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Older Home Health Registered Nurses: Work Perceptions and Satisfaction

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OLDER HOME HEALTH REGISTERED NURSES:

WORK PERCEPTIONS AND SATISFACTION

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There is a current and growing nursing shortage in the United States, at the same time that more aging baby boomers require health services. This problem is further complicated by continued growth in the home health industry and an aging RN workforce. The purpose of this study was to understand the work perceptions of older home health nurses and identify ways to keep older home health RNs working when appropriate.

My initial goal involved using a mixed methodology, including not only in-depth qualitative interviews with older home health RNs but also quantitative analysis of secondary national and state surveys of all types of RNs. Due to the lack of significant statistical findings and limitations in the available secondary data, my main focus then became the qualitative part of my study. I completed 30 in-depth interviews with older home health RNs living in western Pennsylvania**,** who shared both positive and negative feelings about working in home health.

Five major themes emerged from these interviews: (1) Older home health RNs expressed both satisfaction and dissatisfaction with their work. (2) Various factors impacted older home health nurses' retirement decisions – e.g., the availability of health insurance, age, personal health, financial responsibility for dependents, care-giving responsibilities. (3) These RNs had many suggestions for improving the likelihood that older home health RNs would want to work longer. (4) Older home health RNs had both positive and negative perceptions of younger home health RNs. (5) One-third brought up the fact that they planned to volunteer after retirement.

The results both provide support for, as well as extend and contrast with existing research, adding to understanding of older home health RNs and suggesting new directions for research. Additionally, the results have implications for policy makers and health leaders (especially those working in home health care) trying to develop ways to either retain older RNs or identify those who no longer able to work in this environment. Overall, this study underscores the importance of conducting additional research to better understand how older RNs in home health care perceive their work.

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CHAPTER 1

THE PROBLEM

Introduction

As a registered nurse (RN) for 30 plus years, I am intrigued about the current and projected nursing shortage. Complicating this shortage is the reality that the current RN workforce is aging and baby boomers are beginning to also age, requiring more health services. As Americans age and/or develop health problems, people expect a nurse to be available when needed. I am concerned that nurses will not be available to meet the health care requirements of the Unites States population. One way to address the nursing shortage is for older RNs to work longer. If older RNs have greater job satisfaction, they may be willing to work longer. I believe it is essential to examine factors affecting job satisfaction among older nurses and their perceptions about their work.

My nursing career includes over 20 years in the home health arena. I have experienced the growth in home health services, and I am passionate about the critical part home health care plays in our future health care needs. I believe home health nursing presents unique rewards and challenges for the RN. Home health nurses have shared their feelings with me about the benefits of more one-on-one experiences with patients and the advantages of a flexible work day. I am also aware of some of the challenges that home health nurses face: diverse workplace environments that vary depending on different home settings, the necessity of being able to work independently, exposure to changeable weather and other conditions when traveling from home to home, other safety and security concerns, complex patients medically requiring varying RN competencies, and dealing with managed care/insurance companies to gain pre-approval for home visits. Additionally, home health agency regulations require RNs

to complete a high volume of paperwork; some agencies utilize point of service computers for documentation and others do not.

With the nursing shortage occurring, RNs and the general population aging, and home health care flourishing, I felt that it was important to do a study of older RNs working in home health. I wanted to investigate what factors impacted job satisfaction among older RNs in home health and better understand the work perceptions of older home health RNs. In this chapter, I explain my statement of the problem, intended quantitative research questions and my qualitative research questions, definition of terms, and a summary section. In Chapter Two, I provide a review of the relevant literature about my research. In this chapter and in more detail in Chapter Three, I describe the methodologies utilized in my study. In Chapter Four, I explain in detail the significant findings of my study. Chapter Five includes a discussion about the conclusions of my study and how my research findings connect to current literature or add new information to the topic of older home health RNs' work perceptions. Chapter Five also includes discussion about the limitations of my study, direction for future studies, and policy recommendations.

Statement of the Problem

The United States is experiencing a shortage of registered nurses (RNs). RNs are the nation's largest health profession; in 2004, 2.9 million RNs lived and worked in the U. S. (U. S. Department of Health & Human Services, 2006). According to Davis (2002), there will be an estimated 20% shortage of RNs by 2020. Buerhaus & Donelan (2008) further have argued that the current nursing shortage started in 1998 and could increase to 500,000 by 2025. The projected nursing shortage threatens America's future health care. In 2020, the shortage in Pennsylvania alone is predicted to be 30% (State Health Improvement Plan, June 2004).

The shortage of RNs is impacted by an aging workforce and the need to retain the existing older RN workforce. In 2004, the average age of RNs nationally was 46.8 years; many will retire in the next five to ten years (U.S. Department of Health & Human Services, 2006). In 2008, however, the median age of RNs did not increase, but remained steady at 46 years of age (U. S. Department of Health & Human Services, 2010). Older RNs (over age 50) comprised 44.7% of the total RN population in 2008, compared with 41.4% in 2004, and 33.4% in 2000; the percentage of RNs who were 60 years and older increased from 13.6% in 2004 to 15.5% in 2008 (U. S. Department of Health & Human Services, 2010). In Pennsylvania in 2002, the average age of RNs was 47.6 years (State Health Improvement Plan, November, 2004). Kennedy (2006) reported that by 2010, about 40% of all U.S. RNs would be over age 50. A significant increase in demand for health services, including RNs, occurred when the leading edge of the baby boom generation turned 65 in 2011; as the baby boom generation retires, so will RNs retire in increased proportions (Workforce Investment Board, Summer 2005). As Blakeley and Ribeiro (2008) noted, the increasing number of nurses who took early retirement has reduced an already depleted workforce.

The nursing shortage is complicated further by the increase of work choices for RNs; the nursing workforce is stretched across varying work settings. RNs can choose to work in a hospital, a home health agency, or multiple other direct care patient positions. Among the nursing sectors that are included in the Health Resources and Service Administration's national RN survey data, the Public/Community Health sector (which includes home health agencies) experienced the second highest increase in RN employment from 1980 to 2004 (U. S. Department of Health & Human Services, 2006). More RNs are choosing to work in home health care, but the decrease in hospitalizations and length of stays in hospitals is resulting in an even greater need for RN home health employment. A 2002 Bureau of Labor Statistics report

(Levine, 2002) predicted a 36% increase in demand for home health care nurses from 2000 to 2010. Nationally, home health has a shortage of RNs currently in all geographic regions; the number of unfilled staff nurse positions in home health increased 8% from 2001 to 2007 (Cushman & Hall Ellenbecher, 2008). In Pennsylvania, data on RNs indicated that home health is among the top three RN employment settings (State Health Improvement Plan, August 2006).

In 2004, the average age of RNs working in public/community health nationally was 48.4 years (U. S. Department of Health & Human Services, 2006). In Pennsylvania in 2004, 52% of home health RNs working in direct patient care were older than 45 years of age (State Health Improvement Plan, August 2006). Among home health RNs in Pennsylvania who indicated that they were planning to leave the field of nursing in the next 0-5 years, the top reason given was retirement (State Health Improvement Plan, August 2006 & 2008). RNs working in home health care expressed satisfaction with their employment, but many were anticipating retirement. In a recent survey of RNs in the United States (U. S. Department of Health & Human Services, 2006), Public/Community Health RNs had higher satisfaction scores than RNs in any other nursing employment setting. In Pennsylvania, home health nurses also expressed higher career satisfaction compared to RNs in other employment settings (State Health Improvement Plan, August 2006 & 2008). Higher job satisfaction among RNs working in home health supports the fact that more nurses are choosing this employment setting.

As the RN workforce ages, health care leaders are interested in what older RNs want in order to be satisfied with their work; they want to know the perceptions that older RNs have about their jobs. Across the United States, many hospitals are listening to the concerns of older nurses and beginning to implement a broad array of strategies to increase retention of more

experienced RNs (Joynt, 2007). The Wisdom Work team gave multiple recommendations for returning older and experienced nurses in the workplace (Hatcher et al., 2006).

Study Methodology

My dissertation goal initially was to complete a two-stage, mixed methodology study about older home health RNs regarding their work perceptions and satisfaction. The first stage was to have involved quantitative research and an in-depth analysis of existing RN survey data. Data are available nationally from the Health Resources & Services Administration (HRSA) division, which conducts a sample survey (see Appendix A) of RN's every four years (U. S. Department of Health & Human Services, 2006). At the state level, RNs in Pennsylvania renew their licensure online and complete an online survey (see Appendix B & C). In April, 2005, it became mandatory in Pennsylvania for RNs to complete this survey questionnaire before their RN license could be renewed.

I contacted both the national Health Resources & Services Administration and Pennsylvania's Department of Health regarding their nursing survey data. At the national level, I reviewed the published RN data overall and the specific data under the category labeled Public/ Community Health, which includes home health organizations. The actual raw data from the national survey is public domain, and I had the opportunity to run new reports specific to my study investigating older home health RNs (HRSA, 2008). My contact from the Pennsylvania Department of Health informed me that the raw data from the nursing surveys was not public domain and I would not be able to use it in my study.

My intended goal with my secondary data analysis was to identify factors (independent variables) that impacted the dependent variables of home health RN work satisfaction and the decision to leave the field of nursing by older RNs. I planned that my analysis of these secondary data would assist me in better understanding home health RNs, older RNs, older

RNs working in home health care and how it compares and contrasts with that of other older RNs and of younger RNs working in home health. The reviews of the secondary data were also to assist me in understanding the RN population better in relation to age, work satisfaction, and their perceptions about working longer.

I also intended that the analysis of the secondary data would assist me in identifying who I would choose for the qualitative interviews and the home health setting(s) from which I would select them. I felt that my analysis would lead me to interviewing older RNs from a specific type of home health agency (hospital based, free-standing, or affiliated) or from various types of agencies. Furthermore, I intended for the secondary data analysis to assist me in developing questions to ask when interviewing older home health RNs and to also help me understand how the job experiences and satisfaction of older home health RNs were similar to and/or different from younger RNs or RNs working in other employment settings.

The statistical analysis of the national survey data did not show any significant findings for home health nurses. After discussion with my dissertation committee, the qualitative part of my study about older home health RNs became the main focus of my research.

The objective of my qualitative study was to gain more insight and meaning about the older RNs lived experience working as home health RNs. In order to understand older RNs working in home health care, it was important to actually speak to these nurses. By talking with older RNs working in home health care, their reflections about working in home health care would usefully provide additional information to the nursing literature about older RNs and add new data about how older RNs working in home health care felt about this work. Ultimately, this study would assist home health leaders in understanding older RNs better and help develop strategies to either recruit or retain some types of these RNs in the home health setting.

My qualitative study was conducted in varying areas in Pennsylvania. Pennsylvania was an ideal setting for studying older RNs working in home health care because this state has a relatively large elderly population utilizing home health services compared to other states (Castle & Engberg, 2007). Castle and Engberg found that in 2006, during any particular week in Pennsylvania, approximately 190,000 clients received home care, which is more than the total number of beds in all the hospitals and nursing homes in Pennsylvania combined. As patient care is increasingly provided in out-of hospital settings such as homes, there needs to be enough RNs to support this change. Importantly, groups other than the elderly also rely on home health services; many insurance companies utilize home health services for all ages and many chronic, developmental, or physical conditions facilitate home health use.

After reviewing the relevant literature (which I discuss in Chapter Two), I found that information was available about older RNs, but very little was known about older RNs working in home health care. As the home health industry continues to prosper, it is essential to study older nurses specifically working in home health care and investigate their satisfaction levels with this kind of nursing work. To the best of my knowledge, no studies have been completed solely related to older RNs working in home health care.

Intended Quantitative Research Questions

I conducted statistical analysis of national RN survey raw data (U. S. Department of Health & Human Services, 2004) and I reviewed Pennsylvania RN survey data unpublished reports (Bureau of Health Statistics and Research, n.d.). I intended to analyze the national survey data in order to answer the following questions (U. S. Department of Health & Human Services, 2004):

1. Does the type of employment setting (e.g., hospital, home health agency) impact RNs' work satisfaction?

2. Does the age of home health RNs impact their level of work satisfaction?

3. Do older home health RNs working in different types of home health agencies (Visiting Nurse Service, Hospital-Based Home Health Agency or a Nonhospital - Based Home Health Agency) differ in their levels of work satisfaction?

4. How do other factors (e.g., family status, racial/ethnic background, earnings) impact the level of work satisfaction among older home health RNs as compared to younger home health RNs and to older RNs working in other employment settings**?**

5. What are the primary reasons for RNs in general and older RNs in particular changing either into or out of home health care from another work setting?

I also intended to examine unpublished reports from the Pennsylvania RN survey data. (Bureau of Health Statistics and Research, n.d.) in order to answer the following questions:

1. Do younger and older RNs, and RNs in home health as compared to other work settings, differ in their perceptions of their job?

2. Do older RNs in home health differ from other older RNs in their reasons that they intend to leave nursing in the next zero to five years?

Once I completed my analysis of the secondary RN survey data and did not find any significant findings, I conducted qualitative interviews with older RNs in home health.

Qualitative Research Questions

The objectives of my qualitative study were to better understand how older RNs working in home health perceive their job, and how they view various challenges and benefits in their work. I also wanted to understand what older home health RNs felt about working longer and what they felt they needed to keep working. Below I list the research questions for my qualitative study:

1. How do older RNs working in home health perceive their work and what are the reasons that they feel as they do?

2. How do older RNs working in home health perceive various aspects of their job (e.g., paperwork, staffing levels, salary/benefits, co-worker relationships, etc.)? In what ways and to what extent do they view these as either challenges and/or rewards of their work, and why?

3. What factors (e.g., paperwork, staffing levels, etc.) do older RNs working in home health care see as the challenges of this type of work?

4. How do older RNs working in home health care feel about continuing to work in this work setting or retiring, and what reasons do they give for feeling the way that they do?

5. What do older home health RNs feel they need to keep working, and what types of changes in their work would help them feel better about their work?

Definition of Terms

In my study, the following are definitions of terms utilized throughout my dissertation:

1. Home health -- an agency that provides skilled RN care to patients in their own home.

2. Older RN -- an RN 45 years and older. This description is the same as defined in the Robert Wood Johnson Foundation project about older nurses (Hatcher et al., 2006). This work defined an older nurse as 45 years and older, explaining that the law defined an older worker as over 40.

3. Hospital-Based Home Health Agency -- an agency owned by a hospital

4. Non Hospital - Based Home Health Agency -- an agency not owned by a hospital

5. VNA -- Visiting Nurse Association Home Health Agency

Summary

By reviewing the secondary data in the quantitative stage of my study, my intended goal was to identify factors contributing to older home health RNs' work satisfaction and to identify

what specific questions to ask older RNs when I interviewed them in stage two of my study. By conducting interviews with older home health RNs in the qualitative part of this study, I wanted to better understand RNs' perceptions about their jobs and why they felt certain factors were important.

I intended that my quantitative review of secondary RN data would offer additional new information about older home health RNs and about older RNs in general. As previously explained in this chapter, the secondary data analysis did not result in any significant findings about older home health RNs.

The qualitative stage of my research was open to whatever data may came forward. For example, themes from my interviews with older RNs emerged that had implications for the recruitment and/or retention of older RNs working in home health care, or provided a better understanding of the types of older RNs working in home health care that an organization may not want to recruit and/or retain.

My study involving older home health RNs was essential since, as previously noted, the existing literature about older home health RNs was minimal and the home health industry was projected to prosper and the need for home health RNs would grow (Castle & Engberg, 2007). To the best of my knowledge, my study is unique because no one has conducted qualitative interviews to understand the work perceptions of older RNs in home health.

By learning more about older home health RNs' perceptions about their work and their level of job satisfaction, home health leaders will be able to better identify steps for the retention and recruitment of these nurses. Information gained in my research hopefully will assist home health leaders, policy makers, and academics in understanding the factors impacting older home health RNs' satisfaction with their work and their likelihood of either remaining in the workforce or leaving.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Introduction

This literature review includes information about the underlying reasons for my study and explains specific RN demographic information pertinent to my research. Initially, I provide an overview of the current and projected nursing shortage crisis and discuss how the shortage is complicated by the large number of RNs who are aging and considering retirement in the near future. I then discuss the nursing shortage in the context of the growth in the home health industry, the increased need for RNs in home health, and how aging RNs are also impacting this employment setting.

The next section of this literature review includes what is currently known about RNs' work satisfaction. I begin this part of the literature review with an overview of trends and themes in RNs' job satisfaction. I relate this literature to job satisfaction levels of home health RNs, older RNs, and older home health RNs. I review the literature on RN work satisfaction, evaluating variables such as age, employment setting, gender, race/ethnicity, marital status, and income that may impact the job satisfaction levels of RNs. I also review other literature that was pertinent to my home health study. At the end of this chapter I include a summary section, concluding with qualitative inquiry section.

Nursing Shortage Overview

The nursing shortage has been discussed extensively in journals that focus on health care. Various articles have explained why the nursing shortage has occurred and identified reasons for the shortage. According to West, Griffith, and Iphofen (2007), however, it has been impossible to isolate a single causative factor for the nursing shortage because of the problem's complexity. Doyle (2005) reported that by 2020, the demand for nurses would exceed the

supply by 40% if nothing was done to stop the trend. Westendorf (2007) argued that if the nursing shortage cannot be curbed, the effect would be devastating to the United States and the world. She further examined the financial impact that the nursing shortage has for health care institutions, including the cost of RN turnover and vacancy rates, and the overall loss of revenue if patients could not be admitted to a health care facility because there were not enough nurses.

Peter Buerhaus is considered an authority on nursing supply and demand who has been writing about the nursing shortage since the 1980's. As Buerhaus (1987) argued, "Hospitals can alleviate the RN shortage of 1987 and prevent it from extending into the 1990's if they hasten to raise RNs' wages, restructure their traditional relationships with the nursing profession, and quicken the pace of innovation in the organization and delivery of hospital nursing" (Buerhaus, 1987, p. 279). In more recent work, Buerhaus, Donelan, Ulrich, Norman, and Dittus (2005) explained that in the 1990's, hospitals experienced two more nursing shortages, the first in 1990 and 1991, and the second in 1998. They reported that as of 2005, the current RN shortage had entered its eighth year, further noting that this shortage was becoming the longest lasting nursing shortage in half a century. In an interview with Manthey (2008), Buerhaus discussed the nursing shortage, explaining that demand would continue to rise as more and more baby boomers were aging and that the really big wave would come in another 7 to 9 years.

The Workforce Investment Board (Fall 2005) forecasted an RN shortage in Pennsylvania for most health districts and a statewide shortage of 16,100 RNs by 2010, with the regions with the greatest shortage being linked to a higher average age of RNs, a higher percentage of elderly in the population, and an increased population growth. According to this report, the southern half of the state had a larger nursing shortage than the northern part of the

state; the eastern region of the state would have a greater shortage by 2010 than the central or western region. HAP (2011) further reported that Pennsylvania will face a nursing shortage as large as 38, 000 by 2016.

Valentino (2002) reported that the current and projected nursing shortage was far more complicated than shortages in the past that stemmed from nursing supply and demand. She argued that supply was not keeping up with the aging American population since it was the elderly who normally needed nursing care. As Hollinger-Smith (2005) explained, people 65 years of age and older represented the most rapidly growing segment of the United States' population, with the elderly population expected to double to 87 million by the year 2050. The U.S. is projected to experience a shortage of RNs that is expected to intensify as Baby Boomers age and the need for health care grows (American Association of Colleges of Nursing, 2011). The state of Pennsylvania has the largest population over 65 after Florida (Workforce Investment Board, Summer 2005).

Benjamin (2000) reported that expanding non-medical job opportunities have developed for women recently, which means that not as many women have been choosing nursing as a career. He estimated that the growth in the nursing profession has been insufficient to keep up with the projected demand. Janiszewski (2003) identified other areas as the major contributors to the nursing shortage in the United States: declining nursing enrollment, the changing work climate, and the poor image of nursing. Janiszewski further argued that the four main solutions to the RN shortage have been: "exploring recruitment and retainment efforts, improving the image of nursing, and supporting legislation to rectify the shortage" (p. 349).

Nursing Shortage and the Aging RN Workforce

Various researchers have noted that the aging RN workforce has worsened the nursing shortage (e.g., Benjamin, 2000; Janiszewski, 2003). With the RN workforce rapidly aging, the

RN shortage would continue to increase if the existing RN workforce at or approaching retirement age could not be retained (U. S. Department of Health & Human Services, 2008). As Buerhaus (2000) commented, "We are nearing the point where the bulk of our workforce are in their 50's and we know from studies that at that age nurses start working fewer hours or withdrawing from the workforce" (p.7). The Department of Health and Human Services (2004) predicted that by 2014, it would be necessary to recruit more than 400,000 RNs because of the number of nurses over age 55 that were expected to retire from active nursing practice.

Interestingly, more literature about retaining older RNs has become evident in the last two years. The national survey data from the U.S. Department of Health and Human Services (2010) added a new section about the aging RN population.

The average age of RNs in 2004 in the United States was 46.8 years (U. S. Department of Health & Human Services, 2006); in Pennsylvania, the average RN age was 47.6 years (State Health Improvement Plan, November, 2004). The northeast health district of Pennsylvania has a high proportion of older nurses in its workforce and was the region experiencing the fastest population growth in the state (Workforce Investment Board, Fall 2005). This 2005 report also noted that the critical components exacerbating the nursing shortage were the demographic make-up of the both nursing and the general population in Pennsylvania, both of which were aging (Workforce Investment Board). Over one-third of RNs (36.1%) employed in health care in Pennsylvania in 2006-2007 were in the 50-64 age group (State Health Improvement Plan, 2008).

The decline in younger people (predominantly women) choosing nursing as a career has resulted in a steadily aging RN workforce (U. S. General Accounting Office, 2001). The aging RN workforce has also been impacted by the older graduates from nursing education programs who were entering the RN population (U. S. Department of Health & Human Services, 2006).

By 2020, RNs on average will be 50 years old; statistically, most nurses have been retiring recently between the ages of 55 and 58 (Clinical Rounds, 2006). By contrast, Palumbo, McIntosh, Rambur, and Naud (2009) found that more nurses were working past age 55 compared to a few years ago. According to the Workforce Investment Board (Summer 2005), Pennsylvania RNs have been entering the profession at an older age, indicating that they will work fewer years in the profession than had RNs in the past. Tabone (2006) estimated the turnover costs of losing nurses who planned to retire in the next 20 years and the wisdom they bring to patient care in the billions of dollars. Fitzherald (2007) argued that the lack of nurses in the workplace compromises patient care and increased job stress.

Nursing Shortage and the Growth of the Home Health Industry

The decreases in hospitalizations and lengths of stays in hospitals have resulted in needing more RNs employed in home health. As Zigmond (2008) argued, "If hospital administrators think they face a nursing shortage now, they have more than another thing coming" (p. 26). She further explained that the nursing shortage has many components, including the great demand for nursing care outside the hospital setting, which will continue as the baby boomer generation ages and seeks care at home, in nursing facilities, and in outpatient settings. Patient care has been increasingly provided in out-of hospital settings such as ambulatory surgery centers, homes, or in the community (State Health Improvement Plan, June 2004). According to Castle and Engberg (2007), as technological advances continue, more medication becomes available, and people support better nutrition and exercise, the U.S. population will live longer, requiring even more home health RNs.

Storey, Ford, Cheater, Hurst, and Leese (2007) conducted research in England, in which they found that it was extremely difficult to predict the need for community health RNs because of all the varying factors impacting the nursing shortage and change in current and

future patient settings. These same factors have also been present in the United States. Still, the U. S. Department of Health and Human Services (2009) predicted that by 2020, nearly 1 in 10 nurses will be needed for home health care. The Library of Congress (2009-2010) developed the Home Healthcare Nurse Promotion Act of 2009 in order to increase home health services because they found a significant shortage of home health nurses (e.g., 59% of visiting nurse associations indicated that they must decline patient referrals on a weekly basis due to a lack of nurses). They also found in 2009 that the demand for home healthcare nurses has been projected to increase by 109% by 2020, compared to 37% for hospital nurses.

Among RNs in the United States, the Public/Community Health employment sector has experienced a 128.8% increase in RN employment from 1980 through 2004, the second greatest percentage increase among RN employment sectors during this time period (U. S. Department of Health & Human Services, 2004). Nationally, 6.4% of the RN population works in home health care, with a 68% increase from 2004 to 2008 in the percentage of RNs working in home health care (U.S. Department of Health & Human Services, 2010). Levine (2002) indicated that home health has the highest projected demand for RNs. Between 2000 and 2020, growth in the home health care sector has been expected to result in a marked increase in demand for home health RNs -- from 6.5% to 9% of total RN demand (U.S. Department of Health & Human Services, July, 2002). The baseline projection of demand for FTE (fulltime equivalent) home health RNs between 2000 and 2020 was 109% (U.S. Department of Health & Human Services, 2008).

Interestingly, the national survey data from the U.S. Department of Health and Human Services added information about the home health sector in 2010. Previously the information was only part of the Community/Public Health sector.

RNs in Pennsylvania who renew their licenses must respond to survey questions in which they provide demographic information about themselves. The most recent survey data resulting from the online surveys showed that home health employment was the third largest type of nursing employment setting in Pennsylvania (State Health Improvement Plan, 2008). While nearly two-thirds of RNs in Pennsylvania (61.3%) were working in hospitals, 8.9% were working in nursing homes, and 6.4% were working in home health agencies (State Health Improvement Plan, 2008). Between 2000 and 2020, home health in Pennsylvania has been projected to have the largest percentage increase in RN employment (91%), compared to a 73% increase in RN employment in nursing homes, and a 40% increase in hospitals (State Health Improvement Plan, June 2004).

In both Pennsylvania and in the United States more generally, recruiting and retaining home health RNs has become a challenge. As Cushman and Hall Ellenbecher (2008) indicated, there has been a shortage of home health RNs in all geographic regions of the United States. Concerns about retaining RNs have become more widespread. A 2000 national survey of home health care agencies reported a 21% turnover rate for RNs (Hospital & Healthcare Compensation Service, 2001).

Nursing Shortage and the Aging Home Health RN Workforce

The aging RN workforce impacts types of health care industries such as home health that have been experiencing expansion. The average age of RNs working in Public/ Community Health in the United States in 2004 was 48.4 years, higher than the average overall age nationally for RNs of 46.8 years (U. S. Department of Health & Human Services, 2006). RNs working in Public/Community Health were on average five years older than RNs working in hospitals, who on average were 43.4 years old (U. S. Department of Health & Human Services). An on-line survey of 3,342 nurses, conducted by the Center of American Nurses

(2003), found that 82% of the respondents planned to retire during the next 10-12 years; 60% of the nurses had done little to prepare for retirement. Two-thirds of RNs (67 %) employed as Public/Community Health RNs were 45 years of age or older, and nearly one-half (47%) were 50 years of age or older. Over one-fourth of the RNs working in home health were over the age of 45, including 17% who were over the age of 60 (U. S. Department of Health & Human Services, 2010). In 2004-05, almost half (44%) of RNs employed in home health in Pennsylvania were 50 years of age or older (State Health Improvement Plan, 2006). Slightly more than half (52%) of home health RNs working in Pennsylvania in direct patient care were over 45 years of age.

RN Work Satisfaction

I reviewed the national (U.S. Department of Health & Human Services, 2006) and Pennsylvania (State Health Improvement Plan, 2006 & 2008) survey data regarding all aspects of RNs' work satisfaction. Initially in my literature search I was particularly interested in the literature linking the independent variables available in the national survey data (e.g., family status, racial/ethnic background, earnings, etc.) that I initially hypothesized would impact the dependent variable of RNs' work satisfaction. I also located journal articles and nursing studies about general work satisfaction among RNs. I then narrowed the journal and study search to the topics of home health RNs' work satisfaction, older RNs' work satisfaction, and older home health RNs' work satisfaction. I was mainly interested in reviewing literature published in the last 15 years because nursing in general has changed since the 1980s' (e.g., more nursing employment opportunities, more regulations). I reviewed a small number of earlier home health RNs' work satisfaction studies in order to compare changes over time. I also reviewed what theories were utilized in the various studies of RNs' work satisfaction.

General RNs' Work Satisfaction: Trends and Themes

As Adams and Bond (2000) noted, job satisfaction has been defined as the degree of positive affect towards a job or its components. Job satisfaction has been identified as a major factor contributing to the current problem of recruiting or retaining RNs (U.S. General Accounting Office, 2001). Most of the RN satisfaction studies have utilized the term "job satisfaction," yet I noted that the term "work satisfaction" has been used interchangeably in other studies. The general studies of RNs' work satisfaction have strived to understand if specific variables impacted RNs' work satisfaction. These factors have included: work environment, perceived stress, clinical excellence, problem resolution, physician/nurse conflict, and mandatory overtime. I discuss some of these variables in more detail later in this section.

In the national survey data (U.S. Department of Health & Human Services, 2006), RN satisfaction has been measured by choosing five different responses to how RNs would best describe their principal nursing position: "extremely dissatisfied," "moderately dissatisfied," "neither satisfied nor dissatisfied," moderately satisfied," and "extremely satisfied." Over three-quarters of RNs (76.4 %) reported being either extremely satisfied (26.9 %) or moderately satisfied (49.5 %) with their jobs. This was slightly higher than the 69.5 % of RNs who in 2000 reported being either moderately or extremely satisfied with their jobs. While the differences in scores between 2004 and 2008 were small, RN job satisfaction may have somewhat improved (U.S. Department of Health & Human Services, 2010).

In Pennsylvania, RNs were asked about both their career satisfaction and how satisfied they were with their primary job; the responses were: "very dissatisfied, "dissatisfied," "somewhat satisfied," and "very satisfied." The vast majority of RNs employed in Pennsylvania in 2006-07 (83.9%) were either very satisfied or somewhat satisfied with their

job, as compared to 87.2% of RNs employed in Pennsylvania in 2004-05 (State Health Improvement Plan, 2006 & 2008).

Some of the studies measured job satisfaction utilizing a Likert scale, as in the national and Pennsylvania survey data; others utilized different measurements of satisfaction. I explain this with each study discussed in this section.

RNs working in Pennsylvania who said they were leaving the field of nursing in the next five years listed three top reasons: retirement (49.1%), stress/burnout (18.1%), and career change (11.5%) (State Health Improvement Plan, 2008). In both the 2006-07 and the 2004-05 surveys, the most frequent factors identified as impacting RNs' job satisfaction were coworker relationships, physician relationships, hours/scheduling, and technology (State Health Improvement Plan, 2006 & 2008).

According to the national survey data (U.S. Department of Health & Human Services, 2006), the employed RN population in the United States in 2004 was 93.8% female and 81.2% White. In Pennsylvania, similarly, the vast majority of RNs were female (92.7%) and White (93.7%) (State Health Improvement Plan, 2008). White and female RNs were found to be more satisfied with their nursing work. Slightly more male RNs (19%) were dissatisfied with their jobs than females (15.7%); 17% of male RNs were dissatisfied with their careers compared to 13.6% of female RNs (State Health Improvement Plan, 2008). When studying hospital nurses, Shernoff (2003) assessed job satisfaction by standard instrumentation measuring role conflict and role ambiguity, and reported that White RNs were more satisfied with their jobs compared to RNs of other races.

The existing literature found that the type of nursing education does impact RNs' level of job satisfaction. In Pennsylvania, the State Health Improvement Plan (2006) found that compared to other types of nursing education (diploma program and bachelor's of nursing),

RNs with an associate's degree were found to be more dissatisfied with their career and job, while RNs with an advanced degree (master's degree) were more satisfied. Similar findings were evident in the national RN survey data (U.S. Department of Health & Human Services, 2006).

Studies have found that work environments impacted RNs' satisfaction. Tovey and Adams (1998) explored the changing nature of RNs' job satisfaction in both a quantitative and qualitative analysis. This study measured job satisfaction by asking nurses for comments about their job and examining this information for themes. They found that sources of nurses' dissatisfaction were significantly associated with the individuals' work environment.

Studies of RNs have found that family relationships in some circumstances impacted RNs' levels of job satisfaction. Kovner, Brewer, Yow-Wu, Cheng, and Suzuki (2006) measured work satisfaction with a five-item job satisfaction scale and concluded that work-family conflict was negatively related to work outcomes only if work interfered with family, not if family interfered with work. In a study of rural hospital RNs, Carpenter (2003) found when measuring job satisfaction that the variables of schedule and family needs impacted nurse satisfaction. In Pennsylvania, only 1.8% of nurses who planned to leave nursing in the next five years indicated that this was due to financial reasons (State Health Improvement Plan, 2008).

Home Health RNs' Work Satisfaction: Trends and Themes

The literature about home health and work satisfaction is limited. Caers et al. (2008) found that home health RNs' level of job satisfaction was one of the strongest predictors of nurses' intent to stay and nurse retention. The home health studies involving RNs' work satisfaction that I discuss below included multiple factors (e.g., organizational support,

independence, nurse-assessed quality of care) that the researchers believed were impacting RNs' work satisfaction.

Since the specific nursing employment setting that I wanted to examine in my study was home health, I first summarized home health studies regarding work satisfaction before specifically discussing the studies with variables that linked to my outlined research questions. In an earlier study, using the Minnesota Satisfaction Questionnaire, Young (1987) found that home health nurses indicated that they experienced the greatest job satisfaction in the areas of achievement, independence, and creativity, and the lowest levels of satisfaction in the areas of activity and security.

Some studies found a difference between the level of satisfaction of RNs working in home health and other settings, whereas others did not. Mensik (2007) examined what home health nurses perceived were the essentials of magnetism (ability to attract and retain nurses as well as maintain quality care) in the home health care setting; previous hospital studies about this topic found relationships between organizational attributes, nurse satisfaction, and quality outcomes. Mensik found similar attributes as identified in the hospital setting, but felt further research was needed.

In a study of 137 home health RNs, Flynn (2007) found that organizational support for nursing was positively associated with nurse-assessed quality of care and job satisfaction. Survey data from Pennsylvania RNs (State Health Improvement Plan, 2006 & 2008) indicated that home health RNs were more satisfied compared to nurses working in other health care settings. Still, Smith-Stoner (2004) found that home health nurses had been experiencing more job stress and were becoming increasingly dissatisfied with their jobs.

Riordan (1987) found that RNs working in a non-hospital setting (community health, school, and home health) had significantly higher levels of overall job satisfaction compared to

hospital staff nurses. By contrast, Tullai-McGinnis (2008) conducted a study where home health nurses were surveyed between 2002 and 2004, finding that home health RNs were slightly less satisfied with their jobs than hospital RNs. They also found that home health RNs were 50% less satisfied than in the year 2000. In the national 2004 survey data, RNs working in Public/Community Health were much more likely to be "extremely satisfied" (33.9%) than those in other settings (22.4% of RNs working in hospitals were "extremely satisfied") (U. S. Department of Health & Human Services, 2006). Registered nurses who worked in academic education programs, ambulatory care, and home health settings, although paid less than RNs in other settings, reported the highest rates of satisfaction (86.6 %, 85.5 % and 82.8 %, respectively) (U. S. Department of Health & Human Services, 2010). Still, a 2006 survey completed by home health agencies in Pennsylvania found a 14% turnover rate of RNs during 2005 (Castle & Engberg, 2007).

Home health RNs working in Pennsylvania who said they were leaving the field of nursing in the next five years listed three top reasons: retirement (55.1%), stress/burnout (15.6%), and career change (9.9%) (State Health Improvement Plan, 2006). In the most recent Pennsylvania survey data, the top answers RNs gave for leaving nursing were the same: retirement increased to 62%, stress/burnout decreased to 13.1%, and changing careers remained approximately the same at 9.6% (State Health Improvement Plan, 2008). The greatest source of dissatisfaction influencing job satisfaction for home health RNs involved paperwork, whereas hospital RNs chose staffing levels as their greatest source of dissatisfaction (State Health Improvement Plan, 2008).

Bramadat, Chalmers, and Andrusyszyn (1996) interviewed community health RNs and found that RNs' work perceptions were impacted by the knowledge and skills of the

community nurse. By contrast, Tullai-McGuinness (2008) found that home health experience had a negative relationship with work satisfaction.

Ellenbecker and Byleckie (2005) tested their Home Healthcare Nurses' Job Satisfaction Scale (HHNJS), and found that this scale had potential as a reliable and valid scale for measuring job satisfaction among home healthcare nurses. Ellenbecker, Porell, Samia, Byleckie, and Milburn's (2008) descriptive study of home health nurses in the New England states is the most recent study that I located involving home health nurses and job satisfaction. When utilizing the Home Healthcare Nurses' Job Satisfaction Scale (HHNJS), they found that of the individual nurse characteristics examined, job tenure and job satisfaction were the strongest predictors of nurse retention in home health nursing. This scale has 30 items, with a 5-point scale ranging from 1 = strongly disagrees to 5 = strongly agrees; the 30 items measure eight factors hypothesized to comprise job satisfaction. By understanding the variables associated with home health nurse retention, they argued that agencies would be able to retain nurses in a time of severe shortages and increased demand.

From the study, Ellenbecker developed a theoretical model of job retention for home health nurses. Her model included intrinsic factors, extrinsic factors, and individual characteristics that impacted job satisfaction and intent to stay/retention of home health nurses (Ellenbecker, 2008). The intrinsic factors include autonomy in patient relationships, autonomy in profession, group cohesion peers, group cohesion physicians, and characteristics of organization. The extrinsic factors include stress and workload, autonomy and control of work hours, autonomy of control of work activities, salary and benefits, and perception of and real opportunities elsewhere. The individual characteristics in Ellenbecker's model include age, tenure, gender, kinship responsibility, family income, position, race/ethnicity, and marital

status. Her model proposed that job satisfaction was directly related to retention and indirectly related to retention through intent to stay.

Caers et al. (2008) noted that their study's findings about community nurses' job satisfaction were unclear and that most of the studies reviewed concluded with suggestions for further study of RN work satisfaction. For example, Boswell (1992) utilized a Nurse Satisfaction Scale (NJS) and a Work Satisfaction Scale (WSS) when studying work stress and job satisfaction among community health RNs; both scales (NJS and WSS) included multiple questions answered with a 5-point Likert scale. Boswell discussed environmental stressors, recommending further research on community health stressors and work satisfaction. Ellenbecker, Porell, Samia, Byleckie, and Milburn (2008) also recommended more study, focusing on increasing job satisfaction to improve both retention and quality of care in the home health setting.

Other Pertinent Home Health Studies

Tullai-McGuinness (2003) conducted a study exploring the home health care nursing environment with a convenience sample with 82 home health care RNs from 11 agencies who were asked to complete an instrument measuring participation in decision making activities. The author found only one small significant relationship between certification and control over decision making. Stulginsky (1993) discussed how home health nurses were expected to practice in ways they have seldom done before; he reported that home health RNs were able to experience their interventions in the patient's home, resulting in a distinct difference for the patient. Remmenga (1997) completed a descriptive study using the Condition of Work Effectiveness Questionnaire and found that home health RNs perceived a moderate level of empowerment. Study participants from home health settings compared to how hospital oncology RNs felt the participatory management in the home health setting contributed to their

feelings of attachment to the organization and were associated with their feelings of autonomy and control over their practice (Gruber, 1991).

Older RNs' Work Satisfaction: Trends and Themes

I reviewed descriptive data for the United States and for Pennsylvania about older RNs' work satisfaction and intent to leave nursing. Nationally, 56.3% of RNs employed in 2004 were older than 45 years of age (U. S. Department of Health & Human Services, 2006). RN satisfaction generally increased with age. The vast majority of RNs in their 50's (82 %) reported that they were moderately to extremely satisfied; after age 60, job satisfaction rose to more than 85 per cent; moderate and extreme dissatisfaction was greatest between ages 40 and 50 (U. S. Department of Health & Human Services, 2010). In the published reports on the Pennsylvania RN survey data (State Health Improvement Plan, 2006 & 2008), RNs 35-49 and 50-64 years old tended to be slightly less satisfied with their jobs and career than those RNs ages 20-34 and 65 plus.

Of the RNs over the age 50 in Pennsylvania who said they were leaving nursing in the next five years, slightly more than three-fourths (76.2%) indicated that they would be leaving because of retirement and 9.5% mentioned stress/burnout (State Health Improvement Plan, 2006). In the more recent Pennsylvania survey data (State Health Improvement Plan, 2008), these percentages changed slightly. Among RNs over age 50 who indicated that they were leaving nursing within the next five years, 79% indicated that the reason they would be leaving was retirement; 8.3% mentioned stress and burnout. By contrast, nurses younger than 50 mentioned the following (in order of importance) as their primary reasons for leaving nursing in the next five years: stress/burnout, change careers, and family reasons (State Health Improvement Plan, 2008).

Actual studies about older RNs and job satisfaction have been minimal. Kovner, Brewer, Cheng and Djukic (2007) found that older nurses generally were more satisfied with their work and had less desire to quit than younger nurses. Buerhaus, Donelan, Urich, Noman, and Dittus (2006) reported that older RNs were more satisfied with their current job and with being a nurse compared to younger RNs. Kovner, Brewer, Ying and Djukic (2007) found that in general, older RNs were more satisfied with their work and had less desire to quit than younger RNs and felt a greater organizational duty. An on-line mature nurse survey conducted by the Center of American Nurses (2003) found that 56% of the respondents expressed job satisfaction.

Other Pertinent Older RN Studies

I reviewed literature regarding older RNs that was pertinent to my study. Sandy (2002) studied the career paths of middle-aged nurses pursuing alternative career settings and found that most of the nurses wanted increased respect as they aged.

Much of the literature has described the strategies and benefits of keeping older nurses working longer in the nursing profession (Joynt, 2007; Hatcher et al., 2006). All but one of the studies that I located was published after 2003. Many of the journal articles about older RNs' satisfaction and retention strategies were found in nursing or other health care literature from other countries; actual studies have been minimal. In a study conducted in Denmark, Friis, Elkholm, Hundrup, Obel, and Gronbak (2007) found that retirement age was influenced by poor health, low income, being married, and having a spouse in the labor force.

One of the most recent studies about older nurses conducted in the United States was the Robert Wood Johnson Foundation's project, Wisdom at Work (Hatcher et al., 2006). The research included a review of literature, interviews with experts, and a survey of Health System nurses. One of the health system entities included in their study was a home health

organization. They measured perceptions of work environment, perceptions of fitness for work, and perceptions of human resource practices. The RNs answered with a three-point scale of 1 = "highly impacts me," 2= "moderately impacts me," and 3 = "has very little or no impact on me." As Hatcher et al. reported, "Various surveys and reports document that older nurses are more likely to extend their work life under the following conditions: supportive workplaces, social interaction with peers and patients, more control over work setting, participation in decision-making, work recognition, encouragement, and positive feedback from supervisors, favorable work schedules, economic incentives, less strenuous jobs that use their experience, ergonomically friendly, safe and effective workplaces, retirement programs that make working longer attractive, and innovative new nursing roles" (p. 53).

Across the United States, many hospitals have been listening to the concerns of older nurses and beginning to implement a broad array of strategies to increase retention of the more experienced RNs (Joynt, 2007). The strategies that Joynt outlined were: "1.) changing the physical work environment and supporting phased retirement, 2.) allowing for flexible scheduling, 3.) rewarding experience and loyalty, and 4.) keeping the job interesting" (p. 1). These strategies are similar to those suggested previously in the Wisdom at Work study. AONE (2011) provided a list of assumptions regarding the aging RN workforce: "The costs of nursing turnover at the state and national level are equal to or greater than two times a nurse's salary;" "Quality care and positive patient outcomes are associated with a highly skilled and caring nursing staff;" "With the loss of expert nurses to retirement, hospital safety and effectiveness could be severely compromised;" "Innovation in job design and nursing roles and functions are needed to retain and effectively utilize older nurses in the workforce;" "Adaptations to work environment may be needed to enable the older nurse to be employed;" "Investments in programs to retain and to develop older nurses for new and emerging roles are

essential;" "Effective new strategies to recruit and retain older nurses must be implemented;" "The work related needs and characteristics of older nurses must be determined;" and, "Generation needs regarding motivators, demotivators, and communication preferences must be determined" (p. 1).

Rosenfeld (2007) conducted interviews with 28 older RNs who also had care-giving responsibilities. With their dual role, the nurses indicated that they would need shift work that suited their needs, clear boundaries between home and work, access to social workers, financial and legal services, and increased awareness among managers about caregiver strains. This issue of care-giving responsibility was also evident in the national 2004 survey of RNs, since 15.9% of all RNs were caring for other adults in their home and 15.5 % were caring for other adults living elsewhere (U. S. Department of Health & Human Services, 2006).

The scholarly literature about older RNs explained that work environments should be evaluated. As Williams (2007) argued, "…we must remove the barriers such as age discrimination and physically demanding and inflexible work environments, encouraging the recruitment of an older population into nursing along with retention of current older nurses" (p.18). Sherrod (2006) explained that focusing on ergonomics would assist in retaining older RNs, yet he went on to note, "Nursing is a labor-intensive profession and very little about the nursing workplace has been updated to remedy this in the last 30 years" (p.12).

The organizations called the Center for American Nurses and the American Nurses Association described working conditions and policies that appeal to older nurses, including no-lifting policies, phased retirement, health benefits for part-time work, more paid time off, flex time, self-scheduling, and job sharing (Clinical Rounds, 2006). An on-line survey of 3,342 nurses conducted by the Center of American Nurses (2003) found that 82 percent of respondents planned to retire during the next 10-12 years, yet more than half of the nurses

(56%) expressed feeling satisfied with their jobs. The Center of American Nurses (2003) outlined other key issues about older working RNs including: unsafe, inadequate ergonomic protections for nurses, inadequate work environment design, lack of incentives for retaining mature nurses, and inadequate policies supporting the mature nurse.

Other Pertinent Studies about Older Home Health RNs

To the best of my knowledge, current studies about actual job satisfaction levels among older RNs working in home health care do not exist. Although the national nursing survey data included information in their most recent report specific to home health RNs and age, 82.2% of home health RNs under age 50 and 83.5% of those 50 and older were moderately to extremely satisfied with their job. This level of job satisfaction was somewhat higher than for hospital RNs, where 78.9% of RNs under age 50 and 81.6% of those 50 and older were moderately to extremely satisfied with their job (U.S. Department of Health and Human Services, 2010). To date, I have located only four relevant articles about older community/home health nurses; interestingly, three of the articles were published in nursing journals outside of the United States.

Watson, Andrews, and Manthorpe (2003) explained that there was a gap in what the organization's policy had outlined compared to the actual implementation of practice in the employment for older nurses. In a more recent journal article, Watson, Andrews, and Manthorpe (2004) discussed their study further, reporting that the number of older nurses was growing in Great Britain and that the increase in older nurses in the community was disproportionately larger than in other health care entities. They found that nurses over the age of 50 wanted flexibility in their working hours without harming their pension prospects, recommending further work to understand older nurses better.

Another study completed in Australia investigated the degree to which community health and hospital nurses differed in their attitude to client self-care (Yelland & Sellick, 1987-1988). Yelland and Sellick found that age and attitude were related, reporting that community health nurses had a more favorable attitude to self-care practices compared to hospital nurses; older nurses were also more likely to have a positive self-care philosophy.

MacDonald (2004) reported that older nurses who worked in hospitals sometimes found home health or hospice nursing a rewarding change of pace. She further explained that older nurses' maturity often gave them empathy and compassion for patients, and their extensive experience supplied them with the knowledge they needed to work confidently in an independent setting.

The Indiana Association for Home and Hospice Care (ISNA) asked older nurses who practiced in home care and hospice what was special about their work (ISNA Bulletin, 2002). The nurses found their work "rewarding," "liked the flexibility of scheduling," "liked providing nursing care in a patient's natural surroundings," "liked the ability to see my patients improve through my nursing efforts in their home environments," and "liked to give my patients and their families one-on-one care, attention, and education in the comfort of their own home" (pp. 3-4). The bulletin also indicated that the nurses felt home health nurses needed a large knowledge base and the capacity to make independent and quick decisions; they felt older nurses had this knowledge and also brought their life experience as an added plus in most home situations.

Theoretical Framework

Occupational Commitment

As I conducted my literature review, I identified the theories utilized in the studies about RN work satisfaction. Multiple theories were utilized in RNs' work satisfaction studies

including direct/indirect job satisfaction, organizational commitment, role stress/conflict and job embeddedness (occupational commitment) theories. Varying theories were used in the studies related to RN work satisfaction and intent to stay working, thus no consistent theoretical base was identified.

In the most recent study about home health RNs, Ellenbecker, Porell, Samia, Byleckie, and Milburn (2008) suggested the need for additional study of nurses utilizing the "theories of commitment which suggest that nurses high on continuance commitment remained in the job because they believe they need to" (p.158). I believe occupational commitment is a good theoretical framework for my study when interviewing older RNs about their feelings and intentions about working longer because as I will discuss in the next few paragraphs, the studies found that older nurses have a high level of commitment.

Occupational commitment relating to nurses' intent to stay working was an essential part of my research study. In his classic Side-Bet theory, Becker (1964) explained that one will not leave their occupation for anything else if they have strong occupational commitment. As previously noted in Chapter One, Lee, Carswell, and Allen (2000) defined occupational commitment "… as the psychological link between an individual and his/her occupation that is based on an affective reaction to that commitment" (p. 800). Someone with a higher occupational commitment strongly identifies with their occupation and has positive feelings about it (Blau, 1985).

Meyer, Allen, and Smith (1993) studied student nurses utilizing Meyer and Allen's Three-Component Model of Commitment, which included affective, continuance, and normative commitment. They hypothesized that each component develops as the result of different experiences and different implications for on-the-job behavior, finding support for

their prediction that occupational commitment would be related to organizational-relevant behavior.

Omadhl and O'Donnell (1999) evaluated "how emotional contagion (i.e., sharing the emotions of patients), empathic concern (i.e., being concerned for patients) and communicative responsiveness (i.e., effectively communicating with patients and their families) affected nurses' level of stress and occupational commitment" (p. 1351). Nursing stress was explored through the variables of depersonalization, reduced personal accomplishment and emotional exhaustion. Multiple regression analyses revealed that the combination of the three emotional communication variables explained significant proportions of the variance in all three of the stress variables, as well as occupational commitment. Emotional contagion also significantly reduced occupational commitment. Based on the findings of their study, Omadhl and O'Donnell concluded: "… in order to reduce nursing burnout, nursing education is needed to help nurses i) effectively communicate with patients about a wide array of topics, including patient's feelings; ii) differentiate between empathic concern and emotional contagion; iii) identify when they are experiencing empathic concern and emotional contagion; and iv) identify and use strategies that are effective in promoting empathic concern and avoiding emotional contagion" (p. 1358).

Detary (2003) found that self efficacy may play a significant role in the retention of nurses. Chiara (1994) reported that nurses want recognition and compensation for their contributions, a voice in the determination of hospital policies, more flexible scheduling, and staffing that enables them to meet the needs of their patients. Shindul-Rothschild (1991) found that in general, the flexibility of a nurse's schedule was most strongly associated with nurse retention. She also concluded that control over nursing practice was associated with retaining nurses in mid-career; by contrast, for nurses just beginning their career, the degree to which

young nurses could uphold high standards of nursing care was the factor most associated with retention.

Brennan (1997) found that nurses age 50 and older felt they had a moral obligation to provide quality of care and an overall culture of commitment. Scoble (1991) sought to understand organizational commitment among nurses, and found that years as a nurse strongly related to hospital tenure. Paxman (2002) evaluated nurses who worked and stayed in long term care settings, concluding that nurses seek meaning and autonomy in their work. Nurses with more than 15 years of service who were working in the specialty of neuroscience had a higher level of occupational commitment as compared to those with only two to four years of service. Similarly, Nieforth (2004) found that generational differences and personal need affected occupational commitment.

As discussed in this section, the literature reviewed regarding nurses and occupational commitment reported varying levels of nursing occupational commitment. Overall, nurses sought a voice to share their workplace desires and needs; commitment increased with more years of service and age.

Summary of the Literature Review

This literature review has provided evidence that a nursing shortage has been occurring and is projected to worsen over time. The home health industry has been experiencing growth, which is also expected to increase as the baby boomer generation requires more health care. The home health industry has changed dramatically in the last 10 years, with higher acuity patients being seen at home, managed care insurance companies dictating the care that home health patients receive, and increased regulatory changes. Researchers have repeatedly noted that more research is needed on nurses working in home health care.

My review of the literature has confirmed that the RN workforce is aging and complicating the nursing shortage. The average age of RNs has been quickly reaching 50 years of age; nurses have typically retired sometime in their fifties. When reviewing data on RNs' work satisfaction data, I found that gender, race, age, family status, work setting (environment), and the level of RNs' education impacted work satisfaction.

In conducting this literature review, I found that job satisfaction has been measured in varying ways, including the Likert scale satisfaction measurement used in the national survey data. I found that the information about older RNs has become more prevalent in the last few years. I referenced the available literature about older nurses and the many recommendations that have been put forth for retaining older nurses. As previously noted, very little scholarly literature exists about older home health RNs. I believe that my study involving older home health RNs is distinct because my research about older home health RNs' work perception had not been conducted previously.

Qualitative Interviews

Qualitative Inquiry

Qualitatively, the objective of my study was to gain more insight into older RNs lived experience working as home health nurses. As explained previously, the secondary data analysis did not assist me in developing questions to ask when interviewing older home health RNs. I utilized my literature review of older nurses, home health nurses, and job satisfaction in order to develop interview questions. The analysis of the national survey data did assist me with the goal of selecting older RNs from the three types of home health agencies (i.e., hospital-based, non hospital-based, and VNA).

CHAPTER 3

METHODOLOGY

Introduction

In this chapter, I explain my study design, data collection methods, and data analysis procedures for what was originally to have been both stages of my research study. I had anticipated conducting a mixed methodology study about work satisfaction among older home health RNs in two distinct phases. As mentioned previously, the first stage was intended to be quantitative, based on statistical analysis of secondary RN survey data. This secondary statistical analysis was to assist me in better understanding home health RNs, older RNs, and older RNs working in home health care. Based on the results of this analysis, I intended to do the second, qualitative stage of my research conducting in-depth interviews with older RNs in home health regarding how they felt about their work. As explained in subsequent portions of this chapter, I ended up only focusing on the qualitative portion of my study.

Research Stage One

Study Design

I had planned to conduct quantitative research -- that is, research that involves data in numeric form and emphasizes precise measurement of variables (Melnyk & Fineout-Overholt, 2005). The purpose of stage one of my study was intended to analyze factors (independent variables) in the secondary RN data that impacted older home health nurses' work satisfaction (my dependent variable). Based on my review of the literature in Chapter Two, for example, I hypothesized that various independent variables (such as age and employment setting) would impact the level of job satisfaction among home health RNs and whether or not they intended to leave nursing within the next five years.

As noted previously, my quantitative research was to have included an in-depth analysis of secondary RN survey data, both nationally and from the state of Pennsylvania. Raw data are available nationally from the Health Resources & Services Administration (HRSA), which has the Gallup Organization conduct a sample survey of RNs every four years (U. S. Department of Health and Human Services, 2006). Also, as noted previously, at the state level the Pennsylvania Department of Health's Bureau of Health Planning Division compiles data from survey information completed by all RNs when renewing their licenses (State Health Improvement Plan, 2006 & 2008). I contacted both the U.S. Department of Health & Human Services' HRSA division and the Pennsylvania Department of Health's Bureau of Health Planning Division regarding the RN survey data; I will discuss these contacts in more detail in the following sections.

IRB Approval Stage One

I received approval from the IRB at Indiana University of Pennsylvania (Personal communication, April 10, 2009) to conduct stage one of my study.

National RN Survey Data (Data Collection Method, Study Participants, Setting)

The intended sample for the national RN survey data was taken from each state's list of active licensees since no single list of RNs exists in the United States (U. S. Department of Health and Human Services, 2006). A total of 50,691 RNs were mailed the 2004 survey; four mailings were done with follow-up phone calls if the survey was not received back, which resulted in a total of 35,724 RNs responding to the survey (U. S. Department of Health and Human Services, 2006). The response rate for the survey was 70.47%.

A copy of the actual RN survey was part of the national RN survey report that I reviewed to understand the information and variables available linking to my study. This survey form was 15 pages long (see Appendix A). HRSA directed me to the web site where

the raw data are available (HRSA, 2008). The actual raw data are available in public use files; therefore I had the opportunity to conduct a statistical analysis of job satisfaction among RNs, focusing in particular on older home health RNs. The data did not include any identifying information about individuals.

The national RN survey data includes multiple variables. I identified the dependent variable of RN job satisfaction for my study and other independent variables in the national survey data that would answer my original research questions (outlined in Chapter One).

The dependent variable of work satisfaction was intended to be the main focus of stage one of my research study (see question #32 in the national survey, Appendix A). Based on my review of the literature and as noted in Chapter Two, I hypothesized that the variables of employment setting, age, initial RN education, years worked as an RN, gender, race and family status impacted the level of work satisfaction among RNs. By running statistical analyses of these variables, I planned to test my hypotheses, which had not been tested previously, and better understand job satisfaction among RNs, and particularly among older RNs working in home health.

One of the main independent variables in my study was intended to be employment setting, focusing in particular on the home health sector. The published national RN data (U. S. Department of Health & Human Services, 2006) includes five employment setting categories: (1) hospitals, (2) nursing homes and extended care facilities, (3) community and public health settings, (4) nursing and health education, and (5) ambulatory settings. The category of community and public health setting is comprised of state and local health departments, student health services, occupational services, school health, and my specific research interest - visiting nurses services and other health services. Since the published report used the five

broad categories, I planned to use the survey data to identify the specific home health entities that linked with my study.

I classified home health RNs in the national survey in three different ways, all of which can be seen in Appendix A. First, with question #23, RNs selected the employment setting code that best described their principal nursing employment; these choices included the codes of visiting nurse service - 425, home health service unit (hospital-based) – 422, and home health agencies (non-hospital based) - 435. These three employment settings matched my study population of RNs working in home health and also provided a way to distinguish between different types of home health agencies. The second way to determine home health RNs' survey answers was with question #27, when nurses were asked, "In a typical workweek, in what type of unit do you spend the majority of your patient time?;" an answer to this question could be home health care - 04. The third way to identify if RNs were working in home health care was question #24, where RNs chose what answer best corresponded to the position title for their principal nursing position; a choice was visiting nurse/home health nurse - 35. I needed to be careful if using the information in question #24 because another answer to this survey question was case manager - 03; I am aware that some home health agencies refer to their home health nurses as case managers.

By running these statistical analyses, I planned to test my hypotheses and gain a clearer understanding of the factors impacting older RNs working in home health agencies. I was told by statistician M. Fritz (personal communication, November 17, 2008) who worked with the 2004 national RN survey data that my sample would be adequate if working with age and employment setting of home health, but not if I wanted to run reports specific to Pennsylvania and home health. As he clarified, only 1015 (3%) of the RNs who completed the survey were employed in all employment settings in Pennsylvania.

Below I list the other variables in my study and where each is located in the national RN survey question (for the exact wording of each question and the choices for respondents, see Appendix A). The other independent variables in my study were: age (question #65), initial RN educational preparation (question #2), year graduated from RN program (question #3), how many years worked in nursing (question #52), gender (question #64), ethnic background (question #66), racial background (question #67), marital status (question #69), family status – children/parents/dependents living with respondent (question #70), gross earnings from principal nursing position (question #34), and gross annual household income (question #71). As previously noted, I hypothesized that all of these variables except income would impact the level of job satisfaction among RNs.

The survey also had a question (question #60) asking what the RN's principal nursing position was one year ago; question #59 asked RNs to list the reason why they left this position (see Appendix A). I wanted to understand why RNs moved into or out of home health work (or from one type of home health setting to another). For those who changed jobs in the past year, I planned to also examine the reason RNs selected for changing jobs: burnout/stressful work environment, career advancement/promotion, disability, illness, interested in another position, lack of collaboration/communication between health care professionals, laid off/downsizing, opportunity to do the kind of nursing that I like, pay/benefits better, reorganization that shifted positions, relocated to different geographic area, retires, scheduling/inconvenient hours/too many hour, sign-on bonus offered, and other. I was particularly interested in cases in which RNs had indicated that the reason that they changed jobs was because of "burnout/stressful work environment", "disability", "illness", "pay/benefits", or "retires," since these factors linked to the literature that I reviewed in Chapter Two. For example, the first reason RNs in Pennsylvania who intended to leave their work in the next five years gave for leaving was

retirement; the second reason was stress/burnout (State Health Improvement Plan, 2008). In Chapter Two, I also discussed Friis, Ekholm, Hundrup, Obel, and Gronbak's (2007) research in Denmark, in which they found that retirement can be based on poor health and low income. Income may not impact RNs' work satisfaction, but it still may be their primary reason for retiring. I expected that an analysis of the reasons RNs gave for either leaving or going into home health work (or for changing from one type of home health setting to another) would provide additional insight into job satisfaction among home health RNs.

All of the RNs who took part in the national survey in 2004 were included in the data. Gender and race/ethnicity designations were part of the secondary RN data; thus these variables were to be analyzed to determine their impact on older home health RNs' job satisfaction. Most of the studies discussed in Chapter Two did not find a correlation between income and RNs job satisfaction, but I believed that this variable was important to analyze when studying older RNs. For example, older RNs might have a spouse or significant other still working, or they might have a spouse or significant other who was disabled, retired, or who was not the main income provider.

National RN Survey Data (Data Analyses Procedures)

In the national RN survey data, my main dependent variable was to have been work satisfaction, which is an ordinal variable. Ordinal variables allow categories to be ranked from highest to lowest, best to worst, or first to last (Ritchey, 2000). Question #32 on the RN survey asked RNs to answer the question, "How would you best describe your feelings about your principal nursing position?" by selecting one of five options: "extremely satisfied," "moderately satisfied," "neither satisfied nor dissatisfied," "moderately satisfied," or "extremely satisfied" (see Appendix A). I considered this type of ordinal variable a valid measure of RNs' work satisfaction because it has been used in previous RN satisfaction studies (see, for example,

State Health Improvement Plan, 2006 and 2008), as well as in other studies of job satisfaction. The intended independent variables in my hypotheses were all identified in Chapter Two.

Once the data were cleaned and edited, I planned to test my hypotheses using appropriate statistical techniques. My intended goal was to determine if there was a statistical relationship between the variables – that is, if one variable tended to consistently change with the measurement of another, making it a good predictor of the other (Ritchey, 2000). I intended to run appropriate statistical tests such as t-tests or analysis of variance (ANOVA) depending on how the independent variables were measured. I expected that these statistical tests would help me identify what variables were impacting older RNs' work satisfaction, particularly older RNs in home health. If such techniques were appropriate statistically, I also expected to do more elaborate statistical analyses such as multivariate analysis.

I intended to make every effort to try to ensure the validity and reliability of my measures. Reliability is the consistency of an instrument in measuring the underlying construct. Valid measures are those that measure the construct they are intended to measure; the validity of study findings involve whether or not the results of the study were obtained via sound scientific methods (Melnyk & Fineout-Overholt, 2005). I expected to use using secondary data from a survey instrument that HRSA approved as a valid and reliable instrument, relying on standard measures that have often been used to measure work satisfaction as well as my independent variables.

Pennsylvania RN Survey Data (Data Collection Method, Study Participants, Setting)

As I mentioned previously, RNs in Pennsylvania renew their license biannually either in April or October depending on when the license is due for renewal; they also complete an on-line survey. I reviewed a copy of the two-page survey for both published reports (State Health Improvement Plan, 2006 & 2008), which in both cases utilized the same survey instrument (see

Appendices B and C). The only difference between the two surveys was the choices for RNs to select in answering question #20, factors in their current position. In the initial survey (2006), RNs were given the choice of "excellent," "very good," "fair," "poor," and "N/A." In the most recent survey (2008), the responses were changed to "very dissatisfied," "dissatisfied," "satisfied," "very satisfied," or "N/A." Since it did not become mandatory until April 2005 for RNs in Pennsylvania to complete the on-line survey when they renewed their license, the response rate of the RNs who completed the survey for the 2006 report was 82%, totaling 150181 RNs (State Health Improvement Plan, 2006). The 2008 report included the combined data of all nurses renewing their licenses in Pennsylvania in April 2006, October 2006, April 2007 and October 2007.

I asked the Bureau of Health Planning if the raw data from these surveys were available for use in research and I was told their standard policy was that the raw data from the Pennsylvania RN report cannot be given out for additional research. I reviewed the published reports for both 2006 and 2008 (State Health Improvement Plan), which included multiple demographic items such as age and employment sector that were pertinent to my research study. RNs completing the on-line survey were asked to rate their primary job regarding each of the following job factors: "RNs valued by administration," "paperwork," "RN participation in decisions," "salary/benefits," "staffing levels," "co-worker relationships," "physician relationships," "hours/scheduling," "supervisor," "technology," "emphasis on clinical excellence," "and career development opportunity." RNs were also asked how much longer they planned to remain in nursing; if RNs indicated that they were planning to leave nursing in the next 0-5 years, they were asked to choose from a list of reasons why they were planning to leave. In the Pennsylvania state published reports, the category of home health agency was available, but the published reports did not examine the age of RNs and their employment

setting in relation to perceptions of their work and reasons for leaving nursing if they intended to leave (State Health Improvement Plan, 2006 & 2008).

Since I planned in my study to focus on the link between RNs' employment setting, age, and work satisfaction, I asked for reports about RNs' age, employment setting, perceptions of their work, and reasons for intending to leave their work in the next five years. I was able to obtain new unpublished reports from the Pennsylvania Department of Health based on the data that made up the 2006 published report – i.e., RN survey information from 2004 through 2005 (Bureau of Health Statistics and Research, n.d.). These four reports were: (1) "Home Health: Age by Primary Reasons for Leaving Nursing in The Next 5 Years," (2) "Overall: Age by Primary Reasons for Leaving Nursing in The Next 5 Years," (3) "Home Health: Factors that Influence Perceptions of Primary Job by Age," and (4) "Overall: Factors That Influence Perceptions of Primary Job by Age." These reports did not have any identifying information linking them to specific RNs.

Through an email from the Pennsylvania Bureau of Health Planning, who collected and analyzed the RN data for the 2006 report (State Health Improvement Plan, 2006), I was given permission to use the four new non-published reports in my study, which I explain in more detail in the next section (G. Ernst, personal communication, November 17, 2008). If any additional reports were to become available from the RN state data and I was given permission to use them, I planned to also incorporate them into my data analysis.

Pennsylvania RN Survey Data (Data Analysis Procedures)

At the Pennsylvania state level, I reviewed the four unpublished reports that I mentioned previously and worked with my Pennsylvania Department of Health contact to hopefully obtain the same reports from the 2006-2007 survey data (State Health Improvement Plan, 2008). These unpublished reports contained cross tabulation of the variables that I had asked for, allowing me

to compare younger and older RNs and RNs working in home health compared to other work settings about their perceptions of their job and their reasons for leaving nursing if they expected to leave within the next five years.

Summary Stage One

I selected the proposed independent and dependent variables for this intended stage of my study as a result of the literature review that I described in Chapter Two. The national and state-level secondary data that I planned to use were to allow me to test my hypotheses for stage one of my research study and facilitate progression into stage two of my study.

Analysis of the secondary data was to help me better understand what factors were related to job satisfaction for older, home-health RNs. The results of this analysis were to also help me determine what interview questions I would ask of older, home health RNs in stage two of my study, and which older home health RNs to interview. Additionally, I expected that stage one of my study might have implications for other areas of nursing where satisfaction is not so high, and it may provide suggestions for making nursing more satisfying to the younger RNs working in home health care. Furthermore, I expected that the results would assist me in understanding if job experiences and satisfaction among older home health RNs differed from that of younger RNs or RNs working in other employment settings. If the home health industry could understand what older RNs wanted in order to be satisfied with this type of work, home health agencies might be able to develop better strategies to recruit and/or retain older nurses.

Discussion of Transition to a Main Qualitative Focus in my Research

After completing statistical analysis (e.g., multivariate analysis) of the national RN survey data related to home health RNs, I did not find any significant results. As indicated previously, the state RN raw data did not permit public domain use and I only had four crosstab reports. After conferring with my dissertation committee, it was decided that I would focus my

attention entirely on the qualitative portion of my study. The review of the national survey data did not help me decide on the interview questions to ask the older home health RNs, but it did help with information to ask on the demographic questionnaire and when choosing nurses from the three types of home health agencies previously explained in this chapter. In my Discussion Chapter I will discuss further how the qualitative information gained in my study might provide additional questions in the national survey that is conducted every four years.

Research Stage Two

Study Design

Qualitative methods support the study of issues in depth and detail (Patton, 2002). My qualitative research was phenomenological, which is the study of essences (meaning) grasped through descriptions of lived experiences (Melnyk & Fineout-Overholt, 2005). My goal in what was originally to have been stage two of my research was to conduct in-depth interviews to better understand the factors that I identified in stage one of my study, thereby gaining more insight about the older home health RNs' lived work experiences. In qualitative inquiry, the researcher is the instrument (Patton, 2002). Therefore I understood the importance of knowing my own social location in conducting this qualitative research.

My Social Location as the Researcher

I was aware of the fact that I am a White female, an older RN working in a home health agency in western Pennsylvania in an administrative position, and that I am passionate about the topic of my research study. This presented me with both advantages and challenges when interviewing the older RNs. I realized that I needed to be aware of my own biases when interviewing the nurses and careful not to stifle the older RNs from sharing their own opinions of the questions asked. I also needed to be aware of my social location when analyzing the interview data.

I have been an RN for over 35 years living and working in western Pennsylvania, originally graduating from a three year (diploma) nursing program. I am an older RN in my fifties who has worked in home health care for over 20 years. I started my professional career in home health care in 1987 as a staff nurse (i.e., case manager); I have been in home health leadership roles since 1989. My past home health administrative jobs included a utilization/quality review position, administrator of multiple counties regarding clinical operations, and a director of a home health agency. My current home health position includes the responsibility for fiscal operations of a home health agency in a large county in western Pennsylvania.

I realized that I have a feeling of empathy for the RNs whom I interviewed because I understand the topics they brought up. Yet, I also can relate to the administrative viewpoint regarding the topics that we discussed in the interviews. Patton (2002) described empathy as a stance toward the people one encounters, communicating understanding, interest, and caring. Empathetic neutrality utilized in qualitative inquiry suggests a stance toward their thoughts, emotions, and behaviors in a nonjudgmental way. I was also aware of reflexivity in qualitative research in that I needed to be attentive to and conscious of the cultural, political, social, linquistic, and ideological origins of my own perspective and voice, as well as the perspective and voices of those I interview (Patton, 2002).

IRB Approval for Qualitative Study

Once my committee and I determined that my main focus would be a qualitative study, I sought IRB approval. I gained IRB approval before I began my qualitative study (Personal communication, May 21, 2010).

Development of Informed Consent and Demographic Questionnaire

I developed an informed consent form to use in my study that met the guidelines of research. I also developed a questionnaire for both working home health RNs and retired RNs in order to obtain demographic information about the RNs that would be useful in my study. The working RN demographic questionnaire was slightly different than the retired demographic questionnaire. Retired RNs were asked to answer a few questions regarding when they were working and when they became retired (e.g., annual income pre and post retirement). I included questions on the demographic information based on information asked in the national survey data, state survey data, and other information pertinent to my study. I developed a working home health RN packet and a retired home health RN packet that included the informed consent form and the questionnaire for each group (see Appendices D and E).

Development of Qualitative Interview Questions/Guides

I had planned to utilize the results of stage one of my study to identify what questions I would ask in my in-depth, qualitative interviews with older home health RNs. Since the quantitative analysis did not yield any significant findings, I did not actually use the results of statistical analysis of the national survey data in developing the interview questions for what was to have been stage two of my analysis**.** I developed questions for the older home health RNs based on my literature review about home health nurses and older home health nurses. For example, I wanted to understand more about the challenges and reward that older home health RNs experience working in home health care. If older home health RNs were planning on retiring in the near future, I felt it would also be appropriate to ask them how they felt about working longer. I also developed interview questions to gain insight into the qualitative research questions of my study discussed in Chapter One. My interview questions were open-

ended, allowing older home health RNs to answer without a leading conclusion. I developed an interview guide to use when interviewing both working RNs and retired home health RNs (see Appendices F and G). The interview guide also included interview probes that I used to gather additional information.

Qualitative Study Sample

I used purposeful sampling because I wanted to interview older home health RNs working in Pennsylvania. As noted in Chapter One, Pennsylvania was a good state to conduct this study because there are many elderly in this state and home health agencies are very prevalent. I wanted to locate RNs who either were working in home health between the ages of 45 and 65, or who were retired. As explained in Chapter Two, I chose these ages because nurses have been retiring in their late fifties. I wanted to gain insight regarding what the younger group of older nurses, ages 45-54, felt about their work and if those aged 55 to 65 who were still working as home health RNs could offer a better understanding about why they were still working. I wanted to interview a sample of retired RNs to better understand why they had decided to retire. I also hoped to get a sample of home health nurses from the three different types of home health agencies (i.e., VNA, hospital-based, and non-hospital based) as utilized in the national survey discussed previously in this chapter. The interview sample was to be more diverse by having representation from each type of home health agency. I never knew the RN's actual age until the demographic questionnaire was completed at the interview. Later in this chapter I further explain the grid I utilized to get a sample of nurses between the ages of 45 and 65, and from three types of home health agencies. My goal was to interview 30 older home health RNs meeting the numbers in my categories of proposed ages and types of home health agencies.

I also used snowball sampling, asking the nurses whom I initially contacted if they knew of anyone who would meet the criteria of my study. I also asked the RNs at the actual interview if they knew of any potential candidates for my study. I gave my contact information to the RNs and asked them to inform me if a nurse gave permission for me to call about the study. Having multiple nurses to contact would assist me in having a broad group of RNs to interview. Five times I was given names of other potential RNs from nurses who were in my study; when I then called these nurses, they were all willing to take part.

I emailed a past professor who had worked at a particular type of home health agency, inquiring if she knew anyone who would meet the criteria of my study. She gave me a contact name who gave me a list of 14 home health RNs from this agency who gave permission for me to call them. I called the nurses on this list until I had enough RNs from this type of home health agency. As explained previously, my goal was to have RNs to interview from the three types of home health agencies (i.e., hospital-based, non-hospital based, and VNA).

I also gained permission from the CEO at the home health agency in which I work to call nurses working at this agency, asking if they wanted to take part in my study. I made contact with RNs from the agency in which I work with whom I did not have an administrative connection. I made every effort to ensure that no one knew the names of the nurses whom I interviewed unless the nurse herself chose to share with others; my CEO did not know the names of the nurses interviewed from my agency. Some of the nurses whom I interviewed chose to tell colleagues that they took part in my study.

I contacted nurses whom I knew and nurses whom I had never met before. I contacted the nurses via telephone, first explaining who I was and why I was calling. If the RN whom I called did not know me, I explained that I was an RN working at a home health agency. Overall, I had contact with 34 nurses; all but one RN whom I contacted agreed to be

interviewed. This one nurse indicated that she did not want to be part of the study, stating, "You probably have a lot of people to call." One nurse who first agreed to take part in the study was confused about the meeting date and did not show up for our interview appointment; she was to reschedule, but I did not hear back from her. I moved on and got another RN to interview. I also had a retired RN who agreed to be part of the study and she was to call me when in town (she did not live in the area); I did not hear back from her so I moved on locating another retired RN to interview. I also had a nurse on standby whom I did not interview because I met the goal of interviewing 30 RNs.

In June 2010, I began making contacts with my study participants. I created a grid with six slots for retired RNs, four slots for working hospital-based RNs ages 45-54, four slots for working hospital-based RNs ages 55-65, four slots for working non-hospital based RNs ages 45-54, four slots for working non-hospital based RNs ages 55-65, four slots for working VNA RNs ages 45-54, and four slots for working VNA RNs ages 55-65. Once I would interview the nurses and find out their age and what type of an agency they worked at, I would insert them into one of the slots on my grid. This enabled me to keep track regarding which slots still needed to be filled. I utilized a numerical coding system to identify each RN interviewed by age, working or retired, and type of home health agency (see Appendix H).

When I contacted the nurses to obtain their permission to take part in the study, I would schedule the interviews as soon as the nurses were able to meet with me. Since the majority of the interviews were conducted during the summer months, the interviews would often be scheduled weeks in advance depending on the nurses' availability. On completion of all 30 of my interviews, all interview slots on my grid were completed except that I had only three instead of four non-hospital based RNs who had been interviewed between the ages of 45-54, and I also had five RNs instead of four whom I interviewed from a non-hospital based agency

who were between the ages of 55-65. Also, one nurse whom I had interviewed called me when she was with a retired RN who wanted to take part in my study; this nurse was age 74. I decided to include this retired RN in my study, although she was outside the age range of my study.

Data Collection Setting

I understood the importance of creating a relaxed atmosphere for the interview sessions and I felt I had a good rapport with the older home health RNs. I traveled distances from zero miles (interview conducted in my own home) to 198 miles to conduct an interview. Overall, I traveled over 2200 miles to meet with the nurses in their local area. All interviews were conducted in places where the RNs preferred, which they felt were convenient and comfortable for them. Many of the nurses wanted me to meet with them in their own home, and others chose to meet with me in a public place (e.g., Starbucks, Eat N Park, and MacDonald's). If we were completing the interview in a public place, I would always offer to buy the RN a light meal or refreshment. Most of the nurses declined a light meal, requesting only a beverage. Whenever the interview took place in a restaurant, I asked the hostess if we could be seated in a quiet area. During two of my interviews, the nurse whom I was interviewing and I experienced distractions in a restaurant where we were meeting (i.e., music on the overhead loud speakers and children sitting beside us in the restaurant). During these times, I asked the nurse about the distractions and they felt the environment would be fine to conduct the interview in spite of the distractions. As the interviewer, I also felt that the environment was acceptable for conducting the interview.

Patton (2002) also reminded researchers that they need to be aware of the special terms used in a particular setting when conducting interviews. Since I am aware of health care and home health jargon, this was not an issue for me.

The meetings with the RNs lasted on average one hour. The meeting always started and ended with social conversation; the informed consent and questionnaire would take approximately five minutes to complete; and the actual interview on average lasted 25 minutes. The shortest interview took 13 minutes and the longest interview took 43 minutes. As the researcher, I conducted each interview the same way utilizing interview probes as required, but some of the RNs' interviews did not last as long.

Data Collection Method

My first interview took place in mid July 2010, and they continued through October 2010. The majority of the interviews were completed according to the nurses' request during the week, either in the late afternoon or evening. When I met with the older home health RNs, I initially reviewed an informed consent form with each nurse that they signed before we started the interview; additionally, each RN was given a copy of the consent form**.** I also asked the RNs whom I interviewed to answer a demographic questionnaire.

I conducted individual face-to-face interviews and utilized structured and open-ended interview questions -- that is, formal interviews with little flexibility in the way the questions are asked, but that allow those answering the questions to respond in their own terms (Melnyk & Fineout-Overholt, 2005). I used open-ended questions in order that home health RNs would feel comfortable sharing their thoughts openly about the questions rather than just answering yes or no. As Patton (2002) has noted, true open-ended questions allow the individuals being interviewed to take whatever direction they choose and use whatever words they want to express themselves when answering the questions. I utilized an interview guide when conducting the interview including probes if additional information was needed. I used the probes especially if the RN whom I was interviewing did not share much about a topic.

During the interviews, I verified credibility utilizing qualitative tools, including prolonged engagement and persistent observation of the RNs interviewed (Mertens, 1998). The RNs were easy to talk with and their demeanor appeared relaxed when meeting with me. No one appeared rushed, and everyone gave me the time needed for the interview. I do feel that my home health background and being an older RN facilitated older home health RNs sharing more information with me. My years of working in home health care provided me with a good knowledge base about home health work and I felt that the older home health RNs respected and felt comfortable with me. I tape recorded the interviews in order to document the exact words used by older RNs, and I also documented notes for future reference. After each interview, I documented other information from the interview in a journal (e.g., the RNs' body language, nonverbal gestures, and my feelings about the interview).

I utilized a paid transcriber for my interview transcription. This process included sending the interview tape through a software called Digital Voice Editor and the transcriber would then email back the transcribed interview. When I began each interview I used a code for the interview so the transcriber could label the interview transcription, but was unable to identify whom I had interviewed. My transcriber does transcription professionally for the medical field and is aware of issues of maintaining confidential information; she did not have access to the demographic information of my study and therefore did not know the individual names of the RNs interviewed. My transcriber was able to turn around the transcribed interviews quickly. After I had completed two interviews, my dissertation chair reviewed the transcribed tapes and felt that the interview data had good quality with rich data. She gave me minor suggestions regarding how to probe for more information as needed. As earlier explained in this chapter, I discussed the possible distractions in a public place when conducting one interview. I only had one tape that the transcriber found hard to hear at times

due to the music on the overhead at a restaurant; the notes I had taken during each interview enabled me to put the rest of the information into that transcribed interview.

Data Analysis Procedures for My Qualitative Research

For my qualitative study, I utilized various steps to ensure that I had conducted good qualitative research. First, I verified dependability by carefully documenting an audit trail that summarized how I reached my conclusions and whether, under similar conditions, another researcher might expect to obtain similar findings (Melnyk & Fineout-Overholt, 2005). I spent a large amount of time organizing the data and evaluating the data for themes. As previously noted in this chapter, I was aware of my RN and home health care background when analyzing the qualitative data. Patton (2002) described self reflexivity of the researcher during qualitative analysis; he explained that the researcher needs to be aware of many things -- including thinking about what they know, how they know what they know, and what shaped their perspective. I did not jump to conclusions utilizing my own perceptions, but utilized the actual words of older home health RNs whom I interviewed when studying the qualitative data.

In my analysis of the interview data, I utilized varying methods of first cycle coding as outlined by Saldana (2009). In magnitude coding, I looked for words that suggested intensity by the older home health RNs. The nurses would use words like "too much," "not enough," etc. As explained by Saldana (2009), in vivo coding is "verbatim coding;" I analyzed the interview data for actual words used by the older RNs to tell their story about working in home health care. Emotion coding analyzes the data for emotions. If the RNs explained a topic with strong emotion, for example feeling upset and frustrated about a topic, I labeled their comment, "emotion." Value coding includes analyzing the interview data for the RNs' attitudes and beliefs. I utilized this code when the RN gave an explanation about what they believed was right or wrong. In versus coding, I analyzed for two conflicting topics (e.g., satisfaction and

dissatisfaction for their home health work). I went through each interview transcription and wrote after a nurse's comment, "magnitude," "emotion," "value," etc.

As I continued with the analysis of my interview data, I used flip charts to further review the data. I took each interview question and wrote the answer each older home health RN gave for the question. I color coordinated the answer on the flipchart by age category and type of agency. As I reviewed the flip charts, I searched for consistent topics throughout the interview data (e.g., stressors, environmental factors, etc.). At this point, I met with my dissertation chair and one of my other committee members who felt that my interview data analysis was appropriate and they gave me suggestions for moving forward to my second level of coding the data.

In my second cycle of coding, I developed a coding tabulation form from the main topics found (see Appendix I)**.** I understand the need for transferability, using thick description in order for the reader of my research to have enough detail to make judgments (Mertens, 1998). In the coding tabulation format, I identified specific headings and subheadings for the main topic areas and utilized a numbering system that assured no duplication in the coding. My choice of words used in these headings and subheadings came from my previous literature review, my qualitative research questions, and what the RNs told me in their interviews. This choice of words included language used when researchers explained topics of work perceptions and satisfaction, as well as from my research questions (e.g., stressors, rewards, challenges). The main headings included ten different topics:

(1) Stressors related to working as a home health RN

(2) Environmental factors related to particular patients

(3) Positive intrinsic factors related to working as an older home health RN

(4) Negative intrinsic factors related to working as an older home health RN

(5) Economic incentives or opportunities of the older home health RN

(6) Other benefits of the job working as an older home health RN

(7) External challenges relate to working as an older home health RN

(8) Perceptions of older home health RNs about younger home health RNs

(9) Factors related to the older home health RN retiring

(10) Suggestions for the older home health RN working longer

Each one of the 10 topics were further broken down into subheadings in order to capture clearly what the older home health RNs were telling me about their work perception. Stressors explained by the older home health RNs included: (a) stressors related to specific patients and/or family situations, (b) stressors related to the work day, (c) stressors related to other work time, (d) stressors related to other family responsibilities, (e) stressors related to some physicians, (f) stressors related to technology, and (g) stressors related to the specific organization.

Both positive and negative environmental factors were discussed by the older home health RNs in their interviews. The environmental subheadings included: (a) positive environmental factors, (b) negative environmental factors, and (c) negative environmental factors related to particular patients.

The RNs whom I interviewed discussed their intrinsic feelings about their work in home health. The intrinsic subheadings included: (a) positive intrinsic factors related to self, (b) intrinsic factors related to patients/families, and (c) good rapport with the agency administration.

When the RNs commented about salary or benefits, I listed them under economic incentives. The subheadings under economic incentives included: (a) economic incentives and opportunities related to work, and (b) economic incentives and opportunities related to retiring.

The older home health RNs whom I interviewed discussed multiple benefits in their work. I categorized these benefits into nine different benefits: (a) benefits of the job related to flexibility of work hours, (b) benefits of the job related to social relationships with others, (c) benefits of the job professionally related to increasing clinical nursing competency, (d) benefits related to being able to teach patients and/or families more than when the RN worked in the hospital, (e) benefits of the job physically and mentally, (f) benefits related to attending professional conferences, (g) feeling that using the computer made the job easier, (h) working for an agency with a good reputation, and (i) ability to communicate the home situation to the physician.

When interviewing older home health RNs, they often discussed the challenges in their work. I designated their work challenges into three subheadings: (a) external challenges related to insurances, (b) external challenges relate to insurances, and (c) external challenges related to limited community resources.

The older home health RNs whom I interviewed provided me with information about their positive and negative feelings about younger home health RNs. I created two subheadings: (a) negative perceptions of older home health RNs about younger home health RNs, and (b) positive perceptions of older home health RNs about younger home health RNs.

I had a tabulation sheet for each interview and I reviewed each transcribed interview again, circling every time I noted one of the numerical coding was evident. I kept updating the coding tabulation form every time I found a new code that needed to be added to the coding tabulation categories. At times, there were a few comments that may have only been said once by a nurse, but it was meaningful to include this comment and I gave it a code on the tabulation form.

I then tabulated the percentages of times I found each topic. I separately completed a summary tabulation sheet for all RNs, working RNs, younger working RNs (ages 45-55), older working RNs (ages 55-65), retired RNs, all hospital-based RNs, hospital-based working RNs ages 45-54, hospital-based working RNs ages 55-65, all non hospital-based RNs, non-hospital based working RNs ages 45-54, non-hospital based working RNs ages 55-65, all VNA RNs, VNA working RNs ages 45-55, and VNA working RNs ages 55-65. I did the summary forms in order to identify any consistency between my study categories.

My last step in analyzing the date included reviewing the topics for themes and keeping in mind my qualitative research questions. I took the tabulation sheets and percentages, identifying the codes/categories that were more prevalent in the data analysis. I evaluated the interview coding for information that was unique and not found in current literature about older home health RNs. I also evaluated the data searching to combine information into a theme that might be evident in the data (e.g., categories that facilitated work dissatisfaction – stressors, challenges, and the categories that facilitated work satisfaction – positive factors, benefits of the job). This exercise allowed me to locate themes in the interview data. In Chapter Four I further discuss the coding tabulations and percentages found in the interview data, and I also outline the five main themes found in my study.

Summary Qualitative Study

I wanted to better understand how older home health RNs view their work and/or working longer**.** I followed strict qualitative guidelines related to sampling, setting, data collection method, and data analysis. The qualitative data analysis involved an effort to gain more insight into the lived experiences of older RNs working in home health care. I took a tremendous amount of time to analyze the interview data, giving particular attention to the themes that developed from the data.

Limitations of the Qualitative Research

The limitations in the research design included utilizing purposeful sampling and only interviewing older home health RNs who were living in western Pennsylvania. My study only included older home health RNs, which meant that I could not evaluate whether or not younger home health RNs differed in their work perception. There were only a small percentage of RNs of different ethnic backgrounds in the geographic area of my sample, but I was not able to have a diverse group of older home health RNs to interview. Additionally, the percentage of available older male home health RNs to interview was very small. I did not have the opportunity to evaluate if older male home health RNs would have different perceptions of their work compared to older female RNs in this work setting. Since the sample was from western Pennsylvania, the majority of the RNs whom I interviewed completed home health visits in rural areas or small to medium-sized towns, which meant that I was not able to gain insight into older home health RNs' feelings about working in an inner city environment. My study only included a small sample of retired nurses and nurses from each age group, and from each type of home health agency; these small numbers did not support being able to look at the different categories for comparison.

Chapter Summary

My initial goal was to use a mixed methodology approach in my research in order to gain a better understanding of older RNs working in home health care. As explained earlier in this chapter, the proposed quantitative part of my study involving national and state secondary survey data did not result in any significant findings about older home health nurses. The qualitative part of my study became my main focus in my research. I interviewed 30 older home health RNs who shared both their positive and negative feelings about working in home health care. Rarely would I need to probe with further questions to get the home health RNs to

tell me more about their feelings. I conducted analysis of the interview data utilizing strong qualitative research guidelines (i.e., credibility, dependability, and transferability). The time spent in reviewing the interview data resulted in themes that could be compared and contrasted to current literature, adding to our understanding of older home health nurses.

CHAPTER 4

RESULTS

Introduction

The purpose of the qualitative portion of this research study was to gain insight into older home health RNs' work experiences and perceptions. The goal was to better understand why older RNs feel as they do about aspects of their job, and in what ways and to what extent they view these various aspects of their work providing satisfaction (rewards) or dissatisfaction (challenges). This research also sought to understand how older home health RNs feel about continuing to work in this work setting versus retiring, and what reasons they give for feeling this way. The objective was to also investigate what older home health RNs feel they need to keep working, and what types of changes in their work would help them feel better about their work. In this chapter, I first describe the demographic information about the older home health RNs whom I interviewed. Then, I discuss the major results obtained from in-depth interviews with 30 older home health RNs. I explain how these key results are supported by various themes that surfaced through my interviews. At the end of this chapter, I briefly summarize these themes found in my analysis.

Interview Demographics

When I met with each nurse to conduct an interview, the nurse was initially asked to complete a demographic questionnaire about herself. All of the nurses completed the information without hesitation. Whereas the questionnaire for older home health RNs who were working related to their current employment situation, the questionnaire for the retired RNs related to both their current situation and situation when working. I first discuss the demographic information related to all RNs, and then discuss separately the information for working home health RNs and retired home health RNs.

Demographic Information on All Home Health RNs Interviewed

I interviewed 30 white, female older home health RNs ranging in age from 45 to 74. As shown in Table 1, the older RNs interviewed were from varying types of home health agencies and age groups. These 30 home health RNs were from ten different home health agencies within Pennsylvania -- 2 different hospital-based agencies, 5 different non-hospital based agencies, and 3 different VNA agencies. It is important to note that even though I interviewed nurses from ten different agencies, 15 (50%) were from two of the agencies. This occurred because of snowball sampling and from a high volume of my acquaintances that worked at these two agencies; these 15 nurses did not work in the same county and did not have the same supervisor.

The home health RNs whom I interviewed had completed home health visits in 12 different counties within Pennsylvania. Nearly two-thirds of the RNs (66%) were married; 30% were widowed, divorced, or separated; one was never married. Nearly two-thirds (60%) of the RNs' initial educational program was a diploma in nursing; seven (23%) had an associate degree in nursing; and four (13%) had a bachelor's degree in nursing. Only 10% of the RNs had earned an additional degree since graduating from their initial nursing education (i.e., BSN or BS); none of the RNs were currently enrolled in school. Three of the RNs (10%) had an advanced nursing certification (i.e., college health, school nurse, or psychiatric certification).

The nurses had an abundant amount of experience working as an RN as well as in home health care. The RNs had worked a median of 32 years, with a range from 2 years to 44 years. They had worked a median of 23 years as a home health RN, with a range from 1 year to 39 years. All of the home health RNs had a history of working in other work settings during their nursing career. Most commonly, they had worked in a hospital setting (97%); others had also

Table 1
Interview Sample of Older Home Health RNs by Type of Home Health Agency and Age Group

	Type of Home Health Agency			
RNs' Age and Employment Status	Hospital Based	Non Hospital Based	VNA	Total
Ages 45-54	4	3	4	11
55+	4	5	4	13
Retired	2	3	1	6
Total	10	11	9	30

worked in a skilled nursing facility, physicians' office, or in a nursing education faculty position. When the RNs were asked about their current home health role, over half (53%) were in a direct patient care role; 43% were in direct patient care with case management responsibilities; and only one was in a utilization review nurse position within a home health. agency. Over half of the nurses worked in a full-time position (56%); the other RNs worked either part-time (16%) or per diem (23%). Interestingly, one remaining RN had a contractual relationship with her employer.

Slightly more than three-quarters of the nurses (76%) worked in areas with rural farm lands, and/or small/medium-sized towns; only 16% worked in an urban area. The home health RNs traveled on average 46 miles per day; the nurses who worked in rural areas drove as much as 80 to 100 miles per day. When the nurses were asked about their annual gross salary as a home health RN and what their gross family annual income was, this amount differed based on whether the nurse worked full-time, part-time, or per diem. Interestingly, when the nurses completed the salary part of the questionnaire, many did not know the exact amount of their annual income (with or without including their spouses). These nurses either estimated the amount or left this question blank. The nurses were also asked about the average hours that they work at their home health job in a day or week. Eight of the nurses (21%) felt they were able to get their work done during their normal work day – the rest of the RNs answered this question by indicating that they worked from one to three extra working hours per day and wrote on the questionnaire about doing preparation time on the weekend.

Demographic Information on Working Home Health RNs

Of the 30 home health RNs interviewed, 24 were working RNs whose their ages ranged from 45 to 64 years of age. Nearly two-thirds of the working RNs worked full-time (61%), three worked part-time (12%), 4 worked per diem (16%), and one was contractual. Only two

of the working RNs (10%) worked at another nursing job at the same time as their home health job (i.e., hospital or nursing education faculty). These nurses only worked per diem for their home health agencies and worked full-time at their other job.

The working RNs had been employed at their current home health agency for as little as one year and as long as 23 years. When the working home health RNs were asked about their current living arrangement with the direction to "mark all that applies," more than three-fourths lived with a spouse/significant other (78%). Seven of the RNs (26%) either had children ages 6 to 18 years living at home or had other adults living at home with them (i.e., dependents). These dependents were children over the age of 18.

The RNs were asked if they had anyone who either lived with them or elsewhere to whom they provided a significant amount of financial support. Over half of the working RNs (54%) either had children ages 6 to 18 years old or else adults for whom they provided a significant amount of financial support (i.e., other adults were their children over 18 who were still in school); these nurses were from the 45-54 year age group. Ten of the nurses (41%) did not have anyone for whom they provided a significant amount of financial support; these nurses were from the 55-64 year old age group. Interestingly, four of the working RNs (16%) provided significant financial support to a spouse or significant other. By contrast, the majority of working RNs (91%) did not have anyone who either lived with them or elsewhere for whom they provided a significant amount of care. Thus, their support was more financial than actual care.

Demographic Information on Retired Home Health RNs

I interviewed six retired RNs whose ages ranged from 49 to 74; they had been retired for as little as four months to as long as eight years. They worked for their last home health employer for as little as two years to as long as 26 years. The retired RNs were asked about

their home health nursing status at the time of their retirement; one nurse was full-time; two were part-time; and, three were per diem. All six of these retired RNs had worked full-time in their home health agency.

Interestingly, when the retired RNs were asked when working as a home health RN if there was anyone who either lived with them or lived elsewhere for whom they provided a significant amount of care, their answers were different than the working RNs. When the retired RNs were working, half of them (50%) had other adults (i.e., parents, dependents) whom they gave a significant amount of care. One of these retired RNs also had a spouse/significant other for whom she provided a significant amount of care. Thus, the retired RNs compared to the working RNs provided more significant care than financial support to someone. One retired nurse had been widowed since she retired. As expected, the retired RNs had less annual income compared to when they were working. Besides the significant care question, other answers were similar to the answers of the working RNs.

Themes from the Interview Data

The nurses were open, relaxed, friendly, and willing to answer both specific questions and open-ended questions about their home health work. The older RNs appeared eager to tell their story about working in home health and to have someone listen to their work challenges and rewards. I believe they were hopeful that if someone listened, there may be some changes in their work responsibilities that frustrated them. They answered the interview questions without hesitation, frequently volunteering additional information about their work. The RNs whom I interviewed would normally begin their conversation discussing patients and also end their discussion talking about their patients.

I reviewed their answers with my qualitative research questions and identified categories within the information. These categories were based on language found in my

literature review about work satisfaction and dissatisfaction of older RNs and older home health RNs (e.g., environmental topics, relationships, professional pride, stressors, fitness for work, knowledge/skills, retirement goals or intent to stay working, etc.). The interview categories were evaluated for consistent themes. For example, all of the nurses expressed a passion and love for their work, while at the same time they described multiple challenges in their home health work. I first list the main themes found and then explain each theme related to the various categories within that theme. When I discuss themes and percentages, I am referring to the total group of 30 RNs unless I specify the group of nurses being discussed by using the words "working RNs," "retired RNs," "hospital-based RNs," "non hospital-based RNs," or "VNA RNs."

Theme One

Theme one is older home health RNs (100%) expressed both satisfaction and dissatisfaction in their work. All of the RNs voiced a strong positive feeling for their work, and at the same time 100% of the nurses shared many concerns and challenges about their work. For example, the RNs would share something they really liked about their job, and then used the word "but" while explaining their concerns. This mixture of satisfaction and dissatisfaction about their work was prevalent in the home health nurses' interviews. I categorized this information into work satisfaction and work dissatisfaction topics. The work satisfaction categories included positive intrinsic factors affecting the work perceptions of older home health RNs; various benefits/rewards of the job, including physical, professional and clinical when working as a home health RN; positive environmental factors impacting the work of home health RNs; and economic incentives/opportunities. The work dissatisfaction categories included stressors related to working as an older home health RN, external challenges impacting the work of home health RNs, negative environmental factors impacting the work of

home health RNs, negative intrinsic factors affecting the work perceptions of home health RNs, and technological changes.

Older Home Health RNs' Work Satisfaction Categories

Positive factors Impacting the Work Perceptions of Older Home Health RNs

When the RNs were asked about the rewards of their job, positive work experiences, and if they wanted to share anything else with me, many brought up positive factors. I reviewed their answers and differentiated their optimistic comments into six positive topics: (1) factors related to patients and/or families, (2) positive intrinsic factors, (3) increased enjoyment in home health care, (4) social relationships with coworkers (including the closeness of the long term nurses that work together) and physicians, (5) less stressful than hospital work, and (6) factors related to a good rapport with the agency administration.

Factors related to patients and/or families. As shown in Table 2, 96% of working RNs and 100% of all RNs brought up patients and families as a work satisfaction. More than half of all the nurses whom I interviewed (53%) brought up specifically an emotional attachment they felt for their patients and/or families. Four of the six of the retired RNs (67%) explained that they knew they would miss their patients upon retirement. The nurses also shared how they loved to take care of their patients. The nurses were passionate when they remembered specific patient situations. These words were typical of many of the nurses: "I love my patients" or "I become part of the family."

When the nurses were asked about the rewards of their work and to share positive patient experiences, two-thirds of the nurses (67%) described a good feeling when they were able to experience patients getting better (e.g., a wound healed) or the positive experience of teaching patients and/or families regarding their care. This teaching resulted in patients being able to stay in their own home; the nurses also described how the teaching experience in

Table 2

Percentage of Older Home Health RNs Mentioning Each Type of Work Satisfaction by Work Status and Age Group

	Older Working RNs				
Type of Work Satisfaction	Younger	Older	Total	Retired RNs	Total RNs
Patients and families	100%	92%	96%	100%	97%
Positive intrinsic factors	91%	85%	88%	83%	87%
Increased enjoyment	64%	69%	67%	83%	70%
Social relationships (coworkers and physicians)	55%	62%	58%	83%	60%
Flexibility in job	55%	15%	33%	17%	30%
Economic incentives and opportunities	18%	23%	21%	17%	23%
Computer makes job easier	46%	8%	25%	0%	20%
Positive environmental factors	0%	31%	17%	33%	20%
Benefits physically	27%	15%	21%	0%	17%
Increased clinical nursing competency	9%	31%	21%	0%	13%
Good rapport with agency	18%	8%	13%	0%	10%
Less stressful than hospital work	18%	0%	8%	17%	10%
Ability to communicate home situation to physician	18%	8%	13%	0%	10%
Ability to teach patients and families more than in hospital	9%	23%	17%	0%	10%
Working at agency with a good reputation	18%	8%	13%	17%	7%
Ability to attend professional conferences	0%	8%	4%	0%	3%
	(n = 11)	(n = 13)	(n = 24)	(n = 6)	(n = 30)

Notes: Younger = ages 45-54; Older = ages 55-65.
RNs may potentially have multiple responses.

home health care was one-on-one with patients and/or families. Interestingly, one-third of the nurses (33%) mentioned the good feeling that they felt even when they experienced a patient not getting better. One nurse said, "I was there for the patient and family" when she facilitated the patient to Hospice care. A few nurses (10%) described the surprising way patients "trust you" and allow nurses into their homes without hesitation.

Positive intrinsic factors. As shown in Table 2, more than three-quarters of all RNs (87%) shared a positive intrinsic factor about working in home health. Half of the RNs across all types of home health agencies (50%) felt working in home health care gave a self reward and satisfying opportunities. One of the nurse's comments was quite typical: "I feel good that I accomplished something and/or I made a difference in a patient's life." Slightly more than one- third of the nurses (36%) expressed feeling professional pride, respect, and a positive reputation gained from being a home health RN. Many of these nurses described this as "being asked for by name when a patient needs home health care."

One-third of the home health nurses (33%) mentioned feeling appreciated. The words of one RN were typical of many of the nurses: "I appreciate the day-to-day thank you received from a patient." A full 20% of the nurses expressed a feeling of independence working in home health care. As one nurse commented, "I am my own boss during the day." A few other nurses described that working in home health care "made me who I am," increased their compassion for others, built their organizational (time management) and self confidence skills, and provided them with many life learning experiences.

Increased enjoyment in home health care. The nurses smiled when they used words such as "enjoyed or enjoyment" when describing their work. Two-thirds of the 24 working RNs (67%) and five of the six retired RN 83%) shared that they felt increased enjoyment working in home health care. (Interestingly, if the two categories of working and retired RNs

were combined slightly more than two-thirds of the RNs (70%) volunteered this positive feeling about their work. One working nurse described her home health work as "a career of a lifetime." A retired nurse shared, "I feel fortunate to have worked in home health care."

Social relationships with coworkers (including the closeness of the long-term nurses that work together) and physicians. As shown in Table 2, more than half of the nurses (60%) explained the importance of social relationships in their work. Examples of what the nurses said were: "I enjoy the people I work with;" "I have lifelong friendships with the people I work or worked with;" or they explained how well a home health nurse gets to know and work with physicians. I categorized their comments into three topics: (1) met many different people; (2) built relationships with coworkers and physicians; and (3) developed close relationships with the long-term nurses who worked together. The nurses shared that their job facilitated meeting many different types of people (i.e., patients and families) and they explained how they "heard their stories." Twelve of the nurses interviewed (40%) volunteered information about the many different people that they had met and how this was a benefit of their work. Three of the nurses (10%) discussed the closeness of long-term nurses working together. Interestingly, they also shared that as these nurses retire, this closeness of long-term nurses has not been as prevalent as the newer home health nurses move from job to job. Some of the older home health RNs whom I interviewed felt that the younger home health RNs do not stay long enough in home health jobs to develop close relationships with the other RNs. One nurse even commented how she felt physicians were respecting home health nurses more now than in the past.

Factors related to a good rapport with the agency administration. When the nurses discussed their positive work experiences, three (10%) voluntarily brought up their good rapport with the agency administration. One nurse shared, "I work well with my supervisor." Two of the three nurses were from a hospital-based agency and one was a VNA nurse.

Less stressful than hospital work. Three of the nurses (10%) indicated that they felt home health work was less stressful than hospital work. One nurse actually commented, "I would never want to work in a hospital environment again in my professional career."

Benefits/rewards of home health job physically, professionally and clinically

When the RNs were asked about the rewards of their job and when asked an open ended question if they wanted to share anything about their job that we did not discuss, 50% of the nurses described other varying benefits/rewards of their job, including physical, professional, and clinical benefits. In order to better understand their feelings about the benefits/rewards of their job, I further categorized what the nurses said into eight topics: (1) flexibility in their work, (2) computer made their job easier, (3) benefits of the job professionally related to increasing clinical nursing competency (knowledge and skills), (4) benefits related to being able to teach patients and/or families more than when the RN worked in the hospital, (5) less physical work compared to hospital work and older RNs working longer, keeps them active both physically and mentally, (6) working for an agency with a good reputation, (7) communication of the home situation to the physician, and (8) the benefit of attending professional conferences.

Flexibility in their work. As shown in Table 2, nearly one-third of the nurses interviewed (30%) felt that the flexibility of their work was a benefit for them. The younger nurses, ages 45-54 (55%) brought up flexibility as a benefit more often than the older group of nurses (15%). This is possibly due to the fact that some of the younger group of nurses also

talked about being able to stop at home and check on their children during the summer months. Interestingly, as shown in Table 3, 50% of the RNs in hospital-based agencies found their work flexible, compared to only 18% of non-hospital based agencies. It is important to note that the majority of the hospital-based RNs whom I interviewed had full-time work status and may have brought up the flexibility in their job because it was more important to them because of working full-time. In my sample of VNA and non-hospital based nurses, I had more per diem nurses who normally worked when they were available. In order to better understand why they felt this way, I asked them to explain. The nurses explained the flexibility of their work by mentioning such topics as the increased flexibility of the job hours and schedule, that it was a good job to raise a family, and that nurses could work at their own pace. The nurses often used the word "flexibility" when they explained their work schedule, expressing satisfaction with the ability to set their own schedule. Among the nine RNs who discussed this, half were working nurses (50%). More than one-third of the working RNs (38%) shared that home health care was a good job to raise a family. The nurses gave examples of being able to change their work hours when children were in school. As one nurse commented, "It was great to be able to stop at home for lunch during my work day and check on my children." Three of the nurses (10%) shared that home health care allowed them to "work at their own pace." These nurses mentioned examples of how they liked the ability to "not punch a clock" for work and how they were able to structure their work day as needed.

Computer made their job easier. Six of the working RNs (25%) offered information about how they felt that using the computer in their work was a benefit to them. One nurse, age 45, commented, "I could not do my job without the computer." Interestingly, five of the six RNs who volunteered this information (83%) were from the younger 45-54 year old age group.

Table 3

Percentage of Older Home Health RNs Mentioning Each Type of Work Satisfaction by Type of Home Health Agency

	RNs' Type of Home Health Agency			
Type of Work Satisfaction	Hospital-Based	Non Hospital-Based	VNA	Total
Patients and families	100%	100%	89%	97%
Positive intrinsic factors	90%	82%	89%	87%
Increased enjoyment	70%	55%	89%	70%
Social relationships (coworkers and physicians)	70%	55%	56%	60%
Flexibility in job	50%	18%	22%	30%
Economic incentives and opportunities	30%	18%	22%	23%
Computer makes job easier	0%	27%	33%	20%
Positive environmental factors	30%	9%	22%	20%
Benefits physically	20%	18%	16%	17%
Increased clinical nursing competency	10%	18%	11%	13%
Good rapport with agency	20%	0%	11%	10%
Less stressful than hospital work	10%	9%	11%	10%
Ability to communicate home situation to physician	0%	27%	0%	10%
Ability to teach patients and families more than in hospital	0%	18%	11%	10%
Working at agency with a good reputation	0%	9%	11%	7%
Ability to attend professional conferences	10%	0%	0%	3%
	(n = 10)	(n = 11)	(n = 9)	(n = 30)

Notes: RNs may potentially have provided multiple responses.
Includes working and retired RNs.

Benefits of the job professionally related to increasing clinical nursing competency (knowledge and skills). Five of the working nurses whom I interviewed (21%) felt that their home health job helped them to increase their clinical nursing competency. They explained that a home health nurse must be competent in many clinical procedures because patients vary, as do the required nursing skills. As one nurse commented, "A home health nurse needs to know many clinical procedures in order to take care of the sick patients in home health care these days."

Benefits related to being able to teach patients and/or families more than when the RN worked in the hospital. Four of the working nurses (17%) volunteered their feelings about teaching in home health care and how it compared to teaching a patient in the hospital environment. They felt that teaching in home health care was more beneficial because of the one-on-one style and actually being in the patient's home. As one nurse indicated, "I can look in their cupboards and see what they eat and help them see how their eating styles impact their health status." The nurses explained that this style of teaching was rewarding to them as they were able to see their teaching make a difference with their patients and families.

Physical benefits, including less physical work compared to hospital work and older RNs working longer, keeps them active both physically and mentally. Five of all of the nurses whom I interviewed (17%) shared comments about the physical benefits of working in home health. Four of all the nurses whom I interviewed and who had previously worked in a hospital environment (13%) shared that they felt home health had less physical work compared to the hospital. One of the nurses explained that when working in the hospital a nurse was "on her feet" more often. Two of the working RNs (8%) felt that if an RN stays working, it is a benefit to them both physically and mentally. The nurses who discussed this felt that it was

better to stay working. As one nurse indicated, "It is better than sitting around and doing nothing."

Working for an agency with a good reputation. Four of all of the RNs whom I interviewed (13%) described a benefit of working for an agency with a good reputation. These RNs were from the non Hospital-based and VNA types of home health agencies, and were passionate about the good reputation of their agency. One nurse said, "I feel good working for an agency that is respected in the community."

Communication of the home situation to the physician. Three of the RNs (10%) noted that a benefit of working in home health care included the ability to communicate the home situation to the physician. The nurses explained that the physician often does not know the home situation of patients and that this mutual understanding helps in the care of patients. As one nurse explained, "I am able to tell the doctor what the home environment is really like."

The benefit of attending professional conferences. One of the working hospital-based agency RNs volunteered her feelings about another benefit of working in home health care. She felt that attending professional conferences was very beneficial to her and stated, "I just love to attend a conference to learn new things."

Positive Environmental Factors Related to Traveling

Six of the nurses whom I interviewed (20%) felt they enjoyed the traveling in their job. As one nurse noted, "I love being able to enjoy the outdoors." These six nurses did have the opportunity to travel in rural areas. A few nurses even commented on the benefit of experiencing different places and not being confined to a building all day.

Economic Incentives and Opportunities

When the nurses were asked at the end of the interview to share anything they had not shared previously, seven of the nurses (23%) brought up economic incentives and opportunities

related to their work. These topics included their feelings that home health was a job with adequate pay and good benefits including health insurance, and that a home health job was an extra income when raising a family.

Five of the RNs (16%) shared that they felt their home health job had adequate pay. These nurses offered on their own that they were satisfied with their salary. Two of the RNs (6%) offered information about their benefits and shared that they felt their benefits had always been good. One of these nurses was from a hospital-based agency and the other was from a non-hospital agency. One RN who was working per diem shared that the per visit rate needed to increase. She was passionate when she shared that she does per diem home health work because "I love it, not because I am paid well per visit." One working RN shared that she felt home health care gave her the ability to either work per diem, part-time, or full-time to meet family needs and still maintain an income.

Older Home Health RNs' Work Dissatisfaction Categories

Stressors Related to Working as a Home Health RN

When the RNs were asked specific questions about the challenges of their job, negative patient experiences, and when asked an open ended question about their work day and what they thought about before and after work, 100% of nurses gave answers that were related to feelings of stress (see Table 4). The nurses quickly and strongly shared their feelings about When I asked the home health RNs whom I interviewed to discuss their work, they quickly went on to mention other work time topics such as work preparation time, finishing paper/computer work or patient phone calls when at home, having to be on-call, and working weekends. As shown in Table 4, all of the nurses mentioned a stressor related to work beyond the work day. Across all three types of home health agencies, the vast majority of the nurses (83%) brought up the excessive preparation time needed for their work day (e.g., calling

Table 4
Percentage of Older Home Health RNs Mentioning Each Type of Work Dissatisfaction by Work Status and Age Group

	Older Working RNs				
Type of Work Dissatisfaction	Younger	Older	Total	Retired RNs	Total RNs
Stressors	100%	100%	100%	100%	100%
Work beyond work day	100%	100%	100%	100%	100%
Specific patients/families	91%	85%	88%	67%	83%
Pace of work day	73%	77%	75%	83%	77%
Technology	46%	69%	58%	83%	63%
Other family responsibilities	27%	39%	33%	67%	40%
Specific organization	36%	15%	25%	67%	33%
Some physicians	7%	15%	13%	0%	10%
Negative environmental factors	82%	77%	79%	83%	77%
Traveling	73%	54%	63%	83%	67%
Particular patients	36%	38%	38%	50%	40%
External challenges	100%	54%	75%	83%	77%
Regulations	82%	62%	71%	83%	73%
Insurance Protocols	55%	0%	25%	33%	20%
Limited community resources	18%	0%	8%	0%	7%
Negative intrinsic factors	36%	46%	42%	33%	37%
	(n = 11)	(n = 13)	(n = 24)	(n = 6)	(n = 30)

Notes: Younger = ages 45-54; Older = ages 55-65.
RNs may potentially have provided multiple responses.

patients to set up time for visits, listening to voice mail, scheduling blood work, etc.). This preparation time often started the night before an actual work shift. Nearly half of the nurses patients' work challenges. I analyzed the nurses' answers and found seven different stress sub-categories. These were stressors related to: (1) work beyond work day, (2) specific and/or family situations, (3) the pace of the work day, (4) technology, (5) other family responsibilities, (6) specific organizations, and (7) some physicians.

Stressors related to work beyond work day. (47%) of the nurses specifically mentioned their long work days, feeling that their "work day never ended." Additionally, 43% of the nurse interviewed discussed the need to finish paper or computer work at home, which they called "homework." The nurses also shared that they had to finish phone calls to patients to check on them or to follow up with blood work results before they could feel that their day was over. One-third of RNs whom I interviewed (33%) voluntarily brought up the challenges of being on-call. They explained that taking on-call after normal working hours was stressful because of the uncertainty of where they would be going, being tired from working all day, and the high acuity of patients sent home from the hospital after hours. Only a few nurses specifically brought up working weekends when describing this type of work as stressful.

Stressors related to specific patients and/or family situations. As shown in Table 4, the older home health RNs whom I interviewed (83%) were very open and giving when explaining their work stressors involving patients and families. When the home health RNs were asked about the challenges of their job, a full 40% of the nurses volunteered information that noncompliant patients and/or families were becoming more of a reality, making their patient care more difficult. Another interesting stressor that 40% of the nurses discussed with me was the worry of getting intravenous or blood draws on some patients with difficult veins. This was

stressful because there was not another clinician in the home to get the blood work if the RN was unable to do so. Also, when the challenges of home health work were discussed, almost one-third of the home health RNs from all types of home health settings and ages (30%) explained that they had gotten involved more often in complex social patient and/or family situations, and that demanding or angry patients and/or families were becoming more prevalent. Other work challenges discussed by the nurses included the fact that patients were getting "sicker," with higher acuities compared to the past. They also shared that it was getting more difficult to schedule home health visits because patients and/or families may have conflicting appointments. In addition, the nurses explained that it could be very stressful if they were not seeing their own patients. Interestingly, one of the RNs shared that she had a "needle stick" (i.e., nurse was punctured by a needle in the course of doing her job), which created a great deal of stress for her worrying about the possible outcomes of a needle stick. Another nurse commented, "As a home health nurse, you are rarely left alone, getting calls at home from patients." This same nurse discussed how she was actually "stalked" by a patient to the point that the situation required police involvement.

Stressors related to the pace of the work day. More than three quarters of the nurses (77%) were concerned about their work day. When I asked the older home health RNs in an open-ended question to explain their work day, nearly half (46%) brought up their feelings of being overwhelmed with a heavy work day. Productivity expectations (i.e., home health visits to be completed in a day and/or week) were utilized by the home health agencies in my study. Even though 46% expressed feeling overwhelmed, only 20% of the RNs discussed work day productivity expectations. These nurses discussed productivity expectations of their agencies, explaining how it was difficult to always meet the expected volume of home health visits. The nurses also explained that at times they were asked to take on students or new staff, which

added to the length of their work day because of additional time to explain processes. When discussing the work day, the home health RNs shared that at times they needed to hurry the patient along in order to get their work day done, which meant that they felt rushed -- especially if they had blood work that needed to get back to the office or courier in a timely fashion. Throughout the work day the RNs were also faced with multiple schedule changes, resulting in what one nurse called "a very unpredictable work day."

One-third of the nurses whom I interviewed (33%) discussed how the need to be "an independent thinker" in home health care was essential because they were in patients' homes alone, which could be very stressful -- especially with how much sicker home health patients are today than in the past. They further indicated how different home health work was compared with working in the hospital, where a nurse would quickly have a peer available with whom they could conference. One of the non-hospital based agency home health RNs shared that she felt "totally responsible" for a patient's care from admission to discharge.

Stressors related to technological changes. More than half of the working RNs (58%) and 83% of the retired RNs brought up technology as a work stressor, compared to only 46% of the younger group of nurses (ages 45-55). Among the 23 nurses interviewed who used computers in their job, 30% brought up this topic when they discussed work challenges. The nurses using computers in their work day explained either that the use of computers or a change in a computer system made their work more difficult. Three of the retired RNs (50%) shared concerns about using a computer in their work day or learning a new system. Among the working RNs who were 55 through 64 years of age, the majority (54%) expressed dislike for using a computer or learning a different system, compared to only 27% of those who were 45-54 years old. Some comments from the nurses about computers included: "the work day takes longer using the computer;" "patients do not like you using it at the home;" "the system is hard

to use;" or "the other system was easier to use." In addition, five of all the nurses interviewed (16%) expressed concern that their computer clinical documentation system was "inefficient" and/or "redundant." Interestingly, one nurse from a hospital-based agency explained that she had a challenge using the agency computer at home because she did not have high speed internet.

When the RNs were asked about their work challenges, 23% of the nurses shared their concern about using "new and constantly changing" medical equipment. Three of these nurses mentioned the need "to make do" until a piece of equipment arrived at the home. One nurse shared a situation where she had to go out in a snowstorm to get a patient who was sent home late in the evening set up at home. She explained that the patient had five boxes of medical equipment sent home with him from the hospital, and she had to go through all boxes to get him settled on the needed equipment in his home. As this nurse further explained, "This is more of the norm than you would think." The nurses who brought up challenges with medical equipment were from hospital-based and non-hospital based agencies; none were from VNA agencies.

Stressors related to other family responsibilities. When the working home health RNs whom I interviewed were asked if they worry about anything at the end of their work day, 40% of the nurses discussed other family responsibilities. The nurses (16%) expressed feeling guilty and anxious when they had to finish work at home because of this taking time away from their family. All of these nurses were from the 45-54 year old age group and still had children at home. Others shared that they were tired and would take a break before they finished their work for the day. One nurse also commented: "I feel guilty if I work extra and I am away from my family." Interestingly, only three nurses (10%) volunteered that they occasionally worried

about their family when they were working, and that working on a weekend and/or holiday took away from family and social events.

Stressors related to specific organizations. One-third of RNs who were interviewed (33%) shared issues about their specific agency that they felt were a challenge for them. Three of the working RNs from VNA and hospital-based agencies shared that it was frustrating that the agency was always talking about the financial "bottom line." No retired RNs or non-hospital based RNs shared this feeling with me. It is important to discuss these areas because these few nurses expressed great emotion when they discussed these topics. Their concerns included RN turnover. The nurses made comments like: "I hate office politics;" "I need to remember constantly that I represent a specific agency;" "I experienced different philosophies of agencies;" (when they had worked for more than one agency); and "I observed unethical behavior in an agency." Additionally, one home health RN who worked as a casual worker felt that she had "too much lost time between patients" in her work day, which made her day difficult and longer than it had to be.

Stressors related to some physicians. RNs working in home health have frequent physician interactions. Only three RNs who were currently working (10%) identified physician interaction as a challenge in their job. These few mentioned that there were some interactions with difficult physicians. One nurse commented: "At times we have to wait awhile for an answer back about a patient from a physician." The nurses also explained that at times they have experienced difficulty contacting a physician. One nurse working in a non-hospital based agency even noted that in home health care, she felt "a great deal of responsibility to build good relationships with physicians and their office staff." As shown in Table 5, no nurses from the VNA type of agency brought up physicians as a stressor in their job.

Table 5

Percentage of Older Home Health RNs Mentioning Each Type of Work Dissatisfaction by Type of Home Health Agency

	RNs' Type of Home Health Agency			
Type of Work Dissatisfaction	Hospital-Based	Non-Hospital Based	VNA	Total
Stressors				
Work beyond work day	100%	100%	100%	100%
Specific patients/families	90%	73%	89%	83%
Pace of work day	90%	82%	56%	77%
Technology	70%	55%	67%	63%
Other family responsibilities	50%	36%	33%	40%
Specific organization	40%	18%	44%	33%
Some physicians	10%	18%	0%	10%
Negative environmental factors	60%	82%	67%	77%
Traveling	50%	82%	67%	67%
Particular patients	30%	73%	11%	40%
External challenges	90%	55%	89%	77%
Regulations	90%	46%	89%	73%
Insurance Protocols	20%	9%	33%	20%
Limited Community Resources	0%	0%	22%	7%
Negative intrinsic factors	40%	46%	22%	37%
	(n = 10)	(n = 11)	(n = 9)	(n = 30)

Notes: RNs may potentially have provided multiple responses.
Includes working and retired RNs.

External Challenges Impacting the Work of Home Health RNs

When the RNs were asked about the challenges of their work day, what they thought about at the beginning and end of their work day, and when asked the open ended question about anything else they wanted to tell me about their work, more than three-fourths of the nurses (77%) brought up what can be considered external challenges. I differentiated the external challenges into three topics in order to better understand the RNs' comments. The three categories were related to regulations, insurance protocols, and limited community resources. I discuss each in turn below.

Close to three-quarters of the nurses (73%) brought up the challenge of regulations in their job. Hospital-based and VNA RNs had more of an issue with regulations compared to non-hospital Based RNs. The first external challenges related to regulations included five topics: (1) abundant paperwork and computer work (e.g., multiple page Outcome Assessment Information Set (OASIS) tool), (2) high volume of regulations and constantly changing regulations, (3) paperwork/computer work time takes away from patient care, (4) remembering to document everything that is needed to meet regulation guidelines, and (5) even though on computer, still have paperwork to do.

External challenges of regulations related to abundant paper or computer work. When the RNs were asked about the challenges in their work, they volunteered their feelings about the abundant paperwork and computer work they must do in their work in order to meet regulation requirements (e.g., multiple page Outcome Assessment Information Set (OASIS) tool). Over half of the nurses whom I interviewed (56%) brought up the OASIS tool that is required for assessment of home health patients. The nurses explained that regardless of utilizing a computer or paper, the OASIS tool was very challenging because of the length and required time to complete in addition to worrying that they had answered the assessment

questions correctly. As one nurse shared, "Can you believe it; OASIS is over 23 pages long!" Another RN commented, "To me OASIS was nothing more than a bunch of data-collecting questions that now they (government) turned into trying to determine reimbursement, and how do you keep fitting these square pegs into round holes?" All of the retired nurses (100%) discussed the OASIS tool as an issue in their work.

External challenges of regulations related to high volume of regulations and constantly changing regulations. When the nurses explained the challenges in their work or when asked if they wanted to share anything else with me about their work, they often brought up the regulations in their job. Ten of the nurses (30%) felt the increasing and constantly changing regulations added to the challenges of their work. One nurse commented, "There are always so many changes." Half of the retired nurses (50%) shared that this was an influence in their decision to retire.

External challenges of regulations related to paperwork/computer work time takes away from patient care. When the RNs further discussed the paper work and computer work, they felt that the extensive documentation requirements took away from the time with direct patient contact. One nurse commented, "The job demands more and more amounts of papers to be filled out which takes more time, which leaves less time with the patient, which means you either neglect some aspect of it, either the paperwork end of it or the patient end of it, so you can't please everybody." None of the retired nurses discussed the topic of paper work taking away from patient care, but four of the working RNs (13%) brought this up.

External challenges of regulations related to remembering to document everything that is needed to meet regulation guidelines. The RNs further commented about the worry of remembering to document everything that was needed to meet regulation guidelines. One

nurse commented, "I worry that I will miss documenting something." Four of the working RNs (16%) felt that remembering to document everything was a challenge for them.

External challenges of regulations related to even though on computer, still have paperwork to do. Two of the working RNs (9%) also shared that even with the abundant computer work, they still had other paper work to complete. The nurses were very open in explaining the paperwork requirements in their work. One nurse said, "I hoped that the computer would take away all of the paperwork, but it didn't."

When the RNs discussed the challenges in their work, one in five (20%) also brought up concerns when working with insurance companies. Their discussion about insurance was categorized into the three topics: (1) managed care insurances not approving requested home health visits, (2) too much time spent working with insurance companies, and (3) insurance companies insist on "negative" patient documentation.

External challenge related to managed care insurances not approving requested home health visits. Home health agencies must request and get approval for home health visits if a patient has managed care insurance. Five of the working RNs (20%) shared that managed care companies do not want to approve requested home health visits; one nurse used the word "battle" when dealing with them.

External challenge related to too much time spent working with insurance companies. One retired RN brought up her concern about spending too much time working with insurance companies. In her agency, she commented, "Besides everything else, I am responsible for calling the insurance companies for my patients."

External challenge related to insurance companies insisting on "negative" patient documentation. One working RN volunteered her feelings that the insurance company insisted on "negative" documentation to support the patient need for home health visits. She found it very frustrating that the insurance company felt this way.

The third external challenge related to limited community resource availability for home health patients was only discussed by two of the working RNs (8%). They felt these resources were very limited and this concern added to the worry of their patients.

Negative Environmental Factors Impacting the Work of Older Home Health RNs

When the RNs were asked about the challenges of their job, or when asked an open-ended question about their work day, more than three-fourths (77%) gave answers that related to negative environmental factors. I analyzed the answers and differentiated them into two environmental topics: (1) negative environmental factors related to traveling, and (2) negative environmental factors related to particular patients.

Across all three of the agency types, more than half of the RNs interviewed (67%) discussed concern of traveling too much and being in a vehicle too long. Thirteen of the nurses (43%) shared that traveling in bad weather was a real worry in their work day. Only one retired RN shared that traveling in high traffic areas could be stressful. One RN mentioned that traveling when a great deal of construction was present added to her work day concerns.

The home health RNs further explained additional information about the negative environmental factors of their job. More than one-third of the nurses (40%) brought up that some patients had a negative environmental factor. The feelings of the RNs included that the poor living conditions of certain patients were a challenge for them; this included being in homes that were unclean or extremely hot. One nurse shared the concern of unpredictable animals being in a patient's home or loose on their property, resulting in the need to be

"extremely careful." Four of the RNs (13%) shared how they felt the environment in home health care was unstable compared to working in the structured hospital environment. A couple of the nurses who were interviewed also shared the challenge of locating the patient's home the first time the home health visit was completed.

Negative Intrinsic Factors Related to Working as an Older Home Health RN

More than one-third of the RNs (37%) discussed negative intrinsic factors in their job, including issues with their own health status. When interviewing the nurses about their work, more than one quarter (27%) volunteered comments about their own health. These nurses were from all types of home health agencies except VNA. The older nurses ages 56 through 63 whom I interviewed described health issues ranging from back pain, "knees wearing out", history of a rotator cuff tear, hip surgery, history of a heart attack, eye sight failing, and arthritis symptoms. Only one 50 year-old nurse in the younger age group of 45-54 years of age shared a personal health comment; she felt she was starting to get carpal tunnel disease.

One nurse who primarily worked in the psychiatric field expressed concern about "emotional burnout." A couple of the nurses expressed how they missed going into the office as they did in the past (before computers were used). One nurse explained that "we only have a virtual office now and less relationship with our coworkers." Another nurse shared that she felt the extra work being done to complete paperwork or computer work was not appreciated by her agency.

Theme Two

Theme Two is the availability of health insurance, age, good personal health, financial responsibility for dependents, and care-giving responsibilities impacted RNs' retirement decisions. When home health RNs were asked about how much longer they planned to stay working or when asked to share any other information with me, the nurses volunteered many

comments. The nurses' views related to retiring depended on: (1) children being out of school or other extended schooling, (2) health care coverage, (3) personal health status, (4) working provides a good income, (5) their husband's availability of health insurance, and (6) working longer pays into Social Security.

Retiring depended on children being out of college or other extended education.

As shown in Table 6, six of the working RNs (25%) shared that they would not be able to think of retirement until after their children were out of college or other extended educational programs. Interestingly, two of these nurses had children in post-graduate programs; these nurses were dedicated to stay working until their children completed their studies because they helped them financially. As one nurse shared, "I have a son in medical school and my husband and I want to help him financially."

Retiring depended on health insurance availability. Five of the working RNs (21%) felt they would be able to retire only if they either had the availability of health insurance or they were able to qualify for Medicare. A few of the working RNs shared that they had checked into the cost of health care and that they could not afford it if they retired early. One nurse commented, "I hope I can make it (keep working) until age 65." Three nurses, who were single, explained that retirement plans were even more of a worry if no other income was available to buffer the cost of health care.

Retiring depended on health status and/or physical changes due to aging. Previously I discussed the personal health issues shared with me by the RNs. This health information shared by the RNs was important, since these RNs also commented that their planned time to retire was linked to their personal health condition (i.e., fitness for duty). Six of the working RNs (25%) shared that they wanted to stay working depending on their health status. One nurse shared, "I will do it as long as my body lets me." These nurses either commented about

Table 6

Percentage of Older Home Health RNs Mentioning Each Factor Impacting Retirement Decisions By Work Status and Age Group

	Older Working RNs				
Factors Impacting Retirement Decisions	Younger	Older	Total	Retired RNs	Total RNs
Retire at age 61-62 if financially stable	27%	62%	46%	17%	37%
Retire at age 65 with Medicare	27%	31%	29%	0%	27%
Children out of school/extending schooling	36%	15%	25%	0%	20%
Health care coverage	27%	15%	21%	17%	20%
Personal health status	36%	15%	25%	83%	20%
Working provides good income	27%	15%	21%	17%	20%
Plan to first decrease to part-time	36%	8%	21%	0%	17%
Husband's availability of health insurance	9%	23%	17%	0%	13%
Freedom to attend family and social events	0%	8%	4%	50%	13%
Realize miss patients if retire	0%	0%	0%	67%	13%
Depends on other responsibilities	0%	0%	0%	50%	10%
Work longer pay into Social Security	18%	0%	8%	17%	10%
Unethical behaviors by others	0%	0%	0%	17%	3%
	(n = 11)	(n = 13)	(n = 24)	(n = 6)	(n = 30)

Notes: Younger = ages 45-54; Older = ages 55-65.
RNs may potentially have provided multiple responses.

current health issues that they had or commented on how thankful they were for their good health status.

If stay working, gives the RN a good level of income. Six of the nurses interviewed (20%) felt that the longer that an RN was to work, the longer they would have a good personal income. One nurse commented, "I worry what things will cost in a few years and I better keep working." These nurses realized that their retirement monthly income would be much lower than their working income.

Retiring depended on their husband's situation with the availability of health insurance.

When the nurses explained their feelings about how long a nurse should work, they brought up other information about retirement decisions. Interestingly, four of the working nurses (17%) felt that their retirement would be based on their husband's situation with the availability of health insurance. One nurse shared, "I am lucky that my husband will have medical insurance for both of us when we retire." They explained that they could not afford health care if not of Medicare age and if their husband did not have the availability of health insurance, they would not be able to retire early.

If willing to work longer, pay more into Social Security. Three of the RNs whom I interviewed (10%) felt that the longer nurses work, the more they paid into Social Security, thereby ultimately increasing their monthly retirement income. These nurses expressed concern about the rising cost of living, and health care. As one nurse noted, "A good Social Security amount is a necessity."

When the RNs were asked about how long they planned to work, many volunteered information about their feelings in a way that made it obvious they had thought about this in the past. Their comments were distinguished by age, other responsibilities, and other future

plans. These comments were further analyzed using seven different sub-categories: (1) their plan to retire at age 61 or 62 depending on financial stability, (2) their plan to retire at age 65 related to Medicare eligibility, (3) their plan to first decrease to part-time, (4) freedom to attend family and social events, (5) realize miss patients when retire, (6) their plan to retire due to other responsibilities, and (7) their planning to retire due to what they perceived as unethical behavior in their home health agency.

Their plan to retire at age 61 or 62 depends on financial stability. Nearly half of the working RNs (46%) shared that they planned to retire sometime between the age of 61 and 62. As shown in Table 7, no difference was seen across the different types of agencies when the RNs mentioned retiring between the ages of 61-62. They explained that this decision depended on their financial ability, including their children being out of college or other extended educational programs. They also had figured out what they would need to pay for health insurance for themselves, or for themselves and their husband, for a few years until they would qualify for Medicare. One nurse shared, "I have it all worked out on paper and I should be able to afford to retire at age 62."

Their plan to retire at age 65 related to Medicare eligibility. Seven of the working RNs (29%) explained that they planned to retire at age 65 because "one can qualify for Medicare." All seven of these nurses gave qualifying for Medicare as their reason for being able to retire. As one nurse also explained, "It was time." She felt that it was time for her to retire and let the younger nurses "have their turn."

Their plan to first decrease to part-time. Five of the working RNs (21%) explained that they wanted to first decrease to part-time before retiring. One nurse shared, "My dream has always been to afford to go part-time." These nurses shared that this plan depended on their financial situation.

Table 7

Percentage of Older Home Health RNs Mentioning Each Factor Impacting Retirement Decisions By Type of Home Health Agency

	RNs' Type of Home Health Agency			
Factors Impacting Retirement Decisions	Hospital-Based	Non-Hospital Based	VNA	Total
Retire at age 61-62 if financially stable	30%	36%	44%	37%
Retire at age 65 with Medicare	40%	18%	22%	27%
Children out of school/extending schooling	20%	27%	11%	20%
Health care coverage	30%	9%	22%	20%
Personal health status	20%	18%	22%	20%
Working provides good income	10%	18%	33%	20%
Plan to first decrease to part- time	40%	0%	11%	17%
Husband's availability of health insurance	30%	0%	11%	13%
Freedom to attend family and social events	20%	18%	0%	13%
Realize miss patients if retire	20%	18%	0%	13%
Depends on other responsibilities	10%	18%	0%	10%
Work longer pay into Social Security	20%	0%	11%	10%
Unethical behaviors by others	0%	9%	0%	3%
	(n = 10)	(n = 11)	(n = 9)	(n = 30)

Notes: RNs may potentially have provided multiple responses.
Includes working and retired RNs.

Their wanting freedom to schedule family and/or social events. Three of the six retired RNs (50%) shared how they were enjoying the independence to schedule family and other social events because work schedules no longer interfered. None of the VNA nurses shared this as a concern. One working RN shared, "I am looking forward to retirement when I have the freedom to schedule family and social events without worrying about my work schedule."

Their plan to retire due to other responsibilities. When the retired nurses were asked about their decision to retire, three of the retired RNs (50%) shared that they mainly retired due to other responsibilities. These responsibilities ranged from care of grandchildren, family business responsibilities, or taking care of ill parents. One retired RN shared, "It got to a point that I had so many calls during the work day from my family members that were ill, that I just needed to retire." The working RNs interviewed did not bring up the concern of retiring in the near future due to care of others.

Realize will miss patients when retired. Two-thirds of retired nurses (67%) brought up that they realized they missed their patients when they retired. One retired nurse commented, "I still think of some of my patients wondering how they are doing."

Their planning to retire due to what they perceive as unethical behavior in their home health agency. One retired RN shared that one of the reasons for her retirement was a concern with unethical behavior and lack of professionalism within her agency. This nurse was passionate when she shared this concern, stating, "I would probably have worked into my 70's if I was not dealing with the unprofessional, and unethical behavior; emotionally, this turned me against working."

Theme Three

Theme three is older home health RNs' suggestions for improving the likelihood that older home health RNs would want to work longer. As shown in Table 8, home health RNs

Table 8

Percentage of Older Home Health RNs Mentioning Each Type of Suggestion for Older Home Health RNs Working Longer by Work Status and Age Group

	Older Working RNs				
Type of Suggestion for Working Longer	Younger	Older	Total	Retired RNs	Total RNs
No on-call or weekend work	18%	39%	29%	33%	27%
Less paper/computer work	27%	23%	25%	0%	20%
More flexibility in work schedule	18%	15%	17%	33%	20%
Less driving	46%	0%	21%	0%	17%
No need to use computer	0%	15%	8%	17%	10%
No carrying heavy equipment	9%	8%	8%	0%	7%
Not working in bad weather	18%	0%	8%	0%	7%
Total RNs who gave a suggestion	82%	77%	79%	83%	83%
	(n = 11)	(n = 13)	(n = 24)	(n = 6)	(n = 30)

Notes: Younger = ages 45-54; Older = ages 55-65.
RNs may potentially have provided multiple responses.

were asked what they felt would need to change for older RNs to stay working in home health care. The majority of the nurses (83%) shared a variety of comments and suggestions. This information was divided into seven sub-categories: (1) no on-call or weekends, (2) less paper and/or computer work expectation or more time to get it done, (3) more flexibility in work schedule, including working shorter stretches and/or shorter days, (4) less driving, (5) no need to use a computer system or use one that is easy to understand, (6) no carrying of heavy equipment, and (7) not working in bad weather.

No on-call or weekends. Eight of the RNs interviewed (27%) felt that not taking on-call would be essential for an older nurse to decide to work longer. The nurses felt as they got older, working late into the evening and out in the middle of the night would be very difficult due to physical aging. One nurse gave the example of "failing eyesight." Only a few of the nurses felt not working weekends would be an incentive to work longer; they had much stronger feelings about the on-call responsibility.

Less paper and/or computer work expectation or more time to get it done. Six of the RNs (20%) shared that if they had less paper or computer work, they would possibly work longer. The nurses also indicated that if the paper and computer work expectations stayed the same, they would need more time to complete it as they aged. One nurse shared, "As I get older, I just could not do what I do now with paperwork." As shown in Table 9, no nurses from non-hospital based agencies gave the suggestion of less paper/computer work.

More flexibility in work schedule including working shorter stretches and/or shorter days. Six of the nurses (20%) felt more flexibility in a home health nurse's work day might entice older home health nurses to work longer. One nurse shared, "Working shorter stretches or shorter days would be more inviting as nurses aged." One-third of the retired RNs (33%) felt more flexibility in work schedule would be needed.

Table 9
Percentage of Older Home Health RNs Mentioning Suggestion for Home Health RNs Working Longer by Type of Home Health Agency

	RNs' Type of Home Health Agency			
Type of Suggestion for Working Longer	Hospital-Based	Non Hospital-Based	VNA	Total
No on-call or weekend work	40%	27%	17%	27%
Less paper/computer work	20%	0%	67%	20%
More flexibility in work schedule	30%	18%	17%	20%
Less driving	10%	9%	50%	17%
No need to use computer	0%	9%	33%	10%
No carrying heavy equipment	10%	0%	17%	7%
Not working in bad weather	10%	9%	0%	7%
Total RNs that gave a suggestion	80%	82%	89%	83%
	(n = 10)	(n = 11)	(n = 9)	(n = 30)

Notes: Multiple responses are possible.
Includes both working and retired RNs.

Less driving. Five of the RNs interviewed (17%) expressed concern about driving if they ever decided to work longer. One working RN suggested that an older RN could be scheduled at a personal care home all day to see patients and she would not have to drive throughout her work day. She even laughed and said, "She could even be dropped off and picked up."

No need to use a computer system or use one that is easy to understand. Three of the nurses interviewed (10%) felt that if they did not have to use a computer or could use a computer that was easy to understand, they might consider working longer than planned. None of the nurses from a hospital-based agency felt this way, as contrasted with 33% from VNA, expressed concern with the need to use a computer system if working longer. One of those nurses shared, "A computer system needs to be really simple for a much older nurse to use." The nurses expressed concerns that as they got older, computer systems appeared harder to understand.

No carrying of heavy equipment. Two of the nurses interviewed (7%) felt that carrying the heavy equipment required of home health RNs would be difficult as nurses aged. The RNs shared that they currently carry a nursing bag, computer bag, and other equipment pertinent to the individual patient's needs. One nurse shared, "On some days I also have to carry a baby scale or blood work equipment."

Not working in bad weather. The RNs (43%) discussed that as they got older, it was becoming more difficult to drive in bad weather. They felt that if an older nurse would work longer, it would be beneficial to expect less driving from them.

Theme Four

Theme four is older home health RNs have both positive and negative perceptions about younger RNs. When the home health RNs were asked during the interview about the advantages of an older RN working longer, interestingly and to my surprise, 56% of them volunteered their feelings about younger home health RNs (see Table 10). This category was divided into three sub-categories of only negative, only positive, and both negative and positive perceptions of younger RNs, which I then further differentiated by what the nurses said. Some nurses only had negative comments about younger nurses, but others offered both positive and negative comments; none of the RNs gave only positive comments. I found that the RNs had more only negative comments (60%) compared to both positive and negative comments (30%) about the younger nurses. As shown in Table 11, these perceptions did not differ across the types of home health agencies. Nearly one-third of the RNs (30%) discussed both negative and positive perceptions of younger home health nurses. Interestingly, the older home health RNs who were younger, ages 45-55, were more likely to mention solely negative comments (82%) than were those in the older, 55-65 year old group (46%) or those who were retired (67%).

Negative perceptions of older home health RNs about younger home health RNs

When the RNs were asked about the advantages of older home health RNs working longer, it was interesting that nearly two-thirds (63%) volunteered only negative concerns about younger nurses. These comments came from both age groups (ages 45-54 and ages 55-74) whom I interviewed. I differentiated their comments into nine main topics: (1) older RNs had more experience and were good resources for younger home health nurses; (2) older RNs had more knowledge and clinical expertise; (3) older RNs were more caring; (4)

Table 10

Percentage of Older Home Health RNs Mentioning Their Perceptions of Younger Home Health RNs by Work Status and Age Group

	Older Working RNs				
Perceptions	Younger	Older	Total	Retired RNs	Total RNs
Only negative	82%	46%	63%	67%	63%
Only positive	0%	0%	0%	0%	0%
Both positive and negative	18%	39%	29%	17%	30%
	(n = 11)	(n = 13)	(n = 24)	(n = 6)	(n = 30)

Notes: Younger = ages 45-54; Older = ages 55-65.
RNs may potentially have provided multiple responses.

Table 11

Percentage of Older Home Health RNs Mentioning Their Perceptions of Younger Home Health RNs by Type of Home Health Agency

	RNs' Type of Home Health Agency			
Perceptions	Hospital-Based	Non Hospital-Based	VNA	Total
Only negative	60%	64%	67%	63%
Only positive	0%	0%	0%	0%
Both positive and negative	30%	36%	22%	30%
	(n = 10)	(n = 11)	(n = 9)	(n = 30)

Notes: RNs may potentially have provided multiple responses.
Includes working and retired RNs.

older RNs were more tolerant; (5) older RNs felt younger RNs came into nursing for the wrong reason; (6) older RNs have a different work ethic; (7) older RNs felt younger home health RNs move from one job to another more often; (8) older RNs related better to their patients because they saw themselves getting older and possibly needing help; and (9) older RNs felt younger nurses did not really listen to their patients and went "by the book" only.

Older RNs had more experience and were good resources for younger home health nurses. The nurses volunteered their thoughts regarding how they felt that they had more experience than younger home health nurses and that they were good resources for them. As one older home health RN shared, "You cannot teach experience." Slightly more than half of the nurses whom I interviewed (57%) volunteered that they felt this way.

Older RNs had more knowledge and clinical expertise. The nurses were passionate when they discussed their concern about younger nurses. Thirteen of the nurses interviewed (40%) volunteered comments about how they felt older RNs had more knowledge and clinical experience. One nurse noted, "I feel that nurses of today do not seem to have the same knowledge as older nurses."

Older RNs were more caring. One in five of the RNs (20%) also felt that older home health RNs were more caring than younger RNs. The nurses explained that a caring trait was very important to work in home health care. One nurse commented, "The younger nurses appear to just do their job and go home and do not seem to really care about the patients."

Older RNs were more tolerant. One of the interesting topics was how the RN felt older nurses were "more tolerant." Four of the nurses (13%) volunteered that they felt this way. One nurse commented that "older nurses were not just more tolerant when dealing with patients, but with all of the other things involved with home health work including the abundant amount of

paperwork." This nurse felt that this was why younger nurses did not stay in home health care work very long.

Older RNs felt younger RNs came into nursing for the wrong reason. Four of the RNs (13%) volunteered comments that they felt younger nurses went into nursing for the wrong reasons. The older home health nurses explained that they became a nurse to take care of patients, but they felt the younger nurses became nurses for other reasons such as a stable financial income. One nurse shared, "I think some nurses became nurses just because they knew they could find a job."

Older RNs have a different work ethic. The RNs shared that they felt younger RNs had a different work ethic than older nurses. Four of the nurses interviewed (13%) felt the work ethic was different and that they felt older RNs were more dedicated to the job and their patients. They explained that older home health RNs "worked to get the job done," keeping the patient as their main focus.

Older RNs felt younger home health RNs move from one job to another more often. Three of the RNs (10%) volunteered that they felt younger home health nurses moved from one job to another, always looking for a better job. One older home health nurse commented that "younger RNs will leave if they do not get their own way."

Older RNs related better to the patients because they saw themselves getting older and possibly needing help. Interestingly, three of the nurses (10%) actually indicated that they were able to relate to the patients better because they were getting older themselves. They felt that as they got older, they saw themselves possibly "needing the help of a nurse and/or home health services."

Older RNs felt younger nursed did not really listen to their patients and went "by the book" only. Three of the working home health RNs (10%) expressed concern that the younger nurses did not listen to their patients well. They felt that the younger nurses went "by the book only" when dealing with patients and that they missed subjective things about the condition of a patient.

Positive perceptions of older home health RNs about younger home health RNs

When the RNs were asked about the advantages of older RNs working longer, they offered positive perceptions about younger nurses, but as previously discussed, none of the nurses brought up solely positive comments about younger RNs. The older RNs brought up constructive topics in their discussion, which I divided into four topics: (1) older RNs wanting to help and teach younger RNs; (2) some younger home health RNs are very good and older home health RNs can learn from them; (3) younger home health RNs appear to do better with technological changes; and (4) older RNs want to help and change the younger RN's attitude, feeling they are a victim of society.

Older RNs wanting to help and teach younger RNs. Five of the RNs (20%) volunteered that they wanted to help and teach the younger RNs. One nurse further explained, "As an older RN, I feel obligated to teach younger RNs because someone taught me when I was a younger nurse."

Some younger home health RNs are very good and older home health RNs can learn from them. Four of the nurses (13%) volunteered comments that they felt younger home health nurses were good nurses and they felt they could learn from them. Interestingly, even two of the nurses who had concerns about the younger nurses felt they could still learn from them. One retired RN shared, "Some of these young girls (nurses) are very, very good; they are sharp and I can learn from them."

Younger home health RNs appear to do better with technological changes. One VNA nurse in the 54-65 age group said, "I find younger nurses do better with technological changes than older RNs." She further explained that with the technological changes in home health nursing, she felt this was "an important attribute."

Older RNs want to help and change the younger RN's attitude feeling they are a victim of society. One of the working RNs had an interesting comment about younger nurses. She felt strongly that they "are a victim of society." This nurse believed that society has forced the newer working force to worry more about money and striving to always want to make more money; she wanted to help change younger nurses' attitudes.

Theme Five

Theme five is one-third of the home health nurses interviewed indicated that they planned to volunteer after retirement. A surprising theme arose when interviewing the older home health nurses. I did not ask a question that related to volunteering, but eight of the working RNs (33%) and two of the retired RNs (33%) told me that they were planning to volunteer. When combining the two groups of retired and working RNs, as shown in Table 12, one-third of the thirty RNs (33%) brought up plans to volunteer. The RNs planned to volunteer at medical clinics, their church, and other community projects. Interestingly, as shown in Table 13, nearly two-thirds of older home health RNs who were hospital-based (60%) shared that they planned to volunteer. One nurse said, "It is time for me to give back now, I never had time before." I was moved by the compassion of these nurses who planned to give back to the community that they had already served for many years.

Summary of Interview Data Themes

I felt that the home health nurses easily and openly offered feelings and comments about their home health work. These home health RNs were pleasant people who cared about

Table 12

Percentage of Older Home Health RNs Mentioning Their Plan to Volunteer by Work Status and Age Group

	Older Working RNs				
Plan to volunteer	Younger	Older	Total	Retired RNs	Total RNs
Mentioned plan to volunteer	27%	39%	33%	33%	33%
	(n = 11)	(n = 13)	(n = 24)	(n = 6)	(n = 30)

Note: Younger = ages 45-54; Older = ages 55-65.
RNs may potentially have provided multiple responses.

Table 13

Percentage of Older Home Health RNs Mentioning Their Plan to Volunteer by Type of Home Health Agency

	RNs' Type of Home Health Agency			
Plan to Volunteer	Hospital-Based	Non-Hospital Based	VNA	Total
Mentioned plan to volunteer	60%	18%	22%	33%
	(n = 10)	(n = 11)	(n = 9)	(n = 30)

Note: RNs may potentially have provided multiple responses.
Includes working and retired RNs.

their patients. Interestingly, all of the nurses expressed great love for their work. Still, they also voiced a great deal of frustration about the many challenges that they faced each day. They knew home health care nursing well, realizing that the home health industry was known for high regulatory requirements and a high volume of paper or computer work, but they were troubled that this intensity had worsened.

The older home health nurses whom I interviewed helped me to understand their feelings about working longer. When the nurses discussed the topic of working longer, retirement topics arose. They discussed the cost of health care, their own health status, and their need to first satisfy other financial responsibilities for dependents. The retired nurses indicated that they had other responsibilities that influenced their retirement decision. RNs also offered suggestions that they felt would keep older home health nurses working longer; these suggestions related well with other interview data (e.g., the stress of being on call, traveling, etc.).

The older home health RNs whom I interviewed had strong feelings about younger nurses, both positive and negative, and offered some suggestions to help them. Many of these home health nurses impressed me with their goal of wanting to give back to the community that they had served for many years by offering their volunteer time. At the end of the interviews many of the nurses thanked me and shared that they enjoyed being part of research involving home health work perceptions.

In the next chapter, I outline how the themes support my study's research questions, connect to the literature review, and discuss recommendations for policy. I also explain the limitations of the interview data and identify directions for future studies.

CHAPTER 5

DISCUSSION AND CONCLUSIONS

Introduction

In this chapter, I first return to the statement of the problem. I also discuss the concept of qualitative analysis, explaining how this research model relates to my study. Based on my interviews with home health RNs, I then analyze and interpret my study findings regarding how the major themes connect to my original qualitative research questions, to current literature, and to my theoretical framework of occupational commitment. I further examine how the interview data provides new information about older nurses who work in home health care. I also discuss the implications of my research for policy makers within nursing and the home health industry to better understand older home health RNs' work perceptions. This chapter concludes with a discussion about the limitations of the data and directions for future research.

As discussed in Chapter One, there is a current and growing nursing shortage in the United States, and at the same time an increased volume of aging baby boomers requiring health services. The problem is further complicated by continued growth in the home health industry and an aging RN workforce. The purpose of my study was to understand the work perceptions of older home health nurses and to identify ways to keep older home health RNs working when appropriate. To the best of my knowledge, literature is not currently available specific to older home health RNs' work perceptions; my goal was to add to the body of scholarly literature about older home health nurses.

By conducting and analyzing 30 in-depth interviews with older home health RNs, I gained insight into older home health RNs' work experiences. The study findings contribute to the academic literature about older home health RNs' work satisfaction. Additionally, the

study findings will hopefully assist health leaders and policy makers when developing strategies to either maintain older home health RNs in the workplace or identify older home health RNs no longer suited for this type of nursing work. They should also be helpful to health leaders in understanding older RNs' plans to stay working, assisting home health leaders in gaining insight into home health RNs' sources of work satisfaction and dissatisfaction. When older home health RNs remain satisfied and can effectively work longer, they may contribute to retaining an adequate home health patient-nurse ratio and quality patient outcomes.

Qualitative Analysis

The goal of qualitative analysis is to gain insight and understanding about a particular topic or experience. To the best of my knowledge, there has been no previous literature about how older RNs felt about working in home health care. Patton (2002) explained that qualitative inquiry means going into the field and getting close enough to the people and circumstances to capture what is happening. I did 30 in-depth interviews with older home health RNs, ages 45 through 74. When I met with the older home health RNs, I asked them to complete a brief demographic questionnaire and then I asked them a number of specific interview questions about the challenges and rewards of their job and work day. In qualitative research, the emphasis is on understanding (Dale Bloomberg & Volpe, 2008). The nurses were asked many open- ended questions about their work, with the goal of understanding their feelings about working in home health care. During the interviews the RNs provided me with an abundant amount of data about their work perceptions.

As discussed in Chapter Three, I followed strict qualitative research guidelines. I analyzed the data for consistent themes about older home health RNs' work perceptions and I feel that my study enabled me to capture the feeling of home health nurses' work perceptions.

In Chapter Four, I explained my qualitative findings in great detail. I explained how the interview data provided answers to my proposed research questions, related to the literature review about older nurses and home health nurses, and added to the body of literature about older home health nurses.

Discussion of My Qualitative Research Questions Related to My Study Themes

In this section, I provide information about how my qualitative research questions were answered by the themes that I found in my interview data. In the next section, I discuss how these themes relate to and extend the literature discussed in Chapter Two.

My first two research question included: (1) How do older RNs working in home health perceive their work and what are the reasons that they feel as they do?; and (2) How do older RNs working in home health perceive various aspects of their job (e.g., paperwork, scheduling, salary/benefits, co-worker relationships, work environments, etc.)? In what ways and to what extent do older RNs view these aspects of the job as either challenges and/or rewards of their work, and why?

The first theme I found in my study was that all of the older home health RNs whom I interviewed expressed both satisfaction and dissatisfaction in their work. That is, they mentioned positive intrinsic rewards, benefits/rewards, positive environmental factors related to traveling, economic incentives versus stressors, external challenges, negative environmental factors, negative intrinsic factors, and technological changes. These home health nurses discussed their perceptions of their work and told me openly why they felt a certain way about a work topic. They told me about the love for their work and also passionately shared with me their daily work challenges.

All of the home health RNs whom I interviewed expressed satisfaction with parts of their job. Nearly three-fourths of the older home health RNs (70%) used the word “enjoyment”

when they explained their work; 53% brought up an emotional attachment to their patients. The RNs described how home health work facilitated a feeling a self satisfaction, knowing that their work made a difference in their patients' quality of life (i.e., healing a wound or teaching the patient how to deal with a medical need that allowed the patient to stay in their home). Nearly two-thirds of the older home health RNs whom I interviewed (67%) described a good feeling when they were able to experience a patient get better. The nurses also appreciated their relationships with coworkers and physicians; a few RNs (10%) even brought up that they felt a positive relationship with their agency. Home health nurses liked the independence and flexibility in their jobs, with more than one-third of the RNs (38%) mentioning that home health was a good job for raising a family. The nurses told me about positive environmental factors of their job (e.g., being outdoors, experiencing different places). Some of the nurses also discussed the economic incentives of their job, including good benefits and salary.

All of the home health RNs whom I interviewed also expressed some dissatisfaction with their work, sharing many stressors about their jobs. The nurses indicated that a home health nurse needed to be an independent thinker and they felt responsible for their patients. These RNs felt their work involved a tremendous amount of preparation time, as well as additional follow-up after they got home at night. Additionally, they did not like dealing with the challenges of non-complaint patients and families. One-third of the nurses shared their discontent with being on-call and needing to go out on home health visits after hours. The nurses also expressed their concern with external challenges such as dealing with regulations, insurance companies, and limited community resources. One of their biggest complaints (mentioned by 56% of the RNs whom I interviewed) involved the high volume of either paperwork or computer work required by home health regulations. Almost half of the RNs (46%) mentioned not liking the extensive travel required of their jobs or the amount of time

spent in their vehicles. The nurses also discussed the technological challenges of using computers or the changing medical equipment in their work.

The ways in which these home health RNs expressed both satisfaction and dissatisfaction with their jobs left me feeling that they experienced conflicting emotions about their work, which entailed both enjoyment as well as dislike. All of the nurses shared their positive feelings about work, but then at the same time they would discuss many things about their jobs that they did not like. Interestingly, the nurses did not suggest that they would be leaving their jobs because they were dissatisfied. Some shared that they may look at "want ads" occasionally, but they felt that "home health care is what they do."

After discussing the RNs' feelings about their job, I wanted to also understand what they felt about working longer. I also asked the nurses to explain the reasons why they felt certain ways. My research question three asked: How do older RNs working in home health care feel about continuing to work in this work setting or retiring, and what reasons do they give for feeling the way that they do? In theme two of my study I found that the availability of health insurance, age, good personal health, financial responsibility for dependents, and care-giving responsibilities impacted an RN's retirement decision.

The older home health nurses easily shared with me their feelings about continuing to work in this setting and why they felt that way. Nearly half of the working home health RNs whom I interviewed (46%) planned to retire between the ages of 61 and 62; nearly one-third (29%) planned to work until the age of 65. It is important to note that the nurses who shared this goal of retirement had varying work statuses (full-time, part-time, and per diem) and I do not know if their work status influenced their planned age of retirement.

These home health nurses shared concerns about the necessity of having medical insurance and whether they would be able to afford it if they retired. They discussed either

having medical insurance available through their husbands or working to age 61 or 62 until they could afford to pay partially for their insurance. Others discussed working to age 65 when they would qualify for Medicare. They mentioned that they needed to be in good health to stay working in home health; many shared current health conditions with me. Some felt a responsibility to stay working until their children were out of school, including extended schooling such as medical school. The retired nurses whom I interviewed discussed how care-giving responsibilities may have impacted their decision to retire, whereas the working RNs did not share this concern with me.

My fourth research question was: What do older home health RNs feel they need to keep working, and what types of changes in their work would help them feel better about their work? This research question regarding what home health RNs would need to stay working was answered by the home health nurses whom I interviewed. I explained in theme three of my study what home health RNs' suggestions were for improving the likelihood that older home health RNs would want to work longer. As explained in Chapter Four, the nurses mentioned seven items that they felt would keep home health nurses working longer. These included: (1) no on-call or weekends; (2) less driving; (3) more flexibility in work schedule, including working shorter stretches and/or shorter days; (4) less paper and/or computer work expectations or more time to get them done; (5) no need to use a computer system or use one that is easy to understand; (6) no carrying of heavy equipment; and, (7) assurance of high quality and good standards of care.

In the next section of this chapter, I discuss how my interview data themes connect to existing literature as well as how additional information and themes came forward about older home health RNs' work perceptions. I also discuss my study finding in relation to occupational commitment theory.

Interview Data Themes Related to Current Literature, New Information Gained and Occupational Commitment

In the majority of the literature reviewed in Chapter Two, the researchers recommended further research regarding home health nurses and/or older nurses. By conducting in-depth interviews with 30 older home health RNs, I hoped to help fill in this gap in the literature.

I first discuss how theme one of my study, that all of the older home health RNs whom I interviewed expressed both satisfaction and dissatisfaction with their work, is consistent with the current literature. I also discuss additional information gained about older home health RNs' satisfaction and dissatisfaction with their work.

As noted in Chapter Two, Adams and Bond (2000) defined job satisfaction as the degree of positive affect toward a job or its components. The data from my study suggest that home health nurses were both satisfied and dissatisfied with their jobs. I believe my study reinforces Caer et al.'s (2008) finding that RNs' level of job satisfaction was one of the strongest predictors of nurses' intent to stay and nurse retention. As also indicated in Chapter Two, home health nurses were more satisfied than other nurses (State Health Improvement Plan, 2006 & 2008). Yet other studies found that home health nurses were becoming less satisfied (Tullai-McGinnin, 2008) and experiencing more turnover (Castle & Engberg, 2007). As previously discussed in Chapter four, 60% of the RNs whom I interviewed were educated with a diploma in nursing. A high percentage of diploma-educated RNs were found to be extremely satisfied; diploma-educated RNs tend to be older than other nurses, and age is correlated with satisfaction (U.S. Department of Health and Human Service, 2010).

The older home health RNs whom I interviewed commented that they did not want to ever go back to hospital nursing. They brought up various reasons for preferring home health

over hospital work: 10% mentioned that home health was less stressful; 13% noted that home health was less physical; and, 16% indicated that being able to teach one-on-one in home health care was much better than patient teaching in the hospital. My results are consistent with previous research that found that home health RNs were more satisfied with their work than hospital nurses or nurses working in nursing homes (Riordan, 1987; U.S. Department of Health and Human Services, 2010). It is important to note that the previous two studies included all ages of home health nurses, whereas my study only included older home health nurses. Most of the older RNs in my study had only worked previously in a hospital environment and RNs have many choices of employment.

In order to retain older home health nurses, I believe it is essential to understand both their work satisfaction and dissatisfaction. In this chapter I discuss sources of older home health nurses' work satisfaction and dissatisfaction found in my study. I explain how these topics relate to current literature or if the information is new.

My study provides support for many of the factors in Ellenbecker's (2004) theoretical model of job retention for home health nurses regarding intrinsic and extrinsic characteristics. I believe that my qualitative study findings add more understanding to Ellenbecker's model, explaining specific factors older home health RNs wanted to stay working in this setting.

As explained in Chapter Two, Ellenbecker's intrinsic factors impacting job satisfaction included autonomy in patient relationships, autonomy in profession, group cohesion peers, group cohesion physicians, and characteristics of organization. Ellenbecker (2004) defined autonomy as the sense of independence and freedom of initiative present in a job. In my study, I believe older home health RNs whom I interviewed were aware of their job autonomy, but at the same time they also had concerns about this autonomy. Although the nurses whom I interviewed enjoyed their work independence, they also found that this independence was a

struggle at times, feeling that home health nurses were alone when working and did not have peers to quickly pull into clinical needs. One-third of the RNs whom I interviewed brought up the need to be "an independent thinker" when working in home health care. As one nurse commented, she was "totally responsible for the patient from admission to discharge." My study underscores Young (1987), who found that home health nurses had greatest satisfaction in achievement, creativity, and independence; yet the nurses whom I interviewed struggled with their work independence at times. Additionally, my study reinforces Ellenbecker's concept of autonomy in professions; five of the working home health RNs whom I interviewed (20%) felt their home health job increased their clinical competency.

In my study, 40% of the older home health RNs whom I interviewed felt social relationships were important to them; 10% of the nurses mentioned the importance of their peer relationships. A couple of the nurses shared that they did not like their "virtual office" because they missed going into the office to see their peers; 10% of the nurses whom I interviewed mentioned the importance of good physician relationships. These findings provide support for Ellenbecker's (2004) finding that home health RNs appreciate group cohesion with peers and physicians. In my study, the older home health RNs commented about their individual agency (i.e., 10% of the home health RNs whom I interviewed brought up the importance of their good rapport with their agency). Palumbo, McIntosh, Rambur, and Naud (2009) found that RNs wanted recognition and respect, to have a voice, and to receive ongoing feedback regarding one's performance; the nurses whom I interviewed did not discuss these topics when they brought up their organization. But the RNs whom I interviewed did bring up how they appreciated recognition from their patients. Other RNs whom I interviewed (13%) brought up the benefit of working for an agency with a good reputation, with three of the four RNs who felt this way (75%) coming from a VNA agency. My study reinforces Ellenbecker's finding

that home health RNs' job satisfaction can be linked to the characteristics of the organization in which they work.

In my study, I also found other positive and negative intrinsic factors that had not been discussed in previous literature that were important to the older home health RNs' job satisfaction and dissatisfaction. As explained in detail in Chapter Four, the positive intrinsic factors found in my study related to self included personal identification; increased compassion for people; pride, respect, and reputation gained by the home health RN when asked for my "name;" building organizational skills; self reward and satisfying opportunities; self confidence building; and, life learning opportunities. The positive intrinsic factors related to patients and families that the older home health RNs discussed with me were an emotional attachment to the patients and families; the way patients trust you; experiencing patients getting better; being there for patients and their families even when patients did not get better; and, the positive experience teaching patients in the home. The RNs whom I interviewed kept the patient central in their discussion and portrayed a high occupational commitment regarding their work.

In my study, the older home health RNs also shared with me negative intrinsic factors about their job. This included one psychiatric nurse who felt emotional burnout in her job, and another who shared that her agency did not appreciate the extra time she spent doing paper and computer work.

My study of older home health RNs also confirmed many of the extrinsic characteristics explained by Ellenbecker (2004) in her home health RN retention model. She found that the extrinsic characteristics that impact job satisfaction included stress and workload, autonomy and control of work hours, autonomy and control of work activities, salary and benefits, and perception of and real opportunities elsewhere. Many of these topics were brought up by the older home health RNs whom I interviewed when they discussed their work. I believe my

interview data helps to specifically understand what older home health RNs felt were work stressors.

In my study, I identified multiple types of stressors discussed by the older home health RNs whom I interviewed. All of the RNs whom I interviewed discussed at least one or more of these stressors in their home health work. The stressors I found in my in-depth interview data related to specific patients and/or families, to work day and other work time stressors, to other family responsibilities, to physicians, to technology, and to specific organizations. The stressors found in my study that relate to the work day and time reinforce Ellenbecker's extrinsic factor of autonomy and control of work day or activities and their relation to job satisfaction.

My study found that older home health nurses have an abundant number of stressors in their work. More than half of the nurses (56%) brought up their great dissatisfaction with paper or computer work, which they felt was actually worsening. My study was consistent with previous research that found that nurses, mature nurses, and home health nurses were feeling stress in their work environment and becoming more dissatisfied with their work (McNeeley 2005; Center for American Nurses 2003; and Smith-Stoner 2004). The State Health Improvement Plan (2006) also explained that one of the reasons that home health nurses were leaving home health work was because of stress.

The home health RNs whom I interviewed discussed many stressors -- e.g., with patients and families, with the work day, and with technology. In Chapter Four, I explained in detail how often the home health RNs whom I interviewed discussed each stressor. In my study, I found the stressors in the work day and other work times were extensive. Even though one-third of the RNs whom I interviewed mentioned that the flexibility in their work was beneficial to them and 10% felt that they could work "at their own pace in home health," the

vast majority of RNs (83%) were very frustrated with the extensive preparation time for their work day. Nearly half (47%) mentioned that their "day never ended"; 46% felt overwhelmed with their work day. Another 43% of these RNs shared their frustration that they had to complete either paper or computer work at home that they referred to as "homework." The majority (56%) felt the paperwork (including the OASIS tool explained in Chapter Four) was very challenging in terms of the length and time needed to complete it. My study reinforces the State Health Improvement Plan (2008) that found the greatest dissatisfaction with home health work was the paper work.

The nurses whom I interviewed also discussed some stressors related to family responsibilities. In my study, the working RNs' comments were consistent with research discussed in Chapter Two by Kovner, Brewer, Yow-Wu, Cheng, and Suzuki (2006) who found that job satisfaction was only impacted if work interfered with the family, rather than family interfering with work. The nurses whom I interviewed felt frustrated when they had agency work to do when home in the evening, but they did not mention worrying about family when at work. By contrast, the retired RNs whom I interviewed did comment that family responsibilities and worry when at work were one of the reasons for their retirement.

The home health RNs whom I interviewed discussed how technology stressors were impacting their work. They were frustrated with the use of the computers for documentation and with the changing medical equipment used in patients' homes. As discussed in Chapter Four, the majority (54%) of the older group of nurses whom I interviewed who were 55-65 years old expressed dislike for using a computer system, compared to only 27% of the home health RNs in the 45-54 age group. It is important to note that in the same home health agency, one younger RN (age 47) used the same computer system as her older home health nurse peers (greater than age 55) and she found the system easier to use. The State Health Improvement

Plan (2006 & 2008) also found that technology was one of the factors that impacted nurses' satisfaction.

Interestingly, none of the working nurses whom I interviewed planned to leave their job because of the stressors that they discussed with me. By contrast, the State Health Improvement Plan (2006 & 2008) found that all RNs (varying age and work settings) were leaving nursing because of stress. The older home health RNs whom I interviewed hoped to see some work improvements, but they also voiced love for their work; the majority could not see themselves working in any other nursing setting. Their work perceptions appeared to somewhat create a balance between satisfaction with their job and dissatisfaction with things that they disliked. The RNs would comment that they knew other RN jobs were available, but they did not indicate that they planned to leave their home health job. As discussed in Chapter Two, Becker (1964) argued that one will not leave their occupation for anything else if they have a strong occupational commitment. The nurses in my study were passionate about their work when they discussed patients and taking care of them. They appeared to voice frustration with their job when their other work responsibilities took time away from patient care.

In my study, 16% of the RNs volunteered comments that they felt their salary and benefits were adequate; other RNs whom I interviewed were not even sure of their annual salary or annual household income. Notably, the majority of the older home health RNs whom I interviewed had a dual income in their family, which may have affected these RNs' perceptions of salaries and benefits. One of Ellenbecker's factors in her theoretical model of job retention for home health nurses (2004) related to the extrinsic characteristic of salary, a factor that may be more important to job retention and retirement decisions for those earning a greater proportion of household income.

In my study, I found that older home health RNs with only a few years in home health care had similar feelings about their jobs as did those who had worked many years in home health. Ellenbecker's theoretical model of job retention for home health nurses (2004) included individual characteristics such as tenure, age, gender, family income, etc. In their study of home health nurses, Ellenbecker, Porell, Samia, Byleckie, and Milburn (2008) found that job tenure in home health and job satisfaction were the strongest predictors of retention. It is important to note that my study included a selective group of older home health nurses and the majority of the nurses whom I interviewed had worked in home health care for many years; in contrast, Ellenbecker Porell, Samia, Byleckie, and Milburn (2008) study had more of a cross section of home health nurses of different ages and years as a home health nurse.

The home health nurses whom I interviewed appreciated the self reward in seeing their patients get better. This feeling was similar to Stulginsky (1993), who reported that home health nurses were able to experience their interventions making a difference in their patients. as well as Young (1987) who found that home health nurses felt work satisfaction in achievement. My study also found that the RNs whom I interviewed appreciated that they made a difference in patients' lives and saw their patients' health status improve. This is consistent with the literature discussed in Chapter Two (ISNA Bulletin, 2002) that asked older home health nurses about their work; those nurses also liked seeing their patients improve through their efforts and giving patients one-on-one teaching in their own homes. This is an issue that could usefully be explored further in future research.

For the older RNs in my study, whose levels of education ranged from a three-year diploma training to a four-year nursing degree, I did not find differences in job satisfaction related to nursing educational levels. This contrasts to the U.S. Department of Health and Human Services' (2010) finding that diploma educated nurses were more satisfied than other

nurses. With Pennsylvania data for all RNs (State Health Improvement Plan 2006 & 2008), there was also a relationship between nurses' level of education and work satisfaction (i.e., master's prepared nurses were more satisfied than the associate degree nurses). Perhaps some reasons for the difference between my study and the two studies was that my sample did not include such wide variation in levels of education as the state and national data (majority were diploma trained nurses), and included only older RNs, typically long-term home health RNs, rather than all nurses. This issue could usefully be explored further through future research with broader and more diverse samples of older home health RNs.

To the best of my knowledge, the environmental challenges of working in home health have not previously been examined in the literature. Nearly half of the older home health nurses whom I interviewed (46%) brought up concerns about environmental challenges (e.g., traveling) and other external challenges (e.g., regulations, insurance, and limited community resources). It is important to note that the majority of nurses who brought up traveling as a stressor drove a high number of miles per day as part of their work. Quite possibly, the average number of miles driven by nurses per day may impact their feelings about traveling, an issue that could be explored further in future research. When discussing the RNs' issue of external challenges with insurances, it would be helpful to know how many of the RNs whom I interviewed had the responsibility of calling insurance companies in their work day; some agencies have specific staff who are the communicator with insurance companies. I did not always know if the nurses I interviewed had this responsibility, which is also an issue that could usefully be explored further through additional research.

In my research I did not find a difference in overall work satisfaction between the two different age groups of older RNs whom I studied (45-54 and 55-74 years of age). While the age categories in my study are different and are restricted to older home health RNs, these

results vary from the published reports of the State Health Improvement Plan (2006 & 2008) that found that RNs 35-49 and 50-64 years old tended to be slightly less satisfied with their jobs and career than RNs ages 20-34 and 65 plus. Since I focused only on older RNs, typically long-term home health RNs, my results are not comparable to Buerhaus, Donelan, Urich, Noman, and Dittus (2006), who found that older RNs were more satisfied with their current job and with being a nurse compared to younger nurses. Still, these various results suggest the importance of further exploring the role of age in home health RNs' level of job satisfaction.

A few of the nurses whom I interviewed commented that they were experiencing turnover within their organization and that this was stressful for them. Hospital and Health Care Compensation (2004) reported home health agencies were seeing a 21% turnover of nurses.

The nurses in my study mentioned their organizational support at times. A couple of nurses commented about the need for quality care for their patients, feeling that the paper and computer work takes away from their time with patients. My study is consistent with two studies that found that quality of care and organizational support linked to job satisfaction (Kettle 2002 and Flynn 2007).

The second theme I found in my research was that the availability of health insurance, age, good personal health, financial responsibility for dependents, and care-giving responsibilities impacted RNs' retirement decision, a finding that is consistent with the available current literature. Nearly half of the older home health RNs whom I interviewed (46%) felt that they could not retire until they were at least 61 or 62 years old; others (29%) felt they would need to work until age 65 in order to qualify for Medicare. For 20% of older home health RNs, the cost of health insurance would prevent them from retiring sooner. These results are consistent with Mermin, Johnson, and Murphy (2007), who argued that Americans

in general were worried about the cost of health insurance and were planning to work longer. They further reported that between 1992 and 2004, the mean self-reported probability of working fulltime past age 65 among workers aged 51 to 56 increased from 27% to 33%. For nurses in particular, my results are consistent with Clinical Rounds (2006), who found that nurses were worried about the personal cost of health care, and that they wanted phased retirement plans and health benefits for part-time workers. Palumbo, McIntosh, Rambur, and Naud (2009) found that more nurses were working past age 55 compared to a few years ago; these nurses planned to work well into their 60s, but that they would probably not work at the same organization. The nurses in my study did not indicate that they planned on leaving their agency for another home health agency, but they did plan on working longer as explained above. My study is consistent with previous research (U. S. Department of Health and Human Services, 2004; Clinical Rounds, 2006) that found RNs had typically been retiring over the age of 55 (55-58), but more recently they have begun retiring later. The U. S. Department of Health and Human Services (2010) found that among RNs under 55 years old, the percentage of RNs who intended to leave nursing in the next three years was quite small.

The nurses whom I interviewed indicated that they would like to stay working if their health remained good, yet the nurses also volunteered information about their personal health history. They shared information about work strains such as "bad knees," rotator cuff injuries, and carpal tunnel disease. These results are consistent with AARP International (2009), who discussed older nurses' work related injuries like back strains and how these work injuries impacted nurses' ability to stay working. Future research could usefully explore these issues further, not only among older nurses more generally, but also how health issues impact older home health RNs in particular.

When the retired RNs whom I interviewed discussed their other responsibilities (i.e., care-giving), I found a connection to Rosenfeld (2007), who found that older RNs would need help with these responsibilities if they wanted to stay working longer. Additional research could usefully be done to assess what types of supports might assist older RNs in meeting care-giving responsibilities while continuing with their work.

The third theme that I found in my study involved older home health RNs' suggestions for improving the likelihood that older home health RNs would want to work longer. The older RNs whom I interviewed shared the importance of peer relationships, wanting shorter work days and stretches, not carrying heavy equipment, and their worries about cost of health insurance. AARP International (2009) argued that the ability to delay retirement for a significant number of nurses could ease the nursing shortage in the next decade; they also reported that nurses indicated a willingness to work longer, and they did not view themselves in the final stage of their careers. These suggestions are consistent with current literature about older RNs needs regarding working longer, but also add new information to the topic. As Feist-Heilmeier (2011) argued, "Healthcare organizations are wise to find ways to preserve the intellectual capital their older, sage nurses possess" (p. 1).

My findings are consistent with the findings of the Robert Wood Johnson Foundation project (2006) about older RNs wanting social interaction with peers, favorable work schedules, less strenuous jobs, and retirement programs that make working longer attractive. My study findings also are consistent with other research (Joynt 2007; Center for American Nurses 2003; Magaw, 2005; U.S Department of Health and Human Services 2010) that found that older nurses wanted flexible scheduling or shorter work hours as they got older and with studies (Williams 2007; Sherrod 2006), arguing that the work ergonomics of older nurse needs to be evaluated to keep them working. Nearly one in five of the RNs whom I interviewed

(17%) planned to first decrease to a part-time work status before retiring; an on-line mature nurse survey conducted by the Center of American Nurses (2003) similarly found that 20% of the respondents mentioned part-time work as a reason to stay working. Additionally, my study is consistent with the U.S. Department of Health and Human Services (2010) that found that RNs were more likely to work in nursing part-time as they age. Feist-Heilmeier (2011) also argued that technology should be promoted that lightens the work load rather than expands it. In my study, some nurses discussed technology as a source of work satisfaction (computer makes job easier) and others as a source of dissatisfaction. Some of the nurses whom I interviewed also brought up technology (computers) when discussing ideas to keep the older RN working longer.

My study results are consistent with some studies and also offer new information specifically about what older RNs working in home health desire to stay working. As discussed previously in this chapter, the home health nurses gave the following list for nurses to work longer: (1) no on-call or weekends, (2) less driving, (3) more flexibility in work schedule including working shorter stretches and/or shorter days, (4) less paper and/or computer work expectation or more time to get these done, (5) no need to use a computer system or use one that is easy to understand, (6) no carrying of heavy equipment, and, (7) assurance of high quality and good standards of care. This list is consistent with other results from my study that the nurses found as stressors or challenges (i.e., on-call, too much traveling, working long hours, abundant computer or paper work, struggles with computer programs, and worried about quality patient care). These are issues that could usefully be explored further in future research.

The fourth theme I found in my study was that older home health RNs had both positive and negative perceptions about younger RNs. Even though the home health nurses whom I interviewed were not asked any questions about their opinions of younger RNs, they offered

this information independently. Nieforth (2004) has argued generational differences among nurses, but I had not anticipated how passionately these nurses would feel about younger RNs. This is an issue that usefully could be explored further in future research.

The older home health RNs whom I interviewed felt that younger nurses moved from job to job and had less of a work ethic than older nurses. This is consistent with Kovner, Brewer, Ying, and Djukic (2007), who found that older RNs were more satisfied, had less desire to quit than younger nurses, and felt they had a greater organizational duty (i.e., commitment). Furthermore, the U.S. Department of Health and Human Services (2010) found that older RNs (over 50) demonstrated less overall mobility when compared with younger RNs.

In my study, the RNs whom I interviewed felt that older nurses were more experienced, which is consistent with MacDonald (2004) as discussed in Chapter Two. MacDonald (2004) argued that older nurses' experience supplied them with the knowledge to work confidently in the independent setting of home health care.

The nurses whom I interviewed felt that older nurses were more committed to their patients than younger RNs. This is consistent with Brennan (1997), who found that nurses age 50 and older felt a moral obligation to provide quality care and an overall culture of commitment. As discussed in Chapter Two, Blau (1985) argued that someone with a strong occupational commitment has positive feelings about it; I believe these older home health RNs were worried that the younger home health RNs were not more committed to their patients.

One of the most interesting comments made by the older home health RNs whom I interviewed was their feeling that the younger home health RNs were not as tolerant as older home health RNs. They felt that younger nurses were not staying with home health as long, especially because of the abundant paperwork and the need to do work at home. Possibly, the

increased turnover of RNs in home health care could be linked to specific ages of home health RNs, an issue that could be explored further in future research.

The fifth theme that I found in my study was that one-third of the home health RNs whom I interviewed brought up the fact that they planned to volunteer after retirement, which was a surprising result from the interview data. I did not ask the nurses a specific question about volunteer plans; the available literature made no mention that many RNs may plan to volunteer after retirement. As discussed in Chapter Four, 60% of hospital-based home health RNs brought up their desire to volunteer when retired; possibly this is due to the nurses being part of hospital systems that utilize volunteers routinely. The results of my research suggest that a sizeable proportion of retired RNs may want to give back to their community, an issue that should be explored further in future research. Since the need for volunteers across the United States is tremendous, it would be helpful to better understand the factors impacting whether or not older RNs want to volunteer after retirement, and in what kinds of capacities. This theme also underscores the extent to which home health RNs are compassionate people who first love their patients, and in many cases after retirement may want to keep giving of their time.

Policy Recommendations

In order for health care organizations to survive in the future, health care leaders will need to think creatively about their work challenges including the satisfaction and retention of their RNs. The findings of my study suggest a variety of policy recommendations, ranging from agency recommendations (best practices) to legislative suggestions. Since nursing school enrollment has not increased fast enough to meet the projected demand for RNs (American Association of Colleges of Nursing, 2011), more RNs will need to work longer to assist in the care of the growing elderly population and to meet the needs of the expanding home health

industry. Palumbo, McIntosh, Rambur, and Naud (2009) argued that the large baby boomer generation is slowly and steadily aging, and entering the time in life when they will need more health care services. As the mean age of RNs rises, it is critical for health care policy makers to find ways to keep them in the workforce. The projected growth rate for home health nurses is 33% (U.S. Bureau of Labor Statistics, 2010-2011). In particular, home health agencies will need to look at their population of older RNs and evaluate ways to maintain them working.

My goal was to better understand older nurses working in home health and how "mature nurses" could be retained. My study findings can be used by the Center for American Nurses that is working with state-based nurses associations and other groups to address the massive nursing shortage in a "Mature Nurses Initiative" (Trossman, 2006).

I agree with the Center for American Nurses (2003), who argued that the need exists to create incentives for retaining mature nurses. The older home health RNs whom I interviewed gave suggestions to keep the older home health nurse working. We need to find ways to keep older nurses working longer in specific work environments such as home care; home care work is very different than RN hospital work (e.g., environment and traveling). As Larkin (2010) stated, "older nurses have a desire to work and it is up to us to meet their requests" (p. 163). A study about older nurses conducted in England (Watson, Andrews, & Manthorpe, 2004) found that the nurses older than age 50 wanted flexibility in their work schedules and working hours that did not harm their pension. The older home health RNs in my study also wanted their work schedule to be more flexible.

We know that one of the reasons that the American population is working longer is due to health care costs. If an agency can find a way to assist older RNs who either work per diem or part-time with their health care costs, I believe nurses will work longer. Many of the older home health RNs whom I interviewed felt that working to age 65 when Medicare would be

available was essential for them. Even when RNs reach age 65, they most likely will need to buy into a medical health supplemental plan; possibly, a home health agency could offer a supplemental plan at a lower rate.

The retired older home health RNs in my study shared that they retired due to other responsibilities (e.g., sick family members to care for). If older RNs have a significant other requiring their care that prevents them from working longer, agencies could offer a partial stipend for either Adult Day Services or private duty services to assist in their care. Agencies might also be able to find ways to incorporate older, experienced RNs who have health issues that preclude them from doing hands-on patient care into jobs requiring their knowledge and experience, such as quality or utilization review RN positions. On the other hand, agencies need to have clear policies that outline when RNs would not be permitted to work in specific capacities if health conditions prevented them from safely doing their job.

My research found that the older home health RNs had concerns and suggestions about working longer. I feel the first step agencies should do is to have a focus group with their own older RNs to discuss their long term work plans, asking what they would need to keep working. As discussed in Chapter Two, Chiara (1994) argued that nurses want a voice and more flexible scheduling. An agency could work with older nurses to develop a team of RNs and LPNs assigned to a specific geographic region that resulted in flexible scheduling for older RNs (i.e. an RN, LPN, and an older RN working together to cover a specific area). At the same time, the agency should investigate what the younger nurses are concerned about. Also, the agency should keep in mind that the younger nurses may want work options as they age.

As home health agencies investigate the feedback from nurses indicating that they are upset about working long hours, the agency needs to find ways to streamline their work (e.g., with the use of point of care computers and an efficient scheduling system, the goal is for

nurses to not lose time traveling into the office to get their schedule or drop off paper-work). At the same time the agency needs to realize that the nurses, perhaps older nurses especially, may like the social interaction with their peers – possibly a planned weekly event could be held to have staff turn in any additional paper-work to the office and have a team conference for discussion of patients.

In my research, older home health RNs had both positive and negative feelings about younger home health RNs. When possible, agencies should use older, seasoned nurses when orienting a younger home health nurse. This will help both younger RNs learn from the experiences of older RNs, but also help older RNs understand younger RNs better.

When agencies develop incentives to keep older home health RNs working, they should keep in mind that the older nurses whom I interviewed told me they wanted to keep working longer. They mentioned a variety of issues: no on-call or weekends, less driving, more flexibility in work schedule including working shorter stretches and/or shorter days, less paper and/or computer work expectation or more time to get it done, no need to use a computer system or use one that is easy to understand, no carrying of heavy equipment, and assurance of high quality and good standards of care. Different agencies may be able to find ways to incorporate at least some of these incentives for older nurses, or possibly for nurses who have worked a specified number of years for the agency. A best practice that some agencies use to assist regular staff not taking on-call responsibilities routinely or working an abundant volume of weekends is hiring staff that work specifically after hour on-call shifts and also hiring weekend nurses.

A home health agency could evaluate incentives for older nurses working longer. Just as some agencies have an incentive plan for home health nurses to receive payment for bonus visits once they go over a certain range of visits every two weeks, a similar program could be

created for older nurses. Possibly some older home health nurses as they age may want to decrease to per diem and be paid per visit, then given an incentive if so many visits are completed in a week. (e.g., an older nurse who completes over 20 visits in a week would receive either a bonus of money or gas card).

I believe an agency could support the request of shorter work stretches by giving older nurses the ability to self-schedule to cover patient schedules and provide older RNs the option to take on-call. If an older nurse felt that they could do on-call visits, but felt traveling at night for them was unsafe, agencies could have a transport service. Agencies could also investigate what equipment older nurses (as well as other nurses) are routinely asked to carry, seeing if there are any ways to reduce the load and possible injuries.

The National Association for Home Care and Hospice (NAHC) 2011 Strategic Planning Congress has included a goal to preserve the high quality of home care in a highly regulated industry by recommending a user-friendly technology at point of care (2011). Some of the nurses that I interviewed did not feel that their computer system was easy to understand. I believe it is essential to have a point of care documentation system that is easy to use and for the agency to realize that as nurses age, there is the possibility that they may have increased challenges in using a computer system. Furthermore, I would argue that agencies need to plan for such possibilities (e.g., possibly after a certain age, a nurse could have an option to do a clinical note that mimics the computer system, which could be scanned into the software system). AONE (2010) has indicated that improved technological advances make it possible to extend work life beyond age 65. I believe that technological advances in the nursing profession are needed, especially if looking at needs of older home health nurses. As home health RNs age, video assessment could potentially make it possible for some older, experienced RNs (or

others with physical challenges or care giving responsibilities) to work from their own homes assessing patients.

The issue of older home health RNs who do not like traveling, especially in bad weather, could be resolved if an agency had a transport service for older RNs. An agency could also investigate an idea suggested by one RN whom I interviewed, dropping off an older home health RN at an Assistive Living Facility to visit multiple patients and then picking them back up to go to the next facility.

I realize that home health agencies, when investigating the use of a transport service or video assessment with older home health RNs, would need to do a cost analysis to understand the benefit of keeping older RNs working versus the cost of additional services. Agencies would also need to be aware that younger home health RNs may have some resentment if older RNs were given different work options; possibly certain options could be given to home health nurses based on their years of service with their agency and/or for younger nurses that may need help when not able to leave their home due to young or sick children.

Overall, an agency should review the many home health job satisfiers found in my study to better understand their older RNs (e.g., patient/patient-family relationships are very important to them). When administrative staff discuss agency policy and procedures, they should keep patients central in conversations, realizing that patient quality standards are essential for older nurses to be attentive to the subject being discussed. The agency needs to have a process that keeps the lines of communication open with all nurses, both young and old, seeking their input in creating work processes.

Agencies could also analyze all the sources of dissatisfaction that emerged in my study, developing ways to work with home health RNs to address these issues. Home health agency leaders, policy makers, and insurance companies must understand the importance of listening to

the work perceptions of older home health nurses, as well as those of younger RNs, and trying to address their concerns. Quite possibly, many types of dissatisfaction expressed by older RNs may be broader concerns among RNs regardless of age.

My study suggests that at least some older home health RNs may be interested in volunteering some of their time after retirement. Knowing that some older RNs want to volunteer, human service agencies -- including home health agencies -- should attempt to recruit RNs for volunteer positions when retiring. Home health agencies often do community events such as blood pressure screenings, for example, which could usefully incorporate older home health RNs who might want to give back to the community.

In my study, older home health RNs voiced concern about the volume of paper or computer work they are expected to do in their job. The home health industry must help those making regulatory policies understand that home health nurses are very concerned and frustrated with the volume of paperwork that they must complete so that a home health episode will be paid by Medicare. The concern is that as the paperwork continues to grow, the time away from patients will negatively impact patients' quality outcomes.

Limitations of the Data

By utilizing snowball sampling, the 30 home health RNs whom I interviewed lacked diversity and were of one gender (female) and all of one race (White). It would be helpful to have a more diverse group of RNs (i.e., a greater mix of genders, different races and ethnic backgrounds) in order to evaluate if these RNs would bring a different viewpoint regarding home health work. It also would be helpful to interview a larger sample of home health RNs to evaluate if the themes stayed consistent; additionally, by interviewing greater numbers of RNs, researchers would be able to do more comparisons across different groups of nurses.

Another limitation of this study is that only older home health nurses were interviewed from the western part of Pennsylvania that included 12 counties. These RNs completed home health visits mostly in rural areas and small to medium sized towns; only two of the nurses completed home health visits in an inner city environment. Home health nurses working in other states or that worked more in the urban areas may have different challenges (e.g., home health agencies in Western states may also travel great distances between patients; home health nurses who consistently visit in an inner city may have more safety concerns).

The study sample had small numbers of RNs in each type of home health agency and age group. I did not find strong differences in themes between the different age groups of older nurses (45-54 and 55-74) or between the different types of agencies (hospital-based, non-hospital based, and VNA). Still, it is important to note that the nurses in my study and across the different types of home health agencies had varying work statuses (i.e., full-time, part-time contractual and per diem), which resulted in differing percentages within each work status in the three types of home health agencies. Possibly some of the differences found across the types of home health agencies may be due to factors within a specific agency or nurses' work status and not the type of home health agency. The role of these different factors could usefully be addressed in future research with a larger samples of older home health RNs that specifically included various types of work statuses as well as different types of home health agencies,

It also would be helpful to have a larger sample of older home health RNs within each work status when evaluating hours worked in a week; a full-time and part-time status nurse normally is given a schedule where a per diem nurse normally gives the agency his/her availability to work. Additionally, by having more RNs within each work status, researchers could analyze annual income and/or household income against other work factors and retirement decisions. Some of the full-time nurses volunteered information that they were

either exempt (salaried) status or hourly; this is a question I should have included on my questionnaire. When a nurse is salaried, they have the flexibility in their work day and are not paid over-time. Since the nurses had strong feelings about their work hours, it would be good to have a larger representation of both salaried and hourly nurses in order to assess whether or not their work perceptions differ. It would be helpful in future studies to ask on the demographic questionnaire how the home health nurse is paid (i.e., exempt, hourly, or pay per visit).

Other limitations of my study included the fact that I did not know the extent of the nurse's responsibility as a case manager or direct care staff; it would be helpful when reviewing the interview data to know if the nurse had the responsibility of calling insurance companies for home health visit approvals. If a home health nurse has the responsibility of calling insurance companies it adds to their daily work load and possibly adds to their work frustrations if they personally feel they do not get the requested visits from the insurance company. When analyzing the interview data about flexibility and control of their work day, it would also be helpful to know if the nurse did her own schedule or if a scheduler was used. If nurses are able to complete their own daily work schedule, they may feel a bit more flexibility in their work day. I also did not know what each nurse's productivity was to be each day; home health agencies have a visit per day expectation, but some agencies having different weighting for different types of visits (e.g., admission visits). In future studies, knowing specific work day information is essential for understanding daily work load comments.

Even though my demographic questionnaire did not ask if home health RNs used a point of care computer system, all the nurses brought this up to me. It would be helpful when reviewing the data about technology to know what computer software they used and how

nurses felt about using them. Agencies should consider feedback from both younger and older RNs as they make decisions about computer technologies.

When reviewing the comments that nurses had about their specific organizations, it would have been helpful if I had asked on the questionnaire if the RNs' agencies were non-profit, for-profit, or even if the RNs knew this about their agency. It would also have been beneficial to understand an agency's organizational structure. I did not know the specifics about the home health agencies in my study, other than that they were hospital-based, non-hospital based, or VNA.

If more RNs had been interviewed from each age group, type of home health agency, and each work status group, it would have been possible to do more comparisons between groups and the results may have been different. Additionally, by understanding more specific information about the nurses (as explained above), I might have been able to further distinguish differences either between age groups or types of home health agency.

My study involved purposeful sampling by choosing only older home health nurses and retired nurses. I did not have the opportunity to hear what younger home health nurses felt about their work or what they felt about their older RN colleagues. Additionally, I did not hear how either working or retired older RNs from other work settings felt about their work compared to home health RNs. Without further research, I do not know which of the results that I found in this research would or would not occur with younger RNs or with RNs in other work settings.

Since one of the goals of my study was to find out ways to keep older home health RNs working longer, it would be helpful to have interviewed more than six retired RNs. I know that the majority of these RNs retired due to other responsibilities (e.g., family business, take care

of grandchildren; ill in-laws). It would be helpful to discuss with more retired RNs the reasons that they retired.

My study did not include a sample of administrative RNs. By having interviewed both direct care RNs and administrative RNs, I could have addressed whether or not direct care workers and management have the same perceptions about home health care work. If discrepancies were found regarding management and the direct care workers' perceptions about home health RNs' work, this information would be beneficial for a home health agency to understand.

Another limitation of my study is that I only gathered data using a demographic questionnaire and interviews. I believe it would be helpful for researchers to conduct a qualitative study using both in-depth interviews and focus groups with selected groups of home health RNs in order to have greater cases for comparison. Focus groups allow the researcher to gather a high volume of data in a shorter period of time compared to completing individual interviews.

My study cannot be generalized to a population because I did not have a representative sample of older home health RNs. I used purposeful and snowball sampling of older home health RNs. A quantitative survey questionnaire sent to a representative sample of home health nurses would provide more data on this topic, following up on the issues addressed in my interviews.

My study findings may assist those developing RN national and state-level questionnaires to include pertinent questions for RNs to answer that will provide more information about their work perception. I provide examples of this in the next section. Overall, my study findings should enable future researchers to build on what the home health

RNs told me about their work and complete more studies as outlined in the next section of future research.

Directions for Future Research

My study was grounded in several realities: a nursing shortage exists in the United States today; more Americans are aging and requiring health care services; the home health care industry is growing; and, RNs are continuing to age. As indicated in my literature review, researchers who have discussed older RNs or home health RNs felt more research was needed about them. Additional research needs to be done to understand older nurses better, especially when working in home health care. In this dissertation I have discussed how home health care nursing presents work challenges for older home health RNs (e.g., environmental challenges). We need to be concerned about having enough home health RNs to take care of people in the future.

Researchers need to build on what is now understood about older home health RNs. By conducting a qualitative study similar to this one, but with a larger number of older home health RNs and from more diverse backgrounds, researchers could gain additional insight into the perceptions of older home health RNs. Researchers should strive to include a diverse sample, seeking RNs from a wider geographic area or utilizing stratified random sampling that specifically included respondents from certain categories that were not represented in my study (e.g., males, varying races and ethnicities, more urban work settings). Additionally, they should ask more specific questions about RN's work setting – e.g., their work title, work status, type of home health agencies, etc.

The information found in my study could also assist in the development of a quantitative survey tool that could be sent nationally to older nurses and/or to home health nurses. Combined with my study findings, the current literature has identified topics that home

health nurses are worried about and also what they love about their jobs. A newly created survey tool could specifically ask about home health satisfaction and dissatisfaction topics as outlined in Chapter Four, adding to the academic literature about the topic of older nurses working in home health care.

I believe more research using my study data and Ellenbecker's model of home health RN retention (2004) would be beneficial. My study provides rich data about the specific stressors (dissatisfaction) and satisfaction topics brought up by the home health RNs whom I interviewed. Possibly, Ellenbecker's model could be updated to include information about technology challenges, positive and negative environmental factors, and external challenges (e.g., insurance protocols).

As discussed in Chapter Two, in the most recent survey report of the U.S. Health and Human Services (2010), which conducts a random national survey of nurses every four years, they did add information specific to home health RNs and older RNs. I believe that this national survey can continue to be revised to gather crucial information from RNs. Some of the information found in my study could be incorporated into specific questions about work challenges -- including environmental issues specific to certain RN work settings, paper or computer work volume, feelings about retirement plans, asking the RNs if they are over a certain age, what would they need to keep working longer, their plans to volunteer on retirement, etc. I believe the national survey could also add questions that I found to be limitations in my study data because I had not asked the nurses about specific topics on my questionnaire (e.g., do they use a computer for documentation, what system, do they find it easy to use, and does the system lengthen or shorten their documentation time).

The national survey asked the nurses the reason they had an employment change by having them choose from a list or picking an "other" box where they were asked to write in the

employment change. When the nurses were asked to choose their satisfaction level, there was no space where they could choose or document what they were either satisfied or dissatisfied with in their work. One of the choices on the national survey for "primary reason for employment change" included being "retired," but there was no place for the RN completing the survey to mark why they had retired. I think it would be beneficial to ask nurses on the survey how long they plan to keep working as an RN, and if there are any work changes that would help them work longer. The national RN survey has an open-ended question at the end of the survey that asks, "Do you have any recommendations for how this survey could be improved" (U. S. Department of Health and Human Services, 2010). Still, I believe a useful addition would be an open-ended question such as, "Is there anything else you would like to share about your current and future nursing career?"

Additionally, by utilizing the themes found in my study, further qualitative studies could be conducted with older RNs and home health RNs in different forums, such as focus groups. A study interviewing younger home health nurses (under the age of 45) also would be helpful in order to evaluate different job satisfiers and what sources of dissatisfaction arise. The nurses under 45 may or may not have the same worries when thinking about growing older and working in home health care. Having groups of home health nurses in their twenties, thirties, and forties may add different viewpoints regarding the work perceptions of home health RNs, thereby assisting home health agencies to find ways to retain the younger nurses.

In looking back over the themes found in my study, I feel there is an abundance of opportunity for more research. In terms of theme one, I found in my study that the older home health RNs whom I interviewed had both satisfaction (love for their patients) and dissatisfaction toward their home health jobs. I am concerned that the dissatisfaction in their work may begin to take precedent, pushing older home health nurses or younger home health

RNs away from this work setting. The list of work stressors and challenges was much longer than the positive items on the list. The nurses in my study felt that the volume of paperwork or computer work was worsening, and they found the external challenges of working with insurance companies very frustrating. The older home health RNs voiced concern that younger home health RNs were not as tolerant and they saw more RN turnover. Research about the extensive paper or computer work required in home health care and the struggles home health RNs have when working with insurance companies to get authorization for visits need to be understood by the insurance companies and regulatory agencies. Possibly, the insurance companies or regulatory agencies would co-sponsor a study with state and national home health associations about this topic.

In theme two of my study I found that the availability of health insurance, age, good personal health, financial responsibility for dependents, and care-giving responsibilities impacted a RN's retirement decision. I believe there is much more to learn from older RNs, both from home health and other settings related to their retirement decisions. My findings are consistent with previous research that found that RNs are working longer; the nurses told me that they would have no choice but to keep working until they could either partially pay for health care or until age 65 when they would be able to afford Medicare. I feel that some nurses may work longer than what their personal health can support. In order to understand the reasons why RNs retire, including understanding more about dependent and care-giving responsibilities, I feel a study involving recently retired RNs (within two years of retirement) from all work settings is essential.

I explained in theme three of my study what home health RNs' suggestions were for improving the likelihood that older home health RNs would want to work longer. Future studies with older home health nurses should shed more light on these suggestions.

The fourth theme I found in my study was that older home health RNs had both positive and negative perceptions about younger RNs. This was a surprising, yet real theme that came from the interview data, and is in need of more research. A multigenerational nursing workforce is prevalent in today's health care industry. Journal articles have been published about the generational differences of the working RNs, but I do not feel that we totally understand the intensity of these feelings or tension between older and younger RNs. Studies having representation from both younger nurses and older nurses would be beneficial; this should also include all RN work settings. RNs typically start off their nursing careers first at another setting before transitioning into a home health job; home health agencies normally do not hire an RN without prior experience. Additional research about younger and older RNs would help shed light on both the negative and positive feelings the two groups of nurses have about each other, and hopefully find ways that the two groups could learn from each other.

The fifth theme that I found in my study was that more than one-third of home health RNs whom I interviewed brought up the fact that they planned to volunteer after retirement. This finding should be investigated more. I wondered if all RNs from all work settings felt this way or if it was just the home health nurses whom I interviewed. Research involving any RNs planning to retire or with retired RNs should inquire about whether they would like to volunteer after retirement on the demographic questionnaire.

I feel my study is a stepping stone for much needed research involving home care RNs. It will require diligence by home health leaders to ask about this information and encourage further research to be conducted.

Conclusion

My qualitative study provided information to better understand the feelings of older home health RNs' work perceptions. As a result of my study, more data are available about

what satisfies older home health RNs about their job as well as what dissatisfies them. The information relates to some of the available literature regarding older RNs and home health work. For example, the older RNs whom I interviewed discussed their work schedule challenges and discussed the paperwork challenges in home health care, which has been discussed in previous research.

The data has also added new information about the work perceptions of older home health RNs because my study showed that older RNs enjoyed many aspects of their job, even though frustrated with it. Additionally, I found that older home health RNs had strong feelings about younger home health RNs.

The older home health RNs whom I interviewed presented with confidence and a clear understanding of their work. They eagerly shared their work perceptions with me, and they expressed appreciation for being part of a research study about older home health nurses. They appeared to enjoy telling their home health work story and having someone listen. I found that these older RNs were passionate about their professional beliefs and they explained well how rewarding it was for them to work in home health care. They were very concerned about their work challenges, but they always brought me back to their devotion to their patients.

In Chapter Two, I discussed Brennan (1997), who found that nurses age 50 and older felt they had a moral obligation to provide quality of care and had an overall culture of commitment. The home health RNs whom I interviewed voiced many challenges in their job, yet none told me they were leaving their nursing job. Their conversations with me normally started out with discussion about their patients and normally ended with discussion about their patients. I felt that the nurses whom I interviewed truly cared about their patients and their feeling of occupational commitment extended beyond what the literature explains about occupational commitment. The working RNs were not planning to leave the nursing

profession, regardless of their work frustrations. And even though the retired nurses were no longer working, patient care was central in their discussions with me.

By utilizing the information gained in this study, policy makers and health leaders (especially those working in home health care) may be able to develop ways to either retain the older RN or identify those who are not able to work in this environment. I am hopeful that the interview data will be reviewed by health leaders and utilized to gain a better understanding of older RNs working in home health. As baby boomers continue to age and the home health industry grows, we need to have an adequate RN workforce for future home health patients. If older nurses in the home health workforce remain satisfied with their work, they will help preserve strong clinical outcomes for patients residing in their own homes.

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Resources and Services Administration

2004 National Sample Survey of Registered Nurses

Conducted by
The Gallup Organization

The *2004 National Sample Survey of Registered Nurses* is being conducted for the Health Resources and Services Administration of the U.S. Department of Health and Human Services in compliance with Title VIII, Public Law 94-63, the Nurse Training Act of 1975, section 951; and Public Law 105-392, section 806(f), the Health Professions Education Partnerships Act of 1998; 42 USC 295k, section 792 of the U.S. Public Health Service Act. **Strict confidentiality of all information obtained from individuals surveyed in NSSRN is assured by current Federal laws and regulations.** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0276. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching data sources, gathering or maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-45, Rockville, Maryland, 20857. The Gallup Organization will process all personal data you provide and will use such information for statistical and research purposes. By completing and returning this survey, you give your consent to process and transfer your personal data to the United States.

Please complete only one questionnaire and return any extra copies you receive, preferably in the same envelope (see Instructions on page 1).

Please correct any errors in the name/address information and States where you are actively licensed.

Corrections to First Name

Corrections to M.I.

Corrections to Last Name

Corrections to Number and Street

Corrections to City/Town

Corrections to State

Corrections to ZIP Code

Corrections to State(s) Where Actively Licensed (If there are any corrections to the list in the box to the right, please re-list ALL of the States where you are actively licensed.)

[First Name M.I. Last Name]
[Address 1]
[Address 2]
[City, State ZIP Code]

State(s) Where Actively Licensed:
[State 1, State 2, State 3]

Web Site URL: https://gx.gallup.com/nurse.gx

Access Code: [XXXXXX]

Quex # [X]

OMB No. 0915-0276
Expiration Date: 8/31/2005

Instructions

How do I complete the survey electronically?

On your Web browser, log onto https://gx.gallup.com/nurse.gx and type in your unique Access Code that is printed in the box in the lower right corner of the questionnaire cover page. If you complete the survey online, you do not need to return this paper questionnaire.

What if I received more than one questionnaire?

We may not have been able to eliminate all of the duplications in our list of nurses who have more than one license, so you may receive more than one questionnaire. **Please complete only one questionnaire but return any extra copies you receive, preferably in the same envelope as your completed survey. Please write "DUPLICATE" at the top of these blank surveys.** By returning extra surveys: we can avoid unnecessary follow-up mailings to you. (For those who receive duplicate questionnaires, if you choose to respond by the Web, you will be asked to enter a unique code from each of the duplicate surveys you receive.)

What if I have questions about this survey?

If you have any questions about this survey or about how to complete it electronically, please call Gallup Client Support (toll-free) at 1-888-297-8999, or send an e-mail to galluppoll@gallup.com.

Section A. Eligibility and Education

Please mark an "X" in the box corresponding to your answer in each question, or supply the requested information. Use blue or black ink.

EXAMPLE

RIGHT WAY ▼ [X] 24 WRONG WAY ▼ [X] 24

1 **As of March 10, 2004, were you actively licensed to practice as a registered nurse (RN) in any U.S. State or the District of Columbia (whether or not you were employed in nursing at that time)?** *(Please mark [X] the appropriate box.)*

1 ☐ Yes *(You are eligible to complete this questionnaire. Please continue to the next question.)*

2 ☐ No *(You do not need to complete this questionnaire. Please stop here and return this questionnaire to Gallup so we know you are not eligible.)*

2 **Which initial educational program qualified you to sit for the RN licensure exam?** *(Mark one box.)*

1 ☐ Diploma Program
2 ☐ Associate Degree
3 ☐ Bachelor's Degree
4 ☐ Master's Degree
5 ☐ Doctorate (N.D.)

3 **In what month and year did you graduate from this program?**

Month ☐☐ Year ☐☐☐☐

4 **In which U.S. State (including the District of Columbia), U.S. Territory, or foreign country was this program located?**

☐

5 **In what U.S. State (or District of Columbia) were you issued your first RN license?**

State: ☐☐

Year: ☐☐☐☐

(PLEASE CONTINUE TO PAGE 2)

6 **How did you finance your initial nursing education?** *(Mark all that apply.)*

1 ☐ Personal resources (you or your spouse)
2 ☐ Family resources (parents or other relatives)
3 ☐ Employer tuition reimbursement plan (including Veterans Administration employer tuition plan)
4 ☐ Federal traineeship, scholarship, or grant
5 ☐ Federally-assisted loan
6 ☐ State/local government scholarship, loan, or grant
7 ☐ Non-government scholarship, loan, or grant
8 ☐ Other resources

7 **At any time, have you ever been licensed as a practical or vocational nurse (LPN/LVN)?**

1 ☐ Yes
2 ☐ No

8 **Before starting your initial RN educational program, were you ever employed as any of the following:** *(Mark all that apply.)*

0 ☐ No

1 ☐ Nursing Aide
2 ☐ Licensed Practical/Vocational Nurse (LPN/LVN)
3 ☐ Allied Health technician/technologist (e.g., radiologic technician)
4 ☐ Manager in health care setting
5 ☐ Clerk in health care setting
6 ☐ Another type of health-related position *(Please specify below.)*

9 **Indicate all degrees you received before starting your initial RN educational program.** *(Mark all that apply.)*

0 ☐ None *(Skip to Question 11, page 3)*

1 ☐ Associate Degree
2 ☐ Bachelor's Degree
3 ☐ Master's Degree
4 ☐ Doctorate
5 ☐ Other *(Specify)*

10 **What was the field of study for your highest degree identified in Question 9?** *(Mark one box.)*

1 ☐ **Health-related field**

or

Non-Health related field

2 ☐ Biological or Physical Science
3 ☐ Business or Management
4 ☐ Education
5 ☐ Liberal Arts, Social Science, or Humanities
6 ☐ Law
7 ☐ Computer Science
8 ☐ Social Work
9 ☐ Other non-health-related field *(Please specify below.)*

(PLEASE CONTINUE TO PAGE 3)

11 **Did you earn any additional academic degrees AFTER graduating from your initial registered nurse education program that you described in Question 2?** *(Do not include degrees you are currently working towards.)*

1 ☐ Yes *(Please complete all columns for each degree you earned.)*
2 ☐ No *(Skip to Question 12, page 4)*

Type of Degree	A Did you receive this degree? *(Mark all that apply.)*	B If so, did the degree enhance your nursing career? *(Mark yes or no.)*	C Which two-digit code from the table below best describes the primary focus of this degree?	D In what state or country did you receive the degree?	E In what year did you receive the degree?
a. Associate Degree in nursing	☐	→	→		
b. Associate Degree in another field	☐	1 ☐ Yes 2 ☐ No	→		
c. Bachelor's degree in nursing	☐	→	→		
d. Bachelor's degree in another field	☐	1 ☐ Yes 2 ☐ No			
e. Master's in nursing (after any initial MSN mentioned in Question 2)	☐	→			
f. Additional Master's in nursing	☐	→			
g. Master's in another field	☐	1 ☐ Yes 2 ☐ No			
h. Doctorate in nursing	☐	→			
i. Doctorate in another field	☐	1 ☐ Yes 2 ☐ No			

For Column C, enter the appropriate two-digit code for each Bachelor's (other), Master's, or Doctorate degree above.

Primary Focus of Degree

01 Clinical Practice
02 Education
03 Supervision/Administration
04 Research
05 Law
06 Informatics
07 Business
08 Public Health
09 Social Science
10 Humanities
11 Basic Sciences (i.e., Biology)
12 Computer Science
13 Social Work
14 Other

12 **Since graduating from the initial nursing program you described in Question 2, have you completed a formal educational program preparing you for advanced practice nursing (APN) as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner?**

1 ☐ Yes *(Please complete columns on pages 4-6 for each specialty you have obtained.)*
2 ☐ No *(Skip to Question 13, Page 6)*

Information on Advanced Practice Nurse Preparation and Credentials	A Clinical Nurse Specialist (CNS)	B Nurse Anesthetist (NA)	C Nurse-Midwife (NM)	D Nurse Practitioner (NP)
12a Did you receive advance practice preparation as a …? *(Mark each column if yes.)*	☐	☐	☐	☐
12b What was the length of the program?	*(Mark one)*	*(Mark one)*	*(Mark one)*	*(Mark one)*
1. Less than 3 months	☐ 1	☐ 1	☐ 1	☐ 1
2. 3 through 8 months	☐ 2	☐ 2	☐ 2	☐ 2
3. 9 months or more	☐ 3	☐ 3	☐ 3	☐ 3
12c What was the highest credential you received in that program?	*(Mark one)*	*(Mark one)*	*(Mark one)*	*(Mark one)*
1. Certificate/Award	☐ 1	☐ 1	☐ 1	☐ 1
2. Bachelor's Degree	☐ 2	☐ 2	☐ 2	☐ 2
3. Master's Degree	☐ 3	☐ 3	☐ 3	☐ 3
4. Post-Master's Certificate	☐ 4	☐ 4	☐ 4	☐ 4
5. Doctorate	☐ 5	☐ 5	☐ 5	☐ 5
12d In what year did you receive this APN credential?	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
12e Which one of these was the primary specialty you studied?	*(Mark one)*	*(Mark one)*	*(Mark one)*	*(Mark one)*
1. Acute Care/Critical Care	☐ 01	☐ 01	☐ 01	☐ 01
2. Adult Health/Medical Surgical	☐ 02	☐ 02	☐ 02	☐ 02
3. Anesthesia	☐ 03	☐ 03	☐ 03	☐ 03
4. Community Health	☐ 04	☐ 04	☐ 04	☐ 04
5. Family	☐ 05	☐ 05	☐ 05	☐ 05
6. Geriatric/Gerontology	☐ 06	☐ 06	☐ 06	☐ 06
7. Home Health	☐ 07	☐ 07	☐ 07	☐ 07
8. Maternal-Child Health	☐ 08	☐ 08	☐ 08	☐ 08
9. Neonatal	☐ 09	☐ 09	☐ 09	☐ 09
10. Nurse-Midwifery	☐ 10	☐ 10	☐ 10	☐ 10
11. Obstetric/Gynecology	☐ 11	☐ 11	☐ 11	☐ 11
12. Occupational Health	☐ 12	☐ 12	☐ 12	☐ 12
13. Oncology	☐ 13	☐ 13	☐ 13	☐ 13
14. Palliative Care	☐ 14	☐ 14	☐ 14	☐ 14
15. Pediatrics	☐ 15	☐ 15	☐ 15	☐ 15
16. Psychiatric/Mental Health	☐ 16	☐ 16	☐ 16	☐ 16
17. Rehabilitation	☐ 17	☐ 17	☐ 17	☐ 17
18. School Health	☐ 18	☐ 18	☐ 18	☐ 18
19. Women's Health	☐ 19	☐ 19	☐ 19	☐ 19
20. Other (*Specify in appropriate column.*)	☐ 20 *(Specify)*	☐ 20 *(Specify)*	☐ 20 *(Specify)*	☐ 20 *(Specify)*

	A	B	C	D
Information on Advanced Practice Nurse Preparation and Credentials *(Question 12 continued from previous page.)*	**Clinical Nurse Specialist (CNS)**	**Nurse Anesthetist (NA)**	**Nurse-Midwife (NM)**	**Nurse Practitioner (NP)**
12f Is your current APN status certified by any of these national bodies?				
1. American Association of Critical Care Nurses Certification Corp.				
2. American Academy of Nurse Practitioners				
3. American Association of Nurse Anesthetists				
4. ACNM Certification Council, Inc. (ACC) (including previous ACNM certification)	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
5. American Nurses Credentialing Center (ANCC)				
6. National Certification Board of Pediatric Nurse Practitioners & Nurses (NCPNP/N)				
7. National Certification Corporation for the Obstetric, Gynecologist, and Neonatal Nursing Specialties (NCC)	*(Specify if other)*	*(Specify if other)*	*(Specify if other)*	*(Specify if other)*
8. Other *(Specify in appropriate column.)*				
12g If Yes above, what is the primary type of national certification you have?	*(Mark one)*	*(Mark one)*	*(Mark one)*	*(Mark one)*
1. Acute Care NP	☐ 01	☐ 01	☐ 01	☐ 01
2. Acute Care/Critical Care (Adult) CNS	☐ 02	☐ 02	☐ 02	☐ 02
3. Acute Care/Critical Care (Pediatric or Neonatal) CNS	☐ 03	☐ 03	☐ 03	☐ 03
4. Adult NP	☐ 04	☐ 04	☐ 04	☐ 04
5. Certified Registered Nurse Anesthetist (CRNA)	☐ 05	☐ 05	☐ 05	☐ 05
6. Certified Nurse-Midwife (CNM)	☐ 06	☐ 06	☐ 06	☐ 06
7. Community Health CNS	☐ 07	☐ 07	☐ 07	☐ 07
8. Family NP	☐ 08	☐ 08	☐ 08	☐ 08
9. Gerontological CNS or NP	☐ 09	☐ 09	☐ 09	☐ 09
10. Home Health CNS	☐ 10	☐ 10	☐ 10	☐ 10
11. Medical Surgical CNS	☐ 11	☐ 11	☐ 11	☐ 11
12. Neonatal NP	☐ 12	☐ 12	☐ 12	☐ 12
13. Occupational Health NP	☐ 13	☐ 13	☐ 13	☐ 13
14. Pediatric CNS or NP	☐ 14	☐ 14	☐ 14	☐ 14
15. Palliative Care CNS or NP	☐ 15	☐ 15	☐ 15	☐ 15
16. Psychiatric & Mental Health–Adult NP or CNS	☐ 16	☐ 16	☐ 16	☐ 16
17. Psychiatric & Mental Health (Family) NP	☐ 17	☐ 17	☐ 17	☐ 17
18. Psychiatric & Mental Health Child/ Adolescent CNS	☐ 18	☐ 18	☐ 18	☐ 18
19. School NP	☐ 19	☐ 19	☐ 19	☐ 19
20. Women's Health Care NP (Ob-Gyn NP)	☐ 20	☐ 20	☐ 20	☐ 20
21. No National Certificate Exam Available	☐ 21	☐ 21	☐ 21	☐ 21
22. Other *(Specify in appropriate column.)*	☐ 22	☐ 22	☐ 22	☐ 22
	(Specify)	*(Specify)*	*(Specify)*	*(Specify)*

Information on Advanced Practice Nurse Preparation and Credentials *(Question 12 continued from previous page.)*	A Clinical Nurse Specialist (CNS)	B Nurse Anesthetist (NA)	C Nurse - Midwife (NM)	D Nurse Practitioner (NP)
12h Do you have any current certification, licensure, or other official recognition of your APN status from any State Board of Nursing?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

13 Please identify any professional certifications in nursing you have received (e.g., critical care, emergency, oncology, case management, etc.). Do not include advanced practice nursing certifications reported above.

0 ☐ None

Specify: _____

Specify: _____

Specify: _____

14 Since January 2000, please indicate if you have received training in recognizing or responding to the following emergencies. *(Mark all that apply.)*

0 ☐ None *(Skip to Question 15)*

1 ☐ Biological attack
2 ☐ Chemical attack
3 ☐ Nuclear/radiologic attack
4 ☐ Infectious disease epidemics
5 ☐ Natural disaster or other public health emergencies

14a (If you have marked any of the above types of training:) Please specify the TOTAL number of hours spent in the above training(s) since January 2000.

☐☐☐ Hours in training

14b Pertaining to the training in emergencies you marked above, will the training enable you to effectively participate in an organized multidisciplinary response to such an emergency?

1 ☐ Yes
2 ☐ No

15 Are you currently enrolled in a formal education program leading to an academic degree or certificate?

1 ☐ Yes
2 ☐ No *(Skip to Question 19, page 7)*

16 Is this formal education program…?
(Mark one box.)

1 ☐ In nursing
2 ☐ In a non-nursing field useful to enhance your career in nursing
3 ☐ In another field to allow you to pursue career opportunities outside of nursing

17 Are you a full-time or part-time student?

1 ☐ Full-time student
2 ☐ Part-time student

18 What type of degree/award are you currently working toward in this program? *(Mark one box.)*

1 ☐ Associate Degree
2 ☐ Bachelor's Degree
3 ☐ Master's Degree
4 ☐ Doctorate
5 ☐ Certificate

(PLEASE CONTINUE TO PAGE 7)

Section B. Primary Nursing Employment

19 **Are you employed or self-employed in nursing?** *(Employment also includes: being on a temporary leave of absence from your nursing position; on vacation; being on sick leave; or working through a temporary employment service or practicing private duty nursing and not on a case at the moment.)*

1 ☐ Yes
2 ☐ No *(**Skip to Question 41, page 9**)*

20 **Are you required to maintain an active RN license in order to hold your principal nursing position?** *(If you hold more than one nursing position, your principal nursing position is the one at which you work the most hours during your regular work year.)*

1 ☐ Yes
2 ☐ No

21 **Where is the location of your principal nursing position? This information is critical for developing State employment estimates and supply and demand projections.** *(If you are not employed in a fixed location, enter the geographic area where you spend most of your working time.)*

City/Town: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

County: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State (or country if not USA): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ZIP+4 code: ☐☐☐☐☐ – ☐☐☐☐ (if available)

22 **In your principal nursing position, are you…?** *(Mark one box.)*

1 ☐ An employee of the organization or facility for which you are working
2 ☐ Employed through an employment agency
3 ☐ Self-employed, per diem, or on as-needed basis

23 **Using the list of NURSING EMPLOYMENT SETTINGS on page 15, write in the code that best describes your principal nursing employment setting.** *(If you work in more than one setting, indicate the one setting in which you spend most of your working time.)*

☐☐☐ Code for employment setting from page 15

If this code is labeled as "Other," please specify the setting below.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

24 **Which one of the following best corresponds to the position title for your principal nursing position?** *(Mark one box.)*

01 ☐ Administrator of organization/facility/agency or assistant administrator
02 ☐ Administrator of nursing or assistant (e.g., vice president for nursing, director or assistant director of nursing services)
03 ☐ Case manager
04 ☐ Certified nurse anesthetist (CRNA)
05 ☐ Charge nurse
06 ☐ Clinical nurse specialist
07 ☐ Consultant
08 ☐ Dean, director, or assistant/associate director of nursing education program
09 ☐ Float nurse
10 ☐ Discharge planner/outcomes manager
11 ☐ Head nurse or assistant head nurse
12 ☐ Infection control nurse
13 ☐ Informatics nurse
14 ☐ Instructor at a school of nursing
15 ☐ Insurance reviewer
16 ☐ Nurse clinician
17 ☐ Nurse coordinator
18 ☐ Nurse manager
19 ☐ Nurse-midwife
20 ☐ Nurse practitioner
21 ☐ Nursing staff development director
22 ☐ Nursing staff development instructor
23 ☐ Patient care coordinator
24 ☐ Private duty nurse
25 ☐ Professor or assistant/associate professor
26 ☐ Public health nurse
27 ☐ Quality improvement nurse
28 ☐ Researcher
29 ☐ School nurse
30 ☐ Staff nurse
31 ☐ Supervisor or assistant supervisor
32 ☐ Surveyor/auditor/regulator
33 ☐ Team leader
34 ☐ Traveling nurse
35 ☐ Visiting nurse/home health nurse
36 ☐ No position title
37 ☐ Other *(Specify)* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

25 **For your principal nursing position, estimate the percentage of your time spent in the following activities during a usual workweek.** *(The total should equal 100%. Do not use decimal places.)*

a. Administration ..... ___ %

b. Consultation with agencies and/or professionals ..... ___ %

c. Direct patient care not including staff supervision ..... ___ %

d. Research ..... ___ %

e. Supervision/Management ..... ___ %

f. Teaching nursing or other health profession students (include class preparation time) ..... ___ %

g. Other ..... ___ %

TOTAL (confirm sum is 100%) ..... 100 %

26 **In a typical week in your principal nursing position, do you provide direct patient care in a hospital setting?** *(Exclude nursing home units. Include all clinics and other services of the hospitals.)*

1 ☐ Yes
2 ☐ No ***(Skip to Question 28)***

27 **During a typical workweek in your principal nursing position, in what type of unit do you spend the majority of your patient care time?** *(Mark one box.)*

01 ☐ Critical care unit (ICU/CCU)
02 ☐ Emergency department
03 ☐ General/specialty inpatient unit (other than critical care or step-down)
04 ☐ Home health care
05 ☐ Hospice unit
06 ☐ Labor/delivery room
07 ☐ Operating room
08 ☐ Outpatient department
09 ☐ Perioperative unit
10 ☐ Radiologic (diagnostic or therapeutic)
11 ☐ Step-down, transitional, progressive, telemetry unit
12 ☐ Sub-acute care unit
13 ☐ Multiple units, none over 50%
14 ☐ No specific assigned type of area
15 ☐ Other specific area *(Specify)*

28 **What type of patient is primarily treated in the unit/organization in which you work?** *(Mark one box.)*

01 ☐ No patient care – Unit/organization does not provide patient care
02 ☐ Adult care (general)
03 ☐ Cardiovascular
04 ☐ Chronic care
05 ☐ Neurological
06 ☐ Newborn
07 ☐ Obstetrics/gynecologic
08 ☐ Oncology
09 ☐ Orthopedic
10 ☐ Pediatric
11 ☐ Psychiatric
12 ☐ Rehabilitation
13 ☐ Renal
14 ☐ Work with multiple patient types
15 ☐ Other *(Specify)*

29 **In your principal nursing position, do you work…?** *(Mark one box.)*

1 ☐ The entire calendar year or school/academic year
2 ☐ Only part of the calendar year or school/academic year

30 **When you work at this principal nursing position, do you work…?** *(Mark one box.)*

1 ☐ Full-time
2 ☐ Part-time

31 **How many weeks do you normally work per year in this job?** *(Enter a number from 01 to 52.)*

___ weeks

32 **How would you best describe your feelings about your principal nursing position?** *(Mark one box.)*

1 ☐ Extremely dissatisfied
2 ☐ Moderately dissatisfied
3 ☐ Neither satisfied nor dissatisfied
4 ☐ Moderately satisfied
5 ☐ Extremely satisfied

33 **Please provide information about the number of hours you worked in your last full workweek at your principal nursing position.**

a) Number of hours worked in your last full workweek (including paid hours of on-call duty and overtime) ..... ☐☐

b) Number of hours reported in Item 33a that were paid on-call *(Enter 00 if none)* ..... ☐☐

c) Number of hours reported in Item 33a that were paid as overtime *(Enter 00 if none)* ..... ☐☐

d) Number of overtime hours reported in Item 33c that were mandatory/ unscheduled *(Enter 00 if none)* ..... ☐☐

34 **Please estimate your current, gross annual earnings (pre-tax) from your principal nursing position. Include overtime and bonuses, but exclude sign-on bonuses.**

$ ☐☐☐,☐☐☐.00 per year

35 **Are you represented by a labor union in your principal nursing position?**

1 ☐ Yes
2 ☐ No

Section C. Secondary Employment in Nursing

36 **Aside from the principal nursing position you just described, do you hold any other positions in nursing for pay?**

1 ☐ Yes
2 ☐ No *(Skip to Question 43, page 10)*

37 **In your other nursing position(s), are you...?** *(Mark all that apply.)*

1 ☐ An employee of the organization or facility for which you are working
2 ☐ Employed through an employment agency
3 ☐ Self-employed, per diem, or on as-needed basis

38 **What type of work setting best describes where you work for your other nursing position(s)?** *(Mark one box. Refer to categories on page 15 for further clarification.)*

100 ☐ Hospital
200 ☐ Nursing home/extended care facility
300 ☐ Nursing education program
400 ☐ Public or community health setting
500 ☐ School health service
600 ☐ Occupational health
700 ☐ Ambulatory care setting
800 ☐ Insurance claims/benefits
900 ☐ Policy/planning/regulatory/licensing agency
950 ☐ Other

39 **Which of the following categories best describes the amount you work in all of your other nursing position(s)? Your best estimate is fine.** *(Note that 2,000 hours per year is full-time year-round. 1,000 hours per year is half-time year-round or full-time for half a year. 500 hours per year is 10 hours per week year round, or full-time for 3 months of the year.) (Mark one box.)*

1 ☐ Less than 500 hours per year
2 ☐ 500 hours per year
3 ☐ 501-999 hours per year
4 ☐ 1,000 hours per year
5 ☐ 1,001-1,499 hours per year
6 ☐ 1,500 hours per year
7 ☐ 1,501-1,999 hours per year
8 ☐ 2,000 hours per year or more

40 **Please estimate your current, gross annual earnings (pre-tax) from your other nursing position(s).**

$ ☐☐☐,☐☐☐.00 per year

Section D. Employment Outside of Paid Nursing

If you are currently working for pay in nursing, please skip to Question 43, Page 10.

41 **If you are not working for pay in nursing, how long has it been since you last were employed or self-employed as a registered nurse?**

0 ☐ Mark here if you never worked as a registered nurse
1 ☐ Mark here if less than one year
☐☐ Write in number of years if one or more

42 What are the primary reasons you are not working in a nursing position for pay? *(Mark yes or no for each item.)*

		Yes	No
a.	Burnout/stressful work environment	1 ☐	2 ☐
b.	Career change	1 ☐	2 ☐
c.	Difficult to find a nursing position	1 ☐	2 ☐
d.	Disability	1 ☐	2 ☐
e.	Illness	1 ☐	2 ☐
f.	Inability to practice nursing on a professional level	1 ☐	2 ☐
g.	Inadequate staffing	1 ☐	2 ☐
h.	Lack of advancement opportunities	1 ☐	2 ☐
i.	Lack of collaboration/communication between health care professionals	1 ☐	2 ☐
j.	Liability concerns	1 ☐	2 ☐
k.	Physical demands of job	1 ☐	2 ☐
l.	Retired	1 ☐	2 ☐
m.	Salaries too low/better pay elsewhere	1 ☐	2 ☐
n.	Scheduling/inconvenient hours/too many hours	1 ☐	2 ☐
o.	Skills are out-of-date	1 ☐	2 ☐
p.	Taking care of home and family	1 ☐	2 ☐
q.	Volunteering in nursing	1 ☐	2 ☐
r.	Went back to school	1 ☐	2 ☐
s.	Other *(Specify)* ☐		

43 Are you currently employed in an occupation other than nursing?

1 ☐ Yes
2 ☐ No *(Skip to Question 49)*

44 Is this employment with a health-related organization or in a health-related position?

1 ☐ Yes
2 ☐ No

45 Please provide a job title that best describes the nature of your principal position outside of nursing. *(Write in job title in the space below.)*

46 Do you work full-time or part-time in this principal position outside of nursing?

1 ☐ Full-time
2 ☐ Part-time

47 What is the average number of hours you work per week in your principal position outside of nursing?

☐ hours per week

48 Please estimate your current, gross annual earnings (pre-tax) from your principal position outside of nursing.

$ ☐ .00 per year

Section E. Plans for Employment in Nursing

49 Are you actively seeking employment as a registered nurse? *(Include seeking employment as an advanced practice nurse.)*

1 ☐ Yes
2 ☐ No *(Skip to Question 52)*

50 How long have you been actively seeking a nursing position?

0 ☐ Mark here if less than one week
☐ Write in number of weeks if one or more

51 Are you looking for a position that is…?

1 ☐ Full-time
2 ☐ Part-time
3 ☐ Either

Section F. Prior Nursing Employment

52 Since receiving your first RN license, how many years have you worked in nursing? *(Only count years when you worked at least half the year in nursing.)*

0 ☐ Mark here if less than one year
☐ Write in number of years if one or more

53 **Were you employed in nursing one year ago?**

- [ ] 1 Yes
- [ ] 2 No *(Skip to Question 61, page 12)*

54 **In your principal nursing position one year ago, did you work…?** *(Mark one box.)*

- [ ] 1 The entire calendar year or school/academic year
- [ ] 2 Only part of the calendar year or school/academic year

55 **When you worked at this principal nursing position one year ago, did you work…?** *(Mark one box.)*

- [ ] 1 Full-time
- [ ] 2 Part-time

56 **What was the location of your principal nursing position one year ago?** *(If you were <u>not</u> employed in a fixed location enter the geographic area where you spent most of your working time.)*

City/Town: _____

County: _____

State (or country if not USA): _____

ZIP+4 code: _____ – _____ (if available)

57 **In your principal nursing position one year ago, did you spend the majority of your working hours in inpatient units?**

- [ ] 1 Yes
- [ ] 2 No

58 **How would you describe your principal nursing position one year ago?**

- [ ] 1 Same position/same employer as current principal nursing position *(Skip to Question 61, page 12)*
- [ ] 2 Different position/same employer as current one
- [ ] 3 Different employer than current one

59 **Were any of the following the <u>primary</u> reason(s) for this change?** *(Mark yes or no for each item.)*

	Yes	No
a. Burnout/stressful work environment	[ ] 1	[ ] 2
b. Career advancement/promotion	[ ] 1	[ ] 2
c. Disability	[ ] 1	[ ] 2
d. Illness	[ ] 1	[ ] 2
e. Interested in another position/job	[ ] 1	[ ] 2
f. Lack of collaboration/communication between health care professionals	[ ] 1	[ ] 2
g. Laid off/downsizing of staff	[ ] 1	[ ] 2
h. Opportunity to do the kind of nursing that I like	[ ] 1	[ ] 2
i. Pay/benefits better	[ ] 1	[ ] 2
j. Reorganization that shifted positions	[ ] 1	[ ] 2
k. Relocated to different geographic area	[ ] 1	[ ] 2
l. Retired	[ ] 1	[ ] 2
m. Scheduling/inconvenient hours/too many hours	[ ] 1	[ ] 2
n. Sign-on bonus offered	[ ] 1	[ ] 2
o. Other *(Specify)* _____		

60 **Using the list of NURSING EMPLOYMENT SETTINGS on page 15, write in the code that <u>best</u> describes your principal nursing employment setting one year ago.** *(If you worked in more than one setting, indicate the <u>one</u> setting in which you spent most of your working time.)*

_____ Code for employment setting from page 15

If this code is labeled as "Other," please specify the setting below.

_____

(PLEASE CONTINUE TO PAGE 12)

Section G. General Information

Answers to the following questions will be used only to statistically interpret your responses.

61 **Where do you currently reside? This information is critical for producing State estimates.**

City/Town:

County:

State (or country if not USA):

ZIP+4 code: – (if available)

62 **Did you reside in the same city/town a year ago?**

1 ☐ Yes *(Skip to Question 64)*
2 ☐ No

63 **Where did you reside a year ago? This information is critical for producing State estimates.**

City/Town:

County:

State (or country if not USA):

ZIP+4 code: – (if available)

64 **What is your gender?**

1 ☐ Male
2 ☐ Female

65 **What is your year of birth?**

1 9 ☐ ☐

66 **What is your ethnic background?**

1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

67 **What is your racial background?** *(Mark one or more races.)*

1 ☐ American Indian or Alaska Native
2 ☐ Asian
3 ☐ Black or African American
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ White
6 ☐ Other *(Specify)*

68 **What languages do you speak fluently other than English?** *(Enter all that apply.)*

0 ☐ No other languages
1 ☐ Language #1
2 ☐ Language #2
3 ☐ Language #3

69 **Which best describes your current marital status?**

1 ☐ Now married
2 ☐ Widowed, divorced, or separated
3 ☐ Never married

70 **Describe the children/parents/dependents who either live at home with you or for whom you provide a significant amount of care.** *(Mark all that apply.)*

1 ☐ No children/parents/dependents at home
2 ☐ Child(ren) less than 6 years old at home
3 ☐ Child(ren) 6 to 18 years old at home
4 ☐ Other adults at home (i.e., parents or dependents)
5 ☐ Others living elsewhere (i.e., children, parents or dependents)

71 **What is your current, gross annual household income (pre-tax)?**

1 ☐ $15,000 or less
2 ☐ $15,001 to $25,000
3 ☐ $25,001 to $35,000
4 ☐ $35,001 to $50,000
5 ☐ $50,001 to $75,000
6 ☐ $75,001 to $100,000
7 ☐ $100,001 to $150,000
8 ☐ More than $150,000

Section H. Licensure Information

Answers to the following questions will be kept strictly confidential under Federal Law 42 USC 295k, section 792 of the U.S. Public Health Service (PHS) Act and will only be used to develop accurate estimates of the number of RNs in the country and in each State.

72 **Please provide the information on the State(s) in which you hold an active RN license. This information is critical to confirm that you are the individual we intended to complete the survey, not just someone with a similar name, and that you still hold an active license.**

	A	B	C	D
State of licensure	Permanent number on certificate of registration	What is the last name on the license?	What is the first name on the license?	What is the middle initial on the license?
1. ☐☐				
2. ☐☐				
3. ☐☐				
4. ☐☐				
5. ☐☐				

Section I. Contact Information/Comments

73 **If we need to contact you about any of your responses, please provide your e-mail address and telephone number, as well as the best time of day to reach you.**

E-mail address: _____

Telephone No.: (☐☐☐) ☐☐☐ - ☐☐☐☐

Area Code Telephone Number

☐ Home ☐ Work ☐ Cell

Time of day/week best to contact you by phone: _____

74 Do you have any recommendations for how this survey could be improved? Please print clearly.

Thank you! Please return this survey and any duplicate surveys in the enclosed postage-paid envelope.

Appendix 1

HD1112F **Commonwealth of Pennsylvania** **Code #: RN XXXXXX**

16. Current Employer(s)

	Location of site where employed			List the regularly scheduled and overtime hours worked in the **PAST TWO WEEKS**. Indicate whether your employer considers you a full-time or part-time employee. Check box if any overtime was mandatory (e.g., required by your employer to work beyond your regularly scheduled shift).				Direct Patient Care		Employment Sector (enter using codes in item 15)
	State- Enter two letter postal code	County – PA only – see codes below	Zip Code of site where employed	Regularly Scheduled Hours/2wk	Over-time Hours	FT	PT	Mandatory Overtime? (check if yes)	Yes	No	
Primary Job	☐☐	☐☐	☐☐☐☐☐	☐☐	☐☐	☐	☐	☐			
Second Job	☐☐	☐☐	☐☐☐☐☐	☐☐	☐☐	☐	☐	☐	☐	☐	☐☐

17. How satisfied are you with nursing as a career?

☐ Very dissatisfied ☐ Dissatisfied ☐ Somewhat satisfied ☐ Very satisfied

18. Would you encourage someone else to choose a career in nursing today? ☐ Yes ☐ No

19. How satisfied are you with your current primary job?

☐ Very dissatisfied ☐ Dissatisfied ☐ Somewhat satisfied ☐ Very satisfied

20. Please rate your current primary job on each of the following factors (*check **one** box in **each** row*). *If a factor does not apply to your current primary job, check "not applicable"*

RNs valued by administration	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Paperwork	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
RN participation in decisions	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Salary/Benefits	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Staffing levels	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Co-worker relationships	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Physician relationships	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Hours/Scheduling	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Supervisor	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Technology	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Emphasis on clinical excellence	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable
Career development opportunity	☐Excellent	☐Very Good	☐Fair	☐ Poor	☐ Not Applicable

21. How much longer do you plan to remain in nursing?

☐ 0 – 5 years ☐ 6 – 10 years ☐ 11 – 15 years ☐ 16+ years

22. If you plan to leave nursing in the next 0 - 5 years, indicate your primary reason below (***check only one***)

☐ Retirement ☐ Change careers ☐ Family reasons ☐ Financial reasons
☐ Stress/Burnout ☐ Return to school ☐ Physical demands ☐ Other

PENNSYLVANIA COUNTY CODES

01=Adams	11=Cambria	21=Cumberland	31=Huntingdon	41=Lycoming	51=Philadelphia	61=Venango
02=Allegheny	12=Cameron	22=Dauphin	32=Indiana	42=McKean	52=Pike	62=Warren
03=Armstrong	13=Carbon	23=Delaware	33=Jefferson	43=Mercer	53=Potter	63=Washington
04=Beaver	14=Centre	24=Elk	34=Juniata	44=Mifflin	54=Schuylkill	64=Wayne
05=Bedford	15=Chester	25=Erie	35=Lackawanna	45=Monroe	55=Snyder	65=Westmoreland
06=Berks	16=Clarion	26=Fayette	36=Lancaster	46=Montgomery	56=Somerset	66=Wyoming
07=Blair	17=Clearfield	27=Forest	37=Lawrence	47=Montour	57=Sullivan	67=York
08=Bradford	18=Clinton	28=Franklin	38=Lebanon	48=Northampton	58=Susquehanna	
09=Bucks	19=Columbia	29=Fulton	39=Lehigh	49=Northumberland	59=Tioga	
10=Butler	20=Crawford	30=Greene	40=Luzerne	50=Perry	60=Union	

APPENDIX C

Appendix 9

HD1112F

DEPARTMENT OF HEALTH

Commonwealth of Pennsylvania
Department of Health
Survey of Registered Nurses

Code #: RN XXXXXX

In order to gain a better understanding of the nurse workforce, the Department of Health, with the support of the Department of State, asks that you complete this brief survey. Individual information from this survey is confidential and will not be shared or distributed. The survey may be returned to the Department of State with your license renewal application or you may complete the survey electronically when renewing your license on-line, or later at: www.health.state.pa.us/HCSurvey . If you choose to complete this survey electronically, please enter the code found in the upper right corner of the survey form you received in the mail. This code will be used only to prevent duplicate responses. Your participation will assure that policymakers and legislators have accurate and timely information. To view nurse workforce reports, visit our website at www.health.state.pa.us and under "Quick Clicks" click on Health Care Workforce Reports. If you have any questions, contact the Department of Health at 717-772-5298. Thank you for your cooperation.

1. Year of Birth ☐☐☐☐ 2. Sex ☐ Male ☐ Female 3. Hispanic Origin ☐ Yes ☐ No

4. Race (*check one*) ☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐ Other

5. State of Residence (*enter two letter postal code*) ☐☐
County of Residence (*PA only – see codes on back of form*) ☐☐ Zip Code of Residence ☐☐☐☐☐

6. In what year did you graduate from your basic nursing education? ☐☐☐☐

7. Indicate your first RN Degree: Associate ☐ Diploma ☐ Bachelor ☐

8. In which state did you obtain your basic nursing education? (two letter postal code) ☐☐ Non-USA Graduate (check) ☐

9. In which state was your first RN license issued? (two letter postal code) ☐☐

10. In what year was your first RN license issued? ☐☐☐☐

11. Highest Educational Level Attained (*check one*)
☐ RN Associate Degree ☐ RN Hospital Based Diploma/Certificate ☐ RN Bachelor ☐ RN Master
☐ RN Doctorate ☐ Other Bachelor ☐ Other Master ☐ Other Doctorate

12. Specialty/Advanced Certification (*check one*)
☐ None ☐ CNM ☐ CRNA ☐ CRNP ☐ Clinical Specialist

Year Graduated ☐☐☐☐ State where advanced program was located (two letter postal code) ☐☐

13. Employment Status (*check one*)
☐ Employed in health care ☐ Employed in other than health care
☐ Unemployed, seeking health care employment ☐ Unemployed, not seeking health care employment
☐ Retired ☐ Student

Please answer items 14-22 only if currently employed in health care.

14. Type of position (*primary job only – check one*)
☐ Direct patient care ☐ Quality Assurance/Utilization Review
☐ Administration/Management ☐ Infection Control
☐ Researcher/Consultant ☐ Patient/In-service Education
☐ Nursing School Faculty – AD program ☐ Nursing School Faculty – Diploma program
☐ Nursing School Faculty – BS program ☐ Nursing School Faculty – LPN program
☐ Other

15. Employment sector (*primary job only – check one*)
☐ 01=Hospital ☐ 02=Nursing Home ☐ 03=Home Health Agency
☐ 04=Health Department ☐ 05=Physician/Dentist Office ☐ 06=Clinic
☐ 07=Public/Private School ☐ 08=Military/Federal ☐ 09=State Inpatient Facility
☐ 10=Community Agency ☐ 11=Professional School Faculty ☐ 12=Business/Industry
☐ 13=Consulting Firm ☐ 14=Pharmaceutical Sales ☐ 15=Insurance/HMO
☐ 16=Law Office ☐ 17=Independent Practice ☐ 18=Personnel Pool
☐ 19=Other

PLEASE COMPLETE THE REVERSE SIDE OF FORM

APPENDIX D

Working Home Health RN Informed Consent Form

You are invited to participate in this research study. The following information is provided in order to help you to make an informed decision on whether or not to participate. If you have any questions, please do not hesitate to ask. You are eligible to participate because you are an older home health home RN between the ages of 45 and 65.

The purpose of this study is to gain insight about older RNs' perceptions of working in home health care. You will be asked questions about your views of working as an RN in home health care. There are no risks to you by taking part in this study. You may find this experience enjoyable and the information may be helpful to you as you reflect on your home health RN experience. You may also find it valuable being part of a study about understanding older RNs better.

Your participation in this study is voluntary. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigator. Your decision will not result in any loss of benefits to which you are otherwise entitled. If you choose to participate, you may withdraw at any time by notifying the person administering the interview. Upon your request to withdraw, all information pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence. Your response will be considered only in combination with those from other participants. The data used in this study will not use names or other identifying information. The information obtained in the study may be published in scientific journals or presented at scientific meetings, but your identity will be kept strictly confidential.

The interview session will be taped. You have the right to ask the tape recorder to be turned off at any time. The interview will be approximately 60 minutes in length.
If you are willing to participate in this study, please sign the statement below.

Doctoral student: Therese Rossman
Department of Sociology
Administration and Leadership Studies
Indiana University of Pa.
Indiana, PA 15705-1089
814/886-2509

Dissertation Committee Chair: Dr. Kay Snyder
Department of Sociology
Room 102, McElhaney Hall
Indiana University of Pa.
Indiana, PA 15705-1089
724/357-3931

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730).

I have received an unsigned copy of this informed consent form to keep in my possession.

I have read the information outlined above and I give my permission to take part in this study.

_____ _____

Signature Date

WRNPage1

Questionnaire for Working Home Health RNs

Now that I have explained the study and reviewed the informed consent with you and you have signed the informed consent, please complete the following questionnaire. Feel free to ask me anything on which you may need clarification. If you do not feel comfortable answering a specific question on this questionnaire, please feel free to leave it blank. Please do not write your name on this form.

Please mark an "X" when appropriate or write a response in the box corresponding to your answer for each question.

1. What is your age? _____

2. What is your gender?
   A. ___ Female
   B. ___ Male

3. What is your racial background?
   A. ___ White
   B. ___ Black/African American
   C. ___ Other – PLEASE SPECIFY: _____

4. Which best describes your current marital status?
   A. ___ Married
   B. ___ Widowed, divorced, or separated
   C. ___ Never married

5. What is your current living arrangement? (MARK ALL THAT APPLY)
   A. ____ Live alone
   B. ____ Live with spouse/significant other
   C. ____ Child(ren) less than 6 years old live at home with me
   D. ____ Child(ren) 6 to 18 years old live at home with me
   E. ____ Other adults live at home with me (i.e., parents, dependents, etc.)

6. Is there anyone who either lives with you or lives elsewhere for whom you provide a significant amount of financial support? (MARK ALL THAT APPLY)
   A. ____ Spouse/Significant Other
   B. ____ Child(ren) less than 6 years old
   C. ____ Child(ren) 6 to 18 years old
   D. ____ Other adults (i.e., parents, dependents, etc)
   E. ____ No one lives with me or elsewhere for whom I provide a significant amount of financial support

7. Is there anyone who either lives with you or lives elsewhere for whom you provide a significant amount of care? (MARK ALL THAT APPLY)
   A. ____ Spouse/Significant Other
   B. ____ Child(ren) less than 6 years old
   C. ____ Child(ren) 6 to 18 years old
   D. ____ Other adults (i.e., parents, dependents, etc)
   E. ____ No one lives with me or elsewhere for whom I provide a significant amount care

8. Which initial educational program qualified you to sit for the RN licensure exam? (MARK ONE BOX)
   A. ____ Diploma
   B. ____ Associate Degree
   C. ____ Bachelor's Degree
   D. ____ Master's Degree

9. Did you earn any additional degrees (nursing or other) AFTER graduating from your initial registered nurse education that you described in question #7?
   A. ____ No
   B. ____ Yes, IF YES: Please specify the name of the degree(s): _____
   _____

10. Are you currently enrolled in school?
   A.____ No
   B.____ Yes, IF YES: Please specify the name of the degree you are pursuing:
   _____

11. Do you have any nursing specialty/health care (advanced) certifications?
   A. ____ No
   B. ____ Yes, IF YES: Please specify the name of the certification(s):

_____

12. Since receiving your first RN license, how many years have you worked in nursing?
   ____ years

13. How many years have you worked as a home health RN? ____ years

14. How long have you been employed by your current home health employer?
   ___ years ___ months

15. What is your current home health role?
   A. ___ direct patient care only
   B. ___ direct patient care with case management duties

16. What is your home health nursing work status?
    A.___ Full-time
    B.___ Part-time
    C.___ Per diem/PRN

17. On average, how many hours do you work at your home health job per day (not just scheduled work days)? _____

18. On average, how many hours do you work at your home health job per week? _____

19. What best describes the home health geographic area(s) in which you routinely work? (MARK ALL THAT APPLY)
    A. ___ Rural farm lands
    B. ___ Small or medium-sized towns
    C. ___ Urban
    D. ___ Other, PLEASE EXPLAIN _____

20. On average, how many miles do you drive during your home health work day? _____ miles

21. Besides your home health job, do you currently work as an RN in any other nursing employment?
    A. ___ No
    B. ___ Yes
    IF YES: Where and on average, how many hours per week?
    (MARK ALL THAT APPLY):
    1._____ hospital, IF YES: How many hours? _____
    2._____ skilled nursing facility, IF YES: How many hours? _____
    3._____ nursing education faculty, IF YES: How many hours? _____
    4._____ physician office, IF YES: How many hours? _____
    5._____ other (PLEASE SPECIFY): _____ and how many hours per week ?
    _____

22. Besides working in home health care, what are the other nursing settings you have worked in during your nursing career? (MARK ALL THAT APPLY)
    A. _____ hospital
    B. _____ skilled nursing facility
    C. _____ nursing education faculty
    D. _____ physician office
    E. _____ other – PLEASE SPECIFY: _____
    _____

23. Please estimate your current, gross annual earnings **(pre-tax)** from your home health job? _____ per year

24. What is your current, gross annual household income **(pre-tax)**?
    A. ____ $15,000 or less
    B. ____ $15,001 to $25,000
    C. ____ $25,001 through $35,000
    D. ____ $35,001 through $40,000
    E. ____ $40,001 through $50,000
    F. ____ $50,001 through $75,000
    G. ____ $75,001 through $100,000
    H. ____ $100,001 through $150,000
    I. ____ More than $150,000

APPENDIX E

Retired Home Health RN Informed Consent Form

You are invited to participate in this research study. The following information is provided in order to help you to make an informed decision on whether or not to participate. If you have any questions, please do not hesitate to ask. You are eligible to participate because you are an older RN who retired from a home health nursing position.

The purpose of this study is to gain insight about older RNs' perceptions of working in home health care. You will be asked questions about your views of working as an RN in home health care. There are no risks to you by taking part in this study. You may find this experience enjoyable and the information may be helpful to you as you reflect on your home health RN experience. You may also find it valuable being part of a study about understanding older RNs better.

Your participation in this study is voluntary. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigator. If you choose to participate, you may withdraw at any time by notifying the person administering the interview. Upon your request to withdraw, all information pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence. Your response will be considered only in combination with those from other participants. The data used in this study will not use names or other identifying information. The information obtained in the study may be published in scientific journals or presented at scientific meetings, but your identity will be kept strictly confidential.

The interview session will be taped. You have the right to ask the tape recorder to be turned off at any time. The interview will be approximately 60 minutes in length.
If you are willing to participate in this study, please sign the statement below.

Doctoral student: Therese Rossman
Department of Sociology
Administration and Leadership Studies
Indiana University of Pa.
Indiana, PA 15705-1089
814/886-2509

Dissertation Committee Chair: Dr. Kay Snyder
Department of Sociology
Room 102, McElhaney Hall
Indiana University of Pa.
Indiana, PA 15705-1089
724/357-3931

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730).

I have received an unsigned copy of this informed consent form to keep in my possession.

I have read the information outlined above and I give my permission to take part in this study.

_____ _____

Signature Date

Questionnaire for Retired Home Health RNs

Now that I have explained the study and reviewed the informed consent with you and you have signed the informed consent, please complete the following questionnaire. Feel free to ask me anything on which you may need clarification. If you do not feel comfortable answering a specific question on this questionnaire, please feel free to leave it blank. Please do not write your name on this form.

Please mark an "X" when appropriate or write in a response in the box corresponding to your answer for each question.

1. How long ago did you retire? _____ years _____ months

2. Are you currently working as an RN anywhere?
   A. ___ No
   B. ___ Yes, If YES: Where? _____
and
   How many hours per week? _____

3. What is your age? _____

4. What is your gender?
   A. ___ Female
   B. ___ Male

5. What is your racial background?
   A. ___ White
   B. ___ Black/African American
   C. ___ Other – PLEASE SPECIFY: _____

6. Which best describes your marital status at the time of your retirement?
   A. ___ Married
   B. ___ Widowed, divorced, or separated
   C. ___ Never married

7. Which best describes your current marital status?
   A. ___ Married
   B. ___ Widowed, divorced, or separated
   C. ___ Never married

8. When you were working as a home health RN, what was your living arrangement? (MARK ALL THAT APPLY)
   A. ____ Lived alone
   B. ____ Lived with spouse/significant Other
   C. ____ Child(ren) less than 6 years old lived at home with me
   D. ____ Child(ren) 6 to 18 years old lived at home with me
   E. ____ Other adults lived at home with me (i.e., parents, dependents, etc.)

9. When you were working as a home health RN, was there anyone who either lived with you or lived elsewhere for whom you provided a significant amount of financial support? (MARK ALL THAT APPLY)
   A. ____ Spouse/Significant Other
   B. ____ Child(ren) less than 6 years old
   C. ____ Child(ren) 6 to 18 years old
   D. ____ Other adults (i.e., parents, dependents, etc)
   E. ____ No one lived with me or elsewhere that I provided a significant amount of financial support

10. When you were working as a home health RN, was there anyone who either lived with you or lived elsewhere for whom you provided a significant amount of care? (MARK ALL THAT APPLY)
   A. ____ Spouse/Significant Other
   B. ____ Child(ren) less than 6 years old
   C. ____ Child(ren) 6 to 18 years old
   D. ____ Other adults (i.e., parents, dependents, etc)
   E. ____ No one lived with me or elsewhere that I provided a significant amount care

11. Which initial educational program qualified you to sit for the RN licensure exam? (MARK ONE BOX)
   A. ____ Diploma
   B. ____ Associate Degree
   C. ____ Bachelor's Degree
   D. ____ Master's Degree

12. Did you earn any additional degrees (nursing or other) AFTER graduating from your initial registered nurse education that you described in question #10?
   A. ____ No
   B. ____ Yes, IF YES: Please specify the name of the degree (s): _____
   _____

13. Do you have any nursing specialty/ health care (advanced) certifications?
   A. ____ No
   B. ____ Yes, IF YES: Please specify the name of the certification(s): _____

_____

14. Are you currently enrolled in school?
    A.____ No
    B.____ Yes, IF YES: Please specify the name of the degree you are pursuing:
    _____

15. Since receiving your first RN license, how many years had you worked in nursing?
    ____ years

16. How many years did you work as a home health RN? ___ years

17. How long were you employed by your past home health employer? ___ years ___ months

18. What was you home health role at the time of your retirement?
    A. ___ direct patient care only
    B. ___ direct patient care with case management duties

19. What was your home health nursing work status at the time of your retirement?
    A.___ Full-time
    B.___ Part-time
    C.___ Per diem/PRN

20. On average, how many hours were you working at your home health job per day (not just scheduled work days)? _____

21. On average, how many hours were you working at your home health job per week?
    _____

22. What best describes the home health geographic area(s) in which you routinely worked? (MARK ALL THAT APPLY)
    A. ___ Rural farm lands
    B. ___ Small or medium-sized towns
    C. ___ Urban
    D. ___ Other, PLEASE EXPLAIN _____

23. On average, how many miles did you drive during your home health work day? _____ miles

24. Before you retired from your home health care job, were you working as an RN in any other nursing employment?

A. ___ No

B. ___ Yes, IF YES: Where and on average, how many hours per week? (MARK ALL THAT APPLY)

1._____ hospital, IF YES: How many hours? _____

2._____ skilled nursing facility, IF YES: How many hours? _____

3._____ nursing education faculty, IF YES: How many hours? _____

4._____ physician office, IF YES: How many hours? _____

5._____ other (PLEASE SPECIFY): _____

IF YES: How many hours per week ? _____

25. Besides home health nursing, what are the other nursing settings you have worked in during your nursing career? (PLEASE MARK ALL THAT APPLY)

A. _____ hospital

B. _____ skilled nursing facility

C. _____ nursing education faculty

D. _____ physician office

E. _____ other – PLEASE SPECIFY:

_____

_____

26. In the last year before you retired, please estimate your gross annual earnings **(pre-tax)** from your past home health job? _____ per year

27. In the last year before you retired, what was your gross annual <u>household</u> income **(pre-tax)**?

A. ____ $15,000 or less

B. ____ $15,001 to $25,000

C. ____ $25,001 through $35,000

D. ____ $35,001 through $40,000

E. ____ $40,001 through $50,000

F. ____ $50,001 through $75,000

G. ____ $75,001 through $100,000

H. ____ $100,001 through $150,000

I. ____ More than $150,000

28. What is your current, gross annual household income **(pre-tax)**?

A. ____ $15,000 or less
B. ____ $15,001 to $25,000
C. ____ $25,001 through $35,000
D. ____ $35,001 through $40,000
E. ____ $40,001 through $50,000
F. ____ $50,001 through $75,000
G. ____ $75,001 through $100,000
H. ____ $100,001 through $150,000
I. ____ More than $150,000

APPENDIX F

Interview Guide for Working Home Health RNs

Now that you have completed the questionnaire, are you ready to begin the interview? I will now turn on the tape recorder; please inform me at any time if you would like me to turn off the tape recorder or stop the interview. Please feel free to inform me of any question(s) you do not feel comfortable answering.

Let's get started with the interview:

1. I would like you to think about your work as a home health care nurse. Could you describe for me what a typical day on the job is like for you?
2. Could you tell me about three positive work-related experiences you've had in the last six
   months?
3. Could you tell me about three negative work-related experiences you've had in the last six
   months?
4. What do you see as the rewards of this type of work?
   - PROBES FOR QUESTION #4 - If the RN only answers one, I will ask again if they can think of any other rewards. If the RN asks for an example of a reward, I can reference this list: Schedule, personal reward, one-on-one interactions with patients, salary/benefits, co-worker relationships, work environments, technology, work recognition, career development.
5. What do you see as the challenges of working as a home health care nurse?
   - PROBES FOR QUESTION #5 - If the RN only answers one, I will ask again if any other challenges. If the RN asks for an example of a challenge, I can reference this list: Paperwork, lack of communication, physical demands of the job, schedule, salary/benefits, co-worker relationships, physician relationships, work environments, supervisor, technology, burnout.
6. Now, I would like you to think a minute about when you are at home getting ready to go to work as a home health RN. Are there any particular things you often think about or particular feelings you often experience at that time?
7. Now let's look at the hour or two after you get off work as a home health RN. Are there any particular things you often think about or particular feelings you often experience at that time?
8. Have you given any thought to how much longer you plan to stay working as a home health care nurse? If so, do you mind sharing your thoughts on this?
   - PROBE FOR WHY THE RN CHOSE A SPECIFIC TIMELINE IF NOT SHARED.
9. Do you think being a home health care nurse will be the last job before you retire, or do you anticipate one day to leave home health care for another line of work?
   - PROBES FOR QUESTION #9 IF NOT DISCUSSED: (follow-up questions will address whether the individual plans to stay working as an RN in another setting or leaving RN work for another field entirely).

Interview Guide for Working Home Health RNs Cont'

10. What sorts of thoughts and feelings do you have when you reflect upon these future plans?
11. Are there any changes in the home health care work environment that would encourage you or others to work as a home health care nurse longer than planned?
    a. IF YES: Do you mind sharing them?
12. Can you think of any benefits/advantages of older RNs working longer?
    a. IF YES: Would you like to explain them to me?
    b. IF NO: Why you feel this way?
13. Is there anything else you would like to tell me about your RN home health experience that we did not discuss?

APPENDIX G

Interview Guide for Retired Home Health RNs

Now that you have completed the questionnaire, are you ready to begin the interview? I will now turn on the tape recorder; please inform me at any time if you would like me to turn off the tape recorder or to stop the interview. Please feel free to inform me of any question(s) you do not feel comfortable answering.

Let's get started with the interview:

1. Do you mind sharing why you retired from home health nursing?
2. Do you have any regrets about retiring? If yes, do you mind explaining why?
3. I would like you to think back about your work as a home health care nurse. Could you describe for me what a typical day on the job was like for you?
4. In the last 6 months that you worked as a home health care nurse, could you tell me about three positive work-related experiences you had?
5. In the last 6 months that you worked as a home health care nurse, could you tell me about three negative work-related experiences you had?
6. What do you see as the rewards of working as a home health nurse?
    1. PROBES FOR QUESTION #6 IF the RN only answers one: I will ask again if any other rewards. If the RN asks for an example of a reward, I can reference this list: Schedule, personal reward, one-on-one interactions with patients, salary/benefits, co-worker relationships, work environments, technology, work recognition, career development.
7. What do you see as the challenges of working as a home health care nurse?
    2. PROBES FOR QUESTION #7 IF the RN only answers one: I will ask again if any other challenges. If the RN asks for an example of a challenge, I can reference this list: Paperwork, lack of communication, physical demands of the job, schedule, salary/benefits, co-worker relationships, physician relationships, work environments, supervisor, technology, burnout.
8. Now, I would like you to think a minute about when you were at home getting ready to go to work as a home health RN. Are there any particular things you often thought about or particular feelings you often experienced at that time?
9. Now let's look back at the hour or two after you got off work as a home health RN. Are there any particular things you often thought about or particular feelings you often experienced at that time?
10. Are you working currently as an RN?
    a. IF YES: Do you mind sharing where and why you decided to go back to work in this nursing setting?
    b. IF NO: Have you given any thought about returning to nursing work? If so, do you mind sharing your thoughts on this?
    - PROBES FOR QUESTION #10 – If needed, follow-up questions will address whether the individual plans to return as a home health care RN, another nursing setting, or work outside the nursing profession?
11. What sorts of thoughts and feelings do you have when you reflect upon these future plans?

Interview Guide for Retired Home Health RNs Cont'

12. Are there any changes in the home health care work environment that would encourage you (or would have encouraged you) to work as a home health care nurse longer?
    a. IF YES: Do you mind sharing them?
13. Can you think of any benefits/advantages of older RNs working longer?
    a. IF YES: Would you like to explain them to me?
    b. IF NO: Why you feel this way?
14. What do you miss about working as an RN?
15. What do you NOT miss about working as an RN?
16. Is there anything else you would like to tell me about your RN home health experience that we did not discuss?

APPENDIX H

Qualitative Data

Interviewee coding system:

Code ID includes what type of agency they worked at, their age, and the interview number.

Four groups of RNs interviewed:
Hospital –Based (HB) = 1
VNA = 2
Non – Hospital Based (NHB) = 3
Retired = 4

First number = Retired
Second number = age of the RN
Third number = number of the interview (first interviewee of the retired group)
For example, A retired RN, age 49 from a HB agency who was the first interview in the category of retired is 44911

Other 3 categories:
Example HB
First number = type of agency
Second number = the age of the RN
Third number = number of the interview (first interviewee of this group)
For example, a RN from a Hospital Based agency, age 56 is 1561

Example VNA
First number = type of agency
Second number = the age of the RN
Third number = number of the interview (first interviewee of this group)
For example, a RN from a VNA agency, age 56 is 2561

Example NHB
First number = type of agency
Second number = the age of the RN
Third number = number of the interview (first interviewee of this group)
For example, a RN from a Non-Hospital Based agency, age 56 is 3561

APPENDIX I
Older Home Health RNs' Work Perceptions
Coding Categories for Qualitative Data Analysis
2/26/11 (revised = italics)

1 = Stressors Related to Working as an Home Health RN

11 = Stressors related to specific patients and/or family situations

111 = Higher acuity of some patients

112 = IV and blood draws on some patients with difficult veins

113 = Demanding or angry patients and/or families (e.g., more patient/family complaints than in the past)

114 = Noncompliant patients and/or families (e.g., *poor cognitive level of pts. and/or families;* patient ends up in the hospital)

115 = Complex social patient and/or family situations that the RN becomes involved in *(e.g., economically very poor**;** questionable illegal activities in a patient's home)*

116 = *Anxious when not seeing own patients*

117 = *Never left alone by patients (e.g., called at home; stalked by a patient)*

118 = Had a needle stick from a patient

119 = Scheduling home health visits can be challenging (e.g., patient has other conflicting appointments)

12 = Stressors related to work day

121 = Feeling overwhelmed with heavy work days (e.g., worried will forget something)

122 = Productivity expectations of the organization (e.g., volume of visits in a day and/or a **"**resumption of care" taking even more time than an admission and not given the appropriate productivity credit)

123 = Multiple changes by the organization with daily work schedule (e.g., day is unpredictable, "*out of control", and last minute changes)*

124 = *Need to be an independent thinker because working alone (e.g., some RNs come from the hospital and do not like working independently)*

125 = Feel need to hurry patients in order to get your work day done

126 = Feel totally responsible for the patient's care from admission to discharge

127 = If have a student or functioning as a preceptor to new staff adds to the length of your work day

128 = Feeling rushed if have to get blood work back to the courier

13 = Stressors related to other work time

131 = *Working long hours* (e.g., work day never ends and worry if missed something)

132 *= Worried about blood work results at end of day (e.g., called to the physician)*

133 = Excessive preparation time for your work day (e.g., calling patients to set up time for visit, listening to voice mail, *schedule blood work,* etc.)

134 = *When home need* to finish paper or computer work (e.g.,"homework")

135 = On-call hours (uncertainty where going, tired from working long hours, and complex patients sent home after hours)

136 = *Weekend work is challenging (e.g.,* excessive admissions on the weekend

take a lot of time)

137 = *Working long stretches is difficult*

138 = *Worried about calling patients to check on them*

14 = Stressors related to other family responsibilities

141 *= Worried about family when working*

142 *= Never had a home life of your own*

143 *= When working on a weekend and/or holiday takes away from family or social events*

144 *= When finishing work at home in evening feel anxiety and/or guilty time away from family*

145 = *If work extra to help due to poor staffing, feel guilty not at home with family or doing other responsibilities*

15 = Stressors related to some physicians

151 = Interaction with difficult physicians

152 = Waiting for an answer back about a patient from a physician or difficulty contacting a physician

153 = A lot of responsibility building good relationships with physicians and their staff

16 = Stressors related to technology

161 = Use of computers *for clinical documentation*

162 = Change in computer *documentation* systems

163 *= Feels computer clinical documentation system is inefficient (e.g., "redundant")*

164 *= "making do" until medical equipment arrives in the home*

165 = Unfamiliar medical equipment (e.g., new and constantly changing)

166 = *Issues related to using the agency computer at home (e.g., no high speed internet)*

17 = Stressors related to the Specific Organization

171 = Need to decrease the turnover of RNs (e.g., constantly teaching and orienting new staff)

172 = Hate the office politics

173 = Remembering constantly that I represent an agency (e.g., image, customer service, etc.)

174 *= Different philosophies of agencies*

175 *= Observing unethical behavior of an agency*

176 = *Agency constantly looking at financial "bottom line"*

177 = *When working casual too much lost time between scheduled home health visits*

2 = Environmental Factors Related to Working as an Older Home Health RN

21 = Positive environmental factors:

211 *= Enjoy the traveling*

212 = Experiencing different places

213 = Able to enjoy the outdoors

214 = Not confined in a building for the work day

22 = Negative environmental factors related to traveling

221 = *Excessive traveling time* (e.g., working in a rural area; *in vehicle too much*)

222 = Traveling in bad weather

223 = Traveling when a lot of construction is present
224 = *Traveling in high traffic areas*
225 = Poor parking availability

23 = Negative environmental factors related to particular patients
231 = Poor living conditions of a patient (e.g., unclean and/or increased heat)
232 = Unpredictable animals in a patient's homes or lose on the patient's property
233 = Unstable home environment compared to a structured hospital environment *(e.g.,unpredictability of the visit)*
***234** = Finding a patient's home*

3 = Positive Intrinsic Factors Related to Working as an Older Home Health RN

31 = Positive intrinsic factors related to self
311 = Personal identification (i.e.,"made me who I am")
312 = Increased compassion for people
313 = Feeling of independence
314 = Pride, respect and reputation gained (e.g., asked for by name)
315 = Building of organizational skills *(e.g., time management skills)*
316 = Self reward and satisfying opportunities (e.g., feel good accomplished something and made a difference in the patient's life)
317 = Feeling of appreciation (e.g., day to day thank you's)
318 = Self confidence building
319 = Life learning opportunities

32 = Intrinsic factors related to patients and/or families
321 = Emotional attachment to the patient and families *(e.g., "love my patients"; becoming part of their family))*
322 = The way patients trust you (e.g., allow you to enter their home)
323 = Experience patients getting better (e.g., wound healed)
324 = *Experience patients not getting better, but being there for the patient and family (e.g., transfer to Hospice)*
325 = Positive experience teaching patients (e.g., taking care of themselves and/or keeping them in their home; *one on one teaching*)

33 = Good rapport with the agency administration

4. Negative Intrinsic Factors Related to Working as an Older Home Health RN
41 = Emotional burnout of the job
42 = "Virtual office" now; no relationships with coworkers compared to the past
***43** = Discussed personal health issues*
***44** = Feeling extra time doing paperwork or computer work is not appreciated by the agency*

5 = Economic Incentives or Opportunities of the Older Home Health RN

51 = Economic incentives and opportunities related to work
511 = Job with adequate pay
512 = Good benefits including health insurance
513 = PRN RN salary should be increased
***514** = Extra income when raising a family*

52 = Economic incentives and opportunities related to retiring
521 = If work longer, pay more into Social Security

522 = If stay working, gives the RN a good personal income
523 = Plans to retire depends on husband's situation with the availability of health insurance
524 = Plan to retire depends on children being out of college *or other extended education* (financial support)
525 = RNs feel the time to retire depends on health coverage availability or qualifying for Medicare (worry about the cost of health care; *especially if single)*

6 = Other Benefits of the Job Working as an Older Home Health RN
61 = Benefits of the job related to flexibility of work hours
611 = Increased flexibility of the job hours *and schedule*
612 = Good job to raise a family (e.g., home health RNs can change work hours when children are in school; *go home for lunch*)
613 = Work at own pace
62 = Benefits of the job related to social relationships with others
621 = Met a lot of different people (e.g., heard their stories)
622 = Build relationships with coworkers and physicians (e.g., enjoy the people I work with)
633 = Closeness of the long term nurses that work together
63 = Benefits of the job professionally related to increasing clinical nursing competency
64 = Benefits related to being able to teach patients and/or families more than when the RN worked in the hospital
65 = Benefits of the job physically and mentally
651 = If an older RN stays working longer, it is good to stay active both physically and mentally
652 = Less physical work compared to hospital work
653 = *Increase enjoyment working in home health care (e.g., career of a lifetime; "exciting job")*
654 = *Less stressful than hospital work*
66 = Benefits related to attending professional conferences
67 = Feels using the computer makes job easier
68 = Working for an agency with a good reputation
69 = Able to communicate home situation to physician

7 = External Challenges Related to Working as an Older Home Health RN
71 = External challenges related to regulations
711 = Increased regulations
712 = Constantly changing regulations
713=Abundant paperwork and computer work (e.g., multiple page OASIS assessment)
714 = Paperwork/computer work time takes away from patient care
715 = Remembering to document everything that is needed to meet regulation guidelines
716 = *Even though on computer, still paperwork to do*
72 = External challenges related to insurances
721 = *Too much time spent working with insurance companies*

722 = Managed care insurances not approving requested home health visits
723 = Insurance company insists on "negative" patient documentation
73 = External challenges related to limited community resources

8 = Perceptions of Older Home Health RNs about Younger Home Health RNs
81 = Negative Perceptions of older home health RNs about younger home health RNs
811 = Older RNs have more knowledge and clinical expertise (e.g., assessment and critical thinking skills)
812 = Older RNs have more experience and are good resources for younger home health RNs
813 = Older RNs are more tolerant (*e.g., with patients and with home health paperwork)*
814 = Older RNs are more caring
815 = Older RNs have different work ethic (e.g., more dedicated to their job)
816 = Older RNs feel younger home health RNs move from one job to another more often (e.g., younger RNs will leave if they do not get their way)
817 = Older home health RNs relate better to the patients because they see themselves getting older and possibly needing help
818 = Older home health RNs feel younger RNs came into nursing for the wrong reason (e.g., financial benefit and not because they wanted to take care of patients)
819 = Older home health RNs feel younger nurses do not really listen to their patients and go "by the book" only
82 = Positive Perceptions of older home health RNs about younger home health RNs
821 = Some younger home health RNs are very good and older home health RNs can learn from them
822 = Younger home health RNs appear to do better with technological changes
823 = *Older RNs want to help the younger nurses change their attitude, feeling they are a victim of society*
824 = *Older RNs want to help and teach younger RNs*

9 = Factors Related to the Older Home Health Retiring
91 = Plan to stay working as long as possible depending on health status and/or physical changes due to aging
92 = Plan to first decrease status to part time (e.g., when financially able)
93 = Plan to retire at age 65 (e.g., "it is time" *or now qualify for Medicare)*)
94 = Plan to retire at age *61 or* 62 depending on financial ability
95 = Realize will miss the patients when retired
96 = Plan to volunteer at varying settings on retirement
97 = Retired due to other responsibilities
98 = Retired due to unethical behavior and lack of professionalism
99 = Like the independence to schedule *family and/or* social events (e.g., work no longer interferes)

10 = Suggestions for the Older Home Health RN working long
101 = If stay working, help with the current and projected nursing shortage

102 = More flexibility in work schedule including working shorter stretches and/or shorter days
103 = No on-call or weekend work
104 = Not being expected to work and drive in bad weather (*e.g., winter months)*
105 = Less driving (e.g., assign all day in an assisted living facility)
106 = No need to use a computer system or use one that is easy to understand
107 = Less paper and/or computer work expectation *or more time to get it done*
108 = No carrying of heavy equipment (e.g., nursing bags, etc.) or increase physical work
109 = *Assurance of high quality and good standards of care*