

Final Report

**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

**Prepared by:**

Johns Hopkins Hospital

In Collaboration with:  
Cedars-Sinai Health System  
Hospital Corporation of America (HCA)  
Widener Research, Inc.

**Date:**

**January 22, 2008**

---

# Table of Contents

---

## Executive Summary

Executive Summary/Highlights .....	4
Conclusions and Implications .....	7
Recommendations to Hospitals Regarding Retention of Mature Workers .....	8

## Study Details

Background and Purpose .....	18
Research Objectives .....	19
Research Methodology .....	20
Research Caveat/Limitations .....	24
<b>Expanded Summary Findings by Audience:</b>	
Part 1: Summary - Current Mature Healthcare Workers .....	26
Part 2: Summary - Retired Healthcare Workers .....	31

## Appendices

	Refer to separate Appendices
1. Tables 1, 2, 3, 4	Appendix 1
2. Detailed Findings: Current Mature Healthcare Workers and Retirees.....	Appendix 2
3. Screening/Recruiting Questionnaires .....	Appendix 3
4. Discussion Outlines and Handouts/Card Sort .....	Appendix 4
5. Bibliography: Sources Used As Background in Developing Discussion Outline .....	Appendix 5

## **Executive Summary/Highlights**

---

## Executive Summary/Highlights

---

### Background and Purpose of Research

In mid-2006, Johns Hopkins Hospital, in cooperation with Cedars-Sinai Health System and Hospital Corporation of America (HCA), received a grant from the US Department of Labor and the Maryland Department of Labor, Licensing and Regulation (DLLR) to conduct focus group research among technical and professional healthcare workers who were either approaching retirement or who have recently retired. The primary purpose of this qualitative research was to determine what strategies can be implemented and what steps can be taken in that would improve the retention of nurses and allied health workers who are approaching retirement.

### Research Method:

#### Focus Groups Conducted Among Active and Retired RNs and Allied Health Workers

Twenty-one (21) focus groups were conducted between October 3, 2006 and January 24, 2007 among four (4) segments of mature healthcare workers over 50 years old: (See Table A in Research Methodology section)

Target Audiences Surveyed	# Focus Groups Conducted
Active/current nurses (RNs)	7
Recently retired/separated nurses (RNs)	3
Active/current allied health workers	8
Recently retired/separated allied health workers	3

### Summary of Focus Group Findings

#### Similarity of findings Among Nurses and Allied Health Workers as well as Among Current Workers and Retirees

Overall, there were many similarities in the attitudes and opinions expressed by nurses and allied health workers as well as among current workers and retirees.

#### Current Workers

##### Many Current Workers *Want and Need to Continue to Work*

Most current nurses and allied health workers over 50 expect to remain in the workforce for the short-term. They find their work to be challenging and personally rewarding.

- Economic factors appear to be important drivers behind the decision to continue working vs. retiring. Many workers realize that they need to accumulate more retirement savings before they can afford to retire.
- The cost of health care coverage is another reason many continue to work.

##### Many Current Workers View Retirement as an *Evolutionary Process*

One theme that emerged from both the nurses and the allied health workers was that these workers envision retirement is an evolutionary process. These mature workers do not view retirement in the same way that previous generations have. They want to stay active – both physically and mentally.

- They hope to work as long as possible, but are realistic in their awareness that as they age, the physical demands of and stress from their professions will begin to take a toll. As a result, many of these workers plan gradually to reduce the number of hours they work, moving from full-time employment to part-time, and finally into full retirement.

##### Workers Say their Jobs are both Physically and Mentally Challenging

The physical and mental demands of their jobs weigh heavily on the minds of many of these current health care workers, particularly among the mature nurses. Although they may want to continue working, the possibility of injury or loss of physical capacity due to aging, concerns them and may indeed dictate how long they will be able to continue working.

##### Some Are Planning for their Retirement

Not all of the nurses and allied health workers plan to continue working. A number of respondents have established target dates for their retirement. Most often, these dates coincide with when they will qualify for Social Security and/or Medicare benefits.

- They feel that job satisfaction is a very important component in the retention of mature workers.

---

## Executive Summary/Highlights

---

### **Many of the Mature Workers Do Not Feel Valued or Appreciated**

There is a prevailing feeling that mature workers are under-valued and under-appreciated by the hospitals, both in terms of how they are being compensated, as well as how they are being treated in the workplace.

### **Staffing Shortages Are Creating Stressful Work Environments**

Because of staffing shortages, nurses and allied health workers say they are expected not only to do their own work, but also to assume additional responsibilities outside of their job descriptions.

### **Mature Workers Perceive that Hospitals Give Younger Workers Preferential Treatment**

One very sensitive issue among the mature workers is how they see their hospital treat the recent graduates and younger workers. Some mature workers believe the money that goes to recruiting younger workers is being diverted from their own salaries and benefits.

- Likewise, some mature workers indicate that younger workers will often refuse to work certain shifts, thus requiring the older employees to cover these shifts. After years of service, many say they expect some preferential accommodation when it comes to requesting and scheduling vacation or paid-time-off (PTO).

### **Few Hospitals Have Retention Efforts in Place for Mature Workers**

Respondents said that few hospitals have retention efforts in place for older workers. In fact, a number of respondents in many of the groups – especially the allied health workers -- believe that their hospital is attempting to ‘get rid of’ the mature workers in order to replace them with lower-paid, less experienced, younger workers.

### **Most Appealing Retention Strategies/Concepts**

The focus groups also tested many ideas for incentives and benefits, to determine which would have the most impact on workers’ decisions to continue working beyond retirement. Notably, responses were very consistent for both the current nurses and the allied health workers. (Refer to Tables 1 and 2 in Appendix #1 for detailed results).

In general, the concepts that were most appealing overall *to current workers* were those related to: Economic Incentives and Specialized Benefits.

- Of the Economic Incentives concepts tested, three ideas were the most motivating:
  - *Salary adjustments for experience, longevity,*
  - *Boosting 401(k)/403(b) matches, and*
  - *Retention bonuses.*
- And, of the Specialized Benefits concepts tested, nurses and allied health workers found three to be particularly appealing:
  - *Employer-provided Medicare Supplemental/Medigap insurance,*
  - *Increased paid-time-off (PTO), and*
  - *Employer-provided health insurance for part-time work.*

### **Barriers Exist to Retaining Mature Workers**

- Some major barriers to retaining mature workers emerged in the research: 1) some hospitals do not offer health care benefits to their part-time staff, and 2) the out-of-pocket costs for health insurance are often higher for part-time workers, therefore it becomes prohibitively expensive to have health insurance when working part-time.
- Mature workers do not feel that hospitals are doing enough to make part-time employment available, or more attractive. They perceive that few hospitals make it a viable option to full-time employment or full-time retirement.
- Many respondents had issues with how paid-time-off (PTO) was treated in their hospital. Some have problems scheduling the days they want off. Others criticized their hospital’s policies of capping the amount of PTO they can accumulate and/or carry over to the next calendar period, or of paying out PTO hours at something less than their hourly wage.

### ***Retired Workers***

#### **Physical Demands, 12-Hour Shifts and Stressful Work Environment are Significant Factors in Mature Workers' Decision to Retire**

These are the most significant factors in these health care retirees' decisions to retire:

- Physical demands of their jobs,
- Lack of support staff,
- Requirement to work 12-hour shifts, and
- Stress and pressure to perform at the same level as younger workers

#### **Health Factors Impact Some Healthcare Workers' Decisions to Retire**

Health-related issues, particularly among the retired nurses, played an important role in their decision to leave the workforce.

- In some cases, workers had sustained injuries or incurred a medical condition caused by their job, and therefore were forced to stop working.

#### **Many Did Not Feel Valued or Appreciated in the Workplace**

A number of the allied health workers chose to leave the hospital because of dissatisfaction with the policies of their supervisors and/or changes that occurred within their departments.

- As observed among the current workers, the lack of respect and lack of acknowledgement of mature workers' contributions had a negative impact on how they perceived their jobs.
- Notably, many retirees said their hospital made little effort to change their decision about retiring (or leaving). This gave them the impression that their hospital really did not value or appreciate them, which was both surprising and frustrating to these workers. With shortages of nurses and other skilled healthcare professionals, they were puzzled as to why their hospital did not try to encourage them to continue working.

#### **Medicare and Social Security Eligibility Triggers Retirement**

Some of the workers had reached the target retirement date they had set for themselves. When they were eligible for Social Security benefits, Medicare, or had reached a certain anniversary date with the hospital, they decided to retire full-time.

- While many of these mature workers would consider returning to the workplace in some capacity, others were very happy to be out of the workforce and had no interest in future employment in the health care field.

#### **Many Retirees Are Interested in Continuing to Work**

Importantly, under the right circumstances, many of the retired and separated workers indicated a willingness to return to positions in the healthcare field – albeit on a reduced or part-time schedule.

- Most of these respondents felt that hospitals have an opportunity to retain mature workers, and to encourage them to re-enter the workforce by developing new roles for nurses and allied health workers.

#### **Retirees Report Lack of Part-Time Job Opportunities Available in Hospitals**

Notably, in several markets there were nurses and allied health workers who had wanted to transition from full-time employment to part-time. However, they were told that their hospital or department offered no part-time opportunities for mature workers.

#### **Strategies to Attract Retired Healthcare Workers Back into the Workforce**

Several strategies were suggested as being motivating to attract retirees back into the workforce. They suggested the following:

- Attractive rehiring policies with no loss of seniority
- Part-time work opportunities/flexible schedules
- Preferential scheduling accommodations
- Financial incentives, including rehiring bonuses, salary adjustments for experience, increase matching contributions for older workers' 401(k) or 403(b) plans
- Health care coverage for retirees (i.e., Medigap coverage, prescription drug coverage)

## Conclusions and Implications

---

Based upon a complete examination and review of the results of these focus groups, we offer the following Conclusions and Implications:

- The research suggests that if hospitals are willing, they have the opportunity to extend mature healthcare workers' retirement horizons, as well as attract some retired healthcare workers back into the workforce.
- The majority of the respondents in the study *wanted* to continue working, either on a full-time or part-time basis. Most said that they truly enjoy their profession and draw great satisfaction from helping their patients.
  - In addition, many of the surveyed retired workers indicated an interest in continuing to work in their profession, but on a part-time basis.
- Reductions in support staff, high patient-to-nurse ratios, requirements to work 12-hour shifts, increased documentation, and increased use of technology, were frequently cited examples of the increasing burden mature workers face. This also has made for a stressful work environment for many of them.
- As these workers age, they are coming to the realization that it is becoming harder to maintain the pace they have kept for so many years. They said that their hospital administrators/supervisors view them as being capable of handling the same workload, productivity, and physical jobs as younger employees.
- In the minds of the mature workers, there is a growing gap between what they see themselves capable of doing, and what the hospitals are expecting them to accomplish on a daily basis.
  - Mature workers cite many examples of their hospital asking more of them without offering additional compensation or incentives in return.
- One very strong theme that emerged from the focus groups is the feeling among many of the mature workers that either they are not valued, not appreciated, not respected, or not paid at a level commensurate with their years of experience.
  - Salary and wage caps, caps on retirement benefits, and little salary differential between the mature workers and less experienced workers have all contributed to this perception.
  - Mature workers felt that hospitals *can* and *need* to show mature workers that they are valued and appreciated, and welcome in the workplace. As one respondent said, "*You know, a little pat on the back doesn't cost any money.*"
- Although hospitals need to actively recruit young workers into the workforce, some of the strategies and tactics being used to attract new workers are causing considerable resentment among many mature workers.
  - Older workers reported that there is relatively little salary differential between the younger, less experienced employees and the more seasoned employees who have years of experience.
  - Signing bonuses being given some categories of new employees (especially nurses) has caused older, more experienced mature workers to feel that they are valued less than are the younger, less experienced workers.
- Notably, there was much consensus in what these mature workers would like to see in terms of incentives to either extend their retirement horizons, or (if retired) return to the workforce. The most appealing incentives to these mature workers include:
  - Financial benefits such as salary adjustments for longevity/experience, retention bonuses, boosting 401(k) or 403(b) matching contributions, and removing salary and pension caps.
  - Part-time job opportunities, and/or reduced schedules,
  - The ability to work something less than a 12-hour shift
  - Flexible scheduling, and
  - Health care coverage (i.e., health insurance coverage for part-time work, Medicare supplemental coverage, prescription drug coverage).

The study findings, and resulting conclusions and implications led our team of human resource experts to develop and offer many recommendations to hospitals as ways to improve the retention of older health care workers. They follow in the next section of this report.

# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## **Background**

Upon completion of the focus groups, the sponsoring institutions gathered to review the results and identify recommendations. The group met at the HCA headquarters in Nashville, Tennessee on April 12, 2007. In attendance were:

Pamela Paulk, Johns Hopkins Health System  
Steve Arenberg, Johns Hopkins Health System  
Ann Hatcher, HCA  
Larry Burkhart, HCA  
Janice Buehler, Cedars-Sinai Medical Center  
Andrea Perry, Cedars-Sinai Medical Center  
Robert Larrea, Strategic Partnerships, LLC  
Dawne Widener-Burrows, Widener Research, Inc.

After reviewing the focus group findings and implications, the attendees generated a list of concepts and ideas that became the recommendations generated from the research. These concepts and ideas were consolidated into “categories” or “buckets.” Each bucket represents a unique issue that the committee believes warrants recommendations or further study. These recommendations, in the opinion of the attendees, could be useful to hospitals hoping to retain Mature Workers (RNs and Allied Health). The final list – not in priority order - is:

## **Categories/Buckets of Recommendations**

---

### **Scheduling**

### **Benefits (excluding retirement)**

### **Retirement**

### **Value and Respect for Older Workers**

### **Compensation**

### **Roles and Responsibilities for Mature Workers**

### **Working Conditions**

### **Education/Communication**

For each bucket, the attendees discussed the issue and possible solutions. However, it was learned that solutions cannot be generalized to or imposed on all hospitals. The ability to implement solutions is very unique to the culture of that hospital, state or local influences, the policies of that hospital and the cost of the solution. Therefore, the attendees decided to build an assessment tool that will lead hospitals through an exercise to determine their own ability to address the needs of mature workers.

One important learning was that hospitals might inadvertently send messages to older workers that they are not valued or wanted. For example, at Johns Hopkins, pension earnings are capped at forty years of service, unknowingly interpreted by employees that the work over forty years has no additional value. At the same time, there are also messages sent that clearly say that older workers are valued, such as wellness programs done at Cedars-Sinai targeted at older workers to keep them healthy. The assessment tool will also highlight any of these practices that may exist at a particular hospital.

Each ‘bucket’ has a brief explanation in the following section of the report.



# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## Scheduling

The focus groups shared that as they age the need for a more flexible schedule is important. They find it hard to work long shifts, rotate shifts or work much overtime. Data from prior employee satisfaction surveys at Johns Hopkins showed a very low correlation of flexible scheduling to overall satisfaction. However, in this study mature workers talked about being tired and not able to complete long shifts. They are interested in continuing to work, but may not be able to meet inflexible schedules. Many hospitals have moved to twelve-hour shifts for nurses and allied health staff. This may effectively eliminate the mature worker from that workforce.

Self-scheduling was found to be an important satisfier at Johns Hopkins. Self-scheduling is a practice where staff are given certain parameters they must meet in a given schedule period. The parameters might state, for example, number of hours, number of weekends, number of on-call shifts, number of holidays that the professional must work as well as unit characteristics such as the number of RNs on the shift or specific competencies that must be present. The professional is then free to go into the schedule and sign up for the days and shifts he/she wants to work so long as all the parameters are met. This takes the manager out of having to mediate and try to force the schedule together. The employee is happier because he/she had some control over their own schedule even though the number hours worked is still the same as with manager-scheduling.

### Diagnostic Questions:

Does your hospital allow self-scheduling for RNs? for Allied Health?

Does your hospital allow anything other than 12-hour shifts for RNs? for Allied Health?

Are 12-hour shifts the norm in your hospital?

Can exceptions be made for older workers?

Do you have part-time opportunities for RNs? for Allied Health?

Are older workers or those with long service given differentiation for vacation schedules?

Are older workers or those with long service expected to:

Work fewer/more weekends?

Take on call more often or less often than other workers?

Work more or fewer holidays than other workers?

# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## Benefits (excluding retirement)

---

The benefits offered by a hospital tell about the hospital's priorities and culture beyond the actual cost of the benefit. For example, an adoptive benefit to help defray the cost of adopting a child costs most hospitals relatively little. And, the same can be said for same sex partner coverage, but it sends the message about inclusiveness.

So, too, the benefit plan may send a message how older workers are valued. Capping benefits such as Paid Time Off (PTO) earnings after many years may be self-defeating. A hospital may save a little by setting the maximum accrual for PTO at 25 years, but the worker hears "service beyond 25 years isn't worth anything. The hospital must want workers to leave after 25 years."

Many respondents expressed financial reasons for continuing to work past retirement age. Hospitals might look at their benefit programs to see if there are plan changes that could entice an older worker to continue to work.

### Diagnostic Questions:

Does your hospital have length of service caps on PTO, or any other benefits?

Does your hospital offer/provide full, reduced or no benefits to part-time staff?

Does your hospital offer benefits packages where employees can customize their benefit packages based on their needs?

Does your hospital offer tiered health plan coverage? (i.e., self only, self + spouse, self + child, family)

Does your hospital offer any health care incentive for workers to continue to work beyond retirement age? (e.g., Medigap, prescription drug coverage, continued coverage)

Does your hospital provide any wellness programs targeted to older workers?

Does your hospital recognize seniority for employees who return to work after retirement?

# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## Retirement Plans/Retirement

---

Many hospitals still have defined benefit retirement plans and have been severely hampered by the IRS rule that will not allow workers to work for their former employer for more than 400 hours/year if drawing their pension from the plan. Although the IRS made a May, 2007 revision allowing employees to draw pension and continue to work, few employers have adopted these revisions into their plans to date. There is no restriction on retirees receiving their defined pension benefit while working for a different employer; therefore, these workers are still in the workforce which helps to lighten the workforce shortage, but does not help their original employer. These IRS limits do not apply to retirees who received a defined contribution retirement plan.

### **Diagnostic Questions:**

If you have a defined benefit plan, does your hospital cap the employees' earnings after a number of years of service?

If you have a defined contribution plan, does your hospital cap their contribution percentage after a certain number of years of service?

Are you aware of and able to take advantage of the IRS May, 2007 revision allowing employees to work for the same employer while drawing their pension?

Does your hospital's match formula for its 401(k) or 403(b) plan increase with longevity of service?

Do you offer or provide any financial planning or retirement planning to employees?

Do you recognize seniority for re-hires or returning workers?

Do you provide any post-retirement benefits?

Do these post-retirement benefits encourage early retirement or are they designed to retain the employee as long as possible?

# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## Value and Respect for Older Workers

---

The focus groups emphasized that older workers want to be valued and respected for their experience. They have years of experience and loyalty to the hospital and would like to be recognized for that experience and loyalty. Sometimes they think the hospital values new, younger employees more than they value the experienced worker.

This category ties closely with the later category - roles and responsibilities of older workers. Hospitals are encouraged to find ways to show older workers that their experience and years of service are valued. Simply asking older workers their opinions or putting them on committees will show that they are valued and the hospital will gain an important perspective.

### Diagnostic Questions:

Does your hospital have an older worker advisory panel/group?

Are you sending any unintended messages to older workers, such as caps on salary, pension earnings or vacation accrual?

Does your diversity program include information about generational issues?

What does your hospital do to show that your organization respects and values the older workers/workers with longevity of service?

Does your hospital have adequate support for the physical limitations of older workers?

Evaluate this at the individual department or unit level.

Do you have lift teams? Do you have transport teams? If so, is there enough coverage of these teams?

Do you complete ergonomics studies?

Has your hospital done anything in the past year that recognizes employees for length of service?

Do you personally know the names of your longest tenured employees/those with the greatest service?

Has your hospital done anything to gather input from these longest tenured employees?

Does your hospital provide training of managers and supervisors for:

- recognition programs?
- inexperienced vs. experienced workers?

Have you analyzed your hospital's employee satisfaction scores by age and/or length of service of employee?

If so, are scores different for older workers?

Can the differences be addressed?

# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## Compensation

---

Employee engagement data analysis going all the way back to Fredrick Hertzberg's studies confirms that compensation may be a dissatisfier, but it is not a satisfier. If pay is market based, then employees do not leave employers simply for more pay. However, fairness and equity in pay is very important and is an employee satisfier. Employees believe, in general, that the longer one works for an employer, the more they should make relative to less tenured employees. One of the issues that upsets incumbents most is for new, less experienced employees to be paid more than existing, more experienced employees in the same job.

Hospitals have paid attention in recent years to external market sensitivity and have moved starting salaries in order to remain competitive in the recruitment process. However, some hospitals have not made internal equity adjustments a priority. The result is pay compression – a source of unhappiness among more tenured workers.

This is not to be confused with the long-standing compensation practice of slowing pay increases as the worker stays in the same role for a long tenure. Usually pay scales begin to level off around fifteen to twenty years of experience in the same job. Some hospitals have a maximum of the pay grade. Upon reaching the maximum, the worker in some hospitals cannot get a raise and gets a lump sum instead. This sends the message that additional experience is not valued.

While these practices are common, understanding how this is perceived by older workers may help put them in perspective. The hospital may find that the money saved is not worth the animosity it brings with its older, experienced workers. For example, allowing the maximum of the pay scale to be exceeded only for employees with more than 20 years with the company will affect very few employees and will cost little, but the employees hear, "Long term employees are valued and are not penalized for staying in a job a long time." Keeping the cap in place still has the effect of keeping hiring of new employees and most employees within the range.

### **Diagnostic Questions:**

Does your hospital's pay/compensation program favor one group of employees over another?

Do you have caps/maximums on pay scales/salary ranges and/or hourly pay?

Can new employees be hired making more than existing employees in the same job with the same experience?

Does your hospital's pay/compensation program disadvantage workers with longevity?

How does your compensation system recognize longevity/experience with the hospital?

Do you have a step pay system?

Do you have some other compensation system that recognizes longevity?

If you offer sign-on bonuses for new employees, do you also offer some type of retention bonuses for existing employees?

# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## Roles and Responsibilities for Mature Workers

---

Focus group participants expressed that there are roles they are uniquely qualified to fill. These roles are as mentors or preceptors for less experienced workers or as advisors to management. While this is very true and much needed in today's environment, many of these roles currently do not exist or are integral parts of other positions. So, to set these roles up for mature workers will require new, incremental positions and will not keep mature workers involved in the existing work force. This then results in increased cost to the healthcare institution.

This is one area that requires additional research around the Return on Investment (ROI). One could argue that good mentors and preceptors increase productivity and reduce turnover. An ROI study to see if savings with regard to productivity and turnover exceed the cost of the new positions would be needed.

Another alternative would be to see if mature workers would be interested in continuing to work in their given roles for a significant portion of their time if they were given some time to perform these new roles. This would more likely meet the objective to keep mature workers in the needed workforce, provide opportunities to them and help the less experienced worker. This blended approach would still need an ROI study, but would likely have a better result.

Additionally, the entire hospital could review all roles to see if there are ones that could easily be performed by individuals with less physical ability. For example, some hospitals are considering reinstating the "medication nurse" role, where one nurse's job for the shift is to give the routine medications to all patients on the unit. This is less physically demanding than minute-by-minute bedside care and may be an excellent role for a mature nurse.

### **Diagnostic Questions:**

Are there roles that need to be fulfilled for which mature workers are uniquely qualified?  
Do those roles exist already and is there a process to give mature workers priority access to those positions?  
If the positions do not exist will they need to be created?  
Are the new positions practical and cost-effective?  
Can a business plan be written with an expected ROI?  
Has the hospital undertaken work re-design to determine if there are specific tasks and/or jobs in each area/unit that can be performed best by older workers.

# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## Working Conditions

---

The discussion around working conditions focused primarily on the physical aspects of healthcare, such as lifting patients, moving equipment, repetitive tasks, and ergonomics. There was some mention of technology changes and retraining.

Several organizations now have completed ROI studies on lift assist equipment or teams. They have consistently shown a positive return based on less absenteeism and lower workers' compensation claims. The complaint heard was that they sometimes are not adequately placed or staffed so that staff end up lifting the patient anyway.

Healthcare is seeing a rise in repetitive motion injuries and they occur throughout the healthcare setting. Many of these injuries can be prevented through sound ergonomics. Most solutions cost nothing or are inexpensive. However, once the injury occurs, the treatment is expensive or in some cases the worker cannot return to their former job.

All workers, but especially mature workers, need to keep up with new technology affecting their profession. At a minimum, most workers now need computer skills.

### **Diagnostic Questions:**

When new technology is introduced, do you have adequate training for employees?

Do you offer or provide technology training for older workers such as computer skills?

Do you have special lift assist equipment or lift teams at your hospital? If so, are they adequately serviced and staffed?

Have you done an ergonomic analysis of your hospital?

Have you implemented any ergonomic features or systems, e.g., new patient beds, flooring, lift assist equipment?

Does your insurer provide discounts or credits on workers comp coverage for ergonomic implementation?

Do you have different productivity standards/requirements for older vs. younger workers (where appropriate)?

# Recommendations to Hospitals Regarding Retention of Mature Workers

---

## Education and Communication

---

Mature workers want to be acknowledged and recognized for their loyalty, service and contribution. Most hospitals have annual service recognition events where service is recognized. This is a prime opportunity to demonstrate that mature workers are valued. Some special focus and publicity periodically may be helpful. Remember, the focus group participants believed that they get messages that they are not valued, so some counter-communication is helpful.

As workers mature and get closer to retirement, their interests and needs change. They begin to actively think about retirement and to plan accordingly. The focus group participants talked about money and benefits being one of the reasons they continue to work. It behooves the employer to help the employee understand their benefits and if possible to provide inducements to stay in the workforce rather than retire.

### **Diagnostic Questions:**

How well do your employees understand their benefits, especially pension, retirement, and health insurance?

Do you provide any special communication, education or training for older workers regarding their benefits and planning for retirement?

Do you provide any benefits that will encourage a worker to stay beyond normal retirement and do you communicate that clearly and frequently?

Do you provide financial planning workshops, education or communication for any workers? Do you have any specific programs targeted to your older workers or workers nearing retirement?

Have you done anything in your hospital/organization (communication, education, etc.) to acknowledge the contribution of older workers?

Have you done any communication, education or training targeted to your managers and supervisors regarding the contributions and importance of older workers?



## Study Details

---

## Background and Purpose

---

### **The Problem: Increasing Shortage of Skilled Health Care Workers**

The American healthcare system is facing an increasing critical shortage of skilled workers, particularly those with skills in nursing, radiology, respiratory therapy, physical therapists, and laboratory technicians.

All of the evidence indicates that a growing gap exists between the number of individuals who are enrolled in training programs leading to success in those positions and the number of positions that are and will be required in the future. While there are a number of efforts underway – led by the U.S. Department of Labor and the healthcare industry – to expand the pool of potential candidates for such positions, it is likely that recruitment efforts will be insufficient to meet the projected demand.

### **Opportunity to Retain Older Health Care Workers**

The Johns Hopkins Hospital, Cedars-Sinai Health System and HCA (the nation's largest hospital group) believe that there may be an important opportunity to expand the pool of well-trained and experienced professional and technical workers and retain a significant number of workers in these critical categories after their normal retirement dates. The number of workers approaching retirement age is significant across the industry and, particularly, in the three participating healthcare organizations. These examples reflect one of the most important challenges and, potentially, one of the most encouraging solutions to the healthcare worker shortage.

- At Cedars-Sinai, there are over 2,500 workers who are 50 years or older. Across the nursing ranks at Cedars-Sinai, there are approximately 660 nurses who are 50 years or older. At Cedars-Sinai, RNs who are over 50 years old make up 34% of the workforce.
- At Johns Hopkins, there are over 1,900 workers who are 50 years of age or older.
- HCA estimates that there are over 47,000 workers who are 50 years of age or older. In particular, there are 14,000 registered nurses who fall in the 50 years of age or older category.

The retention of nurses is one of the most urgent problems highlighted in a GAO report (GAO-01-750T) on "Nursing Workforce - Recruitment and Retention of Nurses and Nurses Aides Is a Growing Concern." The GAO report indicated, among other things, that "over the past decade, the nurse workforce's average age has climbed steadily; while fewer younger persons are choosing to enter the nursing profession...the age distribution of RNs has shifted dramatically upward."

The potential impact of retention of nurses is extraordinary – and could be decisive in helping to meet the skilled workforce requirements in the healthcare industry, both in the short-term and, potentially, over the long-term. The retention of nurses will provide additional time to expand the pool of incoming workers and for adequate capacity to be brought on-line to provide essential training.

Previously, there was inadequate evidence available concerning what combination of working conditions, compensation, benefits, new training, work opportunities or other incentives would be most compelling to the workers in critical categories who reach or approach retirement age. In particular, in the past, workers close to retirement and workers who have recently retired, have not been consulted on the ways or steps that may be taken to enable them to continue to work and thus help reduce critical worker shortages. In addition, there was no empirical evidence of specific strategies or models that have retained workers in a post-retirement environment on any scale.

Thus, Johns Hopkins in combination with Cedars-Sinai and HCA sought out, and received a grant from the US Department of Labor and the Maryland Department of Labor, Licensing and Regulation (DLLR), to conduct qualitative research among health care workers approaching retirement, as well as those who have recently retired. This research approach directly queried members of these targeted groups of mature health care workers to determine what steps can be taken in healthcare organizations that will improve the retention of nurses and allied health workers who are approaching retirement.

What follows is the written report and resulting recommendations prepared from the twenty-one (21) focus groups conducted among mature health workers and recent retirees in four markets. Ultimately, it is hoped that the results of this research will be used by health care organizations throughout the country, in order to develop one or more models that can be tested as to their effectiveness in improving the retention of mature healthcare workers.

## Specific Research Objectives

---

### Primary Research Objective

The primary objective of this research was to determine what strategies can be implemented and what steps can be taken that would improve the retention of nurses and allied health workers who are approaching retirement.

In order to discover this information, a total of 21 focus group sessions were conducted among a combination of current mature healthcare workers (nurses and allied health workers over age 50), as well as those who have recently retired.

### Topics/Questions Asked of Participants

Specific topics that participants were queried about included the following:

#### Current/Active Mature Healthcare Workers

- Short-term and long-term plans regarding their work and careers
- Plans for retirement
- Factors, benefits or incentives that would influence them to remain working in a hospital setting

#### Retired Healthcare Workers

- Factors that were most influential on decision to retire
- Factors, benefits or incentives that would have influenced them to continue working beyond retirement

Refer to Appendix #4 for list of questions and questionnaires used in this study.

## Research Methodology

### Focus Groups Conducted Among Active and Retired RNs and Allied Health Workers

In order to collect the information previously outlined, a total of twenty-one (21) focus groups were conducted for this project between October 3, 2006 and January 24, 2007.

Focus groups were conducted among four (4) segments of mature healthcare workers over 50 years old: (See Table A below)

- Active/current nurses (RNs) - 7 focus groups
- Recently retired/separated nurses (RNs) (included those who recently stopped working at their respective hospitals) - 3 focus groups
- Active/current allied health workers - 8 focus groups
- Recently retired/separated allied health workers (included those who recently stopped working at their respective hospitals) - 3 focus groups

**Table A**  
**Focus Group Markets, Participating Health Systems and Hospitals**

GROUP COMPOSITION	# FOCUS GROUPS	# MARKETS	# PARTICIPANTS
Current RNs	7	4	80
Retired/Separated Nurses	3	3	26
Current Allied Health	8	4	82
Retired/Separated Allied Health	3	3	17
<b>Totals</b>	<b>21</b>	<b>4</b>	<b>205</b>

The focus groups were conducted in four (4) different markets:

- Baltimore, MD
- Charleston, SC (represented a smaller market/rural market)
- Dallas, TX, and
- Los Angeles, CA.

The focus group participants were recruited from seven (7) different hospitals representing three (3) hospital systems: Johns Hopkins, Cedars-Sinai and HCA. (See Table B below)

**Table B**  
**Focus Group Distribution - Summary**

Market	Health Systems	Hospitals
Baltimore, MD	Johns Hopkins	Johns Hopkins Hospital Johns Hopkins Bayview Medical Center
Charleston, SC	HCA	Trident Medical Center Summerville Medical Center
Dallas, TX	HCA	Medical City Dallas Hospital Medical Center of Plano
Los Angeles, CA	Cedars-Sinai	Cedars-Sinai Medical Center

## Research Methodology (continued)

The number of groups by specific market and segment, as well as the dates and locations of the focus groups, is outlined in Table C below:

**Table C**  
**Locations, Dates and Composition of Focus Groups**

Organization and Location	# Focus Groups	Group Dates
Johns Hopkins Hospital – Baltimore	<b>7 Focus Groups:</b> 2 Current RNs 3 Current Allied Health* 1 Retired RNs 1 Retired Allied Health	October 3 – 5, 2006 and January 9, 2007
HCA- SC (Small-Rural Market)	<b>2 Focus Groups:</b> 1 Current RNs 1 Current Allied Health	November 1, 2006
HCA- Dallas	<b>6 Focus Groups:</b> 2 Current RNs 2 Current Allied Health 1 Retired RNs 1 Retired Allied Health*	November 7 – 9, 2006
Cedars-Sinai – Los Angeles	<b>6 Focus Groups:</b> 2 Current RNs 2 Current Allied Health 1 Retired RNs 1 Retired Allied Health	January 23 – 24, 2007
<b>Totals – All Markets</b>	<b>21 Focus Groups</b> 7 Current RNs 8 Current Allied Health 3 Retired RNs 3 Retired Allied Health	October – January, 2007

Footnote:

\*Fewer than the expected number of retired allied health workers participated in the Dallas focus group on November 9, 2006 (3 participants). There were not enough additional names of retired allied health workers in any of the markets in order to supplement or replace this group with another group of retired allied health workers. Therefore, the client committee agreed to allow Widener Research, Inc. conduct an additional group of current/active allied health workers in Baltimore on January 9, 2007 among Johns Hopkins Hospital employees as a way of supplementing the information gleaned from the relatively small Dallas focus group.

### List Compilation Process

To facilitate the recruiting process, the Human Resources departments at each of the participating hospitals generated a complete list of all healthcare workers over 50 years old for each of four (4) target groups:

- Active/Current Nurses/RNs,
- Recently Retired/Separated Nurses/RNs,
- Active/Current Allied Health workers, and
- Recently Retired/Separated Allied Health workers.

---

## Research Methodology (continued)

---

### Recruiting Criterion and Recruiting Process

Participants were then contacted by professional focus group recruiters via telephone, mail and/or email, under the supervision of Widener Research, Inc. The following more specific criteria, developed by the client committee working on this project, was used:

#### Active/Current Nurse/RN Focus Groups

- Between 50 – 74 years old
- Current RNs who provide direct patient care (allowed up to one Nurse Practitioner and/or Nurse Manager in each group)
- Worked at current hospital for at least one (1) year
- Variety of nursing units represented

#### Recently Retired/Separated Nurse/RN Focus Groups

- Between 50 – 74 years old
- Either retired from or previously worked at hospital (within the past 3 - 5 years)
- Worked as RN/bedside nurse
- Not currently employed as a bedside nurse or as a nurse providing direct patient care in a hospital setting

#### Active/Current Allied Health Groups

- Between 50 - 74 years old
- Represented a variety of technical and professional healthcare occupations:
  - Coder- Medical Records
  - Laboratory Technician
  - Medical Technician
  - Occupational Therapist (OT)
  - Pharmacist
  - Pharmacy Technician
  - Physical Therapist (PT)
  - Radiology Technician
  - Respiratory Technician
  - Respiratory Therapist
  - Social Worker
  - Speech, Language, Hearing Therapist
- Worked at current hospital for at least one (1) year
- Variety of departments represented

#### Recently Retired/Separated Allied Health Focus Groups

- Between 50 - 74 years old
- Either retired from or previously worked at hospital (within the past 3 - 5 years)
- Represented a variety of previous technical and professional healthcare occupations:
  - Coder- Medical Records
  - Laboratory Technician
  - Medical Technician
  - Occupational Therapist (OT)
  - Pharmacist
  - Pharmacy Technician
  - Physical Therapist (PT)
  - Radiology Technician
  - Respiratory Technician
  - Respiratory Therapist
  - Social Worker
  - Speech, Language, Hearing Therapist
- Not currently employed in any of previous listed occupations

Every attempt was made to include a representative sample of current as well as retired workers in each group. There was significant representation of minority populations reflected in these focus groups, including representation of African-Americans, Asian-Americans, and those of Hispanic descent. (See Table D and E)

## Research Methodology (continued)

**Table D**  
**Race and Ethnic Background of Participants\***

GROUP COMPOSITION	NUMBER OF PARTICIPANTS	CAUCASIAN	AFRICAN-AMERICAN	ASIAN-AMERICAN/ PACIFIC ISLANDER	OTHER RACE OR ETHNIC BACKGROUND	HISPANIC
Current RNs	80	52	10	17	-	2
Retired/Separated Nurses	26	14	5	7	1	-
Current Allied Health	82	51	14	13	1	6
Retired/Separated Allied Health	17	3	5	6	2	2
<b>Totals</b>	<b>205</b>	<b>120</b>	<b>34</b>	<b>43</b>	<b>4</b>	<b>10</b>

\*Multiple responses were provided to this question

### **Institutional Review Board (IRB) Approvals**

Johns Hopkins Hospital and Cedars-Sinai Medical Center are both academic medical institutions, and these hospitals required that this research study and its methodology be pre-approved by their respective Institutional Review Boards (IRBs). Both Johns Hopkins and Cedars-Sinai went through their respective institutions' IRB process and received approval prior to conducting the focus groups. The HCA hospitals used the Johns Hopkins IRB approval and followed the guidelines established by that IRB.

The lead investigators on this study were:

- Steve Arenberg, Director, Market Research, Johns Hopkins Medicine, and
- Janice Buehler, Director, Recruitment, Employee/Labor Relations and Workforce Planning, Cedars-Sinai Medical Center

### **Focus Groups Conducted on Campuses of Participating Hospitals**

All of the focus groups were conducted in conference rooms on the campuses of the participating hospitals. Dawne Widener-Burrows, a professional focus group facilitator and president of Widener Research, Inc. (research contractor for this project), moderated all of the focus groups. Steven Arenberg, a Principal Investigator for this project, attended all of the groups.

### **Honoraria and Compensation for Participation**

The retired/separated employees were paid an honorarium (\$100 - \$150 each) to encourage their participation in the focus groups and to offset any out-of-pocket costs they incurred to participate (transportation to/from the groups, parking, etc.).

The current/active employee focus groups were conducted during employees' regular workdays/shifts. The few employees who attended a focus group at a time that was not part of their regular workday or shift, were compensated by their respective hospitals for the number of hours they spent participating in the focus group, based on their regular hourly pay.

Each hospital contributed the costs it incurred for employee time spent in the focus groups, as well as food/refreshments provided to focus group participants and parking reimbursement as an in-kind donation to the project.

### **Focus Groups Audiotaped**

To facilitate the analysis of the qualitative information collected in this research, all of the groups were audiotaped and typed transcripts were generated. To protect the confidentiality of the research participants, the transcripts and audiotapes were not shared with any of the participating hospitals, hospital staff, or health systems.

## Research Caveat/Limitations

---

Qualitative research methods consist of conducting in-depth interviews with a small, but targeted group of participants. In this case, participants represented current mature and retired nurses and allied health workers.

Typically, qualitative research is used to provide answers to attitudinal questions, as well as to provide insight and in-depth understanding of consumer perceptions and opinions.

By nature, this research method does not allow for statistical analysis and interpretation. Rather, it is a tool for decision-making purposes. The findings from this type of research should be used to provide insight and direction into decision-making rather than as a sole basis for decision-making.

Qualitative research tends to provide answers to questions like “Why?” and “How?” whereas quantitative research tends to provide answers to questions such as “How many?” or “How much?”

The statements made in this report, including the conclusions and implications or any recommendations, are based upon the attitudes and opinions of the participants and cannot alone be used to project to the entire population being studied.

Please note that the number of respondents answering a certain way has been cited in various instances and tables only for adding perspective, NOT for the purpose of quantitative analysis.



**Expanded Summary Findings by Audience**

**Part 1:  
Current Mature Healthcare Workers**

# Expanded Summary Findings: Current Mature Healthcare Workers

---

## Similarities Among Nurses and Allied Health Workers

Overall, there were many similarities in the attitudes and opinions expressed by both segments of the mature workers. Nurses and allied health workers face many of the same issues and concerns regarding decisions to retire or remain in the workplace. Importantly, the research suggests that there is a commonality of dynamics or factors that influence the decisions made by mature workers, regardless of whether they are in the nursing or allied health professions.

## Many Current Workers Need and Want to Continue to Work

Respondents were asked to discuss their short-term and long-term plans regarding work and retirement plans.

- Most of the current nurses and allied health workers believe that they will remain in the workforce for the short-term, that is, for the next one to five years.
- Many respondents spoke passionately about their profession. For them, what they are doing is more than just a job; they feel they are truly making a difference in the lives of patients for whom they are providing care. They find the nature of their work to be both challenging and personally rewarding. Having close ties to their co-workers creates a feeling of teamwork that helps them to face the increasing demands of their professions.
  - As several respondents pointed out, they would not have stayed where they are for so long if they did not truly enjoy what they are doing.
- Economic factors appear to be important drivers behind the decision to continue working or to retire. Many workers realize that they need to accumulate more retirement savings before they can afford to retire. Paying mortgages and bills, supporting dependent family members, and/or being the sole wage-earner are all factors that make it difficult for mature workers to fund their retirement savings.
- A sizable number of these mature workers still have children in the household who are either approaching college age or who are in college. The cost of college tuition was often cited as one of the primary reasons some continue to work.
  - Respondents commented favorably about those hospitals that offer dependent tuition reimbursement benefits for their employees.
- The cost of health care coverage is another issue that was on the minds of these nurses and allied health workers. As long as they are employed full-time, this is not an immediate concern. However, when planning for retirement, it very much factors into their decision making process.
- Notably, most of these mature workers do not view retirement in the same way previous generations have. Interestingly, many respondents stated that they are not particularly looking forward to retirement.
  - Some worry that they will find retirement “boring” and in retirement they fear they may lack the physical and mental stimulation they currently have. Others mentioned that they have friends or co-workers who stopped working and, based on observing their friends, these mature workers are not very interested in following in their footsteps.

## Many Perceive Retirement as an Evolutionary Process

- One theme that emerged from both the nurses and the allied health workers was the notion that retirement is an evolutionary process. Instead of the more traditional approach to retirement, where workers enter into full retirement, the current mature workers envision more of a transition. They hope to work as long as possible, but realistically know that, as they age, the physical demands of and stress from their professions will begin to take a toll.
  - As a result, many workers plan gradually to reduce the number of hours they work, going from full-time employment to part-time, and finally into full retirement.
- When asked about their retirement plans, it was common to hear respondents say that they will know when it is the right time for them to retire. In the ideal situation, these workers would like to have the financial security that would allow them the choice to continue working or retire.

# Expanded Summary Findings: Current Mature Healthcare Workers

---

## **Find Their Jobs Both Physically and Mentally Challenging**

- The physical and mental demands of their jobs weigh heavily on the minds of many of these workers, particularly among the mature nurses. Although they may want to continue working, the possibility of injury or loss of physical capacity due to aging concerns them and may dictate how long they will be able to continue working.

## **Some Are Planning for their Retirement**

- Not all of the nurses and allied health workers plan to continue working. A number of respondents have established target dates for their retirement. Most often, they coincide with the date the worker will qualify for Social Security and/or Medicare benefits. For others, the date marks a milestone in their tenure with the hospital (i.e., 25, 30, 35 years), and may relate to being 100% vested in a pension or retirement savings program.
- Respondents feel that job satisfaction is a very important component in the retention of mature workers. When discussing the subject, they believe that there are a number of different aspects of the work environment that contribute to job satisfaction.

## **Mature Workers Do Not Feel Valued or Appreciated**

Respondents were asked to discuss their feelings about to what extent they feel valued by their hospitals.

- Notably, there was strong agreement with the notion that hospitals do not truly value and appreciate the contributions made by mature nurses and allied health workers. There is a prevailing feeling that mature workers are under-valued by the hospitals, both in terms of how they are being compensated and how they are being treated. In a number of the groups, respondents expressed the sentiment, "Pay us what we are worth."
- This was both troublesome and hurtful to many of these respondents. They feel that their years of service, the loyalty they have shown, and their willingness to endure the physical and mental demands of the job have not earned them the respect or acknowledgement that they believe they are due.
- Many feel that hospital administrators are out of touch with the realities of the day-to-day work environment in which the nurses and allied health workers operate. There is a feeling that too often hospital administrators, and to some extent their own supervisors, set standards or implement policies without understanding the impact on those who must actually carry them out.
- In a number of different focus groups, respondents expressed the same desire: if only the administrators could spend one day seeing what the nurses and allied health workers really do, they would better understand the workers' problems and issues.

## **Staffing Shortages Are Creating Stressful Work Environments**

- Because of staffing shortages, nurses and allied health workers say they are expected not only to do their own work but also to assume additional responsibilities.
- Respondents believe that the unrealistic expectations that are placed on them by their hospitals are keeping them from being able to provide quality patient care. Nurses especially were very critical of being forced into roles traditionally handled by ancillary support staff. Housekeeping chores, answering telephones, and catering to the whims of patients' families and friends are duties that these respondents believe should be done by others in the hospital.

# Expanded Summary Findings: Current Mature Healthcare Workers

---

## Mature Workers Perceive that Hospitals Give Younger Workers Preferential Treatment

- One very sensitive issue among the mature workers is how they see their hospitals treat recent graduates and younger workers. Respondents recognize that there is a need to attract new workers into the professions. However, they believe that hospitals are sending the wrong message to the older workers when younger, less experienced workers are hired with signing bonuses and starting salaries that the older workers perceive as being not that much different from what they themselves are earning.
  - Some mature workers believe that too often the money that goes to recruiting the younger workers is being diverted from their salaries.
- Likewise, some mature workers say that younger workers often refuse to work certain shifts that then must be covered by the older employees. After years of service, many say they would like some preferential treatment when it comes to requesting and scheduling vacation or PTO.

## Few Hospitals Have Retention Efforts for Mature Workers

The focus group participants were asked to discuss what retention efforts have been introduced or implemented by their hospitals to retain mature, experienced health care workers.

- Generally, these respondents had relatively low awareness of anything that their hospital may have done in the past, or to be doing in order to encourage the retention of mature workers.
  - In fact, a number of respondents in many of the groups – especially the allied health workers -- believe that their hospital is attempting to ‘get rid of’ the mature workers in order to replace them with lower-paid younger workers.
- In the hospitals where retention bonuses are offered, most had a favorable response to this practice. However, there were few examples in this study of hospitals that are currently providing retention bonuses.
- Other respondents indicated that their hospital recognized employees on achieving significant anniversaries (i.e., working for 20, 25, or 30 years). Bonuses, gifts, or award dinners were mentioned as positive ways of honoring the mature workers.
- Some workers said that the fact their hospital offers a percentage contribution match to the employee’s 401(k) or 403(b) retirement savings demonstrates a positive effort to retain mature workers.
  - Likewise, dependent tuition reimbursement was another attractive retention strategy.
- Interestingly, some workers said that efforts within their department to provide flexible scheduling or to reduce patient-to-nurse ratios have had a very positive impact on retaining workers. However, in many cases it appeared that these policies were being offered in specific units/departments and not hospital-wide.

## Reactions to Retention Concepts Presented/Tested

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 1) asked to **sort these 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. 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.

Responses were very consistent for both the current nurses and the allied health workers. (Refer to Table 1 (Ranking) and Table 2 (Item Selection) in Appendix # 1 for detailed results from this exercise.)

## Expanded Summary Findings: Current Mature Healthcare Workers

---

- Two overall concept cards emerged as having the most appeal to both the nurses and the allied health workers: Economic Incentives and Specialized Benefits.
- Within the Economic Incentives concept card, three of the ideas generated considerable interest among these respondents:
  - *Salary adjustments for experience, longevity,*
  - *Boosting 401(k)/403(b) matches, and*
  - *Retention bonuses.*
- Likewise, among the different ideas listed on the Specialized Benefits concept card, nurses and allied health workers found three to be particularly appealing:
  - *Employer-provided Medicare Supplemental/Medigap insurance,*
  - *Increased paid time off (PTO), and*
  - *Employer-provided health insurance for part-time work.*

### Most Appealing Retention Strategies/Concepts

The appeal of these retention ideas was very consistent with what the mature workers had previously mentioned on an unaided basis.

- Addressing the problem of health care coverage for part-time workers and fully retired workers is something of great interest to the mature worker. Many of the mature workers hope to move to part-time status as they grow older, because they are seeing it become more difficult for them to work a full schedule.
- Since many of these workers do not appear to have seriously planned for their retirement, having the hospital raise the matching contribution to the employees' 401(k) or 403(b) plan is very appealing and increases the financial incentive for them to remain in the workforce.
- Likewise, retention bonuses are popular in the hospitals offering them and send a message to mature workers that the institution recognizes the importance of the experienced workers.

### Barriers to Retaining Mature Workers

- Some major barriers to retaining mature workers emerged in the research: 1) some hospitals do not offer health care benefits to their part-time staff, and 2) the out-of-pocket costs for health insurance are often higher for part-time workers. Therefore, it becomes prohibitively expensive for these workers to get health insurance when working part-time.
- Generally, the mature workers do not feel that hospitals are doing enough to make part-time employment available, or more attractive. They perceive that few hospitals make it a viable option to either full-time employment or full-time retirement.
- Many respondents had issues with how paid time off (PTO) was treated in their hospital. Some have problems scheduling the days they want off. Others criticized their hospital's policies of capping the amount of PTO they can accumulate and/or carry over to the next calendar period, or of paying out PTO hours at something less than their hourly wage.
  - Therefore, either having ability to take their paid time off, allowing PTO to accrue without losing it, or paying it out at 100% of value are very appealing to mature workers.

**Expanded Summary Findings by Audience**

**Part 2:  
Retired Healthcare Workers**

---

## Expanded Summary Findings: Retired Healthcare Workers

---

### Similarities Among Retired Nurses and Allied Health Workers

Notably, the responses of the retired and separated workers were, for the most part, very consistent with their current worker counterparts. Many of the concerns expressed by the current workers proved to be the reasons why these retired and separated respondents decided to leave the workforce.

### Physical Demands, 12-Hour Shifts and Stressful Work Environment are Significant Factors in Mature Workers' Decision to Retire

These retired workers were queried as to the major factors that affected their decision to retire. The physical demands of the jobs, having to work 12-hour shifts, and stressful work environment were cited most often.

- For others, the decision to leave was voluntary. They cited the combination of several factors, including the physical demands of the job, the lack of support staff, the requirement to work 12-hour shifts, and the stress and pressure to perform at the same level as younger workers as contributing to their decision to retire.

### Health Factors Impact Some Healthcare Workers Decision to Retire

- Health-related issues, particularly among the retired nurses, played an important role in their decision to leave the workforce.
  - In some cases, workers had sustained injuries or incurred a medical condition caused by their job, and therefore were forced to stop working.

### Many Did Not Feel Valued or Appreciated in the Workplace

- A number of the allied health workers chose to leave the hospital because of dissatisfaction with the policies of their supervisors and/or changes that occurred within their departments. As with the current workers, the lack of respect and lack of acknowledgement of mature workers' contributions had a negative impact on how they perceived their jobs.
- Notably, many respondents said that their hospital made little effort to change their decision about retiring (or leaving). This gave them the impression that the hospital really did not value or appreciate them. This was both surprising and frustrating to these workers. With shortages of nurses and other skilled healthcare professionals, they were puzzled as to why their hospital did not try to encourage them to continue working.

### Medicare and Social Security Eligibility Triggers for Retirement

- Some of the workers had reached the target retirement date they had set for themselves. When they were eligible for Social Security benefits, Medicare, or had reached a certain anniversary with the hospital, they decided to retire full-time.
- While many of these mature workers would consider returning to the workplace in some capacity, others are very happy to be out of the work force and have no interest in future employment in the health care field.

### Many Retirees Interested in Continuing to Work

When queried as to whether they would have any interest in returning to the workplace, under the "right" circumstances, many indicated a willingness to return to work in the healthcare field – albeit on a reduced or part-time schedule.

- Most the respondents felt that hospitals have an opportunity to retain mature workers and even to encourage them to re-enter the workforce by developing new roles for nurses and allied health workers. They feel that by creating a balance between the mature worker's commitment to "making a difference" in their patients' lives with the physical limitations brought on by aging, the hospital and the workers could both truly benefit from retaining mature workers.

---

# Expanded Summary Findings: Retired Healthcare Workers

---

## Report Lack of Part-Time Job Opportunities Available in Hospitals

- Notably, in several markets there were nurses and allied health workers who had wanted to transition from full-time employment to part-time. However, they were told that their hospital or department offered no part-time opportunities for mature workers.
- Not all of these workers were retired. Some had decided to leave their hospital for employment in other institutions or facilities in the health care industry

## Reactions to Retention Concepts Presented/Tested

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. 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) in Appendix #1 for detailed results from this exercise).

- It is interesting to note that among the Retired workers, no one concept card emerged as a definite preference. (Refer to Tables 3 & 4 in Appendix #1 for details)
- However, ten (10) of the specific retention ideas were considered important by many of the respondents:
  - *No loss of seniority for returning workers,*
  - *Salary adjustments for experience,*
  - *Flexibility in days or hours per week or month,*
  - *Boosting 401(k)/403(b) matches,*
  - *Preferential scheduling accommodations,*
  - *Economic/financial benefits (rehiring bonuses),*
  - *Attractive rehiring policies,*
  - *Work only on designated days,*
  - *Increased paid time off (PTO), and*
  - *Designated/flexible roles.*

## Strategies to Attract Retired Healthcare Workers Back into the Workforce

- If these mature workers were to return to the workforce, they would want the transition to be as smooth as possible. They would like to see indications that hospitals really want older workers.
  - Therefore, they want hospitals to implement attractive rehiring policies that include no loss of seniority so they are not completely starting over when they go back to work.
- Because there is great interest in reduced hours or part-time employment, these mature workers prefer flexibility in the days or hours they work each week or month. Likewise, working only on designated days is a very attractive incentive. Related to the issue of seniority is having preferential scheduling accommodations for experienced workers.



## **Expanded Summary Findings: Retired Healthcare Workers**

---

### **Strategies to Attract Retired Healthcare Workers Back into the Workforce (continued)**

- Like their nursing and allied healthcare counterparts who are still employed, these retired workers believe that financial incentives are extremely important in order to retain mature workers.
- Specifically, economic and financial benefits (such as rehiring bonuses), salary adjustments for experience (once again “pay us what we are worth”), and having the hospital raise the matching contribution to the employee’s 401(k) or 403(b) plan are all ideas that resonate with these workers.
- Finally, health care for retirees is a very appealing and attractive concept (i.e., Medigap coverage, prescription drug coverage), which would interest some retirees in returning to work.