

Chapter 24

Maintaining a Mature Workforce in the Nursing Profession: An HRD Perspective on Retention

Torrence E. Sparkman
Rochester Institute of Technology, USA

ABSTRACT

According to the U.S. Census, 19.6 million Americans, 19% of the workforce, will be 65 years old or more. The medical profession is not immune to the implications of an aging society. The trends towards an increasing geriatric population suggest that by 2030 a substantial gap in the number of health professionals needed will exist. In the United States alone, 3.5 million healthcare providers will be required to match the current balance of health workers to population. It is apparent that the dynamics of aging will impact the healthcare system and the wellbeing, recruitment, and retention of nurses. In order to address the emerging gaps, retention efforts should include both management and development-oriented interventions.

INTRODUCTION

An aging population presents many challenges to the medical profession. Trends toward an increasing geriatric population suggest that by 2030 a substantial gap in the number of health professionals needed to care for this population will exist (Mather, 2007). In the United States alone, 3.5 million health care providers will be required to match the current balance of health workers to population (IOM, 2008). To further exacerbate the problem, the 2012 United States Census reported that 19.6 million Americans (19% of the total workforce), will be 65 years or older (BLS, 2012) by 2030. As the general population ages in the United States, so will the nursing workforce. Harrington and Heidkamp (2013) suggest that 50 is the average age of a Registered Nurse (RN) in the United States, and that almost half of all RNs will reach retirement age by 2020. During the decades of the 80's and 90's, fewer people chose nursing as a profession (Buerhaus, Staiger, & Auerbach, 2000), and the projected deficit of RNs will be 918,232 by 2030 (Juraschek, Zhang, Ranganathan, & Lin, 2012). Although the rate of aging has recently slowed

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among RNs as a result of increased employment of RNs 30 years old or younger (National Sample Survey of Registered Nurses, NSSRN, 2010), the rise of RNs from racial and ethnic groups—333,368 in 2000 to 513,860 in 2008 (NSSRN, 2010)—and an increase of nurses trained outside of the United States, 44.7% of RNs were over 50 years old in 2008, as compared to 33% in 2000. Additionally, in terms of work location and availability, less than 53% of RNs 55 or over worked in hospitals, whereas almost 90% percent of RNs 25 and younger worked in hospitals (NSSRN, 2010).

The staffing shortfall is not limited to the United States and Canada (O'Brien-Pallus, Alksnis, & Wang, 2003); the World Health Organization (WHO) also projects a global deficit in the nursing profession (Lane, Fernandes Antunes, & Kingma, 2009). The International Council of Nurses (ICN) predicts that by 2025, industrialized countries will experience an exodus of nurses due to retirements (Graham & Duffield, 2010). The realities of aging and nursing shortages suggest that more should be done to retain and leverage the experience of maturing nurses.

The purpose of this chapter is to describe both the impact of aging and how the issue of nurse retention may be addressed by adding a Human Resource Development (HRD) perspective. It explores aging in terms of its impact on health care institutions and maturing nurses. For the purpose of this investigation, maturing nurses are those who are at least 40 years old. It also highlights the value of experienced nurses and how an alternative lens for retention might address the gaps unaddressed in Human Resource Management (HRM) approaches. This study specifically examines literature in fields primarily associated with nursing for the purpose of highlighting methods of retention. Although the degree to which they were employed varied (Armstrong-Stassen, 2005; 2008), methods linking job design and traditional HRM practices continued to emerge. The application of an HRD perspective focused on its core components of organization development, training and development, and career development reveals weaknesses in job design and traditional approaches that HRD can address.

THE IMPACT OF AGING ON HEALTH CARE INSTITUTIONS

Global trends toward an aging population and an aging workforce have significant implications for the health care industry and the nurses themselves (Harrington & Heidkamp, 2013). While the health care industry prepares for a surge in job availability as a result of mature nurses leaving the workforce (Adler & Hilber, 2008), unfavorable organizational conditions and pending risks loom over the heads of health care administrators. Globalization is bringing both international patients and an international nursing workforce (Ang et al., 2017); adding the element of aging to both circumstances suggests that cultural accommodations will be necessary. Health care entities may suffer the loss of productivity and institutional knowledge if they are unable to retain maturing professionals (Harrington & Heidkamp, 2013). Postponing the retirements of nurses to care for aging Baby Boomers will be vital for effective care (Wargo-Sugleris et al., 2018). In the meantime, health care organizations should conduct workforce and workplace assessments to examine how a maturing workforce will impact the organization in the future. Organizations should also track knowledge transfer, demographic information, and skills (Harrington & Heidkamp, 2013). Tracking the above and developing approaches to manage employee performance falloff due to age-related sensory, physical, or cognitive decline also becomes strategically important (Tishman, Van Looy, & Bruyere, 2012).

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