

CREATING A CULTURE OF AGING

Catholic Health Systems Have Advantages in Working
with Baby Boomers, the Fastest-Growing Segment of Workers

For hospital executives across the country, a frightening notation is edging closer to the top of their to-do lists: the national nursing shortage. Ready or not, demographers promise the exodus of a generation of caregivers beginning in 2010¹; health system leaders, if not prepared, predict a patient care crisis.

A yet untapped resource offers a solution:

Growth among workers age 45 and older is on the increase. By 2010, workers age 45 to 54 will grow by 21 percent; those 55 to 64 by 52 percent.²

Leave it to the baby boomers to redefine aging and retirement as “optional.” A new Merrill Lynch study indicated that 71 percent of people believe that continuing to work past retirement age was the ideal plan for them.³ Likewise, 38 percent said they want to go back and forth between work and leisure. And 17 percent want to work part-time.

The catalyst? Flexible arrangements and innovative work-life benefits. That’s what is behind the successful creation of a “culture of aging” among 6,000-plus co-workers at Bon Secours Richmond Health System, Richmond, Va.

Catholic health systems have a unique advantage for tapping into the fastest-growing segment of qualified, engaged workers and leadership. This article will explore the fundamentals applied by Bon Secours officials to successfully work with the aging baby boomer workforce.

LOOKING BACK FOR ANSWERS TO THE FUTURE

Bon Secours Richmond co-workers work at four different hospitals and numerous outpatient facilities. Of them, 85 percent are women; nearly one-third are nurses; and 30 percent are age 50 and older.

The words *bon secours* are French and translate as “good help.” The Bon Secours ministry was founded by 12 women in Paris, more than

180 years ago. These pioneering women considered health care their life’s work. As such, they didn’t “retire.” They made modifications when needed, so they could continue to heed the call to care for the dying at home. As the sisters aged, they continued to support the mission and celebrated the vitality of their ministry. This heritage of hard work, accommodating one another throughout life and honoring lifelong achievements is a hallmark of Bon Secours.

Bon Secours has continued to renew itself in each generation. In 1881, the congregation was invited to the Archdiocese of Baltimore and crossed the Atlantic Ocean to establish a health care ministry in Baltimore. By 1909, convents were established in Washington, D.C., and in Detroit.

The Sisters of Bon Secours provided the world’s first recorded formal home health care service as well as the first day care facility in Baltimore in 1907 to help working mothers whose only alternative was to place their children in orphanages.

Their first hospital was built in Baltimore in 1919; a second, in Grosse Pointe, Mich., came in 1945. By 1980, the sisters had established and/or managed several Catholic hospitals, long-term care facilities and other health care services.

The Bon Secours Health System was formed in 1983 to provide skilled, unified management and professional resources for all Bon Secours health care operations while preserving Jesus’ healing mission and Bon Secours’ tradition of providing quality care to all, especially those most in need. Bon Secours Richmond Health System was born with St. Mary’s Hospital in Richmond, Va., in 1966.

MISSION AND STRATEGY FUEL ENGAGEMENT

The evolution has many components but a singular mission, “to provide *good help* to those in need.” This has been accomplished not only

.....
**BY DAWN W.
MALONE &
BONNIE P. SHELOR**

Ms. Malone is administrative director, work and family services; and Ms. Shelor is senior vice president, human resources, Bon Secours Richmond Health System, Richmond, Va.

as a care provider, but also as a steward and an employer. One of the health system's six strategic commitments in particular, "liberating the potential of people," speaks directly to our work as an employer and is central to creating a culture of aging. We hold ourselves responsible for enhancing workplace quality and promoting justice in the workplace.

An engaged workplace accomplishes this, and co-worker engagement is an important benchmark for us. That's because every co-worker plays some role in putting patients and families at ease. So, the health system must hear, understand and recognize co-workers' needs.

Creating benefits that support co-workers in various circumstances further reinforces their feelings of value.

In turn, "liberated people," or engaged co-workers, facilitate the other five tenets of the Bon Secours strategic plan: improving the health of communities; achieving operational excellence; pursuing focused growth; aligning with premier practitioners; and delivering clinical excellence.

JOB SHARE IS KEY TO RETENTION

Two women work intensely on a Monday morning in the cardiopulmonary rehabilitation department at Bon Secours Memorial Regional Medical Center in Richmond, Va. They're co-managers of the department and this is the only time they'll spend together during the entire week. That's because they share their job.

Becky, a registered nurse, is making her first steps into management. At home, her eldest son is 18, and Becky's now ready to pursue different challenges in life. However, she still has three more boys at home, the youngest age 8.

Jackie is a career nurse with more than 40 years' experience. She works in the community where she has lived most her life and raised her kids. She feels connected and knows lots of people, including patients, on occasion. She depends on her co-worker benefits and also the independence that work has offered over the years. Yet, she's a newlywed. How thrilling, once again, to spend time and travel with someone special.

The job-share arrangement frees both women to be where they most want to be. Plus, each is stimulated at work, learning new skills in an environment that supports them, while allowing them to give back.

It's no surprise that Becky is in her mid 40s; Jackie past 60. Some 78 million people — baby boomers — fall into that range. In fact, 10,000 baby boomers turn 50 every day. While many employers might see the "graying" of their workforce as another issue to be dealt with, Bon Secours Richmond Health System is embracing a culture of aging.

CHANGING TIMES

*Come mothers and fathers
Throughout the land
And don't criticize
What you can't understand
Your sons and your daughters
Are beyond your command
Your old road is
Rapidly agin'.
Please get out of the new one
If you can't lend your hand
For the times they are a-changin'.*
— Bob Dylan, "The Times They Are A-Changin'"

The Sisters of Bon Secours created a legacy because of their willingness to take risks in pursuit of innovation, growth and extension of mission. The founding Sisters of Bon Secours and those who followed grew a health system that was founded on a core set of values. In the Catholic tradition, the sisters have done more than care for the poor and dying. They have paved the way for caregivers today and for generations to come.

A national LifeCare poll showed that co-workers' greatest challenges at work today were balancing demands on the job with demands at home, including financial issues. Of work-life issues, those polled cited health and wellness, child care and adult care as the main concerns. Among financial issues, legal issues were singled out as troublesome.

Co-workers' financial issues are of increasing importance at Bon Secours Richmond. The health system practices a just-wage initiative in keeping with Catholic social teachings and offers other benefits that help co-workers financially, such as mortgage incentives and a variety of negotiated discounts. However, achieving financial literacy also is critical as people age and prepare one day to cut back on work or retire. We want our co-workers to be prepared for their later years, and what's become known as the "longevity bonus," which is the result of longer life expectancies.

Our employee assistance program counselors hold a six-week lifestyle planning series quarterly for co-workers 40 and older and their spouses. In partnership with our area agency on aging, they discuss lifestyle and financial issues. Co-workers regularly inquire about the next sign-up; participants have even asked that it extend beyond six weeks.

As an employer — especially a Catholic health care system — we feel this kind of instruction is part of our responsibility. The more we are able to prepare co-workers for the financial demands of aging — as well as the other challenges — the

less time and energy they will need to spend outside of work identifying resources.

In spring 2007, Bon Secours Richmond was the only health care representative on a panel called by the Comptroller General of the U.S. Government Accountability Office (GAO) to examine financial and retirement issues. The group came together to discuss whether older Americans remaining in the labor force longer could ease some of the pressure on Social Security, supplement individual retirement incomes and help finance health care. The information the GAO collected from our session was later presented to the U.S. Senate on Capitol Hill. (A link to the report is published at the conclusion of this article.)

LEARNING AND SHARING

This determination to address co-workers' challenges at work began to take shape for Bon Secours Richmond in the late 1990s, as we observed a dynamic health system growing amidst talk of a shrinking future workforce. To learn more about our situation, we aligned with AARP to apply for the "Best Employers for Workers Over 50" award in 2003. We established important benchmarks that told us a lot about where we were — and where we were headed — in relation to other businesses in the country.

Our research told us that only 1 percent of our co-workers were retiring at age 65. Numerous others, though, were transitioning out earlier. We identified three culprits: Changing interests; work too physically demanding; and being called upon to care for aging family members or grandchildren. Ongoing collaboration with AARP to address those issues led to our inclusion in the "best" list in 2004 and every year since.

Continued involvement with such resources has given us many ideas for nurturing the talent and dedication of co-workers age 50 and older. We have strong relationships with *Working Mother* magazine and the National Association of Female Executives, an associate organization.

Bon Secours Richmond has continuing relationships with:

- The Dana Alliance, an initiative that explores how healthier aging stems from co-workers who better manage fitness and wellness, nutrition and especially stress.

- The Conference Board, a New York City-based think tank and research portal.

- The National Governors' Association to identify priority public policy issues.

- Numerous local connections as well as

opportunities with trade associations for sharing and learning.

- Through AARP, we've earned the Alfred P. Sloan Award for Workplace Flexibility each year since 2005.

FLEXIBILITY: EXAMPLES IN COMPASSION

A key legacy of Bon Secours is flexibility. We make accommodations for one another with great compassion, and this is the key to creating a culture of aging.

To whom much is given much is expected. So, for co-workers at Bon Secours Richmond caring for dependents (children, grandchildren and parents or relatives), we offer the flexibility to move from full- to part-time to on-call status and back in most job categories without penalty. We have also allowed compressed work weeks, telecommuting and job sharing. Best of all, co-workers

Both the pursuit of virtue and the pursuit of quality involve cultivating the habit of doing the right thing, so that doing the opposite becomes uncomfortable and unthinkable.

continue to receive all benefits, including medical and dental, at just 16 hours/week.

Offering flexible benefits requires a structure of support. Those caring for elderly family members can receive discounts on in-home nurses, respite care, hospice and home-medical equipment. Also, we allow co-worker caregivers to use paid time off to care for elderly parents or relatives. Abundant resources to help caregivers care for themselves are available through onsite co-worker wellness services, in the form of counselors, employee assistant programs, classes, lending libraries and more.

That department also addresses the physical demands of aging by offering ergonomic assessments and implementing "lift" teams in areas where nurses are required to move patients regularly.

We further support flexibility with education and development. To spur engagement, to facilitate job growth or to retrain for lateral moves, we offer a variety of classes onsite and online: clinical, remedial, leadership and new-skills development, such as computer basics or Spanish. For continuing education, we offer tuition reimbursement. Special tuition incentives sometimes encourage big leaps, as evidenced in 2006 by a 62-year-old graduate from our nursing school.

SHARED RESPONSIBILITIES

As the effects of a culture of aging touch points throughout the health system, it's clear that the initiative must have a special commitment among leadership. According to *Age and Opportunity: Plan Strategically to Get the Most Out of a Maturing Workforce*, by Charles Mitchell of The Conference Board, "Experts agree being able to leverage the talents and capabilities of a maturing workforce and ensuring knowledge transfer to younger generations must be viewed as a strategic issue. While human resources is part of the solution, it is not *the* solution.

Human resources at Bon Secours Richmond has led the culture of aging initiative and has been its primary spokesperson. Leadership, especially by CEO Peter Bernard, has encouraged these efforts, which represent another approach to mission. From this perspective, we have unequivocal consensus from the rest of leadership that a culture of aging is the right thing to do.

In fall 2007, Bernard traveled to Switzerland to present Bon Secours Richmond's best practices in aging at the World Aging Conference. He was part of a global panel and the only U.S. organization invited to share information on aging and work-life.

Bernard has been an active supporter of these efforts. "Lunch bunch" is a monthly get-together of random co-workers with Bernard. Over a meal, he shares health system developments and takes questions. Answers to the questions are published in co-worker newsletters. Last Christmas, we coordinated a "lunch bunch" with co-workers 50 and older and also invited our local AARP representative to join us. More than 12 welcomed the opportunity.

TIMING CRITICAL TO TAP INTO RESOURCES

These figures shouldn't surprise anyone working in health care:

- By 2010, 40 percent of U.S. nurses will be age 50 and older.
- Enrollment in entry-level baccalaureate nursing programs continues to fall dramatically from a 2003 spike, and the incidence of applicants being turned away from nursing schools because of lack of faculty also has peaked.⁴
- Workforce population growth overall has declined, from 30 percent in the 1970s to 12 percent in the 1990s. It is anticipated to level off at 2 to 3 percent in 2010 and beyond.⁵
- Also around 2010, the number of workers expected to move into senior management — those 35 to 44 years old, is expected to decline by 10 percent.⁶

Admittedly, getting managers to think creatively about alternative work arrangements isn't always easy. Human resources brought in a special guest last spring. Jeri Sedlar, author of *Don't Retire, REWIRE!*, inspired co-workers and managers alike to think about new opportunities for career development. The message of her book is to help people at "retirement age" channel energy and experience into work situations that are both financially and personally rewarding.

Finally, we are taking steps into intergenerational programming and learning. Our Art-Rageous program is open to all co-workers but is especially well-attended by the older ones. In partnership with a local cultural arts center, we have arranged a variety of classes — some of which our own coworkers teach. A 50-year-old chief radiology technologist has been thrilled to lead a calligraphy class.

We are also piloting an intergenerational initiative at our new, on-site family center that pairs children in the day care with elderly friends. "GrandPartners" is open to co-workers or spouses of co-workers who want to spend some time with young people.

RETIRE, REWIRE; RETAIN, ATTRACT

What happens when co-workers 50 and older leave? We try to bring them back. Phased retirement has been the most successful approach. Bon Secours Richmond co-workers can take advantage of three options:

- A co-worker retires from the organization altogether and is rehired later without jeopardizing her retirement check.
- Co-workers "retire" at age 65 but continue working part-time (not more than 24 hours per week), while collecting their pension.
- Co-workers who work past age 70 and a half begin receiving a pension check in April of the following year, regardless of status.

In addition, we invite retirees to attend the retiree benefit fair. This helps them stay familiar with benefits still available to them, and they like to visit with friends. In our experience, "inviting back" has been the most challenging. We have hosted two retiree benefit fairs with mediocre attendance. We will explore new communication strategies when planning our third next spring.

Once co-workers leave the health systems other demands and attractions beckon, so retention is key. We offer special incentives for co-workers 50 and older, who recruit others to join Bon Secours. In addition, in the planning stages,

we are practicing “civic engagement” where we introduce workers age 50 and up to volunteering through paid volunteer hours. The co-worker gets to learn about, advocate for and participate in community initiatives that rely on volunteers. At the same time, they are ambassadors of our organization and contribute to our responsibility to improve the health status of communities. By rewarding longer tenured staff, we demonstrate how much we value their contributions and expertise and exposing them to exciting new areas stimulates them outside of work and when they return to work.

A SUCCESSFUL CULTURE OF AGING

One visible mark of a successful culture of aging is carrying that image through to the organization’s brand identity. A Bon Secours Richmond recruitment ad featured a vignette of a 50 and older labor and delivery nurse who is able to be more attentive to her patients because of the work-life balance afforded her. Other communication tools also celebrate the diversity of aging: website, annual report and our testimonial-rich co-worker news magazine, which is mailed monthly to co-workers’ homes.

One of the main indicators we measure is engagement. We know that co-workers who are entrenched in the organization perform more effectively and efficiently. Constant turnover means rebuilding not only a knowledge base but engagement, too. Health system engagement scores have been on the rise since 2005.

We can also deduce that as a result of our initiatives, more co-workers are electing to continue working past retirement. For workers 50 and older, retention increased in 2006 to 87 percent following a drop to nearly 84 percent in 2005. A contributing factor is the number of co-workers taking phased retirement or retiring then returning to work as PRN. It grew more than 300 percent from 2004 to 2006 (2005 to 2006 saw a 30 percent increase.)

Finally, a Robert Wood Johnson Foundation report estimated that co-worker turnover costs one to two times the average salary, because of hiring and retraining expense. An average nursing salary ranges from \$60,000 to \$75,000. By

retaining just 100 co-workers who are 50 and older, as we have done over the last three years, we can anticipate minimum avoidance costs of \$6 million.

Creating a culture of aging is a means to increased retention, engagement, cost control, resources and opportunities. But most important, it’s a means to liberating the potential of people. And that’s a principle no employer can go wrong with, especially in Catholic health care. ■



**Comment on this article
at www.chausa.org/hp.**

NOTES

1. Lynne Morton, Lorrie Foster and Jeri Sedlar, “Managing the Mature Workforce,” July 2005, The Conference Board, Research Report R-1369-05-RR, see www.conference-board.org/publications/describe.cfm?id=1007.
2. Morton, Foster and Sedlar.
3. 2006 Merrill Lynch New Retirement Study, A Perspective from Individuals and Employers commissioned by Merrill Lynch, completed with Harris Interactive, see http://goliath.ecnext.com/coms2/summary_0199-5813137_ITM.
4. Peter Buerhaus, David Auerbach and Douglas Staiger, “Recent Trends in the Registered Nurse Labor Market in the U.S.: Short-Run Swings on Top of Long-Term Trends,” *Nursing Economics*, 25, no. 2 March-April (2007):59-68.
5. Morton, Foster and Sedlar.
6. Morton, Foster and Sedlar.

WEB RESOURCES

AARP: www.aarp.org

The Conference Board: www.conference-board.org

Families and Work Institute: www.familiesandwork.org

U.S. GAO, Comptroller General Panel:
www.gao.gov/cgi-bin/ordtab.pl?Item0=GAO-07-438FP

U.S. Senate: <http://aging.senate.gov>

National Governors Association: www.nga.org

ASHHRA: www.hrleader.org

World Demographic Association: www.wdassociation.org