

The changing demographics of nursing

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The face of nursing has been changing over the last 50 years. Women who a half a century ago would only work as nurses until they married are now ending up as nursing managers and administrators, moving out of the practical field. . But still it has been noted that the age of the nursing workforce has increased over the last quarter of a century, and fewer younger people are entering the nursing profession.

In fact, at the time of the survey by the Bureau of Health Professions in 1997, baby boomers (those born between 1947 and 1962) were the largest component of the nursing workforce and at the current time only nine percent of registered nurses are younger than 30 years of age (Santucci, 2004). If this trend continues, then it would mean that the need for nursing would increase by as much as 22% between the years of 1998 and 2008. The demographics of nursing are changing as to the working environment as well.

While hospitals employ about 60% of all nurses, the nurses who work in hospitals are likely to be younger, mostly due to the strain of physically demanding work and the shift work involved. While the hospitals tend to produce recruiting programs more focused on younger nurses, this also means that there is the need to promote relationships between the different generations of nurses. Problems in workplaces are the most often cited issues when it comes to job turnover rates among nurses.

And the flow of younger nurses toward the hospital setting also means that the number of new graduate nurses being hired into the nursing pool is getting higher. This in turn results in a greater number of rather

inexperienced new nurses in positions that may be better filled by experienced nurses. In order to answer this problem, residency programs have been developed for new graduate nurses, to provide orientation to the specialty areas such as critical care, medical/surgical and psychiatry. These residency programs appear to do much to help the new nurses address the challenges they face in their new positions.

Green and Puetzer (2002) clearly define in their article the issues surrounding the importance of effective recruitment, efficient training and ultimate retention of experience nursing staff. A structured mentoring and precepting program appears to be key to all three of these issues and shows that while the schools prepare the nurses for the basics, mentoring programs are the most effective in the workplace. Without residency programs, there is a significant degree of turnover in the nursing staff, which leads to poor clinical care and burnout.

A study by Bowles and Candela in 2005 reviewed involved the experiences of recent RN graduates in their first jobs (Bowles and Candela, 2005). The study was meant to determine new graduate perceptions of first jobs and why they left them, if they had. The results showed that 30% of new graduates left their positions within one year, and 57% had left their first positions within 2 years. Issues cited for leaving consisted of patient care problems, unsafe nurse to patient ratios, and stress associated with the acuity of the patients.

Other significant issues (22%) noted a lack of support on the part of management, as well as a lack of guidance and a sensation of being given too much responsibility for patient care as compared to the nurse's level of

comfort and experience. This review showed that RNs in the first year of work tend to leave their first position at a much higher rate than RNs who are in second or subsequent positions. It would appear from this study that to improve RN retention one must consider the development of orientation and mentoring programs.

This would improve work environments and reduce stress levels. There is a limited availability of preceptors. This often causes nurse interns multiple preceptor assignments that causes problem with educational continuity, follow through on assignments and progress assessments, as well as preceptor burnout. Smith and Chalker (2005) describe the issue from the nurse interns' view where all active duty military nurses assigned to a military hospital between December 2000 and November 2003 were surveyed.

A total sample of 216 nurse interns were surveyed regarding the nurse intern's perception of the preceptor continuity within the existing four-month nurse intern program. These nurses were also asked about differences in perception between clinical performance, role transition, job satisfaction and nursing retention issues among nurse interns who had the same preceptor throughout their 4-month internships as compared to those who did not.

In this study, there appeared to be no difference reported in the clinical performance, role transitions and retention in nursing between nurse interns who had assigned clinical preceptors versus those who did not. Over 48% of those surveyed indicated that the presence of one or multiple preceptors had little to do with the nurse's desire to stay within the nursing profession.

It is important, however, to note that of those who were surveyed who were new graduates, of these respondents 85% felt that having the same preceptor was most beneficial.

Some supporting comments included issues such as building a trusting bond with the preceptor, consistency and continuity, and confidence building.

Another interesting study assessed the effectiveness of using a mentorship program not only to retain quality nurses, but also to actually recruit them to programs in the first place. In this study (Nelson and Godfrey, 2004) identified that the new graduate nurse population required special attention, quoting that one in every three nurses under the age of 30 planned to leave their current job within the year (Aiken, et. l. 2001).

Understanding this effect of patient care continuity, Nelson and Godfrey set out to see if a nurse mentorship program designed to provide an intense experience for students to gain greater clinical skills, and work values that would lead to commitment to professional teams and hopefully job retention. This study included nursing students who were within 2 semesters of graduation from a local program in Florida.

All candidates for the program were prescreened and required a completed application as well as two letter of reference before they would be accepted into the program. Students in this study worked with assigned preceptors for a minimum of 16 hours with each two-week period, mentoring one on one with an experienced RN. It is interesting to note that ten of the students are now graduated, and remain employed by the hospital at which they precepted.

It is likely that the selection process weeded out those applicants who most likely would be in benefit of a preceptor program, perhaps the more clinically insecure RN or the one who is struggling with assimilating clinical decision making skills and the like. There was benefit to the students in that they all felt better prepared for entry into employment as an RN. The benefit to the hospital also cannot be denied. As noted in the study, savings related to RN retention continues to accrue.

Using the assumption that the 62 graduate nurses who did not participate in the program had participated, and applying the hospital's 23% turnover rate applied to this hypothetical group, this would mean a net savings of 14 nurses (instead of the 29 they would have lost without the program, according to previous rates of turnover). Assuming that the cost of mentorship for each RN would be approximately \$10, 000, and then the savings would be around \$150, 000 to the hospital based on nurse retention alone.

This study would seem to indicate that the nurse mentorship program not only improves nurse clinical skills and job satisfaction, but also can be of monetary savings to the hospitals themselves. While relatively few articles available on mentorship for graduate nurses exist, there are enough valid studies out there which all seem to indicate the importance of orientation programs not only to improve clinical care, but to decrease nursing staff turnover, preceptor burnout and decrease the financial burden such turnover costs to the healthcare system.