The Emerging Baby Boomer Health Care Crisis

During 2011, the retirement of Baby Boomers began. More specifically, approximately 10,000 individuals will reach age 65 each day for the next 13 to 14 years (Cohn & Taylor, 2010). The complex, multi-focused, acute and chronic health care needs of this growing, aging, and diverse cohort of older adults will result in an increasing need for nurses with special skills, exceptional dedication, and gerontological expertise. This ever-increasing need for health care professionals is being compounded by the dramatic reduction of experienced nurses who provide services in the acute hospital setting. The needs of this ever-expanding older adult cohort combined with the nursing shortage will evolve into a crisis situation unless some innovative care delivery strategies are discussed, planned, and executed. The purpose of the current editorial is (a) present the conditions that contribute to the acute care nurse shortage; (b) identify strategies that could increase health care access to older adults, which may reduce their likelihood of hospitalization; and (c) propose a mechanism that could assist in reducing hospitalizations while increasing the interactions between older adults and experienced nurses in a nonclinical community setting.

ACUTE CARE NURSE SHORTAGE

The accelerating health care needs of the Baby Boomer cohort, the retirement/withdrawal of experienced acute care nurses, and the resultant administrative actions (e.g., mandatory overtime, increased workloads) continually exacerbate the crisis. Administrative mandates contribute to the cycle of increased job stress that leads to increased nurse turnover resulting in understaffing, which ultimately further accelerates the acute nursing shortage problem. Interrupting this cycle mandates new strategies to resolve the situation. To reduce the ever-increasing need for acute care by the Baby Boomer cohort, interventions that could meet the needs of older adults, reduce hospitalizations, foster community support, and provide an extended career path for dedicated, aging, experienced acute care nurses must be proposed, designed, initiated, and evaluated.

Some of the non-health consequences of the aging process...
include the lack of adequate retirement funds, fear of injury/ victimization, an inability to perform physically demanding work, and social isolation. The aging nurse workforce is confronted with the same physical, psychological, and social challenges as their aging patients. According to data published by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, and National Center for Health Workforce Analysis (2014) in “The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025,” there is a significant decrease in the number of nurses choosing to work in acute care settings when they reach the age range of 51 to 55 years. These experienced nurses seek positions that have fewer physical demands, offer more job flexibility, and are less stressful.

Other peripheral but significant issues, such as national budgetary issues, further complicate the needs/shortage crises. Increased longevity has met with budget-based political remedies. It has been proposed that the retirement age be raised from 67 to 69 to 70 years. Proponents of this solution fail to realize that living longer leads to multiple physical limitations associated with the aging process. If the retirement age was raised, it would likely cause the eligibility for Medicare to rise. Raising either of these age eligibility requirements would significantly impact the financial, physical, and general welfare of nurses and their patients.

The obvious solution for providing more appropriate care is to increase the number of acute care nurses. Unfortunately, the number of nursing education graduates is limited by the lack of nurse faculty. Nurse faculty must have advanced preparation and a willingness to teach and accept a salary that is less than those with similar prepara-

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for Health Workforce Analysis (2014) in “The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025,” the likelihood that there will be a dramatic increase in the number of nursing faculty and, consequently, more nurse graduates is unlikely to occur in the next few years.

REDUCING HOSPITALIZATIONS AND INCREASING INTERACTIONS IN A COMMUNITY SETTING

Many older adults delay seeking formal treatment until they reach an acute stage, which increases their likelihood of hospitalization (Richardson, 2011). Intervention during the early stages of an illness could promote positive health habits, meet the patient’s needs, reduce anxiety, minimize hospitalizations, and produce better outcomes. Interactions between nurses and members of the Baby Boomer generation should be informative, informal, and purposeful. Interventions that take place within the community could meet multiple community/clinical needs. Bringing older adults together in a comfortable, non-threatening, interactive environment, such as a local public school, to discuss their needs could become the initial phase of a community-based triage health system. Public schools are an ideal place to meet because they are community owned, vacant on most evenings/weekends, and are built to serve the needs of the community. Community involvement programs may be initiated by publicizing a monthly congregate or potluck meal gathering combined with an open forum discussion of older adults’ needs, a health information program, and nurses’ being available for consultation (EldercareDirectory.com, 2015). Many older adults would welcome coming to a safe, convenient public place to interact with members of their community’s age cohort, as they generally enjoy opportunities for social interactions. Their need for social interaction, health counseling, and purposeful community involvement could form the basis for a neighborhood health watch.

The most common causes of hospitalizations for older adults include the consequences of obesity, immobility, adult onset diabetes, hypertension, cardiovascular problems, and cancer (Richardson, 2011). The causes for traumatic hospitalization are often associated with mobility/balance problems resulting in falls (Liu-Ambrose et al., 2015). Another category of problems is associated with social isolation, loneliness, hopelessness, and clinical depression (Steptoe, Shankar, Demakakos, & Wardle, 2015). Nursing, as a profession, would best be served by establishing multiple pilot programs based on a modified community triage system, problem-based instructional programs, and community/neighborhood nursing. Initially, gerontological nursing organiza-
tions need to develop a series of certification programs focused on the older adult community’s most common overall health needs (e.g., obesity, hypertension, diabetes, cardiovascular problems). Additional advantages of the programs could include basic assessments, clarifying clinical instructions, reviewing home-based precautions, and providing a direct voluntary communication system between members of this aging cohort. In addition, establishing these programs would extend the career ladder for aging nurses who are unable to function in an acute care setting but have the requisite skills to provide basic assessments, safety procedure information, and establish a communication network between older adults and members of the health provider community.

Funding for multiple local community-based triage programs could be sought from non-governmental, for-profit sources such as those businesses/organizations that supply older adults with common medications, assistive devices, and disposable equipment. Corporations could benefit by building a reputation of community involvement, caring, and contributing to the communities that they serve. In addition, from a business perspective, the sponsors would have increased access, possible feedback mechanisms about their products/services, and an increase in their exposure to an informed target audience.

Nursing has always been a contributor to our country’s general welfare. It has also been a major participant in our country’s economic health care enterprise. As responsible professional providers, it is our responsibility to meet the immediate and anticipated needs of the largest aging cohort in our history. Adjusting our focus from hospital- to community-based nursing can prove to be a more efficient model of care to serve the needs of the Baby Boomer generation, expand/extend the nurse career ladder, and allow business leaders the opportunity to contribute to the welfare of the community that they serve.

REFERENCES

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