay adjustments for not using benefits* (50 out of 82).

Detailed Findings – Current Workers

Current Allied Health Workers (continued)

- Of the eleven different ideas contained on the Specialized Benefits concept card, five had the greatest appeal:
 - *Increased paid time off* (57 out of the 82 allied health workers said this was important to them),
 - *Employer-provided health insurance for part-time work* (56 out of 82),
 - *Employer-provided Medicare Supplemental/Medigap insurance* (56 out of 82),
 - *Mature worker benefits (i.e., elder care, LTC insurance)* (42 out of 82), and
 - *Being able to bank paid time off* (38 out of 82).

There was also strong interest in:

- *Discounted health and wellness services* (34 out of 82 felt that this was very important),
 - *Paid/free parking* (33 out of 82), and
 - *Wellness benefits* (23 out of 82).
-
- Among the other concept cards, a number of ideas emerged as being important to at least one in four of these allied health workers:
 - On the Flexible Scheduling concept card there were four ideas in particular that appealed to these workers:
 - *Flexibility in days or hours per week or month* (41 of the 82 allied health workers felt this was very important),
 - *Work only on designated days* (26 out of 82),
 - *Length of shifts* (22 out of 82), and
 - *Shorter shifts* (21 out of 82).
 - On the New Retirement Options concept card, all three of the ideas generate some interest:
 - *Phased-in retirement* (25 of the 82 allied health workers felt this was very important),
 - *Distribution of pension/retirement benefits while working* (23 out of 82), and
 - *Ability to maximize or accrue pension contributions* (22 out of 82).

Detailed Findings – Current Workers

Combined Ratings: Current Nurses and Allied Health Workers (See Tables 1 and 2)

- Notably, the ratings of the current nurses and the allied health workers were very consistent. The Economic Incentives (73 out of 162 ranked this card as 1st) and the Specialized Benefits (49 out of 162 ranked this card as 1st) concept cards were the most appealing overall.
- Furthermore, six of the specific retention ideas listed on the various cards performed well among both segments - with about six in ten respondents reporting that these ideas were very important:
 - *Salary adjustments for experience, longevity* (132 out of the 162 mature workers said this was important to them),
 - *Boosting 401(k)/403(b) matches* (126 out of 162),
 - *Retention bonuses* (109 out of 162),
 - *Employer-provided Medicare Supplemental/Medigap insurance* (108 out of 162),
 - *Increased paid time off/PTO* (104 out of 162), and
 - *Employer-provided health insurance for part-time work* (101 out of 162).

Respondents were invited to write-in additional suggestions to improve retention among mature workers. These are listed in Table 3 on page 56.

Detailed Findings – Current Workers

Table 1
Summary Ranking Table: Current Mature Workers, All Markets

Cards/Categories	Counts for Current Nurses	Counts for Current Allied Health	Total Current Mature Workers
Total Respondents	N = 80*	N = 82*	N = 162*
Economic Incentives			
Number Ranked Card #1	33	40	73
<i>Number Ranked Card #1 or #2</i>	59	66	125
<i>Number Ranked Card #1, #2, or #3</i>	68	73	141
Specialized Benefits			
Number Ranked Card #1	26	23	49
<i>Number Ranked Card #1 or #2</i>	37	50	87
<i>Number Ranked Card #1, #2, or #3</i>	59	69	128
Flexible Scheduling			
Number Ranked Card #1	8	13	21
<i>Number Ranked Card #1 or #2</i>	15	22	37
<i>Number Ranked Card #1, #2, or #3</i>	26	42	68
Reduced Workload for Mature Workers			
Number Ranked Card #1	5	2	7
<i>Number Ranked Card #1 or #2</i>	20	4	24
<i>Number Ranked Card #1, #2, or #3</i>	31	10	41
Flexible Work Options			
Number Ranked Card #1	3	1	4
<i>Number Ranked Card #1 or #2</i>	8	3	11
<i>Number Ranked Card #1, #2, or #3</i>	14	8	22
New Retirement Options			
Number Ranked Card #1	2	2	4
<i>Number Ranked Card #1 or #2</i>	16	12	28
<i>Number Ranked Card #1, #2, or #3</i>	28	31	59
Improved Physical Work Environment			
Number Ranked Card #1	1	0	1
<i>Number Ranked Card #1 or #2</i>	3	4	7
<i>Number Ranked Card #1, #2, or #3</i>	10	9	19

*Not all respondents ranked the cards

Detailed Findings – Current Workers

Table 2
Card Sort Exercise: Item Selection Summary - Current Mature Workers, All Markets

Specific Item Summary – All Focus Groups	Current Nurses	Current Allied Health	Total Current Mature Workers
Total # Respondents	N = 80*	N = 82*	N = 162*
Economic Incentives Card (Ranked #1)	33	40	73
Salary Adjustments for experience, longevity	65	67	132
Boosting 401(k)/403(b) matches	60	66	126
Retention bonuses	55	54	109
Salary/pay adjustments for not using benefits	44	50	94
Specialized Benefits Card (Ranked #1)	26	23	49
Employer-provided Medicare Supplemental/Medigap ins	52	56	108
Increased paid time off (PTO)	47	57	104
Employer-provided health insurance for PT work	45	56	101
Being able to bank paid time off	34	38	72
Mature Worker benefits (elder care, LTC insurance)	21	42	63
Paid/free parking	26	33	59
Discounted health & wellness services	23	34	57
Paid education/retraining/professional development	16	19	35
Wellness benefits	11	23	34
Financial planning/career counseling	11	14	25
Dependent tuition reimbursement	8	16	24
Flexible Scheduling Card (Ranked #1)	8	13	21
Flexibility in days/hours per week/month	21	41	62
Work only on designated days	14	26	40
Seasonal employment	21	16	37
Length of shifts	10	22	32
Shorter shifts	9	21	30
Army Reserve model (2 days/mo – 2 wks/yr)	4	0	4
Reduced Workload Card (Ranked #1)	5	2	7
Improved staff-patient ratios	26	N/A	26
Paid time for education/projects	14	6	20
Support staff	17	2	19
More time for direct patient care	18	N/A	18
Shift time for education/training/research	9	4	13
Additional meal periods and/or breaks	9	2	11
Reduced work assignments	N/A	9	9
Flexible Work Options Card (Ranked #1)	3	1	4
Designated/flexible roles	10	8	18
Created new roles for mature nurses	13	N/A	13
Project-oriented jobs	7	4	11
Job sharing	5	5	10
Mentoring programs	6	1	7
Floating/working on different units	3	N/A	3
New Retirement Options Card (Ranked #1)	2	2	4
Ability to maximize/accrue pension contributions	26	22	48
Phased-in retirement	18	25	43
Distribution of pension/retirement benefits while working	19	23	42
Improved Physical Work Environment Card (Ranked #1)	1	0	1
Ergonomics	8	10	18
Highly efficient workspaces	8	5	13
Providing specialized teams for support	3	5	8
Technological innovations (pagers, PDAs, cell phones)	3	1	4
Modified work environment (i.e., patient lifts)	1	N/A	1

*Not all respondents ranked the cards

Detailed Findings – Current Workers

Table 3
Additional Write-In Ideas Suggested for Concept Cards
Current Nurses, All Markets

Current Nurses

Economic Incentives:

- Retention bonuses taxed at normal tax rate
- Overall increase in amount of pension
- Salary increased for credentials/certification

Specialized Benefits:

- Provide health insurance post-retirement
- No on-call holidays
- No on-call weekends
- Return/bring back sick time/sick leave
- Paid sick call taken from sick leave instead of Paid Time Off (PTO)
- Accrue Paid Time Off (PTO) for working overtime
- Paid holidays
- Able to convert sick/vacation time to Paid Time Off (PTO) when it maxes out

Flexible Work Option:

- Offer tele-work/telecommute option

Flexible Scheduling:

- Set schedule that repeats, not a different schedule each month
- Offer job-sharing of one full-time position by two (2) workers
- Offer shorter (8 or 10-hour) shift lengths
- Offer variable shift lengths for weekend shifts

New Retirement Options:

- Want ability to work more than 499 hours per year without losing part of pension
- Want ability to work more than 10 hours per week

Reduced Workload for Mature Workers:

- More personal relationship with administrative staff
- Earned paid health insurance based on longevity
- Improved retirement package based on longevity
- Stick to specialty of specified unit/no floating to other units

Detailed Findings – Current Workers

Table 3 (cont'd)
Additional Write-In Ideas Suggested for Concept Cards
Current Allied Health Workers, All Markets

Current Allied Health

Flexible Scheduling:

- Provide Comp Time
- Option of working from home if position allows/telecommute
- Work days designated by the employee

Economic Incentives:

- No salary caps
- Job performance salary increase
- Pay competitive salaries
- Bring med tech salaries in line with nurses' salaries
- Offer a competitive retirement package or pension/retirement package
- Allow employees to buy stock (for-profit hospital)
- Make job sharing available – part-time and benefits of PTO and insurance
- Salary/pay increases

New Retirement Options:

- Paid employee accrued sick leave upon retirement
- Create pension system like the teacher retirement system instead of Social Security

Improved Physical Work Space:

- Pharmacy office should be on patient floor so pharmacy can face nurses' station
- Need private work areas (additional comment to ergonomics)
- Drastically need new equipment, not refurbished or “demo” models hospital gets now

Specialized Benefits:

- Offer a pension plan
- Provide more than two (2) weeks off when have more than ten (10) years of service
- Do not want to use Paid Time Off (PTO) for sick time
- When maxed out on EIB, roll hours no longer accruable into Paid Time Off (PTO), or provide financial award or acknowledgement – for long-term employees who do not get sick
- Offer dependent health coverage
- Provide better health care coverage/insurance overall
- Provide covered parking

Detailed Findings: Retired Healthcare Workers

Detailed Findings – Retired/Separated Workers

Decision to Retire

Retired/Separated Nurses

When asked to discuss the reasons they decided to retire from nursing, respondents mentioned a variety of factors that influenced their decision.

- A number of the nurses indicated that they had experienced medical problems or injuries while they were still employed and the severity of the condition had necessitated them to stop or reduce the amount of hours they could work. Several said that if they had been physically able to, they would have continued to work in nursing.

“I was a surgical staff nurse and I worked here for ten years. I was pretty severely injured by a patient and I was on workman's comp and ended up in surgery and some things went wrong and I have been on disability ever since.”

- Still, many of the retired nurses pointed out that although their own health was currently good, the physical demands of their nursing position had become more than what they felt they could deal with. They said they reached a point where nursing was not fun or rewarding anymore, and therefore they decided it was time to retire. Several specifically cited the long shifts as playing a role in their decision to stop working.

“I found a loss of stamina and I was always doing bedside nursing, had always run the floors and then some. You know, 12-hour shifts turned into 14 hours and 8 turned into 10 hours.”

- Notably, in some markets a number of nurses said they wanted to continue working but they would like to work on a part-time basis rather than full-time. However, they were told that there were no part-time opportunities available at their hospital. They said they were frustrated that, given a nursing shortage, hospitals have expressed so little interest in encouraging retired nurses to re-enter the workforce.

“I was having health problems, I was having difficulty getting the time off to, you know, cut back on my work, so I could just take care of my health. And then I wanted to go part-time, and they weren't accommodating in any way.”

“I find myself in the position right now of wanting to go back into nursing and having nothing but brick walls thrown up.”

- Several mentioned that the health of their spouse or other family member required them to stop working in order to help attend to that person's needs.

“I left because my mother had become very ill and I had to take care of her.”

- The shortage of support staff was also a contributing factor. Some felt they were working harder with less help and it had become too much for them on a daily basis.

“I felt like the work was getting harder and harder and harder with less and less help. The patients in critical care are so hard, so heavy, and the help was less and less every year.”

Detailed Findings – Retired/Separated Workers

- Today, some of the respondents continue to work in the nursing profession, but are doing so in positions other than as bedside nurses.
“I’m a manager at a home hospice company, and I teach value care and end of life care to staff. I don’t miss the hospital setting.”
- However, others have left nursing entirely. One respondent who had worked in the nursing profession her entire life decided that she would like to try something completely different before she was too old and is now selling real estate.
“I thought before I’m too old to pursue something else, I liked to try out something, since nursing was my entire life.”
- And others have retired completely and express no interest in returning to the workplace. They said they want to spend more time with their families and grandchildren and have more time to do the things they enjoy, such as traveling and volunteering. One factor cited by some respondents was that their spouse had already retired and, as a result, they preferred to spend time with their spouse as opposed to remaining in the workplace.
“I just want to travel around. I don’t plan to come back to work.”

“Well, my husband is a few years older than I am and he had already retired. We had already talked about moving to a different place and that’s what we did. I retired at 64, one year shy of the ‘magic’ 65, but he had been retired already for two years.”

Decision to Retire

Retired/Separated Allied Health Workers

- A number of these allied health workers chose to retire because of dissatisfaction with their jobs. Several respondents said that disagreements with a new supervisor or director had led to increased job dissatisfaction, and it had gotten to the point where they no longer wanted to remain at the hospital.
“Everything was going smoothly, everything was fine, I am there 30 years and then all of a sudden, (they) decided to bring in new people, new administrator, new supervisor, new director, and everything got turned around.”

“I got no support from the director of the department and was never able, as a result of the above, to establish any kind of authority in my own area.”
- Workers in one market mentioned particularly having problems with their hospital’s policies regarding the lack of flexibility in scheduling their work shift and in granting vacation time. These issues directly led to their decision to retire.
“And I think one of the things that really forced me to retire; I had a problem for several years trying to get vacation time. It was like pulling teeth to get the time of the year that you want to go.”

Detailed Findings – Retired/Separated Workers

- Some workers said that the decision to leave was prompted by departmental restructuring. When some workers were offered a severance package option, they took them and left.

“The laboratory is in the process of restructuring and they are planning to have layoffs. I knew that I was to be in a new department. They’re offering packages and I saw the package. So, I thought working for 32 years and I don’t know what’s going on with the new structure in the laboratory, you know, health care coverage, good severance pay, and all this kind of stuff. So I thought, ‘I might as well take this (severance package).”

- Similarly to the nurses, some allied health workers faced health problems, which greatly influenced their decision to retire.

“My body fell apart, literally. I was hurting all over.”

- Some workers had established target dates that marked the beginning of their retirement. These dates were either when they reached a specific milestone with the hospital or when they reached age 65 and qualified for full Social Security benefits.

“I was 65 and four months, the minute I could collect Social Security.”

“I said, ‘I will stay 20 years and (then) I’m out.”

- Like the current mature workers who said they would know when it is time for them to retire, a number of these respondents said that they had reached a point in their careers when they knew that it was time for them to stop working.

“I retired because I think it’s about time to retire.”

Detailed Findings – Retired/Separated Workers

What Might Have Influenced Them Not to Retire

Retired/Separated Nurses

- Because of health issues, several of the retired nurses indicated that there was little their employer could have done that would have encouraged them to continue working.
- However, finding other jobs or adjusting the job responsibilities was mentioned as a way these workers might have been influenced to remain in the workforce.

“As you age, there are orthopedic issues, and I know one thing being on the floor, that I had problems with, with arthritis in the hand. In an emergency, there’s a certain way you have to flip the crash cart meds. And I was really starting to worry about, if I was in that situation, would I get those things open fast enough?”

“If there was any way to have a less physically difficult job, but, you know, I did explore that with them at the hospital and they said, ‘Oh, no, we don’t have any jobs like that.’”

- Many agreed that a combination of more flexibility in scheduling, reducing the hours in a shift (to fewer than 12 hours), improving the nurse-to-patient ratios, and addressing staffing shortages would have provided strong incentives for them to stay at their jobs.

“We did self-scheduling and we color-coded when we needed X number of nurses, which corresponded to our schedule and then we did a rotational basis for people signing up. So, you never felt like you were the last man on the totem pole and it was amazing what that did to morale.”

“If I did go back to work, you know, I would still want the freedom of doing my own scheduling and that I would want to work only certain hours, due to the fact that I am now carpooling my grandchildren to and from school.”

“They don’t hire for 8 hours anymore, they only have 12-hour shifts.”

“I would go back, but it would have meant some major changes made. Major changes being that your patient load would be lessened.”

- Another thing that may have made a critical difference to some would have been a reduction in the physical demands of their jobs, especially lifting and moving heavy patients.
- A number of the nurses said that they would have continued working at the hospital if their employer had made part-time employment opportunities available. They said they really enjoyed the profession but as they grew older they wanted to begin reducing the amount of hours they worked. Again, they cited the physical and mental demands of the job as being very much a concern.

“I really wanted to work part-time but then Human Resources said, ‘You know, you cannot work part-time, you have to be working full-time.’”

- Notably, several of the respondents were critical about the way they felt they had been treated by their managers or hospital administration. They believe that, had the hospital been more understanding of their needs and treated them with more respect, they would still be working there today.

Detailed Findings – Retired/Separated Workers

- A few seemed hurt by the lack of acknowledgement of their years of service to the hospital, which has left them feeling unappreciated and somewhat resentful.
“They know I’m retiring, they should have come and said, ‘Oh, (NAME), you are retiring, congratulations, thank you for your services,’ (but) nobody did.”
- The retired nurses also felt that their hospital should have done a better job of paying the mature nurses a salary that was more in line with their level of skill and experience.
“Pay me for the experience and the knowledge base and education that I have had to obtain to be a nurse, to be recognized as a professional.”

“(Pay a) salary commensurate with our experience.”
- Several felt that their hospital should be more supportive if they want their mature nurses to become recertified by offering to pay for their study courses and/or provide them time to prepare for the exams.
“The testing is astronomical, and they don’t want to pay for anything. They want you just to do it.”

What Might Have Influenced Them Not to Retire

Retired/Separated Allied Health Workers

- A number of these retired allied health workers had stopped working either because of health issues or due to changes in their departments. Retirement or separation from the hospital was not necessarily the course they had planned on.
- Since several of the allied health workers had stopped working because of issues with their supervisors, they said that those situations would have needed to be resolved before they would have considered remaining at the hospital.
“They would need to get the administrators and the supervisors into some type of counseling... or change for them to work with the employees, instead of working against the employees.”
- Some were critical of the hospital’s lack of willingness to consider accommodating the needs and well-being of the workers. They cited staffing shortages, problems scheduling shifts, the difficulty getting vacation time, and having to work on holidays as contributing to their dissatisfaction with the job.
- Many respondents felt that there had been no effort to encourage them to stay. In fact, one respondent said that when he announced his retirement, nothing was said to him until several weeks after he had left. Only then did someone from the hospital contact him to see if he would consider staying on. By that time, he said, it was too late.
“If you want to keep us, you have to give us something... to encourage us to stay.”
- Several indicated that if their department had been willing to employ them on a part-time basis, they would still be there.
“If they would allow me to work Monday, Wednesday, and Friday, I would come back.”

“I asked him, ‘Can I come back to work part-time next time?’ (He said,) ‘No, we don’t have part-time (positions).”
- Respondents also mentioned that in order to make part-time employment a viable option for employees, the hospital would need to offer benefits to the mature worker – in particular, health insurance coverage.

Detailed Findings – Retired/Separated Workers

Previous Job Satisfaction

Retired/Separated Nurses

These nurses believe that a number of steps could be taken to improve job satisfaction.

- Establishing better nurse-to-patient ratios would be very helpful in improving the satisfaction of nurses with their jobs.

“I think one of the problems is that we need a realistic patient/nurse ratio.”

- In addition, they feel that there needs to be greater acknowledgement by administrators of the role nurses play in the hospital. Respondents said that too often they found that the administrators are not interested in or open to nurses’ input or suggestions.

“I know this to be a fact, that there are administrators that know you and would get in the elevator with you and wouldn’t even say, ‘Hi, how are you today?’ That means a lot.”

“A nurse is (just considered) a nurse.”

“I never felt nurtured, I never felt like my soul was fed.”

- Several respondents felt that it unrealistic to expect older nurses to do everything the younger nurses do. They believe that because of the rapid changes in technology and the physical limitations of older workers, new roles and different types of assignments need to be developed that will best utilize the talents and experience of mature nurses.

“I felt like I was working at McDonald’s, but I was processing patients instead of French fries.”

“I think, as older nurses go back in, the technology is so advanced now that I... would be intimidated by the work that I would have to do. So, I think it’s unrealistic to think that we would go in and do all the same things that the young nurses are doing. I think that you can make different kinds of assignments for nurses who are older and come back into it and (allow them to) work fewer hours.”

Previous Job Satisfaction

Retired/Separated Allied Health Workers

The retired allied health workers felt that the level of satisfaction with a job greatly affects decisions regarding retirement plans. In fact, a good number of respondents trace their decision to leave directly back to dissatisfaction with their job.

- Notably, there was a feeling by many of these workers that their decision to leave their job was not entirely voluntary or part of a long-term retirement strategy.
- Under other circumstances, it is likely they would have remained with their employer.

“I had no intentions of retiring, when they brought in a director for our department, you know, it was like a new sheriff on the block.”

“I retired -- let’s say that I was ‘forced’ to retire...about six years ago.”

“I was disgruntled when I left (this hospital), extremely disgruntled.”

- Respondents believe that there was often a disconnect between the needs of the mature workers and the expectations and wishes of their managers and supervisors.
- Some workers said they found the hospital administration to be inflexible and unwilling to make an effort to work with the employee to reach solutions that would benefit both parties.

“I quit here because I was asking my supervisor if I can change my shift to the graveyard shift because I was having trouble with my grandkids, but then the supervisor didn’t want me to.”

Detailed Findings – Retired/Separated Workers

"I actually came to the point where I said, 'Okay, that's it, I can't do this anymore,' it was pretty much unredeemable at that point. And, it wasn't like I hadn't been telling them. I had been giving them plenty of information and there was no movement towards any resolution."

- In several instances, it would appear that new department managers either lacked the necessary skills, or were just not willing to try to understand their mature workers. As a result, respondents felt unappreciated and unwanted.

"I think that one thing is important and I think it's a human element, particularly the supervisor. If they treat us with respect, it's important to retain the people."

Retention Strategies

Retired/Separated Nurses

Respondents offered a number of suggestions as to what their hospital could do to increase the likelihood of retaining mature nurses, as well as possibly encouraging retired nurses to re-enter the workforce. Notably, many of these respondents expressed interest in returning to bedside nursing.

- Monetary considerations were important to these retired nurses. Paying the older workers salaries based on their years of experience and level of knowledge was something many of these nurses want.

"The fact that they're recruiting younger nurses and not paying much attention at all to the fact that when you're a senior nurse and you've got 25 plus years in the profession, you should command a much bigger salary, and, yet I'm trying to get back in, and they're offering me the same thing as a new grad. That, to me, is utterly insane."

- Others suggested that the hospital could do more to prepare nurses for retirement by offering workshops or seminars covering topics such as financial and/or retirement planning, 401(k)s/403(b)s, etc.
- Flexible schedule, part-time hours, and preferential scheduling were also changes they would like to see implemented. In particular, they would like to be assured of working only 8-hour shifts, not 12-hour shifts.

"When you leave a job that you feel that it's too hard for you to do, if the employer would offer you options to move to another area of the hospital to work where you could really do it and your schedule could be modified...to meet your needs."

- Another recommendation made was to provide more ancillary personnel to help reduce the nurses' workload and to assist with the physically strenuous aspects of patient care. Similarly, establishing better nurse-to-patient ratios for mature nurses was also suggested and endorsed by many of the respondents.

"Cut down on the patient ratios."

- Understanding the needs and limits of the older worker was also seen as an important step in retaining older nurses. In addition, acknowledging that the mature worker can still make a valuable contribution to the hospital was cited as being important.
- Several nurses proposed the idea of developing new roles for the mature nurse. They believe that hospitals need to begin to think 'outside of the box'. Because the older worker may have difficulty doing the same tasks they did when they were younger, respondents believe that opportunities exist for experienced nurses to take on new assignments and responsibilities. One example was having the mature nurses become more involved in mentoring and teaching younger, less experienced nurses or recent graduates.

Detailed Findings – Retired/Separated Workers

“They need to think outside of the box a little more and think about...positions that are tailored to people's experience and expertise, and not cramming people into job descriptions that have changed and things, needs that have changed. They need to change how care is delivered according to who is available to give it. And nursing has changed so much.”

“Develop a wonderful mentoring program that uses all of our formative years of accumulated experience to help and mentor and foster along new grads, for example.”

- Others suggested that the mature nurse could serve as an intermediary between the families and the patients and staff. In other words, acting as an advocate, and/or work to match patients with the right facility or type of home care environment.

“I think every patient needs an advocate and we could be nurse advocates.”

- Some suggested that hospitals should be more sensitive to the concerns of mature nurses about using new technologies and either provide training for them to be able to perform these tasks, or find positions for them in the hospital where the use of technology is not as critical.

“Hospitals are big business and they're always trying to outdo one another in technology, appearance, and so they're bringing in all this plus technology that older nurses don't want to handle, can't handle... and it's becoming a stumbling block to the way we do our jobs.”

- Many of the retired nurses believed that their hospital really did not welcome or appreciate the mature worker.
- They said the hospital should listen to the mature nurses, because they have years of experience and knowledge that can greatly benefit the workplace.

“To recognize the experience that nurses have over 20, 30, 40 years and see any suggestions made, not as complaining or trying to control the system, but as being valuable suggestions, to be considered as possibly an improvement on the unit and/or how the hospital is run.”

“Look at older people as valuable people and understanding that we may not be able to work at the same pace, but we still have a lot of things to give, even on the floor.”

- They suggested that more part-time employment opportunities be developed in order to encourage retired nurses to return to the workforce. In addition, should this happen, they felt that there would be a need to reorient returning workers who have not been actively working in the nursing profession.

Retention Strategies

Retired/Separated Allied Health Workers

Many of the retired allied health workers said they would like to see a greater effort made by the hospitals to appreciate and treat older workers with respect. Over one-half of these respondents said that they would consider going back to work if the conditions were more favorable for the mature workers.

- Respondents were concerned that too often hospitals convey the impression that they do not value older workers. They feel that the mature worker needs to have a sense of belonging within the organization and needs to feel that he/she is contributing.

Detailed Findings – Retired/Separated Workers

- Likewise, the retired allied health workers believe that their years of service should have earned them a degree of respect, which too often they have found lacking in their workplace.

“I would have thought that would have been a valuable thing to them and I didn't ever feel, you know, that it's just a job and I was treated just like an employee, which is okay. I'm not unhappy about that, but it's a myth, at least in my department, that an older employer is more valuable.”

“I need to have a sense of belonging; I need to have a sense of accomplishment. I need to have a sense of people respecting me, things like that.”

- They feel that a hospital must to be sensitive to the needs of the older workers. They suggested that the hospitals should to try to reduce stress in the workplace by providing adequate staffing, as well as understanding and accommodating the physical limitations of the mature workers. The retired workers say they are not willing to return to the same levels of stress that caused them to leave in the first place.

“For some reason, we were always two or three people short, because it called for a certain amount of technicians per thousand cases or whatever. But, we never got that fully staffed for some reason, and, therefore, you were always working harder than you normally would be.”

“You just get to the point, ‘You know, this needs to be somebody else's problem and not mine.’”

- Respondents said that too often the mature worker is expected to maintain the same level of productivity as the younger workers; they feel this is not possible.
- They mentioned that older workers take more time accomplishing certain tasks, and felt that a system that rewards only on productivity must make allowances. They believe managers need to develop a more realistic view of what the mature workers can contribute.

“The only thing about the older people is that they are not as fast as younger workers, so I think sometimes productivity plays a big part of that. That's why they get rid of a lot of older people, because they can't produce at the same rate. But in regards to that, older people's work is better.”

“I think they should have more consideration because we were younger when we started working here. It cannot be the same now, we are older. We have some limitations and then they should consider that...”

“Managers and supervisors having a real hands-on, realistic view of what they're supervising and managing. So that their decisions are based on the real world that the workers are working in, and not (in) some other meeting room somewhere.”

- Flexible schedules, 8-hour shifts (instead of 12-hours), and job sharing were other suggestions that respondents said would encourage retention of mature workers.

“Some people want to work 8-hour shifts, because they have kids, they have other responsibilities, but there's no choices. 12 hours only.”

Detailed Findings – Retired/Separated Workers

- These workers suggested offering better/higher pay to encourage older employees to continue working.

“You stay a longer length of time, what do you have to look forward to? The hospitals aren’t coming up with any packages for the older worker.”

- Providing part-time opportunities for workers was also seen as a very critical step in both retaining current workers and in persuading retired workers to re-enter the workplace.
- They also thought the hospital should explore ways of allowing “retired” workers to draw their pension without incurring penalties for working too many hours.
- In addition, several suggested that for those returning to the workplace who are paying for their own health care coverage, some form of compensation should be given for not using the hospital’s health care benefits.

Detailed Findings – Retired/Separated Workers

Reactions to Retention Concepts/Card Sort Exercise

Retired/separated workers were presented with a package containing eight (8) cards, each of which had a list of different ideas/concepts for retaining mature workers. These concepts were developed based upon a comprehensive secondary research review of ideas implemented in other hospitals and/or recommended by experts in the health care industry and mature worker fields.

Respondents were 1) asked to **sort the cards into two piles**, discarding any card that did not contain any items that would affect their decision to postpone their retirement. Then, 2) they were asked to **rank order** the top three cards that included any items that would be personally be important to them. Finally, 3) for any cards they ranked a #1, #2, or #3, they were asked to place a check mark (✓) next to the individual items on each of the three cards that represented items which might impact their decision to postpone their retirement. Refer to Table 4 (Ranking) and Table 5 (Item Selection) on the following pages for the results of these exercises.)

Retired/Separated Nurses (See Tables 4 and 5)

- Of the eight overall concept cards, Flexible Work Options was ranked 1st by the largest number of retired nurses. (9 out of the 26 retired nurses surveyed ranked items on this card as 1st in importance).
- In addition, several ranked the following cards as being 1st in importance:
 - Economic Incentives (4 out of the 26 ranked this 1st),
 - Flexible Scheduling (4 out of the 26 ranked this 1st),
 - Opportunities for Returning Workers (4 out of the 26 ranked this 1st), and
 - Reduced Workload for Mature Workers (3 out of the 26 ranked this 1st).
- Retired nurses were most interested in three of the six ideas contained on the Flexible Work Options card concept:
 - *Designated/flexible roles* (12 out of the 26 retired nurses said this was important to them),
 - *Creating new roles for mature nurses* (11 out of 26), and
 - *Mentoring programs* (10 out of 26).
- Retired nurses also had a very positive reaction to one of the four ideas contained on the Economic Incentives concept card:
 - *Salary adjustments for experience, longevity* (14 out of the 26 retired nurses said this was important to them).
- Likewise, the retired nurses found one of the six ideas on the Flexible Scheduling concept card to be particularly appealing:
 - *Flexibility in days or hours per week or month* (13 out of the 26 retired nurses said this was important to them).
- On the Opportunities for Returning Workers concept, four of the five retention ideas attracted the attention of respondents:
 - *No loss of seniority* (16 out of the 26 retired nurses said this was important to them),
 - *Attractive rehiring policies* (12 out of 26),
 - *Preferential scheduling accommodations* (11 out of 26), and
 - *Economic/financial benefits (rehiring bonuses)* (10 out of 26).
- And among the ideas listed on the Reduced Workload for Mature Returning Workers concept, two had the most appeal:
 - *Improved staff-patient ratios* (10 out of the 26 retired nurses said this was important to them), and
 - *More time for direct patient care* (10 out of 26).

Detailed Findings – Retired/Separated Workers

Reactions to Retention Concepts/Card Sort Exercise (continued)

Retired/Separated Allied Health Workers (See Tables 4 and 5)

- The most popular concept among these retired allied health workers was:
 - Economic Incentives (5 out of the 14 allied health workers ranked this 1st).
- Respondents had a very positive reaction to three of the four of the ideas contained in the Economic Incentives concept:
 - *Salary adjustments for experience, longevity* (8 out of the 14 retired allied health workers said this was important to them),
 - *Salary/pay adjustments for not using benefits* (7 out of 14), and
 - *Boosting 401(k)/403(b) matches* (6 out of 14).
- Among the other concept cards, a number of ideas emerged as being important to at least one-third of these retired allied health workers:
 - On the New Retirement Options concept card, several ideas were appealing:
 - *The Distribution of pension or retirement benefits while working* was felt to be very important by 8 of the 14 retired allied health workers, and
 - *The Ability to maximize or accrue pension contributions* (7 of the 14 allied health workers).
 - On the Specialized Benefits concept card, three of the eleven generated some interest:
 - *Increased paid time off – PTO* was felt to be very important by 7 of the 14 retired allied health workers,
 - *Employer-provided Medicare Supplemental/Medigap insurance* (6 of the 14 allied health workers), and
 - *Employer-provided health insurance for part-time workers* (5 of the 14 allied health workers).
 - On the Opportunities for Returning Workers concept card, two ideas were appealing:
 - *No loss of seniority* was felt to be very important by 7 of the 14 retired allied health workers, and
 - *Economic/financial benefits (rehiring bonuses)* (5 of the 14 allied health workers).
 - On the Flexible Scheduling card concept, one idea performed well:
 - *Work only on designated days* was felt to be very important by 5 of the 14 retired allied health workers.
 - Likewise, one idea of the Reduced Workload concept generated interest:
 - *Reduced work assignments* were felt to be very important by 5 of the 14 retired allied health workers.

Detailed Findings – Retired/Separated Workers

Combined Retired/Separated Nurses and Allied Health Workers (See Tables 4 and 5)

- Although no one concept emerged as a definite preference among the retired nurses and allied health workers, ten (10) of the specific retention ideas performed well with at least one-third of the respondents saying these ideas would be very important to them:
 - *No loss of seniority* (23 out of the 40 retired workers said this was important to them),
 - *Salary adjustments for experience, longevity* (22 out of 40),
 - *Flexibility in days or hours per week or month* (17 out of 40),
 - *Boosting 401(k)/403(b) matches* (15 out of 40),
 - *Preferential scheduling accommodations* (15 out of 40),
 - *Economic/financial benefits (rehiring bonuses)* (15 out of 40),
 - *Attractive rehiring policies* (14 out of 40),
 - *Work only on designated days* (14 out of 40),
 - *Increased paid time off (PTO)* (13 out of 40), and
 - *Designated/flexible roles* (13 out of 40).

Respondents were invited to write in additional suggestions to improve retention among mature workers. These can be found in Table 6 on the following pages.

Detailed Findings – Retired/Separated Workers

Table 4
Summary Ranking Table: Retired Workers, All Markets

Categories and Rankings	Counts for Retired Nurses	Counts for Retired Allied Health	Total Retired Workers
Total Respondents	N = 26	N = 14*	N = 40*
Flexible Work Options			
Number Ranked Card #1	9	0	9
<i>Number Ranked Card #1 or #2</i>	<i>10</i>	<i>1</i>	<i>11</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>11</i>	<i>1</i>	<i>12</i>
Economic Incentives			
Number Ranked Card #1	4	5	9
<i>Number Ranked Card #1 or #2</i>	<i>9</i>	<i>6</i>	<i>15</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>12</i>	<i>7</i>	<i>19</i>
Flexible Scheduling			
Number Ranked Card #1	4	2	6
<i>Number Ranked Card #1 or #2</i>	<i>13</i>	<i>4</i>	<i>17</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>14</i>	<i>6</i>	<i>20</i>
Opportunities for Returning Workers			
Number Ranked Card #1	4	1	5
<i>Number Ranked Card #1 or #2</i>	<i>9</i>	<i>3</i>	<i>12</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>15</i>	<i>4</i>	<i>19</i>
Reduced Workload for Mature Workers			
Number Ranked Card #1	3	1	4
<i>Number Ranked Card #1 or #2</i>	<i>7</i>	<i>2</i>	<i>9</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>11</i>	<i>4</i>	<i>15</i>
Specialized Benefits			
Number Ranked Card #1	2	0	2
<i>Number Ranked Card #1 or #2</i>	<i>2</i>	<i>2</i>	<i>4</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>7</i>	<i>6</i>	<i>13</i>
New Retirement Options			
Number Ranked Card #1	0	1	1
<i>Number Ranked Card #1 or #2</i>	<i>2</i>	<i>4</i>	<i>6</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>4</i>	<i>8</i>	<i>12</i>
Improved Physical Work Environment			
Number Ranked Card #1	0	1	1
<i>Number Ranked Card #1 or #2</i>	<i>0</i>	<i>1</i>	<i>1</i>
<i>Number Ranked Card #1, #2, or #3</i>	<i>3</i>	<i>1</i>	<i>4</i>

*Notes:

Not all respondents ranked the cards.

One Retired Allied Health worker was not asked to perform the card sort exercise

Detailed Findings – Retired/Separated Workers

Table 5
Card Sort Exercise: Item Selection Summary - Retired Workers, All Markets

Specific Item Summary – All Markets	Counts for Retired Nurses	Counts for Retired Allied Health	Total Retired Workers
Total # Respondents	N = 26	N = 14*	N = 40*
Flexible Work Options Card (Ranked #1)	9	0	9
Designated/flexible roles	12	1	13
Mentoring programs	10	2	12
Creating new roles for mature nurses	11	N/A	11
Project-oriented jobs	5	1	6
Job sharing	3	1	4
Floating/working on different units	1	N/A	1
Economic Incentives Card (Ranked #1)	4	5	9
Salary adjustments for experience, longevity	14	8	22
Boosting 401(k)/403(b) matches	9	6	15
Salary/pay adjustments for not using benefits	5	7	12
Retention bonuses	8	0	8
Flexible Scheduling Card (Ranked #1)	4	2	6
Flexibility in days/hours per week/month	13	4	17
Work only on designated days	9	5	14
Shorter shifts	9	2	11
Length of shifts	9	0	9
Seasonal employment	5	3	8
Army Reserve model (2 days/mo – 2 wks/yr)	1	0	1
Opportunities for Returning Workers Card (Ranked #1)	4	1	5
No loss of seniority	16	7	23
Preferential scheduling accommodations	11	4	15
Economic/financial benefits (rehiring bonuses)	10	5	15
Attractive rehiring policies	12	2	14
Paid re-training/re-certifying/training	9	1	10
Reduced Workload for Mature Workers Card (Ranked #1)	3	1	4
Support staff	9	3	12
Improved staff-patient ratios	10	N/A	10
More time for direct patient care	10	N/A	10
Paid time for education/projects	6	4	10
Additional meal periods and/or breaks	5	4	9
Reduced work assignments	N/A	5	5
Shift time for education/training/research	3	0	3
Specialized Benefits Card (Ranked #1)	2	0	2
Increased paid time off (PTO)	6	7	13
Employer-provided health insurance for PT work	7	5	12
Employer-provided Medicare Supplemental/ Medigap insurance	3	6	9
Paid education/retraining/professional development	4	2	6
Mature worker benefits (elder care, LTC insurance)	2	4	6
Wellness benefits	4	1	5
Discounted health & wellness services	5	0	5
Paid/free parking	3	2	5
Be able to bank paid time off	2	2	4
Dependent tuition reimbursement	2	2	4
Financial planning/career counseling	1	1	2

Detailed Findings – Retired/Separated Workers

Table 5 (cont'd)
Card Sort Exercise: Item Selection Summary - Retired Workers, All Markets

Specific Item Summary – All Markets	Counts for Retired Nurses	Counts for Retired Allied Health	Total Retired Workers
Total # Respondents	N = 26	N = 14	N = 40
New Retirement Options Card (Ranked #1)	0	1	1
Maximize/accrue pension contributions	3	7	10
Distribution of pension/retirement benefits while working	2	8	10
Phased-in retirement options	3	1	4
Improved Physical Work Environment Card (Ranked #1)	0	1	1
Highly efficient workspaces	2	3	5
Providing specialized teams for support	2	3	5
Ergonomics	3	2	5
Modified work environment (i.e., patient lifts)	2	N/A	2
Technological innovations (pagers, PDAs, cell phones)	1	0	1

*Notes:

Not all respondents ranked the cards.

One Retired Allied Health group did not perform the card sort exercise

Detailed Findings – Retired/Separated Workers

Table 6
Additional Write-In Ideas Suggested for Concept Cards
Retired Workers, All Markets

Retired Nurses

Flexible Work Options:

- Create your own role based on your own forte
- Hire nurses based on past experience and salaries – individualize policies

Flexible Scheduling:

- Offer self-scheduling (rotation)
- Never have to work 12-hour shifts

Improved Physical Work Environment:

- Work spaces that are designed by nurses, not interior decorators

Retired Allied Health

Specialized Benefits:

- Cost of living increases in pension
- Able to schedule comp days in advance

New Retirement Options:

- Improve pension/retirement benefits

Improved Physical Work Environment:

- Provide comfortable and safe human working conditions
- Provide well-stocked bathrooms – paper towels, toilet paper, soap
- Set thermostats for comfort (i.e., below 90 degrees)
- Provide equipment that works/well-maintained equipment

Appendix 3: Screening/Recruiting Questionnaires

**Appendix 3
Recruiting/Screening Questionnaires**

**Mature Healthcare Worker Focus Groups
Current RNs/Nurses – Screening Questionnaire -Final**

Respondent's Name: _____

Respondent's Home Phone #: _____

Home Address: _____

City/State: _____ Zip Code: _____

Email address: _____

Interviewer: _____

Date of Group: _____: Time of Group: _____

Location of Group: _____

(ASK TO SPEAK TO NAME ON LIST)

(READ:) Hello, my name is _____ from _____, a public opinion and market research firm. We're conducting a short survey among nurses on behalf of XXX Hospital and I'd like to ask you a few questions. This is not a sales call of any kind, but simply a market research study about the current state of the health care industry. The survey will take less than five minutes of your time.

A. (RECORD GENDER. DO NOT ASK)

01	Male	➔	TRY TO GET AT LEAST ONE MALE PER NURSE GROUP
02	Female		

1. I just want to confirm that you currently work for XXX Hospital?

01	Yes	➔	CONTINUE
02	No	➔	THANK AND TERMINATE

2. Which of the following best describes your current employment with XXX Hospital? **(READ LIST.)**

01	Employed full-time	➔	CONTINUE (AT LEAST ¾ MUST BE FULL-TIME EMPLOYEES)
02	Employed part-time		

03	Temporary, or traveling nurse	➔	THANK AND TERMINATE
04	Contract employee	➔	THANK AND TERMINATE

95	(DO NOT READ) Other: (SPECIFY)	➔	PLEASE EXPLAIN
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3. How long have you worked at XXX Hospital? **(DO NOT READ LIST.)**

01	Less than 1 year	→	THANK AND TERMINATE
02	1 to 5 years	→	
03	6 to 10 years	→	
04	11 to 15 years	→	
05	16 to 20 years	→	
06	More than 20 years	→	
			TINUE/GET A MIX

4. And which of the following is your certification? Are you an: **(READ LIST)**

01	RN (Registered Nurse)	→	CONTINUE
02	NP (Nurse Practitioner)	→	CONTINUE
03	LPN (Licensed Practical Nurse)	→	THANK AND TERMINATE
04	LVN (Licensed Vocational Nurse)	→	THANK AND TERMINATE
05	Other (SPECIFY)	→	THANK AND TERMINATE

(IF NECESSARY: To be certain we talk to as many different segments of healthcare professionals as possible, could you please tell me:)

5. In your current position, are you a nurse involved in providing direct patient care?

01	Yes	→	CONTINUE (RECRUIT AT LEAST 10 WHO PROVIDE PATIENT CARE.)
02	No	→	CONTINUE (RECRUIT NO MORE THAN 3)

6. What is your current title? Are you a: **(READ LIST)**

		YES	
a	Nurse Manager or Supervisor	01	ONLY RECRUIT A MAX OF 1 OF EACH OF THESE TITLES PER GROUP
b	Nursing Administrator	01	
c	Nurse Practitioner	01	
d	RN/Staff Nurse/Clinical Nurse	01	MAJORITY OF GROUP SHOULD COME FROM THESE SEGMENTS
e	Advanced Practice Nurse	01	
f	Clinical Nurse Specialist	01	
g	Nurse Anesthetist	01	
h	Other (Specify): _____		CHECK WITH OFFICE

7. And could you please tell me in what type of nursing unit or department you work? (**DO NOT READ LIST**)

YES		GET A MIX OF AS MANY DIFFERENT UNITS AS POSSIBLE
a. ER/ED Emergency Room/Emergency Department	01	
b. Hospice Unit/Palliative Care Unit	01	
c. ICU/CCU (Intensive Care/Critical Care Unit /Cardiac Care Unit)	01	
d. Labor/Delivery/Obstetrics/OB	01	
e. Med/Surg (Medical-Surgical)	01	
f. NICU/PICU (Neonatal Intensive Care Unit, Pediatric Intensive Care Unit)	01	
g. Oncology/GYN Oncology	01	
h. Outpatient care	01	
i. OR/Operating Room	01	
j. Psychiatric Unit	01	
k. Recovery Room/Post Anesthesia Recovery	01	
l. Stepdown/Transitional Unit	01	
m. Other (Specify: _____)		

8. Which of the following categories includes your age? (**READ LIST**)

01 49 years of age or younger	→	THANK AND TERMINATE
02 50 to 54	→	CONTINUE/GET A MIX
03 55 to 59	→	
04 60 to 64	→	
05 65 to 74	→	
06 75 older	→	THANK AND TERMINATE

9. To make sure we are talking to a variety of people in this survey, please tell me what race, and ethnic background you consider yourself? (**READ LIST, RECORD MULTIPLE RESPONSES**)

White/Caucasian	01	CONTINUE
Black/African-American	01	CONTINUE , TRY TO GET 1 – 2 MINORITIES PER GROUP
Asian, Pacific Islander or Asian Indian	01	
Hispanic or Latino	01	
Other (Specify: _____)		

INVITE QUALIFIED RESPONDENT TO GROUP

(READ)

You may have already heard about this study—information has been published in the Hospital newsletter and emails have been sent to department managers. We are conducting several group discussions among nurses such as yourself, regarding the issues and challenges related to the nursing shortage – including how to retain nurses in the profession. This is a part of a major, national market research study, which is being funded by the US Department of Labor in partnership with Cedars-Sinai, Johns Hopkins Hospital, and HCA hospitals. The discussions are being conducted in several hospitals around the country. Please be assured that this will not be a sales meeting; it is purely a research study. We think that you will find the discussion very interesting, and we'd very much like to include your opinions.

10. During the weekdays, which shift or shifts do you typically work? And, what times does that include?(**READ LIST, RECORD ON GRID**)

	Days	Invite to this group →			
	Nights/Evenings	Invite to Night group FILL OUT NIGHT SCREENER			
	Weekends only	Invite to either Day or Night Shift group			

The discussion is scheduled for _Time: _Location of Group:

READ THIS IT IS VERY IMPORTANT

Since this research is being done on behalf of XXX Hospital, the time you spend at the discussion will be compensated as if you were working.

This discussion will last about 1½ to 2 hours and **a meal** will be served at the discussion. If you have any questions about attending this discussion, you can ask your Supervisor or Manager – or you can contact: _____

Will you be able to attend?

01	Yes	→	CONTINUE
02	No	→	THANK AND TERMINATE

May I please have your full name and confirm your home telephone number? Also, so that I may send you a reminder and confirmation letter with directions, may I please have your complete mailing address, including zip code? **(PLACE ALL INFORMATION ON FRONT OF SCREENER)** Do you also have an email address where I can send this information?

To repeat, the group is scheduled for Date: _____ Time: _____ Location of Group: _____

If for some reason you are unable to attend, please call us immediately so we can invite another participant. We are only inviting a small number of people to the discussion.

**Appendix 3
Recruiting/Screening Questionnaires**

**Mature Healthcare Worker Focus Groups
Current Allied Health – Screening Questionnaire - Final**

Respondent's Name: _____

Respondent's Phone #: _____

Address: _____

City/State: _____ Zip Code: _____

Email address: _____

Interviewer: _____

Date of Group: _____ Time: _____ Location of Group: _____

(ASK TO SPEAK TO NAME ON LIST.)

(READ:) Hello, my name is _____ from _____, a local public opinion and market research firm. We're conducting a short survey among healthcare professionals on behalf of XXX Hospital and I'd like to ask you a few questions. This is not a sales call of any kind, but simply a market research study about the current state of the healthcare industry. The survey will take less than five minutes of your time.

A. (RECORD GENDER. DO NOT ASK.)

01	Male	➔	TRY TO GET A MIX OF MALES AND FEMALES
02	Female		

1. First of all, are you currently employed by XXX Hospital?

01	Yes	➔	CONTINUE
02	No	➔	THANK AND TERMINATE

2. Which of the following best describes your current employment with XXX Hospital? **(READ LIST.)**

01	Employed full-time	➔	CONTINUE - AT LEAST ¾ OF GROUP MUST BE FULL-TIME EMPLOYEES
02	Employed part-time		

03	Temporary or Contract employee	➔	THANK AND TERMINATE
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95	(DO NOT READ) Other (SPECIFY)	➔	PLEASE EXPLAIN
----	--------------------------------------	---	-----------------------

3. How long have you worked at XXX Hospital? **(DO NOT READ LIST)**

01	Less than 1 year	→	THANK AND TERMINATE
02	1 to 5 years	→	CONTINUE/GET A MIX
03	6 to 10 years	→	
04	11 to 15 years	→	
05	16 to 20 years	→	
06	More than 20 years	→	

(IF NECESSARY: To be certain we talk to as many different segments of healthcare professionals as possible, could you please tell me:)

4. What is your current title and job description? **(DO NOT READ LIST)**

YES

Laboratory Tech/Lab Tech	01	TRY TO GET AT LEAST ONE OF EACH TITLE PER GROUP
Medical Records – Coder	01	
Medical Technologist/Med Tech	01	
Occupational Therapist (OT)	01	
Pharmacist	01	
Physical Therapist (PT)	01	
Radiology Tech	01	
Respiratory Tech	01	
Respiratory Therapist	01	
Social Worker	01	
Speech-Language-Hearing Therapist	01	

k. Other **(Specify:**

READ QUESTION BELOW

(IF JOB TITLE IS NOT ON LIST, READ)

I don't have that specific job type listed, can you please tell me whether your job job description fits into any of the broad categories I read to you? **(READ LIST ABOVE AND CODE ANSWER)**

5. Which of the following categories includes your age? **(READ LIST)**

01	49 or younger	→	THANK AND TERMINATE
02	50 to 54	→	CONTINUE/GET A MIX
03	55 to 59		
04	60 to 64		
05	65 to 74		
06	75 or older		

6. To make sure we are talking to a variety of people in this survey, please tell me what race, and ethnic background you consider yourself? **(READ LIST)**

White/Caucasian	01	CONTINUE CONTINUE, TRY TO GET SEVERAL MINORITIES IN GROUP
Black/African-American	01	
Asian, Pacific Islander or Asian Indian	01	
Hispanic or Latino	01	
Other (Specify: _____)		

INVITE QUALIFIED RESPONDENT TO GROUP

(READ)

You may have already heard about this study—information has been published in the Hospital newsletter and emails have been sent to department managers. We are conducting several group discussions among people such as yourself regarding the issues and challenges related to the shortage of healthcare professionals – including how to retain people in the healthcare profession. This is a part of a major, national market research study, which is being funded by the US Department of Labor, in partnership with Cedars-Sinai, Johns Hopkins, and HCA hospitals. The discussions are being conducted in several hospitals around the country. Please be assured that this will not be a sales meeting; it is purely a research study. We think that you will find the discussion very interesting, and we'd very much like to include your opinions.

7. During the weekdays, which shift do you typically work- and what time is your shift?
(READ LIST RECORD ON GRID.)

Days	Invite to this group →		
Nights/Evenings	INVITE TO NIGHT GROUP- FILL OUT NIGHT SCREENER		
Weekends only			

The discussion is scheduled for Date: ___ Time: ___ Location of Group: ___

IMPORTANT PLEASE READ

Since this research is being done on behalf of XXX Hospital, you will be compensated for the time spent at the discussion as if you were working. This discussion will last about 1½ to 2 hours and a light meal will be served at the discussion.

If you have any questions about attending this discussion, you can ask your Supervisor or Manager – or you can contact: _____

Will you be able to attend?

01	Yes	→	CONTINUE
02	No	→	THANK AND TERMINATE

May I please have your full name and confirm your telephone number? Also, so that I may send you a reminder and confirmation letter with directions, may I please have your complete mailing address, including zip code? **(PLACE ALL INFORMATION ON FRONT OF SCREENER)**

Do you also have an email address where I can send this information? To repeat, the group is scheduled for: Date: ___ Time: ___ Location of Group: _____

If for some reason you are unable to attend, please call us immediately so we can invite another participant. We are only inviting a small number of people to the discussion.

**Appendix 3
Recruiting/Screening Questionnaires**

**Mature Healthcare Worker Focus Groups
Retired Nurses – Screening Questionnaire - Final**

Respondent's Name: _____

Respondent's Phone #: _____

Address: _____

City/State: _____ Zip Code: _____

Email address: _____

Interviewer: _____

Date of Group: _____ Time: _____

Location of Group: _____

(ASK TO SPEAK TO NAME ON LIST)

(READ:) Hello, my name is _____ from _____, a local public opinion and market research firm. We're conducting a short survey among current and former nurses on behalf of XXX Hospital and I'd like to ask you a few questions. This is not a sales call of any kind, but simply a market research study about the current state of the healthcare industry. The survey will take less than five minutes of your time.

A. (RECORD GENDER. DO NOT ASK)

01	Male	→	TRY TO GET AT LEAST ONE MALE IN THIS GROUP
02	Female		

1. First of all, let me confirm that you were at some point employed by XXX Hospital is that correct? **(IF NECESSARY, ASK WHICH HOSPITAL)**

01	Yes	→	CONTINUE
03	No	→	THANK AND TERMINATE

2. How long were you employed at XXX Hospital?

01	Less than 1 year	→	THANK AND TERMINATE
----	------------------	---	----------------------------

02	1 to 5 years	→	CONTINUE/GET A MIX
03	6 to 10 years		
04	11 to 15 years		
05	16 to 20 years		
06	More than 20 years		

3. Which of the following best describes your current employment status? Are you: **(READ LIST)**

01	Employed full-time	→	CONTINUE TO Q4
02	Employed part-time		
03	Employed as a temporary or contract nurse	→	THANK AND TERMINATE
04	Full-time home-maker/parent/mom	→	SKIP TO Q6, RECRUIT AS MANY OF THESE AS POSSIBLE
05	Full or part-time student	→	
06	Retired – not working	→	
95	(DO NOT READ) Other: (SPECIFY)	→	PLEASE EXPLAIN, CONTINUE TO Q 4

(IF NECESSARY: To be certain we talk to as many different segments of healthcare professionals as possible could you please tell me:)

4. In your current job, are you working as a nurse in a position where you are providing direct patient care?

01	Yes	→	THANK AND TERMINATE
02	No	→	CONTINUE TO Q5

5. What is your current job title and function, **and** for what type of organization are you currently working? **(RECORD IN BOXES BELOW)**

Explain your job function/job title:
Type of organization you work for:

CODE JOB TITLE IF POSSIBLE BELOW (DO NOT READ LIST.)

	YES	
a. Administrator	01	TRY TO GET A MIX OF JOB TYPES
b. Case Manager	01	
c. Consultant	01	
d. Discharge Planner	01	
e. Educator/Teacher at Nursing School/ Professor/Instructor	01	
f. Insurance Reviewer	01	
g. Research/Researcher	01	
i. Sales Rep	01	

k. Other **(Specify:** _____

6. Are/were you an: **(READ LIST)**

01	RN (Registered Nurse)	→	CONTINUE
02	NP (Nurse Practitioner)	→	CONTINUE
03	LPN (Licensed Practical Nurse)	→	THANK AND TERMINATE
04	LVN (Licensed Vocational Nurse)	→	THANK AND TERMINATE

7. Which of the following categories includes your age? Are you: **(READ LIST.)**

01	49 or younger	→	THANK AND TERMINATE
02	50 to 54	→	CONTINUE/GET A MIX
03	55 to 59	→	
04	60 to 64	→	
05	65 to 74	→	
06	75 or older	→	

8. To make sure we are talking to a variety of people in this survey, please tell me what race, and ethnic background you consider yourself? **(READ LIST. ACCEPT MULTIPLE RESPONSES)**

White/Caucasian	01	CONTINUE
Black/African-American	01	CONTINUE, TRY TO GET SOME MINORITIES IN GROUP
Asian, Pacific Islander or Asian Indian	01	
Hispanic or Latino	01	
Other (Specify:		

INVITE QUALIFIED RESPONDENT TO GROUP

We are conducting several group discussions among nurses such as yourself regarding the issues and challenges related to the nursing shortage – including how to retain nurses in the profession. This is a part of a major, national market research study, which is being funded by the US Department of Labor, in partnership with Cedars-Sinai, Johns Hopkins, and HCA hospitals. The discussions are being conducted in several hospitals around the country. Please be assured that this will not be a sales meeting; it is purely a research study. We think that you will find the discussion very interesting, and we'd very much like to include your opinions.

The discussion is scheduled for Date: ___ Time: _____ Location of Group: _____

You will be provided \$__ for attending as a token of our appreciation for your time and opinions. We will also validate your parking. This discussion will last about 1½ to 2 hours and lunch/dinner will be served at the discussion.

Will you be able to attend?

01 Yes

→ CONTINUE

02 No

→ THANK AND TERMINATE

YES ()	NO ()
---------	--------

May I please have your full name and confirm your telephone number? Also, so that I may send you a reminder and confirmation letter with directions, may I please have your complete mailing address, including zip code? **(PLACE ALL INFORMATION ON FRONT OF SCREENER)**
Do you also have an email address where I can send this information?

To repeat, the group is scheduled for Date: _____ Time: _____ Location of Group: _____

If for some reason you are unable to attend, please call us immediately at (GIVE THEM RESEARCH COMPANY PHONE NUMBER) so we can invite another participant. We are only inviting a small number of people to the discussion.

**Appendix 3
Recruiting/Screening Questionnaires**

**Mature Healthcare Worker Focus Groups
Retired Allied Health Screening Questionnaire - Final**

Respondent's Name: _____

Respondent's Phone #: _____

Address: _____

City/State: _____ Zip Code: _____

Email address: _____

Interviewer: _____

Date of Group: _____ Time: _____

Location of Group: _____

(ASK TO SPEAK TO NAME ON LIST)

(READ:) Hello, my name is _____ from _____, a local public opinion and market research firm. We're conducting a short survey among among current and former healthcare professionals on behalf of XXX Hospital and I'd like to ask you a few questions. This is not a sales call of any kind, but simply a market research study about the current state of the healthcare industry. The survey will take take less than five minutes of your time.

A. (RECORD GENDER. DO NOT ASK.)

01	Male	➔	TRY TO GET A MIX OF MALES AND FEMALES IN THIS GROUP
02	Female		

1. First of all, let me confirm that you were at some point employed by XXX Hospital. Is that correct? **(IF NECESSARY, ASK WHICH HOSPITAL)**

01	Yes	➔	CONTINUE
02	No	➔	THANK AND TERMINATE

2. How long were you employed at XXX Hospital? **(DO NOT READ LIST.)**

01	Less than 1 year	➔	THANK AND TERMINATE
02	1 to 5 years	➔	CONTINUE/GET A MIX
03	6 to 10 years	➔	CONTINUE/GET A MIX
04	11 to 15 years	➔	CONTINUE/GET A MIX
05	16 to 20 years	➔	CONTINUE/GET A MIX
06	More than 20 years	➔	CONTINUE/GET A MIX

3. Which of the following best describes your current employment status? **(READ LIST.)**

01	Employed full-time	→	CONTINUE TO Q4
02	Employed part-time		
03	Full-time home-maker/parent/mom	→	RECRUIT AS MANY AS POSSIBLE, CONTINUE TO Q 4
04	Full or part time student		
04	Retired – not working		
95	(DO NOT READ) Other: (SPECIFY)	→	PLEASE EXPLAIN, CONTINUE TO Q 4

(IF NECESSARY: To be certain we talk to as many different segments of healthcare professionals as possible, could you please tell me:)

4. When you were employed at XXX Hospital what was your title, or what type of work did you do? **(DO NOT READ LIST – WRITE IN OTHER BELOW IF IT DOESN'T MATCH LIST)**

		YES	
a.	Laboratory Tech/Lab Tech	01	CONTINUE, GET A MIX
b.	Medical Records - Coder	01	
c.	Medical Technologist/Med Tech	01	
d.	Occupational Therapist (OT)	01	
e.	Pharmacist	01	
f.	Physical Therapist (PT)	01	
g.	Radiology Tech	01	
h.	Respiratory Tech	01	
i.	Respiratory Therapist	01	
j.	Speech-Language-Hearing Therapist	01	
k.	Social worker	01	

l. Other **(Specify:**

READ STATEMENT BELOW

(IF JOB TITLE IS NOT ON LIST, READ)

I don't have that specific job type listed, can you please tell me whether your job description fits into any of the broad categories I read to you? **(READ LIST ABOVE AND CODE ANSWER)**

(IF CURRENTLY FULL-TIME HOME-MAKER, RETIRED, OR FULL TIME STUDENT, SKIP TO Q8. OTHERWISE ASK Q5 – Q7)

5. Are you performing the same type of job or role in your current position?

01	Yes	→	THANK AND TERMINATE
02	No	→	CONTINUE, ASK Q 6

6. Do you currently work in any of the following capacities? **(READ LIST)**

YES		
a. In a hospital?	01	IF YES TO ANY, THANK AND TERMINATE
b. In a skilled nursing facility?	01	
c. In a rehabilitation center?	01	
d. In a surgi center?	01	
e. In an urgent care center?	01	
f. In a health clinic?	01	
g. In a doctor's office?	01	

7. What is your current job title and function, **and** for what type of organization are you currently working?

Explain your job function/job title:
Type of organization you work for:

CODE JOB TITLE IF POSSIBLE BELOW (DO NOT READ LIST.)

YES		
a. Laboratory/Lab Tech	01	IF ANY ARE STILL WORKING IN ANY OF THESE OCCUPATIONS, THANK AND TERMINATE
b. Medical Records- Coder	01	
c. Medical Technologist	01	
d. Occupational Therapist (OT)	01	
e. Pharmacist	01	
f. Physical Therapist (PT)	01	
g. Radiology Tech	01	
h. Respiratory Tech	01	
i. Respiratory Therapist	01	
j. Speech-Language-Hearing Therapist	01	
k. Social worker	01	CHECK WITH OFFICE
l. Other (Specify: _____)		

(IF JOB TITLE IS NOT ON LIST, READ)

I don't have that specific job type listed, can you please tell me whether your job description fits into any of the broad categories I read to you? **(READ LIST ABOVE AND CODE ANSWER)**

8. Which of the following categories includes your age? **(READ LIST.)**

01 49 or younger	→	THANK AND TERMINATE
02 50 to 54	→	CONTINUE/GET A MIX
03 55 to 59	→	
04 60 to 64	→	
05 65 to 74	→	
06 75 or older	→	THANK AND TERMINATE

9. To make sure we are talking to a variety of people in this survey; please tell me what race and ethnic background you consider yourself? **(READ LIST)**

White/Caucasian	01	CONTINUE
Black/African-American	01	CONTINUE – TRY TO GET SEVERAL MINORITIES IN GROUP
Asian, Pacific Islander or Asian Indian	01	
Hispanic or Latino	01	

Other **(Specify:** _____

INVITE QUALIFIED RESPONDENT TO GROUP

(READ)

We are conducting several group discussions among people such as yourself regarding the issues and challenges related to the shortage of healthcare professionals – including how to retain people in the healthcare profession. This is a part of a major, national market research study, which is being funded by the US Department of Labor, in partnership with Cedars-Sinai, Johns Hopkins and HCA hospitals. The discussions are being conducted in several hospitals around the country. Please be assured that this will not be a sales meeting; it is purely a research study. We think that you will find the discussion very interesting, and we'd very much like to include your opinions.

The discussion is scheduled for Date: _____ Time: _____ Location of Group: _____

You will be provided \$_____ for attending as a token of our appreciation for your time and opinions. We will also validate your parking. This discussion will last about 1½ to 2 hours and lunch/dinner will be served at the discussion.

Will you be able to attend?

01	Yes	→	CONTINUE
02	No	→	THANK AND TERMINATE

May I please have your full name and confirm your telephone number? Also, so that I may send you a reminder and confirmation letter with directions, may I please have your complete mailing address, including zip code? **(PLACE ALL INFORMATION ON FRONT OF SCREENER)**
Do you have an email address where I can send this information?

To repeat, the group is scheduled for Date: _____ Time: _____ Location of Group: _____

If for some reason you are unable to attend, please call us immediately at (GIVE THEM RESEARCH COMPANY NUMBER) so we can invite another participant. We are only inviting a small number of people to the discussion.

Appendix 4: Discussion Outlines/Handouts/Card Sort Exercise

Appendix 4
Discussion Outlines and Handouts/Card Sort

**Final Discussion Outline for CURRENT Nurses and
Allied Health Workers**

I. Introduction/Welcome

Introduce moderator/facilitator (Dawne Widener-Burrows) and Steve Arenberg (Johns Hopkins Lead Investigator on Study from Johns Hopkins Medicine – Director, Market Research - will also be taking notes)

Review purpose of meeting

- DOL grant to determine how to retain Nurses and other Allied Health Professionals and/or extend retirement horizons for Mature Workers (over 50) in hospitals
- Partners: Johns Hopkins, Cedars-Sinai, HCA and Maryland DOL
- Conducting 20 different sessions in 4 markets – 6 hospitals
- Results will most likely be published and available for all hospitals; presentations may be made at professional conferences
 - Steve Arenberg to explain need for Human Subjects Research Consent Form

Explain focus groups to respondents:

- Form of survey research
- 1 ½ hours in length
- Moderator does not work for any of the hospitals or organizations sponsoring this study – an independent researcher specializing in health care
- Audio taping for analysis purposes only – no one from the hospital will have access to or be allowed to listen to the audio tapes
- Participant comments are confidential/anonymous will not be attributed to individuals
- No right or wrong answers - just interested in your thoughts, opinions and suggestions
- Speak clearly, one at a time
- Thank them for participating

Questions for Current Nurses and Allied Health: (continued)

II. Job/Career Plans (Short-term and Longer-term)

Short-term Plans: 1 - 5 Years

- Think about the next 1 – 5 years, what are your thoughts or plans regarding your job/career?
 - Do you plan to continue to work?
 - If you are planning to continue to work, do you plan to work in the same job/occupation you are in now (i.e., a nurse in a hospital – a lab tech working in a hospital), or not? Please explain your thoughts on this....
 - Do you think you will continue to work full-time? Or part-time? What will impact that decision?
 - If you are not planning to continue to work, or you plan to change either jobs/careers or employers, what are the things that will influence your decision to continue to work or not?
 - What factors will influence your decision to continue in the same field/occupation/setting? In a hospital setting? Why or why not?
 - If you don't plan to continue to work in your current job/occupation, why not? What factors will affect your decision?

Longer-term Plans: 6 - 15 Years

- What about the next 6 - 15 years, what are your thoughts or plans regarding your job/career for that timeframe? (SAME PROBES AS ABOVE)

“Retirement” Plans

- What does “retirement” mean to you? Does it mean not working at all? Working part-time? Working in another field or job?
- Are you planning to “retire”?
 - If so, why – and when? What will influence when you “retire”?
 - What factors, incentives, or additional benefits might influence you to consider working beyond what you envision as your retirement or retirement age? (**PROBE EXTENSIVELY**)
 - Have you ever thought about that?
 - What might be some positive things about that?
 - What would be some negative things about that?

III. Job Satisfaction

- Do you think there is a relationship for (Nurses/Allied Health Workers) between job satisfaction and retention?
 - This includes making the decision whether to continue to work in a hospital setting...
- Job satisfaction means different things to different people. What does “job satisfaction” mean to you?
 - Can you identify and explain the MOST important elements that make up job satisfaction? (for you personally?)
 - What are the (positive) things that contribute the most to your job satisfaction in your current position at this hospital?

Questions for Current Nurses and Allied Health: (continued)

- And, what are the (negative) things that contribute the most – or have the most influence on being dissatisfied with your job? (PROBE)
- What do you think the general image/perception of (Nurses/people in Allied Health Occupations) is in this hospital?
 - Why do you feel that way? What contributes to that (either positively or negatively)?

IV. Impact of Retention Strategies Initiated by Hospital

- What, if anything, has your hospital or unit/department done to address the issue of retention of older workers? (“mature workers”)
 - Please be as specific as you can in giving me examples (PROBE)
 - (Provide some specific examples of things the hospital has done and get their reactions)
- Which of these things/concepts/ideas/approaches do you feel has had or will have the most impact – or be the most effective? Why?
- Being part of the “mature worker” workforce, do you feel valued? Why or why not?
 - What ideas or suggestions do you have that would make you feel more valued in the organization? What about in your unit/department?
- What are THE MOST IMPORTANT things that your hospital could do – or change that would encourage you to continue to work here – beyond the time that you plan to leave or retire?
 - Please rank the top three on this list – for you personally
 - Have you heard of anything that any other hospitals are doing – that are positive examples of this?
- If the goal of your hospital were to become the “employer of choice” for workers over 50 years old, what things (that would really matter to people) could or should it do?
- What environmental --- or human resource factors have we not addressed that you think are important to retaining (Nurses/Allied Health Workers) like you in the workforce?
- **(IF NOT ALREADY MENTIONED, PROBE ON ITEMS BELOW AND IMPACT THEY HAVE ON RETENTION/EXPANDING RETIREMENT HORIZONS)**

Workplace Culture/Environment

- Employees involved in decision-making
- Being given autonomy but also held accountable
- Strong departmental leadership
- Good internal communication
- Recognition/value of nurses’/allied health workers contribution
- Recognition/value of mature workers
- Patient-focused vs. bottom-line focused
- Career Ladder

Questions for Current Nurses and Allied Health: (continued)

V. Card Sort Concept/Exercise (CONCRETE/TANGIBLE BENEFITS)

- I am going to hand you a packet of 7 cards. Each has a title or headline on it –followed by a list of items that are meant to explain the headline.
 - I'd like to take some time to look at each of the cards and sort them into two piles in front of you...
 - To your far right, place all the cards that contain the categories of things that would have the MOST impact on influencing your decision to remain working here and perhaps expand your retirement horizons -
 - To your far left, place all the cards that contain the categories of things that would have the LEAST impact on influencing your decision...
 - Now – please hand me all the cards that you put on the left side – that is the ones that you said would have little impact on influencing your decision to remain working in a hospital beyond your anticipated retirement horizon
 - Now, take all the cards that you put in the right side pile (YOUR MOST IMPORTANT PILE) and:
 - Rank order them in terms of their importance (Put a #1= most important/influential, Put a #2= next most important/influential, and a #3 on the next most important/influential, etc.)
 - Now, take each of these cards and place a check mark next to the items on that card that would be most influential to you in your decision to continue to work – or in delaying your retirement.
 - Is there anything you would add to the card that might be missing? If so, write in on the card
- Now, let's talk about your choices. Which card did you rank #1, #2, and #3 overall? **(REPEAT FOR EACH CARD THAT WAS RANKED 1, 2 or 3)**
 - Why are those most important to you?
 - What specifically was it about those concepts that are important to you?
 - Did you add anything to the card? If so, what?
- What is the #1 item overall that would get you to postpone your retirement?

VI. Summary and Close

- Before we end the session, I'd like each of you to think for a minute about all we have talked about today in this session. If you could make one recommendation to your hospital that you think would have the most significant impact regarding retention of nurses and allied health workers over 50 --what would that one thing be?
- Thank you each so much for your time, opinions, and suggestions.
- Tell respondents where they can see/read about the results of the study.

Appendix 4 (continued)
Master Set of Cards for Sort Exercise – Current Nurses
(CONCRETE/TANGIBLE BENEFITS)

Economic incentives

Retention bonuses
Salary adjustments for experience, longevity
Boosting 401(k)/403(b) Match/Catch-up matches for over 50
Salary/pay increase if you don't use some employee benefits

Specialized Benefits

Specific benefits customized for Mature Workers
(i.e., elder care, long-term care insurance)
Employer-provided health insurance for part-time/reduced schedules
Employer-provided Medicare Supplemental Insurance/Medigap
Paid Education, Retraining, Professional Development
Dependent Tuition Reimbursement
Financial Planning Services/Career Counseling Services
Wellness benefits (health & fitness, stress management)
Discounted Health and Wellness Services
Paid/Free Parking
Increased Paid Time Off
Being able to bank Paid Time Off

Flexible Work Options

Designated/flexible roles
Creating new roles for Mature Nurses
Job Sharing
Floating/working on different units
Mentoring Programs
Project-oriented jobs

Flexible Scheduling

Length of Shifts
Shorter Shifts (3, 4, 5 hr)
Flexibility in days/hours work per week/month
Work only on Designated Days

Seasonal employment (i.e. work only winter/fall or summer/spring,
OR 3 months on, 1 month off)

“Army Reserve” model (2 days/month 2 weeks a year)

**Master Set of Cards for Sort Exercise – Current Nurses
(CONCRETE/TANGIBLE BENEFITS)**

New Retirement Options

Phased-in Retirement options
Distribution of Pension/Retirement Benefits while working
Ability to maximize/accrue Pension Contributions

Improved Physical Work Environment

Ergonomics/work stations and patient rooms designed to be ergonomic for workers
Highly efficient workspaces
Modified work environment (patient lifts, etc)
Technological innovations (pagers, PDAs, cell phones)
Providing specialized teams for support (i.e., lift teams)

Reduced Workload for Mature Workers

Improved Staff-Patient ratios
Given more time on job to provide direct patient care
Support staff
Paid time allocated for education/working on projects
Shift time allocated for education/training/research/projects
Additional meal periods and/or breaks

Master Set of Cards for Sort Exercise – Current Allied Health
(CONCRETE/TANGIBLE BENEFITS)

Economic incentives

Retention bonuses
Salary adjustments for experience, longevity
Boosting 401(k)/403(b) Match/Catch-up matches for over 50
Salary/pay increase if you don't use some employee benefits

Specialized Benefits

Specific benefits customized for Mature Workers
(i.e., elder care, long-term care insurance)
Employer-provided health insurance for part-time/reduced schedules
Employer-provided Medicare Supplemental Insurance/Medigap
Paid Education, Retraining, Professional Development
Dependent Tuition Reimbursement
Financial Planning Services/Career Counseling Services
Wellness benefits (health & fitness, stress management)
Discounted Health and Wellness Services
Paid/Free Parking
Increased Paid Time Off
Being able to bank Paid Time Off

Flexible Work Options

Designated/flexible roles
Job Sharing
Mentoring Programs
Project-oriented jobs

Flexible Scheduling

Length of Shifts

Shorter Shifts (3, 4, 5 hr)

Flexibility in days/hours work per week/month

Work only on Designated Days

Seasonal employment (i.e. work only winter/fall or summer/spring,
OR 3 months on, 1 month off)

“Army Reserve” model (2 days/month 2 weeks a year)

**Master Set of Cards for Sort Exercise – Current Allied Health
(CONCRETE/TANGIBLE BENEFITS)**

New Retirement Options

Phased-in Retirement options
Distribution of Pension/Retirement Benefits while working
Ability to maximize/accrue Pension Contributions

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Technological innovations (pagers, PDAs, cell phones)
Providing specialized teams for support (i.e., lift teams)

Reduced Workload for Mature Workers

Reduced work assignments
Support staff
Paid time allocated for education/working on projects
Shift time allocated for education/training/research/projects
Additional meal periods and/or breaks

**Discussion Outlines and Handouts/Card Sort
Final Discussion Outline for RETIRED/Previous Employees
(Nurses and Allied Health)**

I. Introduction/Welcome

Introduce moderator/facilitator (Dawne Widener-Burrows) and Steve Arenberg (Lead Investigator on study from Johns Hopkins Medicine– Director Market Research – will also be taking notes)

Review purpose of meeting

- DOL grant to determine how to retain/extend retirement horizons/rehire Mature Workers (Nurses and other Allied Health workers over 50 in hospitals)
- Partners: Johns Hopkins, Cedars-Sinai, HCA and Maryland DOL
- Conducting 20 different sessions in 4 markets– 6 hospitals

- Results will be most likely be published and available for all hospitals; presentations may be made at professional conferences
 - Steve Arenberg to explain need for Human Subjects Research Consent Form and get participants to sign (2 copies each)

Explain focus groups to respondents:

- Form of survey research
- 1 ½ hours in length
- Moderator does not work for any of the hospitals or organizations sponsoring this study – an independent researcher specializing in health care
- Audio taping for analysis purposes only – no one from the hospital will have access to or be allowed to listen to the audio tapes (not turning on tapes until everyone has introduced themselves)
- Participant comments are confidential/anonymous will not be attributed to individuals
- No right or wrong answers - just interested in your thoughts, opinions and suggestions
- Speak clearly, one at a time
- Thank them for participating

**Questions for Retired/Previous Employees
(Nurses and Allied Health): (continued)**

II. Job/Career Plans (Short-term and Longer-term)

(Among those currently working)

Short-term Plans: 1 - 5 Years

- Think about the next 1 – 5 years, what are your thoughts or plans regarding your job/career?
 - Do you plan to continue to work?
 - If you are planning to continue to work, do you plan to work in the same job/occupation you are in now (i.e., a nurse in a hospital – a lab tech working in a hospital), or not? Please explain your thoughts on this....
 - Do you think you will continue to work full-time? Or part-time? What will impact that decision?
 - If you are not planning to continue to work, or you plan to change either jobs/careers or employers, what are the things that will influence your decision to continue to work or not?
 - What factors will influence your decision to continue in the same field/occupation/setting? In a hospital setting? Why or why not?
 - If you don't plan to continue to work in your current job/occupation, why not? What factors will affect your decision?

Longer-term Plans: 6 - 15 Years

- What about the next 6 - 15 years, what are your thoughts or plans regarding your job/career for that timeframe? (SAME PROBES AS ABOVE)

“Retirement” Plans

- What does “retirement” mean to you? Does it mean not working at all? Working part-time? Working in another field or job?
- Are you planning to “retire”?
 - If so, why – and when? What will influence when you “retire”?
 - What factors, incentives, or additional benefits might influence you to consider working beyond what you envision as your retirement or retirement age? **(PROBE EXTENSIVELY)**
 - Have you ever thought about that?
 - What might be some positive things about that?
 - What would be some negative things about that?

Questions for Retired/Previous Employees (Nurses and Allied Health): (continued)

(Among those who are retired)

“Retirement” Plans

- What does “retirement” mean to you?
- When did you first start thinking about “retiring”?
 - What factors influenced your decision?
 - What factors, incentives, or additional benefits might have influenced you to consider working beyond retirement? **(PROBE EXTENSIVELY)**
 - Have you ever thought about that?
 - What might be some positive things about that?
 - What would be some negative things about that?
 - What other issues or factors would have had an influence on your decision?
 - Is there anything that this hospital, or any hospital could do that might get you to consider working again? (either part-time or full-time)
 - If so, what would that be?
 - If not, why not?

III. Job Satisfaction

- Do you think there is a relationship for (Nurses/Allied Health Workers) between job satisfaction and retention –
 - This includes making the decision whether to continue to work in a hospital setting...

(Among those currently working)

- Job satisfaction means different things to different people. What does “job satisfaction” mean to you?
 - Can you identify and explain the MOST important elements that make up job satisfaction? (for you personally?)
 - What are the (positive) things that contribute the most to your job satisfaction (in your current position)?
 - And, what are the (negative) things that contribute the most – or have the most influence on being dissatisfied with your job?
- When you worked here, what do you think the general image/perception of (Nurses/people in Allied Health Occupations) was in this hospital?
 - Why did you feel that way? What contributed to that (either positively or negatively)?

(Among those who are retired)

- Did job satisfaction/dissatisfaction have anything to do with your decision to stop working/retire? If so, how?
- What do you think the general image/perception of (Nurses/people in Allied Health Occupations) was in this hospital when you worked here?
 - Why do you feel that way? What contributed to that (either positively or negatively)?

**Questions for Retired/Previous Employees
(Nurses and Allied Health): (continued)**

IV. Retention Strategies

(Among those currently working)

- What are THE MOST IMPORTANT things that a hospital could do – or change that would have encouraged you to continue to work here – beyond the time that you planned to leave or retire?
 - Please rank the top three on this list – for you personally
 - Have you heard of anything that any other hospitals are doing – that are positive examples of this?
- **(IF NOT ALREADY MENTIONED, PROBE ON ITEMS BELOW AND IMPACT THEY HAVE ON RETENTION/EXPANDING RETIREMENT HORIZONS)**

Workplace Culture/Environment

- Employees involved in decision-making
- Being given autonomy but also held accountable
- Strong departmental leadership
- Good internal communication
- Recognition/value of nurses'/allied health workers contribution
- Recognition/value of mature workers
- Patient-focused vs. bottom-line focused
- Career Ladder

(Among everyone)

- What about rehiring previous employees that are over 50? What are THE MOST IMPORTANT things that this hospital could do – that might get you to think about resuming work?
- If a goal of this hospital were to become the “employer of choice” for workers over 50 years old, what things (that would really matter to people) could or should it do?
- What environmental, or human resource factors have we not addressed that you think are important to retaining (Nurses/Allied Health Workers) like you in the workforce?

V. Card Sort Concept/Exercise (CONCRETE/TANGIBLE BENEFITS)

- I am going to hand you a packet of 8 cards. Each has a title or headline on it –followed by a list of items that are meant to explain the headline.
 - I'd like to take some time to look at each of the cards and sort them into two piles in front of you...
 - To your far right, place all the cards that contain the categories of things that would have had the MOST impact on influencing your decision to expand your retirement horizons -
 - To your far left, place all the cards that contain the categories of things that would have had the LEAST impact on influencing your decision...

Questions for Retired/Previous Employees (Nurses and Allied Health): (continued)

- Now – please hand me all the cards that you put on the left side – that is the ones that you said would have little impact on influencing your decision to remain working in a hospital beyond your anticipated retirement horizon

- Now, take all the cards that you put in the right side pile (YOUR MOST IMPORTANT PILE) and:
 - Rank order them in terms of their importance (Put a #1= most important/influential, Put a #2= next most important/influential, and a #3 = next most important/influential, etc.)
 - Now, take each of these cards and place a check mark next to the items on that card that would have been the most influential to you in your decision to continue to work – or in delaying your retirement.
 - Is there anything you would add to the card that might be missing? If so, write in on the card.

- Now, let's talk about your choices. Which card did you rank #1, #2 and #3 overall? **(REPEAT FOR EACH CARD THAT WAS RANKED 1, 2 or 3)**
 - Why are those most important to you?
 - What specifically was it about those concepts that would have been important to you?
 - Did you add anything to the card? If so, what?

- What is the #1 item overall that would have gotten you to postpone your retirement?

(Among those who are retired)

- What would be the most important issues to you that might get you to consider going back to work?

VI. Summary and Close

- Before we end the session, I'd like each of you to think for a minute about all we have talked about today in this session. If you could make one recommendation to your hospital that you think would have the most significant impact regarding retention of nurses and allied health workers over 50 --what would that one thing be?

- Thank you each so much for your time, opinions, and suggestions.

- Tell respondents where they can see/read about the results of the study.

- Pass out honoraria

**Master Set of Cards for Sort Exercise
Retired/Previous Nurses
(CONCRETE/TANGIBLE BENEFITS)**

Economic incentives

Retention bonuses
Salary adjustments for experience, longevity
Boosting 401(k)/403(b) Match/Catch-up matches for over 50
Salary/pay increase if you don't use some employee benefits

Specialized Benefits

Specific benefits customized for Mature Workers
(i.e., elder care, long-term care insurance)
Employer-provided health insurance for part-time/reduced schedules
Employer-provided Medicare Supplemental Insurance/Medigap
Paid Education, Retraining, Professional Development
Dependent Tuition Reimbursement
Financial Planning Services/Career Counseling Services
Wellness benefits (health & fitness, stress management)
Discounted Health and Wellness Services
Paid/Free Parking
Increased Paid Time Off
Being able to bank Paid Time Off

Flexible Work Options

Designated/flexible roles
Creating new roles for Mature Nurses
Job Sharing
Floating/working on different units
Mentoring Programs
Project-oriented jobs

Flexible Scheduling

Length of Shifts
Shorter Shifts (3, 4, 5 hr)
Flexibility in days/hours work per week/month
Work only on Designated Days
Seasonal employment
(i.e. work only winter/fall or summer/spring, OR 3 months on, 1 month off)
"Army Reserve" model (2 days/month 2 weeks a year)

**Master Set of Cards for Sort Exercise
Retired/Previous Nurses (CONCRETE/TANGIBLE BENEFITS)**

New Retirement Options

Phased-in Retirement options
Distribution of Pension/Retirement Benefits while working
Ability to maximize/accrue Pension Contributions

Improved Physical Work Environment

Ergonomics/work stations and patient rooms designed to be ergonomic for workers
Highly efficient workspaces
Modified work environment (patient lifts, etc)
Technological innovations (pagers, PDAs, cell phones)
Providing specialized teams for support (i.e., lift teams)

Reduced Workload for Mature Workers

Improved Staff-Patient ratios
Given more time on job to provide direct patient care
Support staff
Paid time allocated for education/working on projects
Shift time allocated for education/training/research/projects
Additional meal periods and/or breaks

Opportunities for Returning Workers

Retraining/re-certifying/training paid for by employer
No loss of seniority for returning workers
Attractive rehiring policies
Preferential scheduling accommodations
Economic/financial benefits (i.e., rehiring bonuses)

**Master set of Cards for Sort Exercise –
Retired/Previous Allied Health (CONCRETE/TANGIBLE BENEFITS)**

Economic incentives

Retention bonuses
Salary adjustments for experience, longevity
Boosting 401(k)/403(b) Match/Catch-up matches for over 50
Salary/pay increase if you don't use some employee benefits

Specialized Benefits

Specific benefits customized for Mature Workers
(i.e., elder care, long-term care insurance)
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Paid Education, Retraining, Professional Development
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Financial Planning Services/Career Counseling Services
Wellness benefits (health & fitness, stress management)
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