

# RETIRING into NURSING



By R. Joe Campbell

**A**t fifty-five years old, I'm an official, AARP card-carrying constituent of that much-discussed, much-touted, cohort called the Baby Boomers. I'm also a nursing student—a second level associate degree student at Northwestern State University College of Nursing in Shreveport, Louisiana. Shouldn't a person my age be getting ready for retirement instead of preparing for a second career—especially in a formidable pursuit such as nursing?



Joe Campbell and fellow nursing student, Jennifer L. Phelan, during a first check-off clinical exercise.

Maybe. Maybe not. Boomers can be pretty unpredictable, and they have sparked a deluge of public discussions on how health care, the economy, and nursing education will handle their impending retirement.

But then again, nursing *is* my retirement. A couple of years ago, I retired from ownership of a business management company. Instead of trying to maintain a meaningful relationship with a golf ball over the next 40 or so years, I decided to eschew the links and reinvent myself.

I'm not alone. For many in my generation, retirement is more than a gold watch at the age of 65 and an indeterminate number of years of puttering around the house. It's a time of reinvention. It's a time to fulfill some dreams or ambitions that somehow got set aside. Maybe you've read or heard some of today's

life-after-retirement stories: investment bankers opening diners, corporate attorneys running bed and breakfasts, business executives operating organic farms. If you haven't been exposed to any of these tales of reinvention, I suggest you read an issue of *AARP The Magazine* at the library. You might find it enlightening. But I can illustrate my point by using an example that's closer to home—at least closer to my home.

Dan, Gary, and I have been close friends for roughly 25 years. The three of us are the same age, enjoy similar pastimes, and owned our own businesses. As we approached middle age, we noticed that many of our conversations would invariably touch on topics that seemed to come out of left field—topics like stress and weight management therapies, satellite radio channels that played “our kind

of music,” and the benefits of owning a motor home. We began calling these sessions “Boomers Anonymous” because, although we never outwardly subscribed to the hype and hyperbole of the Boomer designation, we were exhibiting all of the signs and symptoms. These sessions also served a bigger purpose. They revealed the idealism, passions, and dreams that had been lying dormant since our younger days. And they opened our eyes to the fact that retirement could allow each of us to act on these unfulfilled wish lists. So we did. Dan retired first, leaving his marketing business to pursue a career in writing. Gary is in the process of transitioning from graphic design studio owner to mountain search and rescue instructor. And I’m studying to be a registered nurse.

Obviously, reinvention isn’t limited to Dan, Gary, and me. Frankly, I would hesitate to hazard a guess as to how many retired boomers have moved or are moving into a totally different profession or line of work. Thousands? Tens of thousands? More? Less? I don’t know, but, anecdotally, the number appears to be high. So this poses the big question: Why? Why retire just to continue to work? Why not take the traditional route and take it easy—golf, travel, fish, play with the grandkids?

To these questions, I can only offer a personal perspective. My son had a couple of suggestions. The first was that I was simply experiencing a mid-life crisis and that, instead of going back to school, I should just buy the sports car and get it over with. The second suggestion, however, was more poignant: maybe I was afraid of growing old. That suggestion has some merit. In my parents’ and grandparents’ generations, for example, retirees were predominantly viewed as no longer productive to society. Retirement was simply a time to prepare to die. With that scenario, you bet I’d be afraid of growing old.

However, with all due respect to my son, my pursuit of another career



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has nothing to do with age (or a mid-life crisis). For me, retirement was an opportunity for another phase in life: to learn something totally new. I am a firm believer in creating roles—not waiting for an appropriate role to come along. I also believe in being productive—not simply doing something to wile away the hours. In retirement, I am continuing to establish paths that will enrich my life as well as broaden my contributions to my fellow human beings.

Furthermore, a trait that I share with Dan and Gary is a fear of complacency. To be complacent is to be stagnant. In business, stagnation means a failure to thrive. The same holds true in personal life. I don’t wish to ever grow complacent or simply happy with the status quo. To do so will have meant that I have lost my competitive spirit, my desire to excel, and my natural curiosity. I will have lost my sense of adventure, my desire for new opportunities and experiences,

my “edge.” Should complacency ever occur, I would undoubtedly grow mentally and emotionally old.

While I do not fear growing old, I do respect the aging process. At 55, I am probably one of the oldest students at this college of nursing. And let’s face it, nursing school is not for the meek or timid; in many respects it can be a challenge of endurance, discipline, and dedication.

Frankly, I’ve probably had to invest more time in study than I would have in most other fields. So, why nursing? Because this profession is more about giving than about taking. I also see nursing as an ideal field of opportunity for others of my generation. It requires intelligence, but it also relies on wisdom which is a commodity usually gained through maturity. There’s a lot to be said for life experience. It gives you a better understanding of who you are and where you want to be. It can mature

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# BOOMER BRIEF

## A Perspective in Numbers

**P**eter Buerhaus is a leading scholar on the aging RN workforce, the employment and earnings of nurses, quality of care, and a range of other related topics. He is the Valere Potter Professor of Nursing and Director of the Center for Interdisciplinary Health Workforce Studies, Institute for Medicine and Public Health at Vanderbilt University Medical Center, Nashville, TN.

Recent research by Dr. Buerhaus and his colleagues (Auerbach, Buerhaus, Staiger, 2007) found that nursing faces a shortage of about 340,000 by 2020 rather than the 800,000 initially predicated. Dr. Buerhaus indicated that while this is a definite improvement, he said in a recent interview with *Imprint*, "It's like saying that instead of having a Category 5 hurricane hit us, it's going to be a Category 3."

The two main reasons that the numbers have shown improvement is that there has been an increase in the

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number of women who were born in the mid to late 1970s who have become RNs, and an increase in the number of people who are in their 20s who have entered nursing.

There has also been an improvement in the workplace environment for nurses. In early 2000, greater focus shifted to the workforce: hospitals started to take more responsibility for how their workers felt. Earnings have increased in the last three to five years and there is less mandatory and more voluntary overtime, among other factors that his research indicates. Also, nurses are more likely to recommend nursing to others now than in the past. According to Dr. Buerhaus 36 percent of RNs in the 2002 national random sample indicated that they would recommend nursing to others, whereas in 2006, 56 percent were likely to recommend the profession.

Of course, in spite of greater numbers in the profession, nursing's greatest shortage challenge remains the retirement of the large number of Baby Boomer RNs. Buerhaus calls it the "crux of the issue" as the RN population is reaching retirement age even as the demand for health care is increasing. In fact, by 2010, the first of 80 million boomers will begin turning 65; those over this age, on average, spend three to five times more on health care than when they were younger.

According to Buerhaus, the "critical bottleneck" in easing the shortage is the shortage of nursing faculty and the classroom space needed to accommodate all those interested in becoming a RN; while interest in nursing has grown, nursing schools are still turning thousands of qualified applicants away. "The most important single effort," said Buerhaus, "must be a rapid and decisive move to increase capacity and get these people into nursing school. It's cruel when there's a great interest, and there aren't enough faculty; particularly, when at one point, it was a real challenge to overcome a lack of interest in the field."

Other solutions to alleviating the nursing shortage include retaining baby boomer nurses in the workforce. Successful retention of older nurses often requires flexible shifts, cluster patient assignments, and stress-reduction training to minimize physical impact. Career-changers who decide to pursue nursing are more likely to do so in their mid-30s rather than when they're retiring so they're not likely to produce a significant change in the shortage – though perhaps Baby Boomers like Joe Campbell (see "Retiring into Nursing" in this issue) will continue to buck that trend.

Older nurses have experience that ultimately benefits patients; however, delaying the onset of the shortage does not prevent it. Continuing improvement of work environments to retain existing nurses, retention practices, and initiatives to increase capacity of nursing schools, are crucial to alleviating and solving the nursing shortage.

### references

Auerbach, D., Buerhaus, P., Staiger, D. (2007). Better Late than never: Workforce supply implication of later entry into nursing. *Health Affairs*, 26(1), 178-185.

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you so that you'll be able to study smarter and comprehend faster. (Truthfully, I don't know if I could have made it through nursing school when I went to college in my teens and early-twenties. I didn't have the discipline and the drive then to maintain the standards that are expected of you.) Most of all, life experience gives you the determination to succeed regardless of what difficulties are placed before you. And while bedside nursing does take physical dexterity, stamina, and a certain amount of strength, the profession is in desperate need of teachers, administrators, and leaders in roles which are somewhat less physically demanding that many boomers are well equipped to handle. For the Boomer generation, nursing can be a perfect fit.

Nursing is a perfect fit for this Boomer who didn't even know how to read a thermometer before nursing school. Let me tell you, I'm having a ball. Right now I'm in the ASN program, but I'm taking BSN classes as well. To help with my proficiencies, I'm also a Student Nurse Technician at our local Veterans Affairs hospital. Once I get my RN license, I intend to complete my BSN, and then attain my MSN so that I can teach. Of course, after a few years of teaching it will be time for me to contemplate retirement again.... or time for another reinvention. ☺