big part of coping with staff shortages is hanging on to the employees you already have—and an increasing number of those are over 50.

In 2002, 14% of the workforce was 55 and older. By 2012, 19% of workers will be at least 55.

More employers are taking steps to make workplaces attractive to older workers, and health care is leading the way. Hospitals account for 12 of the 35 2004 Best Employers for Workers Over 50 named recently by AARP.

AARP says these employers seem better prepared to meet the staffing challenges of an aging workforce. They also have programs and policies that are good for all ages.

Increasingly, employers are designing the workplace according to the life cycle of employees, says Vic Buzachero, senior vice president for human resources for San Diego-based Scripps Health, one of the winners. Employees in their 20s might want a schedule compatible with finishing a degree, parents with young children want to work during school hours, and staff in their 50s want to keep working but not 40 hours a week.

At the same time, health care faces special challenges. Hospitals are striving to hire and retain highly skilled employees when many are struggling just to keep their doors open.

Rising costs, low reimbursement, and unfunded mandates make it difficult to balance employee needs with other demands like burgeoning technology.

Still, some are doing it. Here is a look at some of their best practices.

A master’s to go

Nurses who want to earn a master’s degree have classes come to them at Loudoun Healthcare, Leesburg, Va, under a partnership with George Mason University, Fairfax, Va. Students can take 1 or 2 classes a semester after work at the hospital without having to drive through rush-hour traffic.

This “best practice” has assisted dozens of nurses to pursue their studies, AARP reports.

In exchange for tuition forgiveness, nurses sign a contract to work for a certain number of months for each course taken. Tuition is paid by the Loudoun Healthcare Foundation. RNs who don’t have their BSN can go straight to a master’s degree.

“It’s been a retention tool,” says Carol Mahood, RN, the clinical recruiter. The first class of 10 to 12 will graduate in the spring. Several perioperative nurses are in the program.

George Mason has similar programs at about 12 sites in the DC area, says Beverly T. Boyd, the university’s director of professional development. She says off-campus courses now account for 50% of the enrollment in graduate nursing programs.

Communicating across generations

The most serious challenge to retention is in an employee’s first 1 to 3 years on the job, notes Buzachero. An organization can lose 60% of new hires in that period.

“We find our senior people are a huge help in getting these new employees acclimated,” says Buzachero. On the other hand, senior employees may be frustrated themselves, and their attitudes can be hard on new recruits.

To try to bridge the gap, Scripps’s leaders came up with a fun in-service program called Crossing the Generation Chasm. The voluntary program gives managers ideas for leading 4 generations—the “modern matures” (60+), the baby boomers (40s and 50s), Gen X (20s and 30s), and Gen Y (early 20s). The program’s leader takes on the role of a manager, acting out situations with the 4 generations, deliberately stereotyping them to make a point.
“You might have the baby boomer who’s big on reaching consensus, the Gen Xer who’s asking, ‘Where’s the next level of training for my advancement,’ and the ‘modern mature’ who says, ‘Just tell me what needs to be done,’” Buzachero explains. The leader takes the group through a series of exercises on how to coach each group.

Scripps has added other programs to fit generational needs—alternative work schedules, such as 3 12-hour shifts; phased retirement with full-time benefits for 20 hours of work per pay period; and a beefed-up retirement program.

As a result, Buzachero says, 75% to 80% of employees rate Scripps as a “great place to work,” up from about 50% 30 months ago. Now the focus is on the 20% who aren’t as satisfied because “they touch our patients, too,” he says.

**Phased retirement**

St Mary’s Medical Center in Huntington, W Va, set up a phased retirement program after more older staff members wanted to work part time.

Previously, employees’ pensions were based on their highest salary during their last 5 years of employment. But that would penalize employees who went part time before they retired. Instead, the pension is now based on the employee’s highest 5 years of earnings.

“That’s huge,” says the hospital’s nurse recruiter, Jennifer Gore, RN, BA, ONC. Nurses feel they can work part time without jeopardizing their retirement pay, which is an incentive to stay.

St Mary’s also set up a program to bring back nurses who’ve been out of the workforce, in one case for 23 years.

The returning nurses are paid the entry-level RN hourly wage with no benefits and receive training during an orientation period. They typically work fewer than 8 hours a day and fewer than 20 hours a week, convenient for mothers who have kids in school. A staff development nurse plans their learning needs.

“It’s been very successful,” says Gore. “These nurses were scared to come back, but this gives them a way in.”

**Balancing lifestyles**

Having a say in decisions and being able to balance their personal and profes-
sional lives are keys to attracting and keeping nursing staff for the St Louis-based SSM Health Care (SSMHC) system.

A third of the staff is 50 and older. SSMHC has 20 hospitals and other facilities in Missouri, Illinois, Wisconsin, and Oklahoma. SSMHC also was the first health care organization to win the prestigious Malcolm Baldrige Award in 2002, partly because of its employee-friendly policies.

Shared governance and flexible schedules are major staff satisfiers, surgical services directors say.

The 12-room OR at SSM St Mary’s Hospital Medical Center, Madison, Wis, has a turnover rate of 1%, as does the hospital as a whole, notes Beverly Beine, RN, MS, director of surgical services. The national turnover rate for perioperative RNs is 7% according to the 2004 OR Manager Salary/Career Survey (September issue).

Nurses can choose to work part time or full time and have a choice of 6-, 8-, 10-, and 12-hour shifts. The staff do their own scheduling for night-shift call and weekends, working from a request book.

Six-hour shifts are common with people going back to school, Beine notes.

“We strongly support furthering education through tuition reimbursement and loan forgiveness,” she says. Through these programs, nursing assistants are going to surgical technology school, surgical technologists are going to physician assistant school, and nurses are pursuing bachelor’s and master’s degrees.

New staff who come to SSM DePaul Health Center in St Louis from other facilities say it “feels different” because they are allowed to make decisions about issues, notes the administrative director of surgical services, Mindy Manley, RN, BS, CNOR.

For example, the staff developed a policy for who takes call when the on-call person calls in sick.

“Though I could develop a policy, it made more sense to me for the staff to decide how they were going to cover it,” she says. Sometimes they cover it in 2- or 4-hour increments per person.

“I have tried other strategies in other places, and I have found nothing works as well as giving the staff responsibility and letting them work it out for themselves,” says Manley.


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**Some best practices for mature workers**

- Phased retirement programs, which allow employees to collect full retirement benefits while working part time or allow health benefits with reduced hours
- Practices to encourage hiring of retired workers in part-time and contracted positions
- Partnerships with local colleges to help employees develop needed skills, such as aiding RNs to pursue bachelor’s and master’s degrees
- Flexible work options, such as multiple shift choices and job sharing
- Providing health services at a discount for employees and/or retirees

*Source: AARP.*
**OR’s policies friendly to a senior staff**

Should veteran staff be excused from call? Who should have to work nights and weekends? Who decides who will leave early on a light day?

Staff make these decisions, not managers, at 440-bed St Mary’s Medical Center.

A self-scheduling committee “gives the staff a say in their own destiny,” notes Tammy Nimmo, RN, MS, CNOR, director of surgical services at St Mary’s, recently named one of AARP’s 2004 Best Employers for Workers Over 50.

The OR has virtually no turnover, and much of the staff has been there for years. The last time there was an opening for a surgical technologist (ST), there were 30 applicants.

The not-for-profit hospital in Huntington, W Va, a community of 52,000 on the Ohio River, is a Level II trauma center with 16 ORs and a surgical volume of about 11,000 cases a year. The unit is staffed 24 hours a day and has a Saturday OR schedule. The staff is not unionized.

The scheduling committee worked hard to develop staffing policies that work for older and younger staff alike, Nimmo says. The committee is made up of 2 RNs and 2 STs, representing staff with both more and less seniority.

At first, the staff thought self-scheduling would mean everyone “got the perfect schedule,” she says. “We talked about this in our staff meetings, with a lot of humor. We’d say, ‘Now, we all know that Mr Smith didn’t want to have his ruptured aneurysm on Sunday either,’ and they would see the need.”

“They always come through,” she adds. “If there is a trauma, they will call in and volunteer. Or someone will say, ‘I need to work tomorrow. Dr X is having a big case.’”

Some of St Mary’s staff-friendly policies:

**Tiers for staff scheduling**

A tiered system for staff scheduling is based on seniority:

- **Tier 1:** The most-senior staff work Monday through Friday with no weekends and no call.
- **Tier 2:** Staff work no evenings or nights, take call, and work every 3rd Saturday.
- **Tier 3:** Staff work every other Saturday and participate in call.

**Call policies**

- Staff employed at the hospital for 20 years or more do not have to take call.
- Call pay has 2 levels:
  - Employees on the payroll prior to Aug 1, 2001, receive the traditional call rate of 2 hours of overtime pay for every 8 hours of call plus overtime for all hours called in. For example, an RN earning $25 an hour would receive $75 for 8 hours of call, or $9.38 per hour. Senior employees are grandfathered into this rate.
  - New hires receive 20% of their base pay per hour of call. Thus, an RN earning $25 hour would be paid $5 an hour for call. All called-in time is overtime whether the staff have worked 40 hours that week or not.
- Signup for call. People who take call sign up for how much they want. “Those who want the most, get the most,” Nimmo says. “You always have the 22-year-olds who are buying a house and want the call.”

**Leave-early list**

The staff voted to use a voluntary daily signup list for leaving early. The charge nurse uses the list to adjust staffing to the OR schedule.

“We go through those who sign up first,” says Nimmo. “We’ve never had to mandate staff to leave.”

Staff who do go home early still accrue sick time and vacation time even if they work less than 40 hours a week.
Plenty of shift options

Staff can choose from 8-, 10-, and 12-hour shifts. Those who work straight 3 pm-to-11 pm or 11 pm-to-7 am shifts do not have to work weekends. Staff can elect to work 3 12-hour shifts with full benefits, which is popular with mothers of young children. The OR also uses per-diem and part-time staff. Some staff elect to work only weekends.

Generous benefits

The hospital provides full family coverage for health insurance at no expense to the employee. For example, if a staff member marries a spouse with 5 children, and the couple has custody, the hospital will cover them all. There also are dental insurance, short-term and long-term disability, and 12 days of sick time per year, which can be accumulated.

Extra pay for certification

RNs who are certified receive a $1,000 annual bonus. About 50% of RNs have their CNOR. STs receive a pay increase when certified.

Collaboration with education programs

The hospital has its own RN associate degree program in partnership with Marshall University, and there are 2 ST schools in the area. RN students can work in the OR during school. They begin working full time in the summer as an ST. In the fall, they continue to work 20 hours a week as an ST to accommodate their class schedule. When they graduate, they learn to circulate. The hospital provides tuition reimbursement.

“Unfortunately, we’ve had times when there were no positions open,” Nimmo says.

Strong focus on standards

“We believe strongly in the AORN standards,” says Nimmo, referring to the Association of periOperative Registered Nurses. She says students want to do their clinical rotations at a hospital with a high level of professionalism.

“I can hardly think of a person who has left” the OR, she says. “It’s not because of me—it’s because of the hospital and their peers.” The staff has a strong bond, she adds. Recently, when a beloved colleague died, the staff held several events to raise donations for his spouse.