

Working across Generations to Boost Staff Nurse Retention

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The greying of America is a well-known phenomenon. The Baby Boomer generation, born 1946–1964, is rapidly turning 65 years; the entire generation will be 65 years or older by the end of the next decade. The nursing profession is no exception to the aging phenomenon, 50 years is the average age of a nurse in the United States. While Baby Boomers comprise a large portion of the profession, Millennials, born 1980–1994, have shown sharp growth within the past 10 years (Auerbach, Beurhaus, Skinner, & Staiger, n.d.). Characteristics vary across generations regarding values, lifestyles, and work preferences. Millennials strive to find meaning in their work, and will change employers in search of purpose and fulfillment. In contrast, Baby Boomers' work characteristics include being loyal and hardworking, and believing in "paying their dues" before moving up in an organization.

Recently, the long-predicted retirement of aging nurses began, with implications for the nursing workforce and patient care alike. The retirement of aging nurses represents a significant loss of expert clinicians, many with long institutional memory and honed leadership skills. Retaining aging nurses is of importance to organizations for several reasons, but achieving such retention remains challenging. In our recent qualitative descriptive study of barriers and facilitators of work ability in aging nurses, we discovered that nurses who remained at the bedside did so because of their innate love of patient care (Stimpfel, Arabadjian, Liang, Sheikhzadeh, Weiner, & Dickson, 2019). This intrinsic love for the profession cannot be taught or modified by an organization; however, other factors that are facilitators of work ability *can* be modified by an organization.

Several participants in our study and in others (Parsons, Gaudine, & Swab, 2018) expressed a desire to remain employed as long as possible. However, many aging nurses described barriers such as being concerned about physical health issues, inflexible schedules/long work hours, or being able to keep up with new technology, skills, etc. These barriers are not insurmountable; indeed, there are opportunities, particularly across generations, to address each to extend the job tenure for aging nurses. Building on the strengths of these two working populations has the potential to lead to synergistic relationships that also keep aging nurses at the bedside.

First, while some physical health issues are to be expected with aging, there are many ways an organization can promote health and wellness. Aging nurses could benefit from preventive care programs to reduce the risk for illness or injury at their workplace, such as on-site flu shots, ergonomic chairs and computer workstations, and enforcement of no-lift policies. In addition, nurses who temporarily leave the workplace for surgery or rehabilitation should be given a flexible schedule, including "light duty" assignments or other work modifications, if necessary. While on "light duty", the senior nurses could take on roles in new graduate residencies or orientation programs, preceptorships, or functioning as a floating/resource nurse.

Second, many Baby Boomer nurses began working when hospitals primarily used 8-hour shifts, and currently, 12-hour shifts dominant inpatient hospital settings. As nurses age, working 12-hour shifts may not be possible due to fatigue, physical health issues (e.g., previous injuries), or other health reasons. Organizations who offer flexible scheduling, such as partial shifts of 4 or 6 hours, or part-time positions, may be able to retain aging staff. In addition, offering a full shift but with patient care duties reduced to only a portion of the shift may be another option. The split shift option could be an ideal situation for Millennial nurses with young children who are also seeking active engagement in the workforce but not for 12-hours at a time or for a full-time position. Pairing a Baby Boomer and Millennial together, each working part time, but scheduled as one FTE, could be a successful way to retain both workers at the bedside.

Finally, some Millennials are digital natives, while most others are tech savvy and able to grasp the newest advances with relative ease. As our data indicate, younger nurses often assisted aging nurses with the transition to an electronic health record and other new technologies. In this example, the younger generation has expertise to offer the older generation. Working together can help bridge the generational divide and ensure that all staff have the requisite technological skills to provide quality patient care.

In summary, although differences exist across two major generational groups currently practicing in the nursing workforce, simple but creative solutions exist to ease the effects of Baby Boomer's retirements. Continued research is warranted to evaluate which strategies are most feasible and successful.

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