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The Aging Workforce: Challenges for the Health Care Industry Workforce

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Introduction

The aging of the U.S. population has tremendous implications for the health care industry, both as employers of an older workforce and as providers of services to a growing number of older patients. To explore issues relating to the aging health care workforce, the U.S. Department of Labor's Office of Disability Employment Policy (ODEP) funded the John J. Heldrich Center for Workforce Development at Rutgers, The State University of New Jersey, through its NTAR Leadership Center, to convene a one-day symposium entitled *The Aging Workforce: Challenges for the Health Care Industry Workforce*. Recognizing the vital role played by the health care industry in the state of New Jersey, in January 2012 the Heldrich Center hosted this event in partnership with the New Jersey State Employment and Training Commission and the Center for State Health Policy at Rutgers University. Assistant Secretary Kathleen Martinez of ODEP made introductory remarks and participated throughout the day in the symposium. Attendees at the symposium included experts from national organizations such as the National Organization of Nurses with Disabilities, the Institute of Medicine of the National Academies, the Sloan Center on Aging & Work at Boston College, and the Kessler Foundation. Also in attendance were state policymakers and staff from the New Jersey State Employment and Training Commission, the New Jersey Department of Labor and Workforce Development, and the New Jersey Collaborating Center for Nursing at Rutgers University. Chief human resources and information technology officers from three New Jersey hospitals — Robert Wood Johnson University Hospital, Chilton Hospital, and Hunterdon Healthcare System — also participated.

The symposium examined the challenges an aging workforce poses for the health care industry and explored strategies to retain older health care professionals, including older professionals with age-related disabilities. State and national experts from the fields of health care, workforce development, and disability employment worked together to develop a set of recommendations to help employers and public policymakers identify promising and more effective ways to recruit and retain skilled health care professionals, regardless of age. The symposium's goal was to identify innovative policies and practices aimed at promoting the employment, and continued employment, of aging workers in the health care sector, including those who may have acquired age-related disabilities or chronic health conditions and wish or need to extend their careers past the typical retirement age. This brief identifies promising strategies from that symposium and offers some encouraging and notable examples from the participants that policymakers and employers could pursue to address the challenges of an aging health care workforce.

The Aging American Workforce

By 2050, the U.S. Census predicts that 19.6 million American workers will be 65 years or older, roughly 19 percent of the total U.S. workforce. In fact, the number of individuals in the labor force who are 65 years or older is expected to grow by 75 percent while the number of individuals in the workforce who are 25 to 54 is only expected to grow by 2 percent. By 2016, one-third of the total U.S. workforce will be 50 years or older — a group that may number 115 million by 2020 (Heidkamp, Mabe, & DeGraaf, 2012).

For the nation's health care industry, these demographic and other recent trends portend significant employment challenges in the near future. With a workforce already older than that found in many other industry sectors, a growing aging population, and an expanded group of patients covered by the Affordable Care Act, health care employers must maintain an adequate supply of skilled workers at all levels while meeting an increased demand for high-quality health care services. Health care employers will need to rethink their current employment policies and practices to simultaneously retain talented older staff and create job opportunities for new trainees of all ages. Due to these facts, the health care sector is especially vulnerable to the effects of an aging workforce. Research and data show:

1. By 2020, nearly half of all *registered nurses* will reach traditional retirement age. Currently, the average age of a nurse in the United States is 50.

2. Nearly one-quarter of *physicians* in a 2007 nationwide survey were 60 years or older, with New Jersey having the sixth highest rate among the states (26.9 percent).

3. In 2001, more than 80 percent of all *dentists* in the United States were older than 45; the number of dentists expected to enter the field by 2020 will not be sufficient to replace the number of dentists likely to retire (Institute of Medicine, 2008).

According to the Institute of Medicine (IOM) (2008), if current trends continue, many health professions will find it difficult to replace the current workforce levels as large numbers of older health providers retire. IOM reports that by 2030, the nation will need an extra 3.5 million formal health care providers just to maintain the existing ratio of providers to the total population, representing a 35 percent increase from current levels (see Table 1).[1] Meeting this demand will require strategies to attract new workers to health care professions as well as to encourage the retention of current workers, including those who are older.

TABLE 1. NUMBER OF PROVIDERS IN 2005 AND PROJECTED NUMBER NEEDED IN 2030 TO MAINTAIN CURRENT PROVIDER-TO-POPULATION RATIOS (IN THOUSANDS)

	2005	2030	Difference
Total health providers	9,994	13,522	3,528
Registered nurses	2,458	3,326	868
Nursing aides	2,009	2,719	710
Physicians	804	1,088	284
Licensed practical and vocational nurses	654	885	231
Pharmacists	236	319	83
Dentists	163	220	57
Other providers	3,670	4,965	1,295

Source: Mather, 2007.

Aging, Disability, and Employment

Encouraging older health care workers to remain in the workforce will require strategies to accommodate their changing abilities. As people age, they become more likely to acquire a disability or other age-related health condition that may reduce their functional capacity and affect their ability to remain in the workforce (Heidkamp, Mabe, & DeGraaf, 2012). The intersection of aging, disability, and employment results in a complex set of issues for both older workers and their employers. Some individuals have had a disability since birth or from a young age and are aging and need to adapt to secondary conditions that may be either a function of aging or a result of the progression of their original disability. These individuals, who have grown up with a disability, may already be familiar with supports available through assistive technology,[2] job accommodations, and the vocational rehabilitation system. Other people acquire a disability later in life, which could be related to aging, such as vision or hearing loss, or other physical issues that arise due to an accident or the onset of illness or a chronic health condition. Still other individuals may be coping with changing intellectual abilities or mental health issues that could be related to aging, including memory loss or depression. Individuals who fall into these categories may not see themselves as having a "disability" and may have little or no knowledge of the resources that exist to help them gain or maintain employment (Heidkamp, Mabe, & DeGraaf, 2012).

Examples of Current Strategies in the Health Care Field to Retain Older Workers

The potential for a health care workforce increasingly challenged by age-related disabilities and chronic health conditions, along with the prospect of losing some experienced older baby boomer health care workers to retirement, present health care employers with a powerful incentive to examine and rethink current employment policies and practices. Hospitals and other health care facilities risk a significant loss of institutional and workplace knowledge and productivity if they do not find ways to retain and accommodate their older workers.

Recent research, in addition to symposium employers' and health care professionals' examples, illustrates a range of strategies health care employers are using to help their older workers stay on the job. These initiatives often start with workforce and workplace assessments to study the demographics, skills, and knowledge transfer issues relating to their current workforce and how retirements or aging workers will likely affect the organization. Many of the strategies are related to aspects of workplace flexibility, including phased retirement. Some health care employers are developing strategies for "disability management" that may include efforts to reduce declines in work performance resulting from age-related physical, cognitive, or sensory disabilities (Tishman, Van Looy, & Bruyère, 2012).

Robert Wood Johnson University Hospital in New Brunswick, New Jersey is an example of a health care employer that conducted a workplace assessment. After realizing that nurses were retiring earlier than other employees, the hospital undertook an assessment of its recently retired nursing population to identify the reasons. The goal of the assessment was to identify ways the employer could improve the workplace to keep the experienced nurses working longer and reduce employee turnover. As a result of the assessment, some of the changes implemented were: repositioning floor refrigerators that housed patient medications to countertops to reduce the number of times nurses had to bend to retrieve their patients' medications, purchasing anti-fatigue mats to allow nurses to rest during slowdowns in shifts so that they remain alert and accurate, and assigning human resources personnel to counsel nurses considering retirement to identify changes the hospital could make to keep them on staff

longer. These and other changes implemented as a result of the assessment were so successful, the hospital was ranked as one of the "100 Best Places to Work" by *Fortune Magazine* three years in a row, and the number of work-related injuries in clinical areas dramatically declined.

To address a potentially severe nursing shortage, the Robert Wood Johnson Foundation produced a 2006 report entitled *Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace*, which focused on the retention of older nurses to and beyond the typical retirement age, noting that baby boomers age 55 and older are "becoming the largest untapped source of potential labor in the U.S. economy" (Hatcher, 2006). The report offers a wide range of recommendations, including encouraging health systems to make immediate design and ergonomic improvements, designing career paths with expanded roles for older nurses, promoting policies that respect a work/life balance, and offering retirement programs that make continuing to work an attractive option for older nurses (Hatcher, 2006).

Similarly, in the report *Retooling for an Aging America: Building the Health Care Workforce*, IOM (2008) also suggests that more needs to be done to retain older health care workers, including developing less physically demanding jobs, using technology to assist with labor-intensive work, and designing more flexible work schedules. IOM (2008) notes the importance of viewing older workers as on-the-job mentors and suggests that another retention strategy would be to recruit older workers into leadership positions. Drawing on an example in use by the Retired Social Workers Project, IOM (2008) suggests providing additional training to retired health care professionals to enable them to return to the field as geriatric experts or teaching faculty.

More recently, a 2010 Sloan Center on Aging & Work report, *Talent Pressures and the Aging Workforce: Responsive Action Steps for the Health Care and Social Assistance Sector*, made several recommendations to help retain aging health care workers. Foremost among them is workplace flexibility and allowing employees to work more customized schedules as opposed to the more traditional, rigid shifts typical of most health care facilities. Older workers maintain that one of the most important workplace accommodations they want from an employer is alternate work hours and the ability to work shifts that are better suited for them so they can handle competing personal priorities and attend to their medical and other needs (Sweet & Pitt-Catsouphes, 2010).

Likewise, understanding work/family pressures is another practice employers are exploring as a means to retaining their older workforce. Workforce experts contend that employees are more likely to stay with an employer when the employer recognizes and addresses an employee's challenges outside of work. Easing the pressures and challenges at work can have the effect of making workers more productive and improving their capacity to do the job (Sweet & Pitt-Catsouphes, 2010). In addition, creating a more team-oriented work structure is another way for employers to recruit and retain an aging workforce that may have age-related disabilities. Working as part of a team allows older workers to transfer their institutional knowledge to younger workers while at the same time sharing tasks that may be more difficult for older workers to perform on their own (Sweet & Pitt-Catsouphes, 2010).

At the symposium, the Institute of Medicine noted that 28 percent of nurses work overtime, beyond their 12-hour shift. While 12-hour shifts remain the typical shift schedule in most hospitals, the New Jersey Collaborating Center for Nursing discussed the fatigue factor associated with nursing shifts, and noted that many older nurses are generally exhausted after 8 hours and at risk of making fatigue-induced errors. The workforce assessment conducted by Robert Wood Johnson University Hospital demonstrated that the second most critical employment issue prompting nurses to retire early was the need for, but lack of, flex time.

The integration of cutting-edge technology into the work process is another strategy that allows workers with disabilities and aging workers to continue working while at the same time easing the physical demands of health care occupations. Nurses with disabilities participating in the symposium from the National Organization of Nurses with Disabilities (NOND) provided examples of simple but powerful tools that have been used to increase the productivity of aging nurses, such as using magnifying glasses to read and "talking" blood pressure machines that read measurements in an audio output.

New Jersey's Hunterdon Healthcare System provided several examples that demonstrate how health care employers are using technology to improve workflow, relieve the physically demanding nature of bedside nursing, and address the challenges associated with an aging workforce. Several examples include: a) integrating the on-screen prompting of electronic medical records to assist people with memory loss; b) installing smart beds throughout the hospital that collect and provide data automatically, assist in turning patients, and are directly integrated to a Nurse Call System; c) reorganizing information on electronic medical records to highlight and group relevant tasks; d) providing modified computer keyboards, computer mice, and other data-entry equipment; and e) simplifying data flow on computer screens to make it easier for the nurse who enters the data.

As described by Assistant Secretary Martinez at the symposium, California-based Kaiser Health Care has established a firm-wide, centralized funding pool for worker accommodations. An idea endorsed by NOND at the symposium, a centralized budget at the facility or in an organization for accommodations eliminates the cost to any one unit for hiring or retaining an aging worker or a worker with a disability. Hiring managers can draw on these centralized funds to provide a necessary accommodation for an older worker, or a worker with a disability.

Finally, in a 2012 report, *Employer Strategies for Responding to an Aging Workforce*, Cornell University researchers highlight several examples of how health care systems are taking steps to address the needs of their aging workers, including:

1. *Mercy Health System* offers weekend-only work, work-at-home opportunities, and seasonal work that allows employees to take extended leave.

2. *Lee Memorial Health System* offers flexible schedules as well as phased retirement and a seasonal months-off program for up to six months during a slow season for full- and part-time employees. Lee Memorial also allows employees to work reduced schedules for up to six months without losing benefits.

3. *Bon Secours Richmond Health System* allows employees who are age 65 and older to work up to 24 hours per week and receive the same benefits they would get if fully retired.

4. *Baptist Health Systems* allows employees with at least 10 years with the company who are age 59 ½ or older to begin to draw on their pensions while still working part time. In addition, older workers who retire can return to the company within five years without losing their benefits.

5. *Carondelet Health Network* implemented a "snowbird" program for its registered nurses. The program allows nurses to work for three, six, or nine months at a time, which offers opportunities to retain registered nurses who reside in Tucson, Arizona only during particular months of the year (Tishman, Van Looy, & Bruyère, 2012).

Next Steps: Promising Practices for Employers and Policymakers

Both the literature and employer examples from the symposium demonstrate and offer promising strategies that could be implemented by employers and policymakers to address the changing needs and challenges presented by mature health care workers.

For Employers

Workforce assessment is a critical first step for employers to map the demographics of their current workforce, identify current and projected skills gaps, plan for leadership succession, and facilitate the transfer of knowledge from their mature workers to entry-level hires. AARP has developed a tool kit for employers on conducting workforce assessments, available at: *http://www.aarpworkforceassessment.org/us/index.cfm*.

A disability management strategy should also be considered by health care employers. Such a strategy would draw on a variety of techniques to reduce declines in work performance tied to age-related physical, cognitive, or sensory disabilities.

Changes to the traditional physical organization of the health care workplace allow health care workers to stay employed longer. Encouraging health care employers to make design and ergonomic improvements to the physical environment and to take advantage of new and innovative technologies in the workplace can ease the physical burden on many health care workers. Solutions such as installing bed lifts so nurses do not have to manually lift patients and grouping patients and supplies together to reduce the time and the amount of running around for hospital workers can have positive effects on employee well-being and retention on the job.

Moving to a more team-oriented approach to organizing health care jobs may also allow health care professionals with different strengths and abilities to stay on the job longer. Further changes to the traditional employment structure in health care that could encourage recruiting and retaining mature workers revolve around other aspects of workplace flexibility, including: more flexible scheduling of shifts, limiting overtime, integrating more permanent-to-temporary employment opportunities where workers can work on an "as needed" basis, expanding options for phased retirement, and increasing the opportunities for part-time or job-sharing placements.

Peer mentoring and job shadowing are other techniques that could increase the skill levels of new entry workers into health care and keep mature workers productive longer, as suggested by the IOM (2008) report, *Retooling for an Aging America: Building the Health Care Workforce* and by symposium participants. In this model, younger workers could assist older workers on integrating new technology into bedside nursing, for example, while older workers could help train younger workers, passing along lessons from their years of experience.

Productivity enhancement tools, also known as "assistive technologies," are used by employers for their workers with disabilities and older workers. Such tools are often referred to as "reasonable accommodations" in the Americans with Disabilities Act (ADA). Some employers, such as AT&T, have begun to refer to assistive technologies and other reasonable accommodation strategies and policies as "productivity enhancement tools." This simple syntax change not only puts accommodations in a positive light but also broadens the meaning of the term to apply to all workers who might benefit from some degree of modification to their work environment to allow them to do a better job.

Employers ought to better educate their hiring managers and supervisors on the real meaning behind reasonable accommodation, as it is delineated in the ADA, and the effectiveness of assistive technologies. The greater extent to which assistive technology is seen as helping workers be more productive longer, the greater likelihood employers will provide them.

Employers should be encouraged to take advantage of existing federal and state programs that provide support for job accommodations, such as the resources of the ODEP-funded Job Accommodation Network or state vocational rehabilitation agencies.

For Policymakers

Policymakers, particularly top-tier decision-makers, have an important role to play in raising the *visibility of workers with disabilities employed in a variety of health care settings.* In order for employers, and the workforce at large, to think differently about older workers and workers with disabilities in health care, they must be able to see these workers in action, whether it is a physician in a wheelchair or an aging nurse with hearing or vision issues. Stories of successfully employed health care workers with disabilities should be published in all forms of media As Assistant Secretary Martinez aptly remarked at the symposium, the best advice for any hiring manager with apprehension about whether an individual with a disability can perform a job is to simply hire an individual with a disability to perform the job and figure out the type of assistance he/she may, or may not, need to do it successfully.

Health care organizations should educate their policymakers and managers about the use and availability of accommodations and assistive equipment, including simple or low-cost items. Several health care employers at the symposium commented that they had not realized the range of often simple accommodations available that would enable workers aging with or into disabilities to be productive in their jobs, underscoring the dire need for improved employer education.

Policymakers should *work with state and local labor market and workforce development experts to identify and publicize clearer career pathways that allow older health care workers to transition into less physically demanding health care occupations* as they mature. Occupational fields such as health care informatics, health information technology, medical coding, and health care administration present opportunities that do not require the same type of physicality as bedside or direct patient care. Policymakers also have a role in encouraging training of current and future health care workers. Though not specific to older workers, the U.S. Department of Labor has undertaken several health care workforce initiatives in recent years, recognizing that health care continues to be a high-growth sector nationally.[3] Other workforce development initiatives, often with philanthropic support, are aimed at encouraging older job seekers to consider training at community colleges for "encore" careers in health care and other public service fields. This includes the American Association of Community Colleges' Plus 50 Encore Completion Program, which provides support to community colleges that are undertaking programs to train baby boomers for new jobs in health care, education, and social service.[4]

Better research and data are needed regarding the costs and benefits of employer initiatives to hire, train, and retain older health care workers. Both "heart" data — the qualitative, anecdotal stories of success — and "head" data — the quantitative, dollars-and-cents figures related to the aging health care workforce and its productivity — are needed to convince the employer community that hiring and retaining older workers is a profitable business policy. Employers, researchers, and workforce policymakers agree that more, and better, data need to be collected, and existing data need to be better mined to understand the impact of the aging workforce on employers' bottom lines.

For example, in New Jersey, the State Employment and Training Commission's Health Care Workforce Council has created a data subgroup to: map out the various data sources; identify the data needs of New Jersey's health care employers, educators, and workforce professionals; and forge strong collaborations among the key stakeholders in health care. The result will be a state Health Care Workforce Data Plan that will include current labor market information data, qualitative employer input, demand information around workforce trends, and demand versus supply analysis in New Jersey's health care labor market.

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Endnotes

1. The IOM report makes a distinction between formal health care providers, which would include paid medical and direct care personnel, and informal or family caregivers who provide unpaid care mostly in the home setting.

2. "Assistive technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. Assistive technology can include mobility devices such as walkers and wheelchairs, as well as hardware, software, and peripherals that assist people with disabilities in accessing computers or other information technologies." National Center on Accessible Information Technology in Education, *http://www.washington.edu/accessit/articles?109*, October 18, 2012.

3. Information on the Health Care Sector and Other High-Growth and Emerging Industries grants can be found at: *http://www.doleta.gov/BRG/Indprof/Health.cfm*.

4. Information on the Plus 50 Encore Completion Program can be found at: *http://www.aacc.nche.edu/newsevents/News/articles/Pages/051820121.aspx*. Also see the report, *How Boomers Can Help Improve Health Care: Emerging Encore Career Opportunities in Health Care*, available at *http://www.encore.org/files/research/JobsHealthPaper3-5-10.pdf*.

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About ODEP

The Office of Disability Employment Policy (ODEP) provides national leadership on disability employment policy by developing and influencing the use of evidence-based disability employment policies and practices, building collaborative partnerships, and delivering authoritative and credible data on employment of people with disabilities. Learn more at: http://www.dol.gov/odep/.

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