

Charting Nursing's Future

A Publication of the Robert Wood Johnson Foundation

Reports on Policies That
Can Transform Patient Care

New Research Provides Solutions to the Nursing Shortage: Improving Retention of Older and Experienced Nurses in the Workforce

The nursing shortage in the United States is intensifying: it is expected to triple over the next 13 years, leaving a shortfall of 340,000 nurses in 2020. Premature retirement contributes significantly to this problem, since many nurses begin to cut hours or retire at age 55. Researchers say that policymakers and employers must take urgent action to retain older and experienced nurses in the workforce.

Wisdom at Work, a white paper featured in this brief, offers many different approaches to retaining older, experienced nurses in the workforce well beyond the age of 55, such as offering financial support and incentives for continuing education and research; redesigning work spaces and processes; adopting new technology; and developing creative, individualized benefit packages.

Why Retaining Experienced Nurses Is Crucial

340,000	Projected U.S. shortage of registered nurses by 2020.*
46.8	The average age of registered nurses in 2004.†
55	Average age at which nurses start cutting hours and retiring.
40	Percentage of the U.S. nursing workforce over 50 by 2010.
82	Percentage of nurses at least 40 years old who plan to retire in the next 20 years.
\$92,442	Total cost to replace a medical-surgical nurse.
up to 27 years	Remaining life expectancy of many healthy, active Americans 55 and over, a large untapped source of potential labor.

Sources: *Auerbach, D. I, P. I. Buerhaus, D. O. Staiger. "Better Late Than Never: Workforce Supply Implications of Later Entry into Nursing." *Health Affairs* (January/February 2007). †Health Resources and Services Administration. *National Sample Survey of Registered Nurses*. Rockville, MD: HRSA, 2004. Other data from Hatcher, B., M. R. Bleich, C. Connolly, K. Davis, P. O. Hewlett, K. S. Hill. *Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace*. Princeton: Robert Wood Johnson Foundation (RWJF), 2006.

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The Value of Nursing



Photo: Kristien Petersen/Petersen Fotografie

An experienced nurse teaches a younger nurse the finer points of interpreting patient diagnostics. The baby boom generation of nurses—which accounts for 49 percent of working RNs—began retiring in 2001 at the age of 55, deepening a serious nursing shortage. This exodus from the workforce, which will worsen in coming years, will leave new nurses without mentors and employers with knowledge gaps and huge turnover expenses. To retain older nurses, employers can, among other solutions, redesign workspaces and processes to make them less physically grueling, change human resources policies to allow older nurses to retire and then work part-time without jeopardizing benefits, or offer flexible scheduling that prevents fatigue.

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The “Age Quake”: An Overview of Major Challenges and Solutions

As the baby boom generation ages, the nursing shortage will increase dramatically. By 2010, 40 percent of the U.S. workforce will be over 50 years of age. Researchers often call this shift in demographics the “age quake,” because it will be felt in all sectors of society and create huge new challenges for employers that have not yet been fully confronted or addressed.

A high proportion of American registered nurses—49 percent—were born between 1946 and 1964. In 2001, many of these nurses started turning 55 and began cutting hours or retiring. According to the American Nurses Association, more than 82 percent of nurses who are now 40 or older plan to retire in the next 20 years, and replacements are not keeping pace with retirements.

At current retirement ages, many of these nurses will still be healthy, engaged in their work, and full of the expertise that comes from decades of field experience. Unlike the generations who preceded them, these retirees have up to 27 years of remaining life expectancy.

The problems of the aging nurse workforce have an impact on nursing across sites and specialties. “Nothing short of transformational change is required to avert a potential public health catastrophe within the next 15 years,” say the authors of a Robert Wood Johnson Foundation–funded study that has identified many strategies to retain veteran nurses and their knowledge and skills in the workforce. The study—called *Wisdom at Work: The Importance of the the Older and Experienced Nurse in the Workplace*—was conducted by Barbara J. Hatcher, PhD, RN, MPH; Michael R. Bleich, PhD, RN, FAAN; Charlene Connolly, RN, EdD; Kathleen Davis, RN, MBA, CNAA, BC; Peggy O’Neill Hewlett, PhD, RN, FAAN; and Karen Stokely Hill, MSN, RN, CNAA, FACHE.

The study defines “older nurse” as a career nurse between 45 and 65. The researchers found that highly trained older nurses are leaving the workforce—often prematurely—because the work environment is unduly taxing, the hours are long, and the physical demands of the job are unnecessarily burdensome. “Nurses in general—even new recruits—are older,” says lead researcher and study editor Hatcher. “We need to look at how we can make the workplace less physically challenging for all nurses.”

“When you lose an experienced nurse, you also lose years of experience and knowledge. We shouldn’t miss the opportunity to impart that knowledge to the next generation, since all new nurses need mentoring. Our systems have not moved to capture the potential of this group.”



Denise H. Geolot, PhD, RN, FAAN, director, Center for Quality, Health Resources and Services Administration

“Nothing short of transformational change is required to avert a potential public health catastrophe within the next 15 years.”

Wisdom at Work

The Costs of Nurses Leaving the Workforce

The costs of turnover are high, according to a study by the HSM Group (published by the *Journal of Nursing Administration* in September 2002): \$92,442 to replace a medical-surgical nurse and about \$145,000 to replace a specialty-area nurse. These costs include human resources expenses, increased use of traveling nurses, overtime pay, temporary replacement costs for per diem nurses, lost productivity, training, and termination payouts.

The costs of not having enough nurses to care for patients are also high. Because of the nursing shortage, nurses in some localities already care for too many patients at one time, creating a stressful work environment that leaves nurses feeling burned out and dissatisfied. If they retire early, staffing shortages become worse, creating a vicious cycle. Research has shown a correlation between fewer RN hours and longer lengths of stay for patients, along with higher rates of urinary tract infection, pneumonia, upper GI bleeding, shock, cardiac arrest, and failure to rescue. When more RNs are working, the costs of addressing adverse outcomes are reduced, the nurse burnout rate is lower, and patients have better outcomes. (For more on these issues, see Issue 3 of *Charting Nursing’s Future*, using the order information on page 8.)

When new nurses are hired to replace those who have retired, another set of problems emerges: crucial knowledge and skills that the health care organization had access to are lost because the retired nurse cannot mentor younger nurses just coming into the workforce. Unfortunately, while experienced nurses are willing and able to share their knowledge and skills without working full-time, regulations and human resources policies often preclude part-time work arrangements for retirees.

Potential Solutions

Policymakers can support better options for older nurses so that they can retire and still work part-time. They can also require representation by nurse leaders on all decision-making bodies that address patient care and stimulate the development of technology that can make workplaces easier and safer for nurses. (For other policy solutions, see the suggestions on pages 3 and 6.)

Employers can change benefit packages, hours, and work environments to better suit older, expert nurses. Some groundbreaking organizations are already using best practices to support older nurses in the workplace and keep them satisfied on the job. Such practices can also allow younger nurses to enjoy long careers.

Featured Research: *Wisdom at Work*

The Importance of the Older and Experienced Nurse in the Workplace

Wisdom at Work's researchers enlisted the help of 13 experts, called “sages,” individuals chosen for their reputations in health care systems design, executive leadership and management, patient-centered care and safety, and labor relations. The team also reviewed key literature inside and outside the nursing field and surveyed nurses in one particular health system to determine their attitudes toward their work and retirement.

The resulting study provides a wealth of information about the problems of an aging workforce, the challenges that health care faces when nurses retire early, and possibilities for retaining nurses so that they can offer expert care to patients and share their knowledge with inexperienced nurses and organizational systems.

The research team identified four key factors that shape nurses' decisions to stay on the job or retire: current job satisfaction, health status, financial status, and attitude toward retirement.

Through a review of existing research, the team discovered that many older nurses would prefer to stay in their field and feel that they have a lot to contribute to their workplaces. The nurses say that they are calm during emergencies and able to project that calmness to others; they are accomplished, dedicated, and experienced workers who are committed to quality and safety; they are hardworking, knowledgeable, and intuitive; they have good decision-making skills and are reliable team players; and they are ready to mentor newer nurses. The sages interviewed for the project agreed with these assessments.

The Four Key Factors Shaping Nurses' Early Retirement Decisions

- Current job satisfaction
- Health status
- Financial status
- Attitude toward retirement

Needed Policy Change

According to coauthor Michael R. Bleich, retaining older nurses in the workforce is a complicated issue requiring many different solutions (see box below): “There are policy ramifications that need to be addressed from the institutional, regional, state, and federal levels. A single policy will not cover the complexity of what needs to happen. This is not a linear cause-effect issue, but rather a web of issues ranging from staffing to retirement benefits.”

What the Research Suggests for Policy

Explore the implications of the demographic seismic shifts that lie ahead for nursing policy. Policymakers can establish and mine critical databases on workforce and health care trends to predict shifts in workforce and workload demands. This would create a better evidence base for making decisions about needed policy.

Stimulate the development and adoption of technology to make work environments less stressful and dangerous for all workers.

Establish policies that require representation from the nursing profession on commissions, boards, committees, and decision-making bodies that address patient care and the needs of an aging workforce.

Strengthen the Age Discrimination in Employment Act and other age discrimination laws at both the federal and state levels to ensure that the right to work without bias on the basis of age is comparable to other civil rights.

Address legal and institutional barriers to phased retirement so that nurses who retire from full-time jobs can continue to work but at reduced hours while receiving pension income in phased retirement plans. These arrangements could allow for prorated benefits, encouraging older nurses to stay in the workforce.

Establish federal and state policies requiring employers that provide employee benefits to offer those benefits to all workers regardless of their full- or part-time status, including prorated pensions, health insurance, sick leave, and disability leave.

Engage in think-tank work with leaders such as AARP and others who advocate on behalf of older employees and educate employers about how older workers can best contribute to the workforce.

Shorten or eliminate the separation time required for nurses retired from positions in state government before they can return to work, since many positions such as nurse educator and psychiatric mental health nurse are hard to fill.

Establish national policies requiring institutions to offer nurses opportunities to obtain continuing education units, which provide nurses with access to critical knowledge and skills that can help older nurses stay on the job. Many state boards of nursing are adopting policies that require such continuing education.

“It boils down to decision making that keeps the patient, nurse, and other providers at the center of attention,” says Bleich. “Whatever we do for older nurses will likely influence patient care and safety, and it will facilitate a better work environment for younger nurses, too, ultimately helping with both recruitment and retention.”

Data vs. Myths

Based on their literature review, the researchers advise health care organizations to analyze their current workforce in order to better understand current nurses’ ages, retirement plans, possible replacements, and options for transferring nurses’ knowledge and skills.

Myths: Older workers are more expensive to employ, are less cognitively sharp, and are unwilling to try new things.

Facts: Older workers stay on the job longer after training, reducing turnover costs. Fewer than 5 percent of people aged 65–69 have moderate to severe memory impairment. And many older workers believe that the opportunity to learn something new is essential to their ideal job.

Examining institutional attitudes about older workers is also critical. Myths about older workers circulate in American culture: some say, for example, that older workers are more expensive to employ, are not as cognitively sharp as younger colleagues, and are unwilling to try new things. In an analysis of the characteristics of older workers, the *Wisdom at Work* team cites research showing that, in

fact, older workers stay on the job longer after training, reducing turnover costs. Fewer than 5 percent of people aged 65–69 have moderate to severe memory impairment. And many older workers believe that the opportunity to learn something new is essential to their ideal job.

“It’s time to change people’s minds about aging and about the aging workforce,” says Hatcher.

Human Resource Benefits to Promote Retention

The *Wisdom at Work* team found that benefits are more important in retaining nurses than in recruiting them. The researchers described a process created by AARP to help workplaces review and develop their benefits programs in order to retain older workers. AARP advises employers to identify potential solutions to the coming crisis, design benefit programs to fit work environments, monitor the results of benefit plans, and adjust as necessary (see AARP’s *Staying Ahead of the Curve 2004*; source information on page 8, column 3).

The sages echoed the need for new human resource benefits, flexible work schedules, creative and innovative positions, and opportunities for career development.

Noneconomic Factors That Help Retain Older Nurses

The researchers found data that showed how employer policies and nonmonetary practices affect retention of older and experienced nurses. Their recommendations, based on this data, follow:

Build a sense of community.

One study found that nurses reported higher job satisfaction when policies

The Value of Nursing



Photo: Kristien Petersen/Petersen Fotografie

As an administrative nursing coordinator, this nurse monitors units, solves problems, and makes decisions about where patients should be placed for best care. Veteran nurses draw on expertise and long experience to offer excellent care to patients, particularly those with multiple conditions or illnesses, those with difficult families, and those on ventilators. When older, expert nurses leave the workforce, patient safety and quality of care suffer, along with organizational performance and productivity.

created a sense of community, when nonfinancial strategies created a stronger sense of nurse autonomy, when nurses felt that they were respected by others, and when they had opportunities for professional growth and development.

Redesign staffing and workload.

Several studies supported the idea that staffing and workload are big factors in retaining nurses. Nurses are less likely to be satisfied with the quality of their work and their ability to remain productive when they feel that they care for too many patients, work too many overtime hours, or

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Michael R. Bleich, PhD, RN, FAAN, associate dean, clinical and community affairs, School of Nursing, University of Kansas

lack management support. One study found that workload concerns ranked behind only economic concerns as the most important issue in retaining nurses.

Offer perks.

The researchers identified strategies that can enhance older nurses' working lives, such as offering time off, elder care, and laundry services; breaking down hierarchies; and using more flexible personnel policies.

Design in the Workplace

"There should be a lot more investment in research, development, and technology in order to create a workplace environment that can accommodate an aging workforce," says Sara E. Rix, PhD, strategic policy advisor, Public Policy Institute, AARP. The researchers found that a significant strand of the existing literature on retaining nurses focused on reducing or eliminating stress caused by poor work design. Workplaces need to be designed for a wide variety of workers: from short to tall, from thin to overweight, from female to male, and from younger to older.

Organizations can mitigate injuries to older nurses by removing occupational hazards. This would decrease traditional problems such as allergies caused by long-term exposure to chemical agents like latex; leg and foot pain; and repetitive motion disorders.

In order to help nurses safely navigate workplaces, the sages also called for changes to ergonomics and workplace design: mechanical patient lifts, improved lighting, and decentralized nursing work areas, for example.

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Design, Benefits, and Educational Innovations Increase Retention of All Nurses at Cedars-Sinai Medical Center

California is already feeling the nursing shortage, and it is only expected to get worse. "In California, we only train about 50 percent of the new nurses we need because of the limited capacity of the nursing schools," says Jane W. Swanson, PhD, RN, CNAA, director, Geri and Richard Brawerman Nursing Institute, Cedars-Sinai Medical Center. "Retention is crucial. Many of our nurses have been with us for more than 20 years."

Cedars-Sinai has found that what is good for the older worker will often make work life easier and more appealing for younger workers as well.

For example, research shows that environments that foster collaboration and nurse participation in decision making about patient care and systems result in quality critical care nursing. According to Swanson, "We are continually trying to improve the environment, and we encourage physicians and nurses to collaborate in order to allow nurses to feel valued and respected in the workplace." In such an environment, nurses of any age are likelier to be more satisfied with their jobs.

Similarly, since research shows that nurses who have at least a baccalaureate degree and certification tend to be more engaged with patients and more satisfied with their work, Cedars-Sinai leaders foster a culture of learning. Their goal is to see 80 percent of their nurses earn a baccalaureate degree (currently 70 percent) and 50 percent of eligible nurses gain specialty certification (currently 39 percent). "Higher levels of learning translate into higher job satisfaction for nurses and, ultimately, into higher patient satisfaction," says Linda Burnes Bolton, DrPh, RN, FAAN, vice president and chief nursing officer, Cedars-Sinai. The administration offers financial incentives for nurses who pursue further education and pays the costs of certifying exams.

Cedars-Sinai also uses human resource innovations to retain nurses and to bring retired nurses back into the workforce: for example, nurses who work at least half-time get full-time benefits. The human resources department also worked with the Geri and Richard Brawerman

Nursing Institute to ensure that retirees can come back to Cedars-Sinai and work part-time without jeopardizing their retirement benefits.

The medical center also has a good relationship with fully retired nurses: many of the hospital's 2,000 volunteers are retired nurses who feed patients, hold babies, and offer comfort and information to families of patients.

To keep nurses from feeling so stressed mentally and physically that they want to leave the workforce, the medical center has created an improved work environment. For example, it offers a dedicated lift team to move large patients, robots to transport carts of linens and other heavy items, and a program to provide confidential support for mental and emotional well being. According to Swanson, innovations like these are likely to keep nurses of any age happier on the job and ensure that they will stay in the workforce, even when they are eligible for early or traditional retirement.

"Higher levels of learning translate into higher job satisfaction for nurses and, ultimately, into higher patient satisfaction."

Linda Burnes Bolton, DrPh, RN, FAAN, vice president and chief nursing officer, Cedars-Sinai Medical Center



Public Health Nursing

“When you are a public health nurse, the whole community is your patient,” says Kristine M. Gebbie, DrPH, RN, Elizabeth Standish Gill Professor of Nursing and director, Center for Health Policy, Columbia University School of Nursing. Public health nursing focuses on programs and services that promote health and prevent disease in specific or whole populations.

While this field tends to attract motivated and educated people who want to make a difference community-wide, the conditions under which public health nurses often work can make it hard for older nurses to stay on the job. This sector cannot afford to lose its older, expert nurses.

As a result of the nursing shortage, public health nursing faces huge challenges. “Smaller agencies already have trouble recruiting public health nurses, and leadership positions are hard to fill,” says Bobbie Berkowitz, PhD, RN, CNAA, FAAN, professor, School of Nursing, University of Washington.

The Value of Nursing



Photo: David Buffington/Getty Images

Public health nurses typically work with populations to prevent disease and promote health. Like other nurses, they often work under stressful conditions, sometimes with little pay, slim benefits, and few opportunities for career advancement.

Several factors lead experienced public health nurses to leave the workforce, taking a wealth of knowledge with them: low salaries, lack of career advancement, and physical and emotional stress.

Low Salaries

Salaries are a big problem, says Berkowitz: “Public health nurses generally are poorly paid in comparison to other nurses, especially in rural areas. They may make less than \$20 an hour, and their salaries may be influenced by elected officials who may not understand or value the work that they do.”

Fractured Career Ladders

Many public health nurses will find that opportunities for promotion are remote, and that a master’s degree or certification in a specialty doesn’t usually result in a promotion and higher pay, says Berkowitz.

Because nurses may be more expensive to hire than other staff, Gebbie adds, “Decision makers may hire the least possible number of nurses and limit their duties to only those tasks that require licensing.” That deprives nurses of the opportunity to participate in making decisions, planning, and using their expertise and insight. This is frustrating, because they came into the job to make a difference in the community.”

And in some states with older laws, only physicians may be permitted to rise to the top management position of a health department. In New York, for example, a nurse can be a director of health, but cannot be a health commissioner. This is a source of frustration for nurses who have skills, knowledge, and ambition.

Stress and Burnout

Work stress and burnout for public health nurses can result from driving great distances on the job, keeping up



Bobbie Berkowitz, PhD, RN, CNAA, FAAN, professor, School of Nursing, University of Washington

“Smaller agencies already have trouble recruiting public health nurses, and leadership positions are hard to fill.”

with extensive paperwork and reporting, and being physically vulnerable when visiting some neighborhoods.

In addition, says Berkowitz, “The populations public health nurses tend to work with are often the most vulnerable. Families may be living in poverty and often in abusive situations with drug involvement—it’s a very stressful working environment.”

Potential Policy Solutions

The Quad Council—a partnership of four public health nursing organizations—suggests a number of potential solutions that policymakers can implement:

- Increase financial support for public health agencies to allow for higher nurse salaries.
- Increase funding to the Health Resources and Services Administration Division of Nursing for projects that support public health nursing.
- Provide scholarship funding and loan forgiveness programs for nurses seeking advanced public health nursing education.
- Increase funding to the Centers for Disease Control and Prevention to enhance support of the public health nursing workforce.
- Support research to strengthen knowledge of the field of public health nursing.

Issues 7 and 8 of *Charting Nursing’s Future* will focus on public health nursing. Watch for them later in 2008.

Changes to the workplace can preserve the health of younger nurses and allow older and experienced nurses to extend their bedside practice. This is especially important because the traditional strategy of moving older nurses into less physically strenuous positions in administration or research can drain expertise from patient care.

Training and Continuing Education

The sages, in particular, emphasized the need for institutions to commit to the lifelong learning of nurses. For example, senior nurses who are promoted into managerial and innovative positions will require new skills and knowledge. Employers can ensure that staff are provided with convenient learning opportunities through on-site classes, distance learning, and self-tutorials.

Expert nurses can also be teachers: “Older nurses have phenomenal expertise and experience,” says Peggy O’Neill Hewlett, dean, School of Nursing, University of South Carolina. “Many of them could help address the nursing faculty shortage by working as adjunct faculty. That would increase the supply of newer nurses.” Such teaching can also keep older nurses engaged in clinical practice. (See Issue 4 of *Charting Nursing’s Future*, using the order information on page 8, for a discussion of the nursing faculty shortage and potential solutions.)

Union Policies

The sages noticed that new strategies aimed at retention, focusing specifically on older nurses, are being built into union contracts. The sages suggest that unions advocate for individualized benefits packages, so that older, experienced nurses can choose

“This isn’t just about older nurses in hospitals. Older nurses have phenomenal expertise and experience. Many of them could help address the nursing faculty shortage by working as adjunct faculty. That would increase the supply of newer nurses.”

Peggy O’Neill Hewlett, PhD, RN, FAAN, dean, School of Nursing, University of South Carolina

The Value of Nursing



Older nurses have extensive knowledge of patient care, the ability to stay calm in a crisis, and expertise at working with different departments, but the physical demands of the job can take their toll, driving nurses out of the workforce too soon. Progressive organizations redesign benefits, workplaces, and work processes to help all nurses stay on the job for their entire careers. Good retirement policies can also encourage nurses to work part-time after retirement.

Photo: Kristien Petersen/Petersen Fotografie

one package and younger nurses can choose another, with all nurses getting benefits tailored to the needs of their age group. Many contracts link employees’ continuing education credits to their performance evaluations and salary increases. Contracts could also require that a percentage of continuing education coursework be related to a specific discipline.

Twelve Best Practices and Examples of Institutions Making a Difference

Drawing from AARP’s Best Employers Program for Workers Over 50, the Magnet Recognition Program, the Pebble Project, and Transforming Care at the Bedside, the team identified a set of best practices for retaining experienced nurses along with examples of organizations using them.

Establish the possibility of phased retirement.

St. Mary’s Medical Center (W. Va.) adjusts pension calculations to allow workers to reduce hours without decreasing pension benefits. They also rehire retirees.

Pair knowledge transfer with phased retirement.

Pinnacle West Capital Corporation (Ariz.) asks a soon-to- retire employee to train a replacement within a specific time frame in exchange for offering the exiting worker considerable flexibility in scheduling work.

Boost 401(k) participation.

Scripps Health (Calif.) offers structured pension plans that allow employees to straddle retirement and employment.

Offer Life-Phase Planning Services.

The Charles Stark Draper Laboratory (Minn.) offers employees seminars on college savings, healthy lifestyles, estate planning, and planning for and transitioning to retirement.

Establish training, lifelong learning, and professional development.

Loudoun Healthcare Inc. (Va.) partners with George Mason University to hold graduate classes for a master of science in nursing at its facilities.

Create mentoring programs.

Baptist Health (Fla.) offers financial incentives to experienced nurses who serve as preceptors to less experienced colleagues.

Provide flexible work options.

Yale-New Haven Hospital (Conn.) has implemented a “Have It Your Way” shift option for nurses.

Attain magnet status.

Four of the acute care hospitals in the SETON Healthcare Network (Tex.) have attained magnet status from the American Nurses Credentialing Center. Magnet status allows the network to offer many benefits to its nurses: a flex plan that allows experienced nurses to work for nine months and take three months off during the summer; a reward bonus that encourages nurses to work 80 hours per pay period during busiest times; and a bonus for recruiting a staff member for a hard-to-fill position.

Manage talent.

Innova Health System (Va.) has a Web-based talent management system that acts as a strategic planning tool. It includes applicant tracking, employee referral, career development, succession planning, performance appraisal, and learning management.

Cultivate corporate cultures that value the mature worker.

Bon Secours Richmond Health System (Va.) includes the director of senior services on its diversity team to address senior employee issues.

Provide caregiving and grief resources.

Bon Secours also provides a 50 percent subsidy for elder care and sick child care; employees can receive free home health care for dependents for 10 days a year.

Redesign workplaces and implement ergonomic improvements.

Parrish Medical Center (Fla.) opened a new hospital in 2002. In a staff survey in 2004, a majority stated that the design of the new workspace—including access to natural light, improved air flow, separation of public/patient transport areas, and homelike patient room design—positively affected the quality of their work lives and helped them provide care more effectively. Annual staff turnover has decreased from 20 percent in the old facility to 13 percent in the new facility.

Sages Interviewed for the *Wisdom at Work* Study

Joyce Benjamin, health design consultant, NTD Stichler

Linda Burnes Bolton, DrPh, RN, FAAN, vice president and chief nursing officer, Cedars-Sinai Medical Center

Leslie A. Clark, RN, MS, MBA, senior vice president, The Children's Hospital of Philadelphia

Marilyn Chow, RN, DNSc, FAAN, vice president of patient care services, program office, Kaiser Permanente, and national program director, Robert Wood Johnson Executive Nurse Fellows Program

Lola Fritz, RN, BA, director of operational facility planning, PeaceHealth

Carole A. Gassert, PhD, RN, FACMI, FAAN, associate dean, academic affairs, University of Utah, School of Nursing

Gwen Johnson, RN, MHA, nurse coordinator, women's health, Howard University Hospital

Karen Jones, RN, healthcare specialist, HGA, Milwaukee, Wisconsin

Mary Lehman MacDonald, MS, director, AFT Healthcare

Audrey Nelson, PhD, RN, FAAN, director, Patient Safety Center of Inquiry, Veteran's Health Administration

Edward H. O'Neill, MPA, PhD, FAAN, professor, family and community medicine, director, Center for the Health Professions

Sara E. Rix, PhD, strategic policy advisor, Public Policy Institute, AARP

Sister Mary Roch Rocklage, RSM, chair, Sponsor Council, Sisters of Mercy Health System

Resources on Retaining Older and Experienced Nurses

Research Summarized in This Brief

Hatcher, B., M. R. Bleich, C. Connolly, K. Davis, P. O. Hewlett, K. S. Hill. *Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace*. Princeton: RWJF, 2006. To download PDF file, visit www.retainexperiencednurses.org and select "White Paper: Wisdom at Work" from the list under "Project Links."

Other Resources

The Robert Wood Johnson Foundation's Wisdom at Work program is building an evidence base for what works to retain experienced nurses in hospital settings. Visit www.retainexperiencednurses.org for more information.

The Health Resources and Services Administration provides data and analysis from its National Sample Survey of Registered Nurses, which is completed every four years. Visit bhpr.hrsa.gov/nursing.

The Quad Council of Public Health Nursing Organizations' *The Public Health Nursing Shortage: A Threat to the Public's Health* can be accessed as a PDF file by visiting www.astdn.org/downloadablefiles/Final%20Nursing%20Shortage%20Paper.pdf

Transforming Care at the Bedside is a program that creates and tests innovations in nursing practices to improve nurses' job satisfaction and the quality of patient care. For more information, visit www.ihl.org, select "Programs" in the navigation bar, select "Strategic Initiatives," and then select "Transforming Care at the Bedside" from the list.

The AARP Best Employers Program for Workers Over 50 is an annual recognition program. For details about the program, visit www.aarp.org, type "best employers" into the search box at the top of the page, and select a page from the results.

AARP's *Staying Ahead of the Curve 2004* is at www.aarp.org/research/work/employment/aresearch-import-892.html.

The American Nurses Credentialing Center offers the Magnet Recognition Program to foster excellent nursing practices in health care organizations. For more information, visit www.nursecredentialing.org and select "Magnet Recognition Program" in the navigation bar.

The Center for Health Design's Pebble Project showcases examples of health care organizations whose facility design has improved nurse retention, quality of patient care, and efficiency. For more information, visit www.healthdesign.org, select "Research" from the left-hand menu, and then select "The Pebble Project."

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