Focus on Health Care:
Recruiting and Retaining Workers 50+

November 2007
# Table of Contents

*Introduction:* AARP Industry Focus on Health Care ........ 1

**Health Care's Aging Workforce**
- Critical Facts ........................................... 3
- Taking the Pulse of the Health Care Industry .......... 4
- Holding On to Experienced Workers .................. 4
- Prescription for a Vital Workforce .................. 6
- The Creation of a Health Care Forum ................. 7

**Key Task Force Recommendations**
- Meaningful Work .......................................... 10
- Wellness and Work/Life ................................ 12
- Training and Reskilling ................................ 14
- Environment and Tools ................................ 16
- Compensation and Benefits .......................... 18

**Final Thoughts**
- Tracking the Talent .................................... 20
- A Healthy Outcome .................................... 20

**Endnotes** .............................................. 22

**Resources** ............................................ 23

**Health Care Forum Participants** ....................... 23

**Task Force Members** ................................ 24
The aging of the American workforce brings challenges to employers and older workers alike. With the impending retirement of experienced workers, many employers face labor and skill shortages and greater competition for talent. At the same time, growing numbers of workers age 50+ are looking to extend their careers or to have more flexibility in their work options.

AARP is committed to the creation of workplaces that utilize the skills of workers 50+ and increase opportunities for employers and employees. As part of this commitment, AARP has been meeting with leaders from specific industries to examine common industry practices, and to develop recommendations for more effectively engaging and retaining workers 50+.

The first industry addressed in this series is health care. Workforce issues are particularly critical in health care where the staffing shortage is acute. As a result of the urgent need for qualified workers, the health care field has become the source of extensive research and innovative employer practices.

AARP convened a Health Care Forum in an attempt to further this knowledge by focusing on how the 50+ population might be considered in creating workforce solutions.

This report begins with a review of existing research pertaining to the aging health care workforce and the current challenges faced by the industry, followed by recommendations from the five task forces that were established as a result of the AARP Health Care Forum.
Health Care’s Aging Workforce

Critical Facts

Health care employers get the painful picture: by 2010, they must fill more than 14 million jobs—up from 10.9 million in 2000.¹

That means employers will need a steady stream of workers. Besides a current shortage in health care, the industry will be further squeezed in the coming years when the baby boomers (born between 1946-1964) will begin to need more intensive medical services. Complicating this further is the fact that the generations that follow the boomers, Generation X and Millennials, are far fewer in number and may not be educated in areas where there are critical shortages.

Fortunately, savvy organizations are discovering a robust source: the ever-growing 50+ employment pool. Many 50+ workers intend to work beyond the traditional retirement age. Some plan to delay retirement due to inadequate savings and reduced benefits; others are ambivalent about what they want to do; and still others have snapped up early retirement packages or retired on schedule but can’t afford to stay retired. Others are rejoining the workforce for the health insurance or stimulation, finding jobs in their current field or a new one altogether. It is paradoxical that the very population that is creating the workforce crunch—aging baby boomers—can help mitigate this talent and labor gap.

Consider this:

• In 2003, 25 percent of the workforce was age 50 and older. By 2012, the figure will rise to 31 percent.²

• Eight out of ten boomers expect to work in some capacity in retirement—increasingly because they need the income.³

Today, health care employers have an opportunity to retain and attract top mature talent. Recruiting and training new workers is expensive. Simply put, it costs more to train new staff than to retain.

According to AARP’s landmark study, The Business Case for Workers 50+, the costs to replace an employee can be at least 50 percent of an employee’s annual salary, and more for positions requiring special skills. Paying compensation and benefits to mature workers can actually cost less than, or at least be equal to, the amount of turnover expenses.⁴

In the health care field, those numbers may even be conservative. A study of nurse turnover at an acute care facility found that the replacement costs for a medical/surgical nurse who makes $46,835 annually could cost up to two times the nurse’s salary.⁵ Based on a national turnover rate of 21.3 percent (in 2000), it would cost $92,442 to replace a medical/surgical nurse (and $145,000 for a specialty nurse).

That translates to a staggering two million dollars in just one year for a hospital with a staff of 100 nurses.⁶

It’s not just health care that is suffering. Turnover is a chronic problem in most U.S. industries. But trends that are specific to health care are compounding a universal shortage.
The field is creating and testing innovative programs to retain, retrain and reskill mature workers, and coax others out of retirement. Companies will be competing for the same 50+ skill set, further driving innovative practices. Competition comes from outside trades, too. Insurance and pharmaceutical companies, for instance, have a constant need for nurses, and the retail industry recruits pharmacists.

In the simplest terms, the easiest solution is to make talented workers so happy at work that they don’t want to leave. As the AHA Commission on Workforce for Hospitals and Health Systems points out: “The workforce shortage will not be solved unless current and new workers are retained in hospitals.”

Workers 50+ have the skills and motivation employers are seeking. A recent AARP-commissioned survey reveals that across all industries, employee engagement is highest among health care workers age 55+.

Companies that have motivated, stimulated and satisfied employees are likely to surpass the average one-year growth for their industries. What is more, content employees are more likely to stay. Some assets of mature workers, particularly long-term employees, cannot be measured.

According to American Society for Healthcare Human Resources Administration (ASHHRA) research, hospitals fail to meet the expectations of their staff more often than workers in other industries. It is no surprise, then, that 89 percent of hospital CEOs report substantial vacancies. [The greatest shortages: registered nurses, radiology/nuclear imaging technicians, and pharmacists.] What is more, a recent Aging Workforce Survey of close to 1,000 nurses shows that there is little evidence of any strategy for retaining nurses. At least 55 percent of those surveyed by the journal Nursing Management plan to retire between 2011 and 2020. Burnout is high due to the ongoing shortage and increased responsibilities.

Not surprisingly, the loss of older, experienced nurses has a direct impact on patient safety and quality of care. Less seasoned staff stretched thin may miss certain warning signs or not be as adept with complicated equipment or patients with multiple conditions.

In 2006, the average age of nurses was 47 years old, compared to 42 just a few years earlier, and by 2010, nearly 40 percent of American nurses will be over age 50. The physical demands of their jobs, coupled with their own aging issues, may make it difficult for some older nurses to perform daily tasks, including lifting patients.

Holding On to Experienced Workers

There is no question that the health care industry is ailing in some areas. Nonetheless, its vital signs are still strong.

In fact, when it comes to being proactive about attracting mature workers, health care as an industry is well ahead of the curve. Thirty-one of the AARP Best Employers for Workers Over 50 awardees in 2006 represented the health care industry. The field is creating and testing innovative programs to retain, retrain and reskill mature workers, and coax others out of retirement. Companies will be competing for the same 50+ skill set, further driving innovative practices. Competition comes from outside trades, too. Insurance and pharmaceutical companies, for instance, have a constant need for nurses, and the retail industry recruits pharmacists.

In the simplest terms, the easiest solution is to make talented workers so happy at work that they don’t want to leave. As the AHA Commission on Workforce for Hospitals and Health Systems points out: “The workforce shortage will not be solved unless current and new workers are retained in hospitals.”

Workers 50+ have the skills and motivation employers are seeking. A recent AARP-commissioned survey reveals that across all industries, employee engagement is highest among health care workers age 55+. Companies that have motivated, stimulated and satisfied employees are likely to surpass the average one-year growth for their industries. What is more, content employees are more likely to stay. Some assets of mature workers, particularly long-term employees, cannot be measured. For instance, since they understand the company culture and its expectations, mature employees become even more knowledgeable, and more valuable, over time. Their experience can make them excellent mentors to younger workers. Mature workers are increasingly mirroring the demographics of their aging customers, providing a natural rapport with consumers; again, businesses gain.

89% of hospitals show substantial vacancies

“All available research points to the work environment as a key consideration for workers 50+ in deciding whether to join or stay with an organization.” —AARP, The Business Case for Workers Age 50+
A Metlife Mature Market Institute survey reveals that U.S. companies lose $33.6 billion a year to absenteeism, interruptions during the day and turnover to care for aging parents.17

Prescription for a Vital Workforce

What makes an attractive work environment, and what are other reasons employees cite for accepting or retaining a job? Research can offer insight into how workers decide they want to take or keep a job:

- Receiving competitive salaries and health care and retirement benefits. Compensation and benefits are the chief reasons people decide to take a job. Compensation packages might include pay raises based on job longevity. Benefits should reflect stages of life.

- Having a sense of control over their work and their life. Think job autonomy, flexible work options, and support for working caregivers.

- Feeling that the job is meaningful. That might mean providing opportunities to master new skills in a classroom, participating in training programs, professional development, or community service or mentoring through the company. Boomers seek a variety of experiences and opportunities to grow personally and professionally.

- Believing that they matter to senior management. They want to be acknowledged and rewarded for their achievements (in and out of work, individually, as a team and as an organization), given room to advance, supported in their work, treated respectfully, kept in the loop, asked their opinion, and included in decision-making and company goals. Offering convenience services to make workers’ lives easier also goes a long way in making them feel valued.

To figure out how to retain mature health care employees, forward-thinking organizations are making it their business to understand the interests, motivations and expectations of mature workers. After all, “employees leave organizations for many reasons, but most often because their individual needs are not being met. . . . [W]orking in organizations must be a partnership between the employees and the employer.”

Companies have begun analyzing research that plumbs the attitudes, needs and expectations of mature employees, and then implementing programs based on these findings. As a result of both empirical and anecdotal data, “clued-in” employers understand they must make the workplace more welcoming to workers 50+. They are introducing innovative offerings that include:

- phased retirement (a part-time or part-year work schedule that phases out work over several years); rehiring retired workers;
- flexible schedules, shorter shifts, seasonal hiring, and temporary or contract work;
- training to update skills and learn new ones; offering training in a variety of formats; internships, tuition reimbursement and training stipends; job rotation and shadowing;
- part-time work, including generous chunks of time off with health care benefits; paid vacation;
- knowledge transfer mentoring programs between older, experienced staff and younger colleagues;
- workplace accommodations such as ergonomic work stations and lift systems to reduce physical strain;
- life cycle seminars; workshops on financial and retirement planning; preventive health screenings;
- counseling and referral services for finances, childcare, elder care; remuneration for participating in intergenerational programs and community service.

A Metlife Mature Market Institute survey reveals that U.S. companies lose $33.6 billion a year to absenteeism, interruptions during the day and turnover to care for aging parents.17 No wonder elder care benefits are a huge draw for the “Sandwich Generation” who are caring for both children and older relatives. These benefits range from dependent care accounts to discounted long-term care insurance for an aging parent to subsidized childcare for grandchildren to an on-staff elder care consultant.

The Creation of a Health Care Forum

Employers must ask themselves, “What do workers really want and need, and are they getting it? What will it take to retain these workers? And what are enterprising health care organizations doing to address the labor shortage?”

To address these questions, and because the shortage of health care workers was already at crisis point, AARP chose health care as the focus of its first industry-specific forum in July 2005 in Washington, DC. The forum grew out of the American Hospital Association’s Commission on Workforce for Hospitals and Health Systems, tasked in 2001 with identifying ways to stem the current and impending labor shortage. One Commission recommendation was to broaden the base of workers by hiring older employees, among others.

Participants at AARP’s inaugural forum included leaders culled from premiere hospitals, health care systems and associations, other national organizations, AARP Best Employers for Workers Over 50, and members of the AARP National Employer Team. At its initial meeting, the group decided to research and discuss how five areas impact an older population of workers:

- Meaningful work;
- Wellness and work/life;
- Training and reskilling programs;
- Environment and tools; and
- Benefits and compensation.
When it comes to being proactive about attracting mature workers, health care as an industry is well ahead of the curve.

Each task force had a key objective: to develop recommendations for engaging 50+ workers as a means of addressing staffing shortages. Task force participants drew on existing literature and reviewed best practices in the field to arrive at their findings.

These findings and recommendations are not intended to be exhaustive. Rather, they are offered as focal points for health care organizations who wish to take a closer look at 50+ workers as one solution to the workforce crisis.

One of the task forces (Training and Reskilling) conducted a survey of ASHHRA members. Another (Compensation and Benefits) interviewed selected AARP Best Employers for Workers Over 50, AHA members, and VA hospitals. The Environment and Tools group opted to investigate a single key issue—No-Manual-Lift policies. Each group’s recommendations are supported by “real life” examples from AARP Best Employers for Workers Over 50 and other companies.
Recommendations: MEANINGFUL WORK

What does Meaningful Work really mean? Simply put, it is what makes people feel good about their job and motivates them to be productive and stay with an employer—in short, it is what makes an organization a great place to work.

As defined by the task force, Meaningful Work has three main components:

1. Having all workers feel pride and connectedness to the mission of the organization;
2. Encouraging a culture of inclusiveness that creates a sense of belonging; and
3. Engaging front line managers in training and communication.

Meaningful Work has been closely linked to employee engagement (“employees’ willingness and ability to contribute to the success of an organization”), as well as to job satisfaction and motivation. According to a key AARP study, there is a direct connection between high engagement levels and increased revenue, decreased turnover, and positive customer experiences.

Researchers maintain that “from an employer’s perspective, finding and keeping highly engaged employees (and adopting programs to sustain that engagement) have a clear and measurable value that can yield benefits far beyond the costs involved.”

Employee engagement has yet more virtues; it is critical to overall job satisfaction. According to Kevin Sheridan, CEO and Chief Consultant of HR Solutions, six factors have the most influence on the engagement of age 55+ health care employees:

1. Work that is rewarding.
2. An organization with realistic goals and objectives.
3. A company that allows employees to contribute directly to its success.
4. An organization with a clear sense of direction.
5. Senior managers who care about their employees. (Mature staff maintain they are most dissatisfied when managers do not visit or interact enough with them. The most disgruntled, in Sheridan’s survey, were critical care nurses and RNs in lab, oncology and OB/gyn departments.)
6. A job that highlights the employee’s skills and strengths.

As companies strive to come up with ways to boost employee engagement, the task force recommends that health care leaders focus on the following points:

1. Building a strong multigenerational workforce. Managers must hire the best person for the job, regardless of age. They should be educated about “older people” myths and stereotypes and understand the motivations, communication styles and challenges of the different generations.

   Senior executives need to assemble balanced teams of various ages and make the job and the organization inviting through flexible work options and enlightened recruitment messages. In 2005, Beaumont Hospitals in Troy, Michigan, created a print diversity recruitment campaign that had an age component to show prospects that Beaumont values an age-diverse workforce. The theme of the hospital’s annual leadership retreat was diversity training.

2. Making senior management more visible and accessible. Terry Andrus, the CEO of East Alabama Medical Center in Opelika, Alabama, spends an hour a day walking hospital corridors to get to know every employee by name. As Sheridan points out, “For every nine percent improvement in senior management visibility, there is an equal improvement in the belief that employees are cared about.”

3. Conducting employee satisfaction/engagement surveys regularly and analyzing the results by age. These surveys must be used to improve employee engagement as well as to shore up weaknesses that the research discloses.

What Employers Need to Know about Job Satisfaction Surveys

- Ask the right questions. These include:
  - Do you have the resources to do your job?
  - Do you think management cares about you?
  - Do you get clear instructions regarding duties and assignments?
  - Are you proud to work here?
  - Would you like to be a patient at, or a client of, this organization?

- Tell workers that their opinion matters. And then act! One way to make an existing situation worse is to ask for input, but not commit the resources needed to address employee concerns.

- Conduct a survey every 12-18 months and use the results to establish goals and make adjustments and improvements. After Johns Hopkins Health System in Baltimore responded to the results of its first survey, employee satisfaction shot up 192% on the next questionnaire.

- Allow workers ample time to complete the survey and underscore its confidentiality.

M
**Key Task Force Recommendations**

**Recommendations: WELLNESS AND WORK/LIFE**

Offering excellent wellness and work/life benefits is like sending a daily valentine to employees because it tells them that their time and how they spend it are important. Perks and policies that can make their stage of life easier are a good investment; employees will want to work there and are likely to show their appreciation through loyalty and high levels of productivity.

For many health care workers, these benefits are a lifeline and what allows them to remain on the job or to join a company. The task force discovered that many health care organizations offer solid wellness and work/life initiatives, but do not specifically address the needs of the mature worker. The practices that are most likely to succeed, then, are those which are age-neutral.

According to 2006 data, 62 percent of employers currently provide wellness initiatives. These include health risk assessments and screenings, subsidized flu shots, seminars and newsletters. What is significant is that employers who participate in wellness programs, HR experts find, have improved health, better morale, lower health care claims and reduced absenteeism.

Yet the majority of organizations surveyed report employee participation is 50 percent or lower. Employers need to market these initiatives, since the number of wellness programs significantly impacts the acuity of illness and therefore, total expenses. A study of 164 community hospitals in Texas finds that reimbursement policies that offer financial incentives to promote wellness are effective “and suggest future directions for the evolution of health care management.”

In addition to wellness programs, the task force identified several key work/life issues for mature employees:

- **Flexible work arrangements**, including part-time, flextime, a compressed schedule, and a reduced workday or work week with benefits and telecommuting
- **Elder care support**
- **Life planning courses**

Many organizations are responding to these requests with creative programming. More initiatives would be implemented, the task force believes, if there were an awareness campaign to educate employers about these options and their merits.

Among the task force recommendations are:

- Incentives for employees to participate in wellness programs
- On-site seminars and workshops on retirement planning, finances, midlife planning and other topics that appeal to the older demographic
- A concierge service to reduce daily chores and the demands of family life such as caregiving
- Elder care benefits and supports

Employers who are doing these things already know how important such programs are if they want to compete successfully. Here is how some of the 2006 AARP Best Employers for Workers Over 50 are addressing work/life and wellness issues:

- **Mercy Health System in Janesville, Wisconsin**, offers a program called Senior Connection. Employees 50+ receive free health insurance and financial consulting, a discount prescription card, and take part in group trips and lunches, as well as flexible work options. These include a Weekender Program (work weekends only), Traveler Option (6-13 week assignments), Registry Pool Option (work 48-96 hours per month with benefits), telecommuting and Work-to-Retire (reduced hours and seasonal work).

- **Mercy Health System in Greenville, South Carolina**, is designed for 55+ employees. It provides a network of benefits and services, including a seven week “life planning” program for employees and spouses that covers finances, health, work, recreation, and Medicare over the next 10, 20, and 30 years.

- **Massachusetts General Hospital** offers workshops entitled “Caring for Your Aging Parent,” “Ages and Stages,” and “Cumulative Grief,” and hosts monthly discussions on elder care.

- **New York University Medical Center**, a 2004 AARP Best Employer, has a wellness program that provides a women’s health lecture series on hormone replacement therapy and menopause, a memory course (taught by a 92-year-old employee), a telephone helpline that offers relaxation tips, and a two mile group walk with incentives such as T-shirts and pedometers. One intriguing initiative: a reciprocal arrangement with the Metropolitan Museum of Art; NYU workers give health-related talks to Museum employees and in turn are allowed to attend art lectures and exhibit openings.

Offering wellness and work/life benefits is like sending a daily valentine to employees.
Recommendations: TRAINING AND RESKILLING

One way to keep experienced staff on the job is to give them the opportunity to move into new roles and learn new skills.

The Training and Reskilling task force conducted a survey to determine the prevalence of retraining (skills taught to transition to a different type of job) and reskilling (formal courses or programs leading to new certification) programs, and their value in recruiting and retaining workers beyond the traditional retirement age. Of the 256 respondents from ASHHRA, most are executives or managers in HR for a health system or hospital.

Virtually all organizations surveyed provide training to maintain or update job skills, and almost all offer tuition reimbursement. Nearly two-thirds retain employees so they can transition successfully into a different job, and just over half offer reskilling courses or programs. Yet just 46 percent provide refresher training and even less (41 percent) have opportunities for new experiences (temporary transfer to other jobs within or outside the company).

Respondents believe that all four strategies—training, tuition reimbursement, retraining and reskilling—are a draw for current and potential workers.

When asked to rank the importance of specific issues to their organization, finding skilled employees and retaining skilled employees come out on top. Training their current workforce and introducing new technologies are tied for third, with preparing for the aging of the workforce trailing slightly.

The greatest challenge for organizations, the survey found, is not low enrollment in retraining programs; rather, it is insufficient funding and staffing, followed by lack of support from management. The groups surveyed work primarily with universities and colleges to create and provide training or reskilling programs through their own HR and education departments. (Partnering with community colleges is also cost-effective.)

The task force contends that organizations that promote training initiatives may have an edge in their recruitment efforts. It also recommends further exploration of programs both within health care and other industries.

Many examples of innovative retraining and reskilling programs can be found among the 2006 AARP Best Employers for Workers Over 50:

- Centegra Health System of Woodstock, Illinois, has an Alumni Nurse Program which allows retired RNs to do discharge, admission and patient education work rather than direct care alongside a primary nurse. “The older nurses have greatly increased the morale of our staff,” maintains Barb Johnson, Senior VP of HR for Centegra. Nurse leaders have less administrative work and the wisdom of seasoned nurses, while patients benefit from the extra attention.
- NYU Medical Center’s Career Opportunities Program for non-clinical staff provides training for employees to make a career change within the hospital. Offerings range from courses in computer skills to medical coding to Spanish.
- Carondelet Health Network in Arizona has a free accelerated (14 month) bachelor’s degree in nursing for candidates with an undergraduate degree—a trend that is gaining popularity among health care organizations. Returning nurses receive stipends for education.
- At Hospice of Marion County & Affiliated Companies, 59 percent of employees are 50+, as are 48 percent of new hires within the last year. The Ocala, Florida, hospital offers onsite and online training.
- MidMichigan Health has a well-developed Retiree/Rehire program that gives staff members who pass a certification a $500 bonus. Retirees often return as volunteers; currently there are more than 500 volunteers.

As the workplace becomes increasingly technology-driven and employees’ skill sets require more sophistication, long-term workers will need to take part in training, retraining and reskilling programs—and organizations must provide them in a way that works for this population. In health care, technology will become essential for many tasks, among them service delivery, in-home monitoring and interactive communication between patients and physicians. Within the next 10 years, two thirds of job openings will involve specialized technology-driven work, and workers will need to take part in training, retraining and reskilling programs—and organizations must provide them in a way that works for this population. In health care, technology will become essential for many tasks, among them service delivery, in-home monitoring and interactive communication between patients and physicians. Within the next 10 years, two thirds of job openings will involve specialized technology-driven work, and workers will need to take part in training, retraining and reskilling programs—and organizations must provide them in a way that works for this population.
Key Task Force Recommendations

Recommendations: ENVIRONMENT AND TOOLS

In order to find and retain the best talent, organizations may need to modify their physical work environment.

Equipment and work tools, as well as policies and procedures, will need to be designed to reduce strain and prevent injury. Not only is a healthy environment an incentive for mature workers to remain on the job, but workers of all ages will benefit from a safer, more accommodating workplace.

Having workers—whether they are nurses, nursing assistants, physicians, health information technology specialists, biomedical engineers or occupational therapists—have a say in the design of equipment and work tools can only improve the environment.

When Beaumont Hospitals of Southfield, Michigan, was building a new facility, it consulted staff and patients on the design, lighting, work space, and even which colors were most soothing for art work, paint and carpets. Occupational therapists were asked to determine the height of the chairs and computers and to make sure they were ergonomically correct. The furniture and work tools also met ergonomic specifications. Together the group decided on carpeting to mute noise and take stress off the legs. The new lighting is designed to limit glare and allow patients to sleep comfortably while the staff takes notes.

Beaumont employees asked that nursing stations that are often far from patients’ rooms be replaced by nearby interdisciplinary team pods that contain all the medications and supplies for the six patients they are assigned. Having these centralized pods is not only more efficient, but reduces the amount of walking RNs must do to retrieve supplies. By one estimate, nurses can end up walking up to twelve miles per shift to find medication, equipment and even the rest room. Before management signed off with the architect, it did a mock-up of floors and rooms and had staff simulate the working conditions. From their feedback, changes were made.

Beaumont considers itself the first U.S. hospital to be fully integrated technologically. “Every nurse carries a mobile, low watt phone,” explains Ron Lilek, Vice President of Human Resources. “This allows immediate access from patient to nurse, nurse to nurse, physician to nurse. Monitoring systems for patients’ vital signs are tied into the nurse’s phone. Nurses can take wireless computers into a patient’s room so information doesn’t have to be transferred later.”

Beaumont was building a new facility, it consulted staff and patients on the design, lighting, work space, and even which colors were most soothing for art work, paint and carpets. Occupational therapists were asked to determine the height of the chairs and computers and to make sure they were ergonomically correct. The furniture and work tools also met ergonomic specifications. Together the group decided on carpeting to mute noise and take stress off the legs. The new lighting is designed to limit glare and allow patients to sleep comfortably while the staff takes notes.

No Heavy Lifting

A 2004 Institute of Medicine report maintains that the aging nursing workforce poses a risk to patient safety, especially since individuals lose strength and agility as they grow older, leading to greater difficulty lifting and turning patients. In fact, three of the 10 most injury-prone jobs in the U.S. are in the nursing profession (registered nurse, licensed practical nurse, and nursing aide). What is more, the U.S. Department of Labor calculates that facilities can save an average of $27,700 every time a severe back injury is averted.

Studies reveal that No Manual Lift policies, which are used on devices and equipment, enhance patient safety, reduce injury and thus absenteeism for health care workers. When 106 nursing facilities with No Manual Lift policies were surveyed over a 12-month period, researchers discovered that there were 97 percent fewer employee injuries than the year before. At the state level, California, New York, Ohio, Texas, and Rhode Island have mandated safe patient handling legislation.

It is because of its universal appeal that the Environment and Tools task force chose to make No Manual Lift policies the focus of its work. The task force surveyed 71 health care organizations that are part of the Magnet Recognition Program to determine best practices on No Manual Lift policies. They discovered that just 17 of the 71 organizations have a written policy, with only one having it for more than 10 years. Twenty-nine organizations have a verbal policy, or “an understanding.” The task force believes that a verbal policy is inferior to one that is written, since it can be easily misinterpreted and not enforced.

According to the survey, the greatest challenge to using lift equipment is educating staff about its use. Staff may be resistant to change, feel that they or their coworkers have not had adequate training, that the equipment is too complicated, or that it is quicker to move patients the old fashioned way—by hand. (Getting the funding is less of an obstacle, it seems.)

The task force recommends that all health care organizations have a written No Manual Lift policy and that it is lobbied to become a federal law as well. It suggests that nursing groups such as the American Nursing Association duplicate the survey to track progress. Since just half of the respondents had a No Manual Lift policy for five years or less, more research is needed to identify best practices and benefits. Organizations with a No Manual Lift policy will need to thoroughly train and monitor staff in the use of the equipment. It will also be important to measure the merits of the policy through changes in absenteeism rates from injuries, worker compensation claims and staff retention.
Recommendations: COMPENSATION AND BENEFITS

Compensation and benefits are usually the primary reasons for taking or leaving a job (for nurses, add flexible scheduling[31]).

Like all employees, mature workers want access to a solid pension plan, a generous match amount for their 401(k) plan, and comprehensive health care coverage. Workers are also looking for competitive pay that reflects their experience and years on the job.

The task force discovered that hospitals do not have compensation programs designed with the mature worker in mind. According to several HR managers interviewed by the task force, many organizations are so focused on recruiting and retention at all levels that they have not been able to focus specifically on retaining 50+ workers.

For-profit hospitals have begun to pay higher salaries than university, U.S. government and non-profit hospitals. The task force points out that nurses will change jobs repeatedly if it means a higher salary. Meanwhile, one documented reason for dissatisfaction among employees over 55 has to do with salary compression. When new staff are paid as much as, or even more than, those with many years of service, long-term workers may easily become demoralized.

When it comes to benefits, experienced employees are looking for benefits that address their stages of life. Recent research on older nurses shows that benefits are “more important as retention rather than recruitment strategies” for this age group. Many want to be able to reduce their hours but continue receiving benefits such as health care offered to full-time workers. Employers looking for an edge are responding to this request. Here are examples from the 2006 AARP Best Employers for Workers Over 50:

- At Scripps Health, personnel used to have to forgo health insurance when they worked fewer hours. In an effort to retain this coveted population, Scripps began offering employees age 55 and over with 20+ years at the organization full medical and prescription benefits even if they work less; those with at least 10 years can reduce their hours and receive the same medical and prescription benefits as part-timers.

- Mercy Health System has changed its benefits so it can retain mature talent. Employees 50+ with a minimum of five years on the job can step down to 1,000 hours per year and still maintain full medical and prescription drug benefits, in addition to overtime, on-call pay, call back overtime and premium pay on working holidays. They may take winters off, or work three months on, three off, or have a schedule at will if they join an employee pool. More than one hundred Mercy workers, including nurses, pharmacists, information technologists, physicians, finance and allied health professionals have signed on.

- At Ochsner Clinic Foundation in New Orleans, employees need to work only four hours per week to qualify for subsidized health insurance.

- Carondelet Health Network allows nurses to choose three, six or nine month contracts with sign-on bonuses, stipends, medical coverage and retirement savings plans.

Health care organizations are rolling out other benefits with the mature worker in mind. These include a 401(h) Health Insurance Savings Account, in which part of an employee’s retirement contribution goes into a health retirement savings plan, allowing tax-free withdrawals for health insurance when the worker retires. Others offer phased retirement programs, in which employees collect retirement benefits while still working an agreed-upon number of hours.

In addition to its other benefits, SSM Healthcare in St. Louis offers limited medical coverage for grandchildren. Centegra employees can donate their unused paid time off to co-workers who need more time to care for family members. And many employers offer the option of contributing up to several thousand dollars annually to dependent care and the health care spending accounts, as well as allowing workers 50+ to make “catch-up” contributions to their 403(b) or 401(k) accounts.

Not all workers take advantage of the benefits their companies offer, because they don’t necessarily understand them, studies show. Organizations must make sure that they take the time to explain the range of offerings. Practices such as personalized communication (both print and online), employee meetings, and the use of total compensation statements can go a long way to keep workers informed.
Final Thoughts:

Tracking the Talent

“Holistic, systematic approaches to talent management...begin with a thorough understanding of each organization’s specific needs and combine an array of targeted recruitment, retention and reward programs to keep the talent pipeline full.”

— AARP, The Business Case for Workers Age 50+

“A Healthy Outcome

While the recommendations and research findings in this booklet are tailored to the 50+ worker, health care employers will also find them effective in creating better workplaces for employees of all ages. After all, providing excellent programs, benefits, compensation, meaningful work and new learning opportunities in the safest environment is what workers of all ages want. When mature workers are well-treated, there is an added benefit: younger employees see that everyone in the organization is valued, and that there is a commitment to helping all staff achieve work/life balance.

Health care managers who are successful in creating an inviting and exciting, age-neutral workplace will recruit and retain the very best talent. And that talent includes the much sought-after, willing and extremely able 50+ workers.

“Every organization has a list of physical assets and an aging schedule. Do you have a list of all the people in your workforce, their skills and when they could walk out the door?”

— James Bentley, Senior Vice President, Strategic Policy Planning American Hospital Association
Endnotes

6. Ibid.
15. Ibid., p. 38-39.
16. American Hospital Association, p. 27.
18. AARP, Business Case, pp. 35-36.
19. Ibid.
22. Sheridan, “Healthcare Worker Job Satisfaction.”
23. Ibid.
30. Ibid.
31. Robert Wood Johnson Foundation, p. 44.
35. AARP, Business Case, p. 81.
37. American Hospital Association, p. 56.

Resources

Research and Reports


In Our Hands: How Hospital Leaders can Build a Thriving Workforce. AHA Commission on Workforce for Hospitals and Health Systems, April 2002.


Managing a Multigenerational RN Workforce: Leveraging Strengths, Cultivating Satisfaction. The Advisory Board Company, Nursing Executive Center Practice Brief, March 2002.


Books


Health Care Forum Participants

AARP is indebted to the organizations who participated in the Health Care Forum for their interest, energy, and expertise in addressing the issue of the aging health care workforce.

Acute Long Term Hospital Association
American Association of Community Colleges
American Health Care Association
American Hospital Association
American Association for Homecare
American Association of Homes and Services for the Aging
American Medical Rehabilitation Providers Association
American Nurses Association
American Organization of Nurse Executives
American Society of Health-System Pharmacists
American Society of Radiologic Technologists
Baptist Health South Florida
Bon Secours Richmond Health System
Beaumont Hospitals (Michigan)
Cen tera Health Systems (Northern Illinois)
Center for American Nurses
Children’s Hospital of Philadelphia
Connecticut Hospital Association
Federation of American Hospitals
Grady Health System (Atlanta, GA)
HCA, Inc.
Johns Hopkins Health System (Baltimore, MD)
Kaiser Permanente
Kelly Healthcare Resources
Loudoun Healthcare Inc. /INova (Leesburg, VA)
Maryland Department of Labor, Licensing and Regulation
National Association of Public Hospitals and Health Systems
National Association of Community Health Centers, Inc.
New York University Medical Center
Northwestern Hospital (Atlanta, GA)
Quest Diagnostics
Right at Home
Scirpo Health (San Diego, CA)
St. Mary’s Medical Center (Huntington, WV)
Universal Health Services, Inc.
U.S. Department of Labor–Employment and Training Administration
Visiting Nurse Service of New York
West Virginia University Hospitals
Task Force Members

Meaningful Work
Elizabeth Beaudin, Connecticut Hospital Association
Debbie Gac, Scripps Health
Debbie Hatmaker, Center for American Nurses
Chuck Krambuhl, Strategic Partnerships LLC
Bob Lyons, Kelly Healthcare Resources
Roymi Membiela, Baptist Health South Florida
Pamela Paulk, Johns Hopkins Health System
Deb Stock, American Hospital Association

Wellness and Work/Life
Claire Cornell, National Association of Community Health Centers, Inc.
Denise Davin, Visiting Nurse Service of New York
Vernell P. DeWitty, Center for American Nurses
Barb Johnson, Centegra Health Systems
Armond Kinsey, Children’s Hospital of Philadelphia
Irene Masser, New York University Medical Center
Nancy Morrison, Piedmont Hospital
Michelle Sukal, West Virginia University Hospitals

Training and Reskilling
Sharon Bernier, American Association of Community Colleges
Rafael I. Cuevas, Maryland Department of Labor, Licensing & Regulation
Bill Finerfrock, American Society of Radiologic Technologists
Justina Green, Children’s Hospital of Philadelphia
Gina King, U.S. Department of Labor
Teresa Rubio, American Society of Health-System Pharmacists
Rosalind J. Sanders, Grady Health System
Donna Yurdin, HCA, Inc.

Environment and Tools
Rebecca Bowers-Lanier, Macaulay & Burtch
Carol Ann Cavouras, Labor Management Institute
Nancy Hughes, American Nurses Association
Lois Iiams, Kaiser Permanente
Ronald Lilek, Beaumont Hospitals
Mary Lutke, Loudoun Healthcare Inc./INOVA
Patricia Mook, Loudoun Healthcare Inc./INOVA
Veronika Oven, American Organization of Nurse Executives
Linda Stierle, American Nurses Association

Benefits and Compensation
Jim Bentley, American Hospital Association
Ann Felter, Quest Diagnostics
Jennifer Gore, St. Mary’s Medical Center
Joseph W. Herberg, Piedmont Hospital
Debra Lipson, American Association of Homes and Services for the Aging

Notes

*group leader
AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. We produce AARP The Magazine, published bimonthly; AARP Bulletin, our monthly newspaper; AARP Segunda Juventud, our bimonthly magazine in Spanish and English; NRTA Live & Learn, our quarterly newsletter for 50+ educators; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.