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# **Should I Stay, or Should I Go? Retaining Expert-Level Senior NNP Workforce at the Bedside: NANNP- Recommended Solutions and Guidelines**

## **White Paper**

**NANNP Council  
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There is a national shortage of neonatal nurse practitioners (NNPs). An aging NNP workforce is further stressing a challenged critical care environment that already is experiencing a shortage of this highly skilled group of healthcare professionals. As part of an overall goal of increasing the population of NNPs at the bedside, this project reviewed strategies for retaining tenured and experienced NNPs in the workforce.

## **Introduction**

In January 2014, the National Association of Neonatal Nurse Practitioners (NANNP) Council challenged the NANNP Recruitment and Retention Task Force with identifying factors that are impacting, and possible solutions to help alleviate, the impending NNP shortage. To meet the current and future needs of high-risk and critically ill newborns, efforts must focus on recruiting new NNPs as well as retaining existing expert NNPs.

NNPs are highly trained and skilled team members who work in the neonatal intensive care unit (NICU); delivery room; and transport, primary, and acute care units caring for neonates and infants as old as 2 years. NNP education has specialty neonatal didactic and clinical teaching and is oriented specifically to the neonatal and infant population. The supply of practicing NNPs currently is not meeting demand (Kaminksi, Meier, & Staebler, 2015).

NNPs have numerous late-career options, including taking early retirement or transitioning to academia, home nursing, or administrative work. The Senior Staffing Solutions Task Force focused on finding methods for retaining experienced, senior-level NNPs in clinical roles. After a review of the literature, a survey was developed and distributed to current NNPs to determine what they consider to be important factors in the decision to remain in the clinical setting. Based on the findings, recommendations for retaining senior NNPs were developed to provide guidance and suggestions for how to best maintain clinical experts for the neonatal population.

## **Definition of Terms**

For the purpose of this paper, “senior” refers to two categories. The first category of senior NNP includes mature practitioners who bring the benefits of age and wisdom, with or without experience. For example, an NNP older than 50 years may have very little or a great deal of experience as an NNP because some NNPs previously have had different careers and are new to the NNP profession. Older NNPs may need accommodations to address the challenges often associated with an aging person, such as visual and fatigue issues.

The second category includes experienced individuals with extensive knowledge of the NNP role regardless of age, keeping in mind that some NNPs enter the profession at a younger age. The number of years of experience required to be considered “experienced” is fluid and depends on the individual setting or group.

## **Background/Review of Related Literature**

The aging of the U.S. population has dire implications for the healthcare industry, both as the employer of an older workforce and as the provider of services to a growing number of older patients. To explore issues related to the aging healthcare workforce and begin to understand and address retention of NNPs, the NANNP Council funded a workforce survey. Based on the survey data, the NANNP Recruitment and Retention Task Force made recommendations for

creative senior staffing solutions. By 2050, the U.S. Census predicts that 19.6 million American workers, roughly 19% of the total U.S. workforce, will be age 65 years or older. In fact, the number of individuals in the labor force who will be age 65 years or older is expected to grow by 75%, but the number of individuals age 25 to 54 years in the workforce is expected to grow by only 2% (Heidkamp, Mabe, & DeGraaf, 2012). For the nation's healthcare industry, these demographic changes and other recent trends portend significant employment challenges in the near future. Considering the comparatively older workforce than that found in many other industry sectors, the growing population of older adults, and the expanded group of patients covered by the Affordable Care Act, employers of healthcare specialists must maintain an adequate supply of skilled workers at all levels while also meeting the increased demand for high-quality healthcare services. Healthcare 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. Because of the following contributing factors, the healthcare sector is especially vulnerable to the effects of an aging workforce.

⟨ Research and data show that

1. By 2020, nearly one-half of all registered nurses will reach traditional retirement age.
  2. The average age of all licensed registered nurses (RNs) in the United States was 50 in 2017. (McDonnell, 2017). Nearly 45% of RNs were age 50 years or older in 2008, a sharp increase from 33% in 2000 and 25% in 1980; making this the fastest growing demographic among nurses (Buerhaus, Auerbach, & Staiger, 2018). In the same study, he projected a nursing shortfall of 260,000 RNs by 2025. He also addressed the impact of the current recession, saying it led to some older nurses delaying retirement and others to re-enter the workforce.
  3. Per the 2017 NNP workforce survey, the average age of NNPs was 49 years, up from 46 years in 2006. The survey reported 32% of NNPs were older than age 55 years (Welch-Carre, Linkous, & Mattis, 2018).
- ⟨ Encouraging older healthcare 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 do their job effectively (Heidkamp et al., 2012). The intersection of aging, disability, and employment results in a complex set of issues for both older workers and their employers.
- ⟨ Some individuals who have had a disability since birth or from a young age may need to adapt to secondary conditions that could be the result of aging or the progression of their original disability. Individuals who have grown up with a disability may be familiar with supportive resources like assistive technology, job accommodations, and the vocational

rehabilitation system. However, other people may acquire an age-related disability later in life, such as vision or hearing loss, or other physical issues arising from an accident, the onset of illness, or a chronic health condition. In addition, employees may encounter changing cognitive abilities or mental health issues that could be related to aging, including memory loss or depression. Individuals who fall into these latter 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 et al., 2012).

- ⟨ Hospitals and other healthcare 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 healthcare professionals' examples, illustrates a range of strategies healthcare 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 of their current workforce and how retirement or aging workers will affect the organization. Many of the strategies are related to aspects of workplace flexibility, including phased retirement.
- ⟨ The cost for hospitals and healthcare groups to recruit and orient new NNPs is significant. Not only is there a considerable cost associated with recruiting and orienting a new NNP, a vacant position also can cause significant revenue loss. According to the 2011 Physician Retention Survey, the turnover rate for nurse practitioners and physician assistants in all specialties was 12.6%, more than twice the combined adjusted physician turnover rate of 6% (Anderson, 2012). The 2017 National Healthcare Retention and RN Staffing Report states the majority of advanced practice and allied health professionals reported an increase in turnover when compared to the 2015 results (NSI Nursing Solutions, Inc., 2018). An increasing NNP position vacancy rate is demonstrated between the 2014 and 2016 NNP workforce surveys (Welch-Carre et al., 2018). The cost of turnover can have a profound impact on the already diminishing hospital margin and needs to be managed (NSI Nursing Solutions, Inc., 2018). The Center for American Progress estimates the cost of replacing an employee to be equal to 20% of the employee's annual salary ("How Much Does It Cost," 2018).
- ⟨ The Center for American Progress notes that the cost is even higher when replacing professionals who require advanced education and specialized training, such as NPs (NSI Nursing Solutions, Inc., 2018). Therefore, in terms of financial benefit and job satisfaction, it is in the best interest of hospitals and healthcare facilities to retain current employees. Given the relationship between higher job satisfaction and lower intent to retire, efforts to increase NPs' job satisfaction may result in fewer early retirements (Falk, Rudner, Chapa, & Greene, 2016). The majority of nurse practitioners reported that the most common reasons for leaving the

clinical arena before retirement age were scheduling, early retirement, workload/staffing ratios, salary, commute/location, immediate management, and benefits (NSI Nursing Solutions, Inc., 2018). The need to care for a grandchild or elderly parent can cause senior NPs to look for benefit packages that take these concerns into consideration. Healthcare certainly is a topic amongst those approaching retirement age as a factor forcing them to continue working longer. Health insurance, workload management, and retirement bonuses/perks have moved into the top five reasons to stay (NSI Nursing Solutions, Inc., 2018). Research indicates that the keys to hiring or retaining seasoned NNPs include flexible work schedules (e.g., weekends, hours, holidays, job sharing, shift length), location, career advancement opportunities, and work/life balance. Employers may also have to consider more innovative ways to keep the senior NNP in the workforce, such as allowing them to work in a consultant type role or providing opportunities for retirees to occasionally return to work on projects or special assignments (Hendren, 2010). It also is important to mention that staff turnover increases the workload for existing providers, which, in turn, can lead to job dissatisfaction and possible turnover among other members of the team (“How Much Does It Cost,” 2018).

## **Methodology/Findings**

A 27-item quantitative/qualitative questionnaire was distributed via e-mail to NNPs. The survey consisted of questions related to physical limitations associated with aging as well as strategies to keep NNPs in the workforce as they age. A total of 308 completed responses were received. Of those responses, the majority of NNPs had between 16 and 20 years of experience. Seventy-five percent of the respondents held a master's of science in nursing and 86% worked in a level III or IV NICU. The average planned age of retirement was 61 to 65 years.

The survey participants were asked to answer questions related to their ability and willingness to work as they age. More than one-half of survey participants noted fatigue (52%) as the most concerning physical change affecting their capacity to work, followed by the ability to wake up and function quickly (22%) and lack of visual acuity (22%). Based on the physical and mental stress of the NNP role, more than 70% of respondents felt they would not be able to continue to work in their current NNP role based on existing work requirements, with nearly 60% reporting worry/concern that they would not be able to function in their current setting until the age of retirement. Not requiring night shifts followed by not scheduling nurses for call shifts were noted as the most feasible options to enable aging NNPs to continue working in their current capacity.

Apart from physical limitations associated with aging, NNPs were asked about strategies that would enable them to consider extending their career as a

bedside NNP. As mentioned previously, fewer night/rotating calls and self-scheduling were the most favorable strategies. Respondents also reported that benefits such as increased compensation for years worked (ranked highest), professional development programs, and the ability to work 0.5 FTE with benefits would persuade them to consider working in the field longer. The survey also revealed that NNPs would be willing to continue working in the clinical setting in alternate roles, such as nursing education. Despite these findings, 82% report that their institution had no incentive program for retention and 90% of those who reported having no professional development program in their unit/hospital expressed the desire to have one.

## **Discussion**

### ***Scope and Limitations***

- ⟨ We were unable to track how many NNPs received the survey to quantify the number of responses in relation the national NNP population.
- ⟨

### ***Significance of the Study***

- ⟨ Possibility to impact the number of NNPs practicing in the clinical setting by maintaining experienced NNPs at the bedside
- ⟨ Provide data to support creating an open culture for senior NNPs to feel safe to negotiate changing needs related to aging

## **Conclusion**

### ***Recommendations***

1. Senior NNPs should be provided reasonable accommodation to implement alternative staffing models, such as differing shift lengths or rotation schedule
  - a. These options may include but are not limited to the following:
    - i. For NNPs older than age 50, night shift hours should be optional.
    - ii. Senior NNPs with more than 20 years of experience should have the option to work no more than one weekend a month (24 hours) and one holiday per year.
2. Senior NNPs should be provided reasonable accommodation to use nonclinical time for specialty-based projects. Examples of these projects may include but are not limited to the following:
  - a. Quality improvement and research, policy review and implementation, teaching/education, etc. included in their regular hours.
    - i. Professional organization involvement
    - ii. Senior NNPs should have the option to transition some or all of their clinical hours to nonclinical time to retain them at the bedside.
3. Senior NNPs should be provided reasonable accommodation to use nonclinical hours for service to the profession.

- a. Examples of this may include but are not limited to the following:
    - i. Continuing education credits, certification maintenance, presentations, writing for publication
4. Senior NNPs should be provided reasonable accommodation to maintain benefits without full-time hour requirement.
  - a. Examples of these may include but are not limited to the following:
    - i. Senior NNP has option to go to a 0.75 FTE status with full benefits or 0.5 FTE with fewer benefits.
    - ii. Retention bonuses
5. Senior NNPs should be provided reasonable access to ergonomic assistive devices, as needed.
  - a. Examples of these may include but are not limited to the following:
    - i. Magnifying lenses for procedures, Electronic medical record, decision support systems, insurance covering podiatry and/or chiropractic care, back support devices, standing desk

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**Table 1. Sample employer Strategies for retaining senior employees**

Study/Health System	Human Centered Solution	Environmental Solution
<b>Robert Wood Johnson University Hospital in New Brunswick, NJ (Harrington &amp; Heidkamp, 2013; Tishman, Van Looy, &amp; Bruyère, 2012)</b>	<ul style="list-style-type: none"> <li>· Assigned human resources personnel to counsel nurses</li> </ul>	<ul style="list-style-type: none"> <li>· Repositioned equipment (e.g., floor refrigerators that housed medications)</li> <li>· Purchased anti-fatigue mats</li> </ul>
<b>Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace (Hatcher et al., 2010)</b>	<ul style="list-style-type: none"> <li>· Design career paths with expanded roles for older workers</li> <li>- Promote work/life balance</li> <li>- Offer retirement programs that are an attractive option to continue working</li> </ul>	<ul style="list-style-type: none"> <li>· Improve designs for older nurses (ergonomic improvements)</li> </ul>
<b>Retooling for an Aging America: Building the Health Care Workforce report (Institute of Medicine Committee on the Future Health Care Workforce for Older Americans, 2008)</b>	<ul style="list-style-type: none"> <li>· Flexible work schedules</li> <li>· Creates a retention strategy to recruit older workers into leadership positions</li> <li>- Provide additional training to retired healthcare professionals to enable them to return to the field (e.g., from the Retired Social Workers Project); integrate technology to enable workers with disabilities and aging workers to continue to work</li> </ul>	

<p><b>New Jersey's Hunterdon Healthcare System (Harrington &amp; Heidkamp, 2013)</b></p>		<ul style="list-style-type: none"> <li>· Environmental Solutions - Incorporate technology to improve workflow and relieve the physical demands</li> <li>· Integrate the on-screen prompting of electronic medical records to assist people with memory loss</li> <li>· Install smart beds (collect and provide data automatically)</li> <li>· Nurse call system</li> <li>· Electronic medical records</li> <li>· Ergonomic improvements</li> <li>· Simplifying data flow</li> </ul>
<p><b>Mercy Health System (Harrington &amp; Heidkamp, 2013; Tishman, Van Looy, &amp; Bruyère, 2012)</b></p>	<ul style="list-style-type: none"> <li>· Flexible work schedule</li> <li>· Weekend-only work, work-at-home opportunities, seasonal work (extended leave)</li> </ul>	
<p><b>Lee Memorial Health System (Harrington &amp; Heidkamp, 2013; Tishman, Van Looy, &amp; Bruyère, 2012)</b></p>	<ul style="list-style-type: none"> <li>· Flexible work schedule</li> <li>- Phased retirement</li> <li>- Seasonal-months-off program (up to 6 months off during slow seasons; full-time and part-time employees can participate without losing benefits)</li> </ul>	
<p><b>Bon Secours Richmond Health System (Harrington &amp; Heidkamp, 2013; Tishman, Van Looy, &amp; Bruyère, 2012)</b></p>	<ul style="list-style-type: none"> <li>· Enables employees age 65 years and older to work up to 24 hours per week and receive the same benefits, as if they were fully retired</li> </ul>	

<b>Baptist Health Systems (Harrington &amp; Heidkamp, 2013; Tishman, Van Looy, &amp; Bruyère, 2012)</b>	<ul style="list-style-type: none"> <li>- Enables employees with 10+ years with the company who are age 59½ years or older to begin to draw on their pensions while working part time</li> <li>· Enables older workers who retire to return to the company within 5 years without losing their benefit</li> </ul>	
<b>Carondelet Health Network (Harrington &amp; Heidkamp, 2013; Tishman, Van Looy, &amp; Bruyère, 2012)</b>	<ul style="list-style-type: none"> <li>· Implemented “snowbird” program</li> <li>- Enables nurse to work for 3, 6, or 9 months at a time</li> </ul>	

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