Nurses with activity limitations: Implications for an aging nursing workforce

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DISCLOSURE:

Authors:

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LEARNER OBJECTIVES

At the completion of this session, learners should be able to:

1. Describe the implications for nurses with activity restrictions and/or disabilities on:

    a. The ability to get a job

    b. Wage rate

    c. Annual hours of work

2. Discuss how employers can heighten efforts to provide appropriate job accommodations for nurses with physical or psychological difficulties

Labor Market Discrimination: A bleak outlook for older women

Teresa Ghilarducci and Kyle Moore

KEY POINTS:

1. Older women face worse age discrimination than men in the labor market; this is compounded for non-Whites
2. Older men (55-64) earn considerably more per hour than older women
3. Differences in pay are not based on differences in quality of work or effort
4. As women increase their share of workers in an occupation, pay falls for that occupation
5. Subordinated treatment in the labor force adds up to a disadvantaged old age
6. Discrimination erodes when political and economic influencers make employers responsible for paying and promoting without regard to age, race, or gender
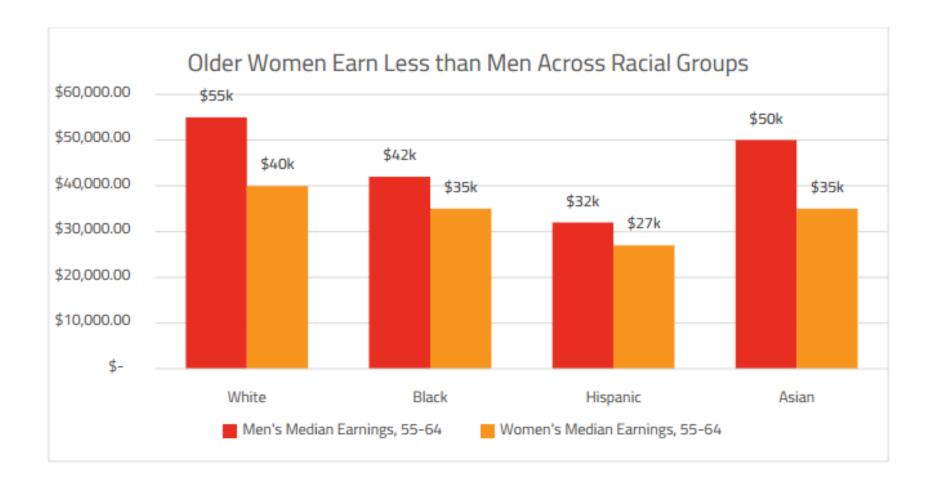
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Older Women Earn Less than Men Across Racial Groups

Source: Current Population Survey 2016. Figure depicts percent of older adults (65+) living with total income below 200 percent of federal poverty line. Income statistics are median wage income for workers ages 55 to 64 who work at least 30 hours per week.

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NURSES AND NURSING

- Nursing - largest segment of the US health workforce
- By 2020, nearly half of all RNs will reach retirement age
- Currently the average age of a nurse in the U.S. is 50
- The number of persons in the labor force who are $\geq$65 is expected to grow by 75%, while the number of persons in the workforce 25-54 will grow by only 2%
- According to the U.S. Bureau of Labor Statistics (2014), the RN workforce is expected to experience a shortage until 2030 (most severe in the South and the West)

LABOR MARKET DISCRIMINATION

1. An important problem for persons with disabilities / activity limitations across many occupations

2. Labor market discrimination for nurses with activity limitations coupled with gender inequality in the labor market poses additional challenges for nurses:

   a. Predominately female (@90%)

   b. Paid, on average, 19% less than male nurses, controlling for all other variables (Wilson, Butler, Butler & Johnson, in press)

Carey Amsden

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CURRENT STUDY EXPLORED:

Any disparate treatment of nurses with activity limitations / difficulties at three margins of the labor market:

    a. The ability to get a job

    b. Wage rate

    c. Annual hours of work

METHODS

- Accessed the American Community Survey: U.S. Census Bureau
- Includes basic demographic information, wages, hours of work, and employment status
- Approximately 30,000 RNs surveyed each year (2006 – 2014)
- Sample contains 'difficulties with daily activities' measures:
  - ✓ Dressing difficulties
  - ✓ Uncorrectable vision or hearing problems
  - ✓ Difficulties with physical activities
  - ✓ Difficulties with memory
  - ✓ Difficulties with independent living
- Log of annual wages and log of hourly wages regressed on a detailed list of sociodemographic variables (including activity limitations) to employment outcomes that were estimated with a linear probability model

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RESULTS

- Most of the differences were seen in the 'hours' effect; that is, wage rates differentials were minimal

- Employment rates fall with *dressing difficulties* (7% lower), *independent living difficulties* (24% lower) and *memory difficulties* (24% lower)

- Little disparity in hourly wages between disabled and 'abled' RNs but enormous disparity in the disabled's employment and hours of work opportunities, and hence a moderate amount of disparity in annual wages

  - e.g. in 2009 an RN who reported some sort of physical or mental impairment/disability made 33.6 % less and had a 64% lower likelihood of being employed relative to nurses without physical impairments or activity limitations

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RESULTS

As the nursing cohort ages, significant increase in probability of the nurse having some sort of physical or mental impairment / disability

Example - 2014:

- <1.4% of RNs 25-29 years of age reported working with a disability
- 11% of nurses 60-64 years of age reported a disability
- >13% of nurses $\geq$65 were working with some sort of physical or mental impairment or disability

Our data consistent with other findings:

- 10.4 % of persons 21-64 have some sort of disability
- 25% of persons 65 to 74 have some disability

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IMPLICATIONS

- 40% of RNs currently working are over 50 years of age

- Baby boomer RNs continuing to work into their late 50s and 60s – significantly increases probability that nurses with activity limitations will be substantial portion of nursing workforce

- Work related difficulties increase roughly 10-fold from the late 20s to the late 60s

- Annual retirements from the RN workforce will accelerate from 20,000 in 2005 to nearly 80,000 in the next 10 years

- Employment among healthcare practitioner occupations is anticipated to increase by 21.4% and will result in almost 1.6 million new jobs – RNS will account for more than one third of the growth in this occupational group

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CHALLENGES FOR HEALTHCARE WORKFORCE

Workforce and workplace assessments to study demographics, skills, and knowledge transfer issues relating to current workforce

1. Current strategies related to scheduling:
   - Workplace flexibility (e.g. phased retirement)
   - Customized schedules
   - "Snowbird schedules" for nurses

2. "Disability management" and ergonomic improvements:
   - ❑ Repositioning floor refrigerators that house patient medications
   - ❑ Purchasing anti-fatigue mats
   - ❑ Assigning HR personnel to counsel nurses considering retirement to identify changes that could be made to keep them at the bedside
   - ❑ Ergonomically-friendly carts and wheels
   - ❑ Ensure printed materials / computer screens available in large font

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BEST PRACTICES FOR EMPLOYERS AND POLICYMAKERS

1. Workforce assessment
2. Disability management strategy
3. Changes to the traditional physical organization of the health care workplace
4. Peer mentoring and job shadowing
5. Productivity enhancement tools, also known as 'assistive technologies'
6. Better education of hiring managers and supervisors on the real meaning behind 'reasonable accommodations'
7. Better research / data regarding costs and benefits of employer initiatives to hire, train, and retain older RNs
8. Policy makers work with local and regional labor market and workforce development experts

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QUESTIONS?