



A RESEARCH REPORT BY THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT (SHRM)

Preparing for an Aging Workforce

HEALTH CARE AND SOCIAL ASSISTANCE INDUSTRY REPORT



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ALFRED P. SLOAN
FOUNDATION

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Founded in 1948, the Society for Human Resource Management (SHRM) is the world's largest HR membership organization devoted to human resource management. Representing more than 275,000 members in over 160 countries, the Society is the leading provider of resources to serve the needs of HR professionals and advance the professional practice of human resource management. SHRM has more than 575 affiliated chapters within the United States and subsidiary offices in China, India and United Arab Emirates. Visit us at shrm.org. For more information about the SHRM/SHRM Foundation Older Workers initiative, visit www.shrm.org/surveys and www.shrmfoundation.org.



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About This Research Report

SHRM and the SHRM Foundation have launched a national initiative to highlight the value of older workers and to identify—through original research—best practices for employing an aging workforce. This three-year initiative is generously underwritten by a grant from the Alfred P. Sloan Foundation.

The overall purpose of this research is to:

- Investigate the current demographics of organizations and their views on how the demographic breakdown of their workforces is likely to change in the future in both their organizations and their industries.
- Determine what, if any, actions organizations are taking to prepare for an aging workforce, including recruiting and retention strategies to specifically target older workers.
- Identify the skills and experience HR professionals value in older workers.

Definition

For the purpose of this survey, “older workers” were defined as employees 55 years of age or older.

The Aging Workforce and the U.S. Health Care and Social Assistance Industry

Across industries, the U.S. workforce is getting older. According to the U.S. Bureau of Labor Statistics (BLS), by 2016 one-third of the U.S. labor force will be in the 50-plus age category, compared with 27% in 2007. The percentage of retired Baby Boomers has nearly doubled since 2010, when the U.S. Census Bureau found that only 10% of Baby Boomers were retired. Although this demographic shift will influence workplaces everywhere, each industry will be affected by this change in different ways, driven by current demographics, education trends and industry growth.

The BLS classifies the health care and social assistance sector as comprising “establishments providing health care and social assistance for individuals.” The sector includes both health care and social assistance because it is sometimes difficult to distinguish between the boundaries of these two activities. The services provided by establishments in this sector are delivered by trained professionals.

The BLS projects that the health care and social assistance sector will grow from almost 13.6 million jobs in 2002 to almost 22 million jobs in 2022 with an annual growth rate of 2.6% between 2012 and 2022. This makes it one of the industries projected to grow the most during that time frame.¹

According to the BLS, workers in health care and social assistance had about the same tenure when compared with

all other industries, with a median tenure of 4.4 years in January 2014 compared with 4.6 years overall.² In addition, the median age of workers the BLS classifies as belonging to the health and social assistance sector, 43.2, is very close to the median age of industries overall (42.4 years old).³ These economic and demographic factors are likely to influence the way the health care and social assistance industry responds to the challenges and opportunities of an aging workforce.

As part of the SHRM and the SHRM Foundation three-year initiative supported by a grant from the Alfred P. Sloan Foundation, SHRM Research conducted a survey of HR professionals to learn more about how different industries are preparing for an aging workforce. The survey examined the current demographics of industries and organizations as well as respondents’ views on how the demographic breakdown of their workforce is likely to change in the future. The survey was organized into three parts:

- The State of Older Workers in U.S. Organizations.
- Recruitment and Retention of Older Workers.
- Basic and Applied Skills of Older Workers.

This report is an overview of the survey findings on the health care and social assistance industry compared with all other industries.

The State of Older Workers in the U.S. Health Care and Social Assistance Industry

Key Findings

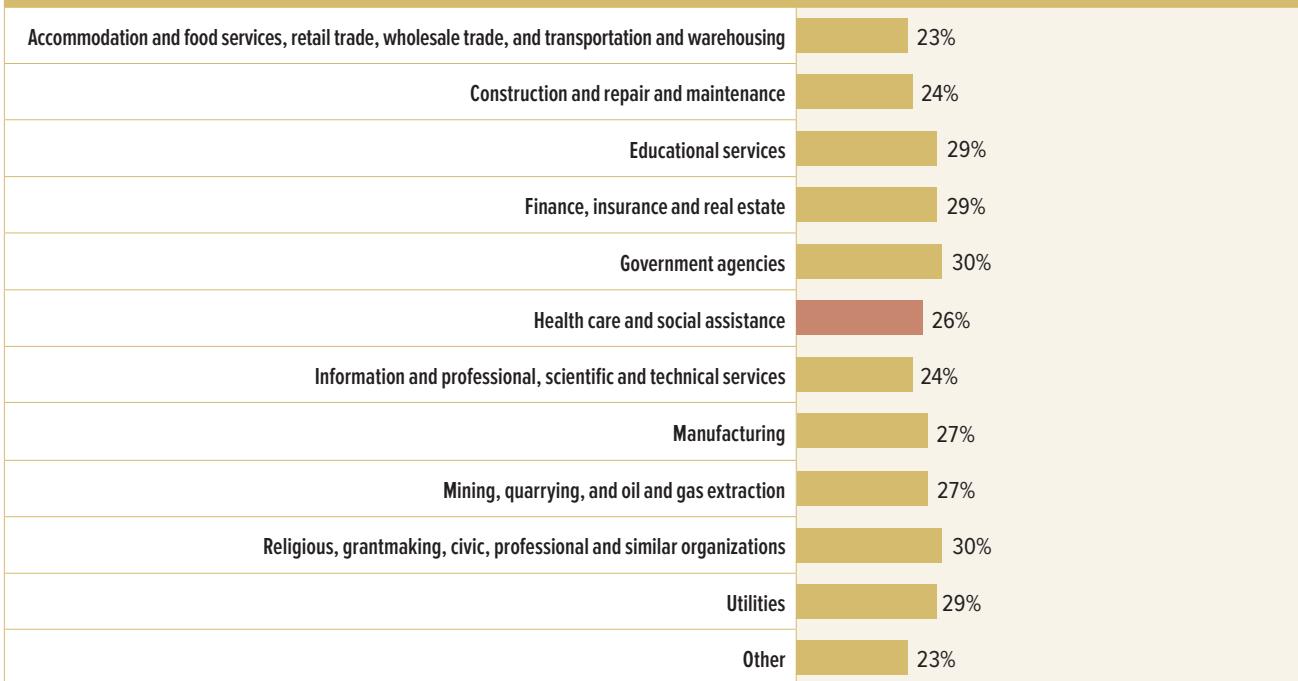
- What percentage of workers in the health care and social assistance industry are age 55 and older?** Responding health care and social assistance firms reported that 26% of their workforce was age 55 and older.
- Are health care and social assistance organizations preparing for an aging workforce?** Similar to other industries, 38% of HR professionals in health care and social assistance said they were just beginning to examine internal policies and practices to prepare for the aging workforce. Eighteen percent said they were just becoming aware of this potential change, and another 18% said they had examined their internal policies and practices and determined that no changes were necessary.
- Do HR professionals in the health care and social assistance sector see the aging workforce as a potential problem for their industry?** Very few HR professionals in the health care and social assistance industry believed the impact of the potential loss of talent due to retirement of workers was considered an immediate crisis for their industry (3% in the next one to two years and 6% in the next three to five years). However, looking further out, more health care and social assistance HR professionals foresaw the aging workforce as a problem for their industry (33% considered it a problem and 13% considered it a crisis in the next 11 to 20 years).
- Are health care and social assistance firms taking any steps in response to an aging workforce?** Twenty-eight percent of HR professionals from health care and social assistance firms said their organizations had analyzed the impact of workers age 55 and older leaving in the next one to two years compared with their counterparts in other industries. Whereas almost one-half (48%) of health care and social assistance firms had identified future workforce needs in this time frame, this percentage was significantly lower than other industries (48% versus 58% in other industries).

The first part of the Preparing for an Aging Workforce Survey explored the proportion of older workers in various industries, how aware HR professionals in these industries are of the impending demographic shift toward an older workforce and what, if any, actions organizations are taking to prepare for this shift.

Proportion of Workers Age 55 and Older in the Health Care and Social Assistance Industry

HR professionals in the health care and social assistance sector reported that 26% of their workforce fell into the older worker category, similar to many other industries (see Figure 1).

FIGURE 1 | Percentage of Older Workers, by Industry



Note: Except for the “Other” group, the accommodation and food services, retail trade, wholesale trade, and transportation and warehousing industry employs significantly fewer older workers than the other industries.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

Awareness of the Changing Workforce Demographics in the Health Care and Social Assistance Industry

Seventeen percent of HR professionals in health care and social assistance firms indicated that they were not aware that the proportion of older workers was increasing. However, the majority were in some stage of the process of learning more about this change and determining how these changes might affect their organizations. For example, 18% said they were just becoming aware of this change, whereas 38% said they were beginning to examine their organizations’ policies and practices to determine what changes may be necessary. Eighteen percent said they had reviewed their policies and practices and determined that no changes were needed (see Figure 2).

HR professionals from health care and social assistance organizations were not significantly different from other industries when it came to the impact they thought the potential loss of talent as a result of older workers retiring or leaving their organizations for other reasons would have on their industry (see Figure 3). However, the picture changes when considering the impact at the organizational level. Here significantly more HR professionals in the health care and social assistance industry viewed the aging workforce as a problem for their organizations in the 11-to-20-year time frame compared with other industries (37% versus 27% in other industries)—though significantly fewer (3% versus with 12% in other industries) thought it would constitute a

crisis (see Figure 4). This finding suggests that although HR professionals in the health care and social assistance industry share similar levels of concern about the impact of an aging workforce as other industries in the next 10 years, they appear to be more concerned about the impact in the longer term. One reason for this may be because the industry itself is expected to grow, not least because of the aging population, which is expected to need more health care and other social assistance services in the coming decades. Therefore, skills shortages as a result of retirements may have a bigger effect on the industry compared with other industries because demand for talent will be ramping up at a more rapid pace.

Assessing the Impact of Changing Workforce Demographics in the Health Care and Social Assistance Industry

HR professionals in many industries do not consider the aging workforce to be a considerable problem either currently or in the years ahead. One reason for this may be that they do not have a lot of information available on when and how their workforces will be changing. Like many other industries, a minority of HR professionals in health care and social assistance indicated that their organizations had analyzed the impact of workers age 55 and older leaving their organizations in all time frames measured (14%-30%) (see Figure 5).

FIGURE 2 | How Health Care and Social Assistance Organizations Are Preparing for an Aging Workforce Compared with Other Industries

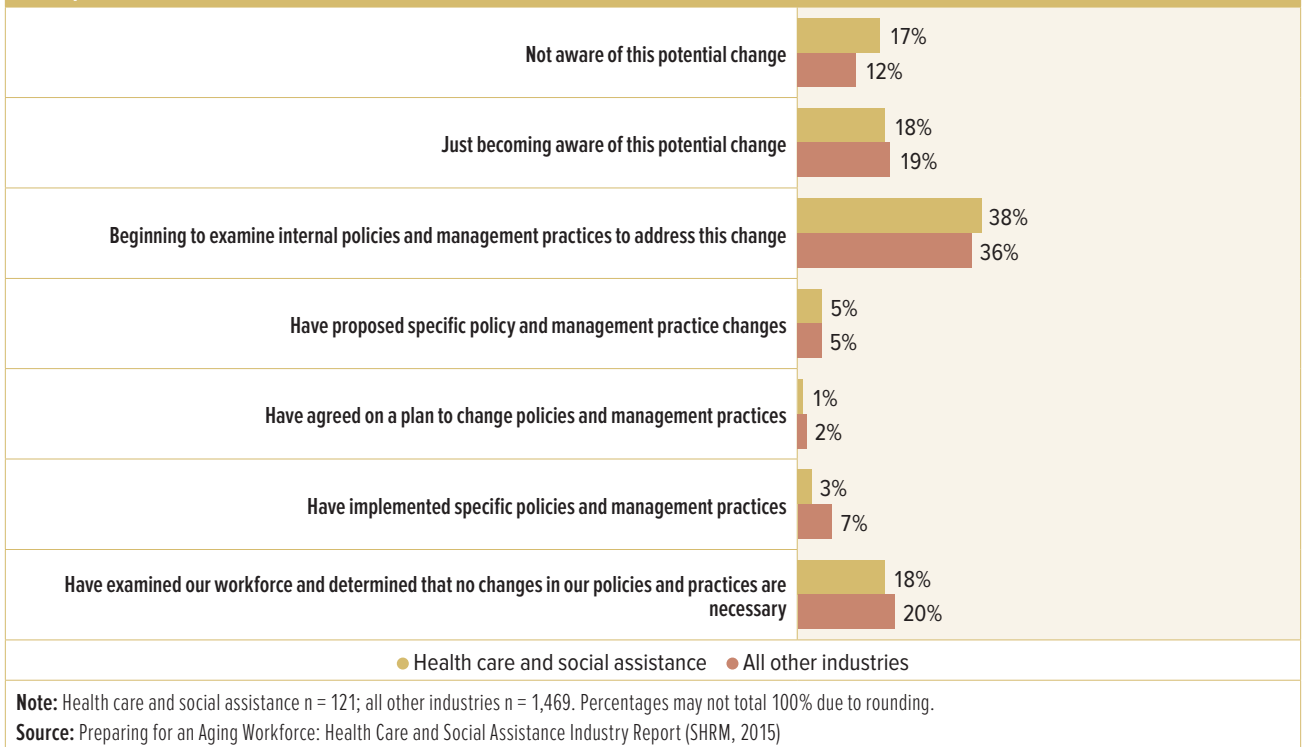
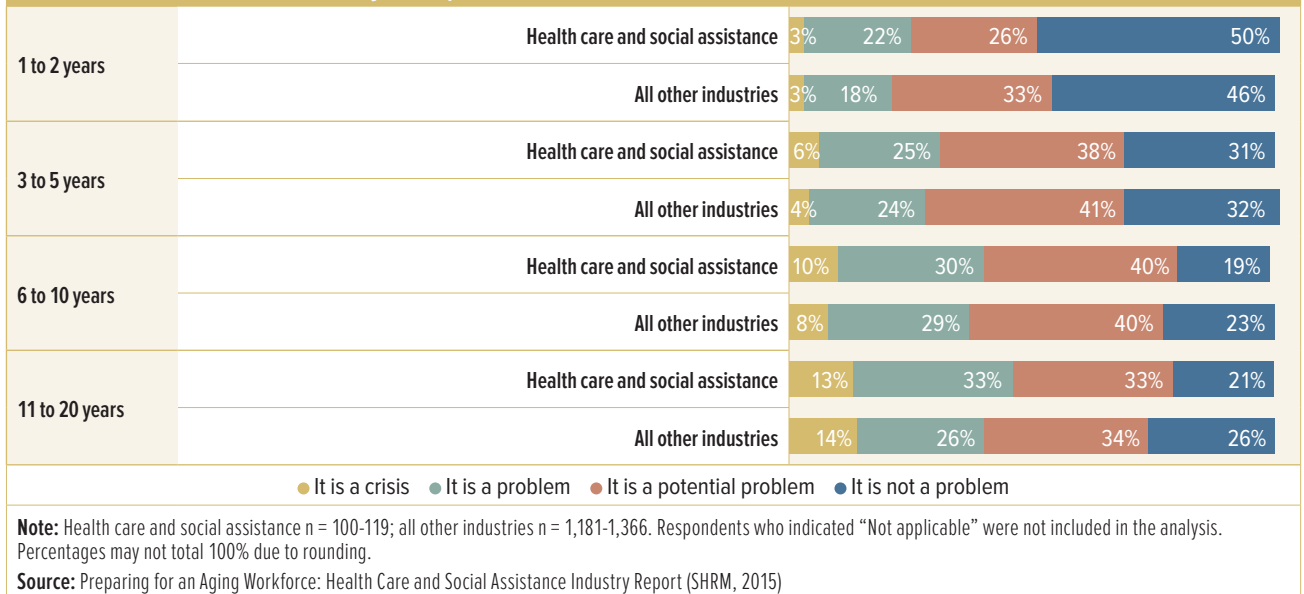


FIGURE 3 | Perceived Impact of the Potential Loss of Talent Due to an Aging Workforce on the Health Care and Social Assistance Industry Compared with Other Industries

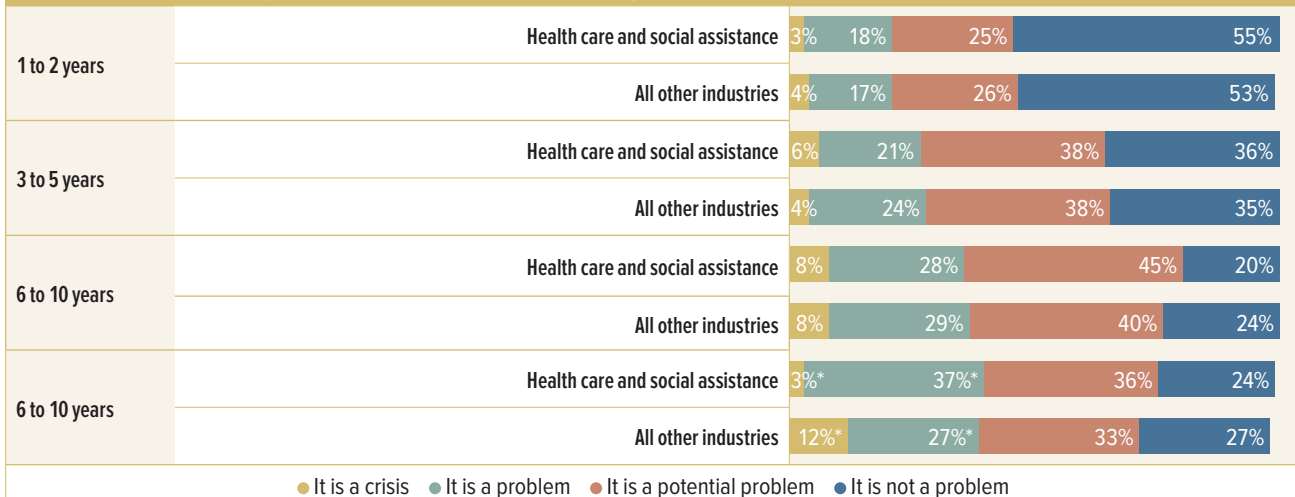


Significantly fewer HR professionals in the health care and social assistance industry said they had identified their future workforce needs in the one-to-two-year time frame compared with other industries (48% compared with 58% in other industries, as shown in Figure 6). However, they did not differ greatly from other industries in the other time frames studied. Almost one-half (47%) of HR professionals in the health care and social assistance industry indicated their organizations had identified their potential future skills gaps in the one-to-two-year

time frame, one-third (33%) in the three-to-five-year time frame and just 18% in the six-to-10-year time frame (see Figure 7).

Overall, the findings suggest that many organizations may not be fully aware of the various ways this demographic shift will influence their organizations, but those that do are more focused on the immediate future (one-to-two-year time frame).

FIGURE 4 | Perceived Impact of the Potential Loss of Talent Due to an Aging Workforce on Health Care and Social Assistance Organizations Compared with Organizations in Other Industries

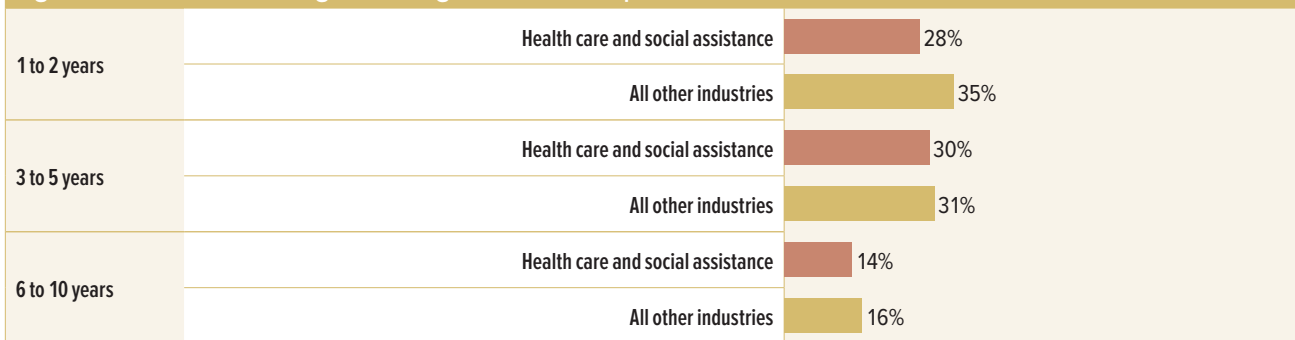


*The difference between health care and social assistance and all other industries is statistically significant (p<.05).

Note: Health care and social assistance n = 97-126; all other industries n = 1,282-1,536. Respondents who indicated "Not applicable" were not included in the analysis. Percentages may not total 100% due to rounding.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

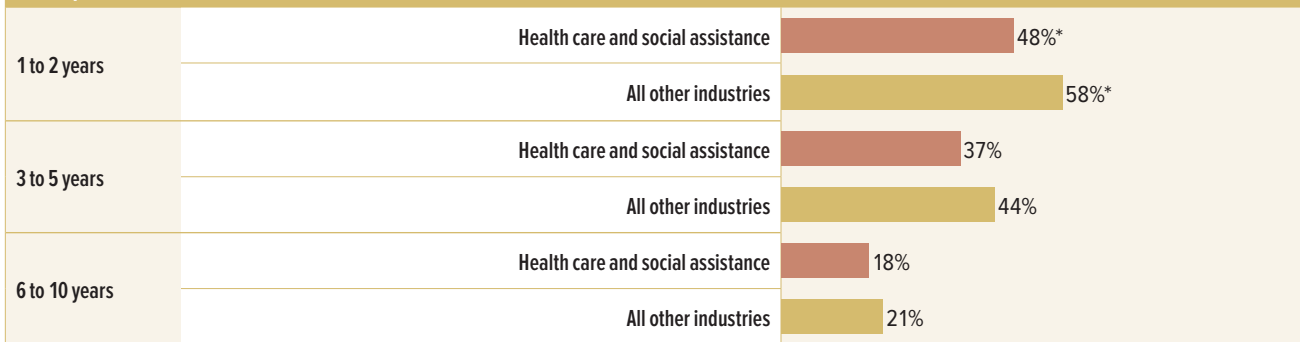
FIGURE 5 | Health Care and Social Assistance Organizations That Have Analyzed the Impact of Workers Age 55 and Older Leaving Their Organization Compared with Other Industries



Note: Health care and social assistance n = 109-113; all other industries n = 1,334-1,417.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 6 | Health Care and Social Assistance Organizations That Have Identified Future Workforce Needs Compared with Other Industries

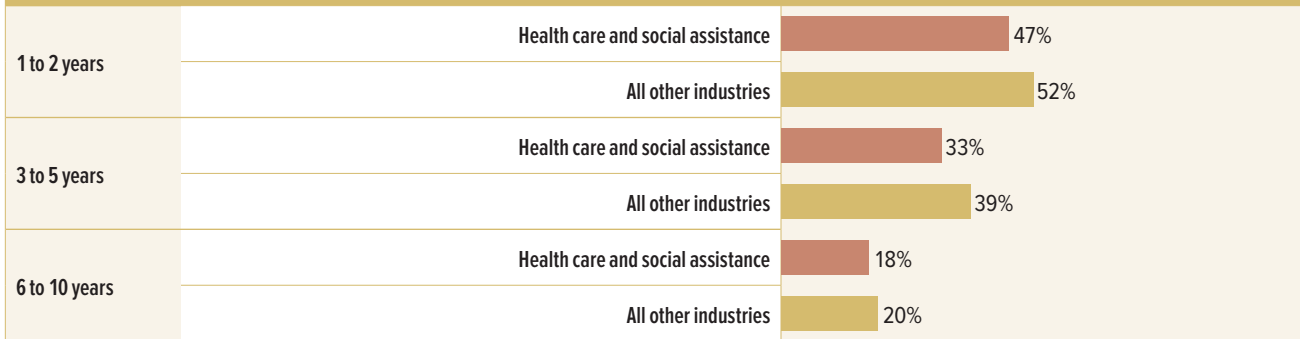


*The difference between health care and social assistance and all other industries is statistically significant (p<.05).

Note: Health care and social assistance n = 107-114; all other industries n = 1,320-1,448.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 7 | Health Care and Social Assistance Organizations That Have Identified Their Potential Skills Gaps Compared with Other Industries



Note: Health care and social assistance n = 107-116; all other industries n = 1,312-1,425.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

Recruiting and Retaining Older Workers in the U.S. Health Care and Social Assistance Industry

Key Findings

- Has the aging workforce prompted changes in recruiting and retention practices in the health care and social assistance industry?** HR professionals in the health care and social assistance industry were not significantly more likely to report that the aging workforce had prompted any changes in their recruiting, retention or general management practices compared with HR professionals in other industries.
- Do health care and social assistance industry organizations track impending retirements?** Health care and social assistance industry organizations were significantly less likely to track impending retirements of their workers in the short (one to two years) and medium (three to five years) time frames compared with other industries.
- Do health care and social assistance industry organizations have formal strategies for attracting and retaining older workers?** Similar to other industries, very few health care and social assistance organizations said their firms had formal strategies for either retaining (4%) or recruiting (2%) older workers.
- What methods are used to recruit older workers in the health care and social assistance industry?** As in other industries, employee referrals were the most common method of recruiting older workers in the health care and social assistance industry (37%). About one-half (49%) of health care and social assistance firms said they did not actively recruit older workers.

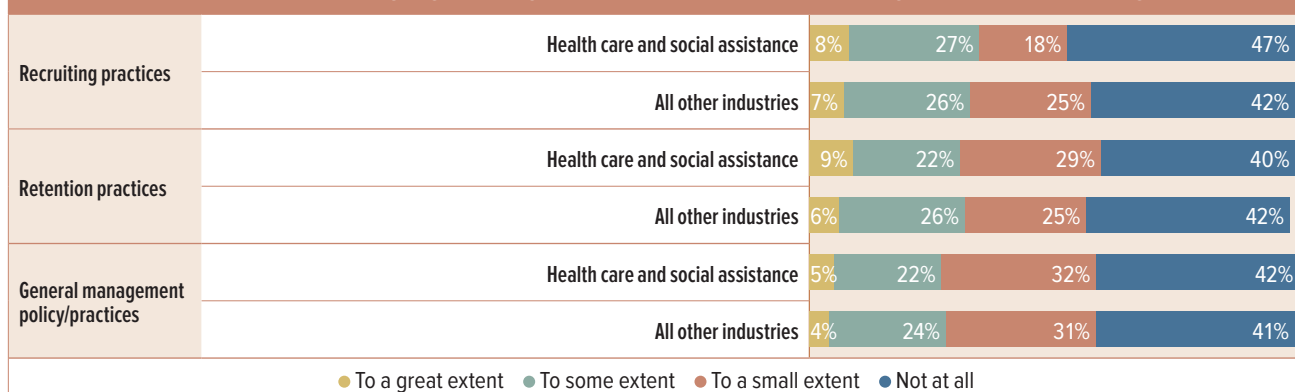
As shown in Figure 8, HR professionals in the health care and social assistance industry were not significantly more likely than HR professionals in other industries to report that their organizations were making changes to their management or recruiting and retention practices in preparation for an aging workforce. They were significantly less likely to track impending retirements of workers in their organizations compared with other industries in the one-to-two-year time frame (38% compared with 51% in other industries) and the three-to-five-year time frame (34% compared with 46% in other industries, as shown in Figure 9). As shown in Figure 10, very few health care and social assistance organizations reported they had a formal strategy for retaining (4%) or recruiting (2%) older workers. In this way, they do not differ from organizations in other industries.

Recruiting Older Workers in Health Care and Social Assistance

Overall, HR professionals whose organizations recruit older workers said that employee referrals were the most common method of recruiting these workers. The health care and social assistance industry was also most likely to use this method to recruit older workers, with 37% of HR professionals reporting that they used this method, followed by 21% who said they used networking and 18% who said they used the Internet via websites aimed at job seekers age 55 and older (see Figure 11).

As shown in Figure 12, HR professionals in health care and social assistance organizations did not differ from their peers in other industries in the levels of difficulty they reported in recruiting exempt older workers or nonexempt older workers.

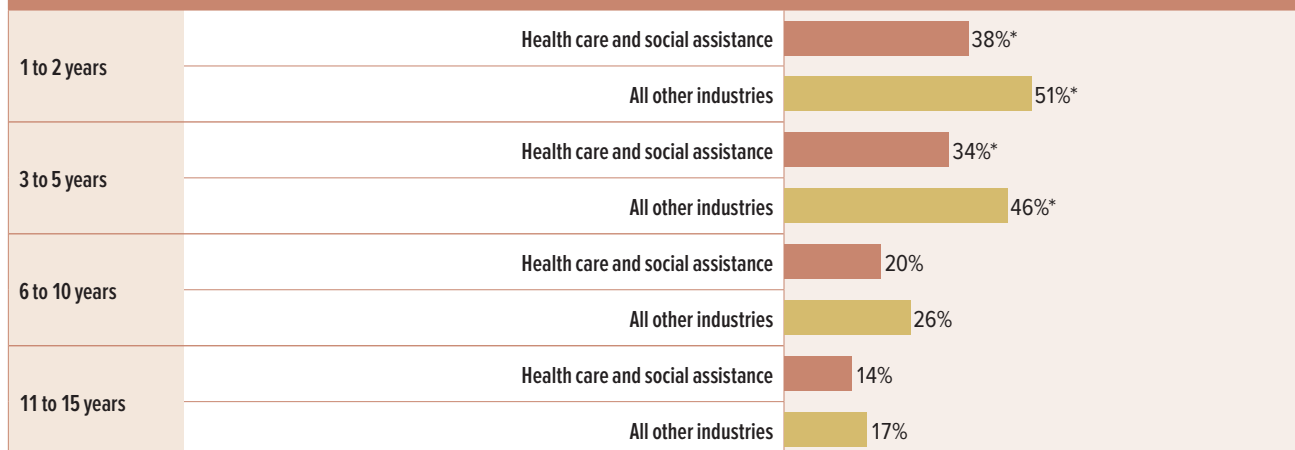
FIGURE 8 | Extent the Increasing Age of Organization’s Workforce Has Begun to Prompt Changes in . . .



Note: Health care and social assistance n = 129-130; all other industries n = 1,570-1,581. Respondents who indicated “Not applicable” were not included in the analysis. Percentages may not total 100% due to rounding.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 9 | Organizations That Track the Percentage of Workers in Organizations Eligible to Retire in the Next . . .



*The difference between health care and social assistance and all other industries is statistically significant (p<.05).

Note: Health care and social assistance n = 126-129; all other industries n = 1,546-1,596. Percentages do not equal 100% due to multiple response options.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

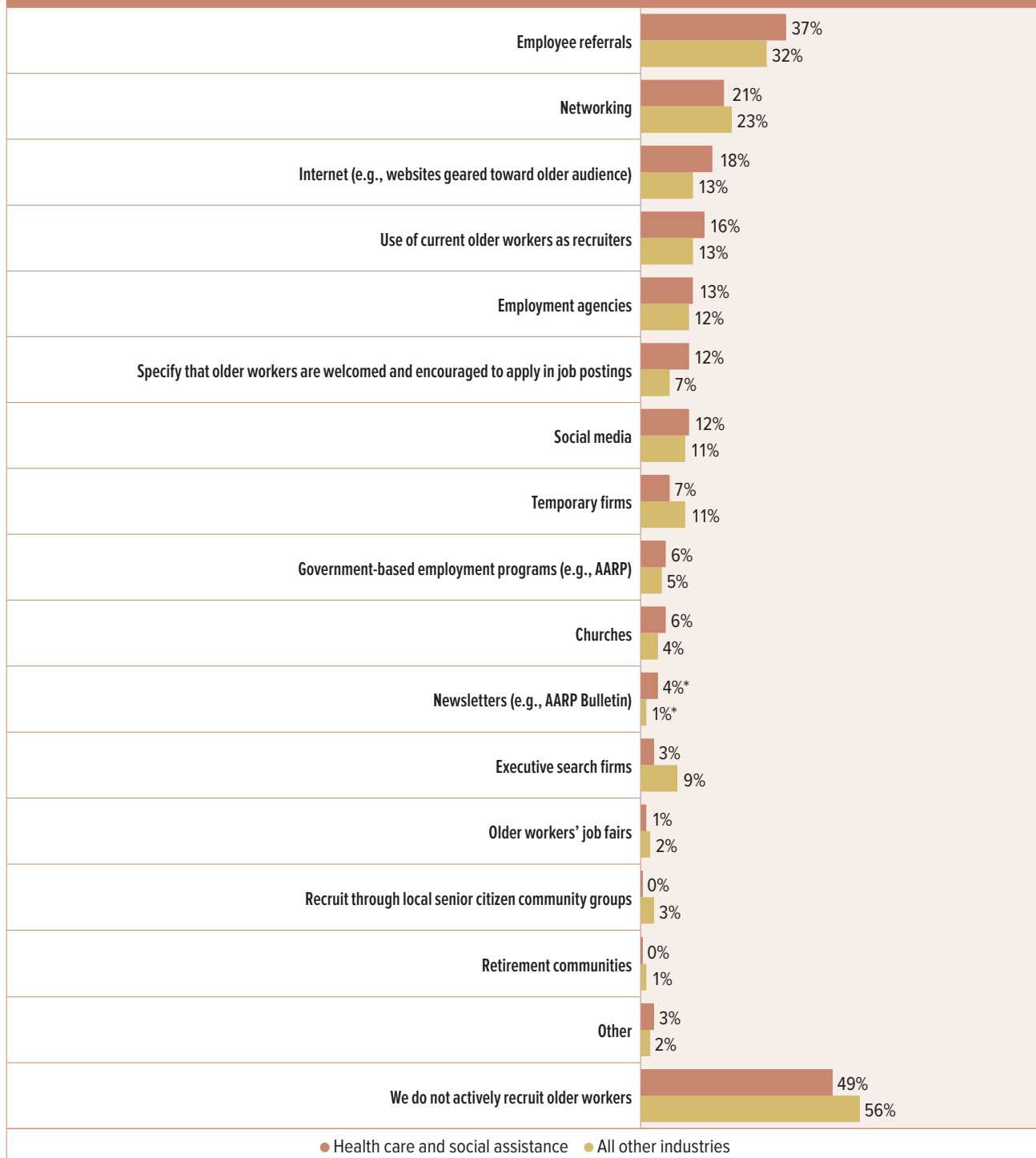
FIGURE 10 | Organizations That Have a Formal Strategy for Retaining and Recruiting Older Workers



Note: Health care and social assistance n = 128; all other industries n = 1,578-1,579.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 11 | Methods Used by Health Care and Social Assistance Companies to Recruit Older Workers



*The difference between health care and social assistance and all other industries is statistically significant (p<.05).

Note: Health care and social assistance n = 68; all other industries n = 915. Only respondents who indicated that the increasing age of their organizations' workforce has prompted change in their recruiting practices were asked this question. Percentages do not equal 100% due to multiple response options.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

Health care and social assistance organizations also did not differ greatly from other industries in the degree of difficulty they experienced in recruiting for various job roles. As shown in Figure 13, the only significant difference was in the difficulty they had filling skilled labor jobs—HR professionals in the health care and social assistance industry were less likely to report this job family as difficult or extremely difficult to fill (14% compared with 25% in other industries).

Retaining Older Workers in Health Care and Social Assistance

Looking specifically at the retention of older workers, health care and social assistance organizations were significantly less likely to report that they found it easy or extremely easy to retain exempt older workers (36% compared with 46% in other industries). HR professionals in the health care and social assistance industry were also significantly less likely to report that retaining nonexempt older workers was easy or extremely easy (34% compared with 43% in other industries; see Figure 14).

FIGURE 12 | Ease or Difficulty in Recruiting Qualified Older Workers Compared with Other Industries, by Exemption Status

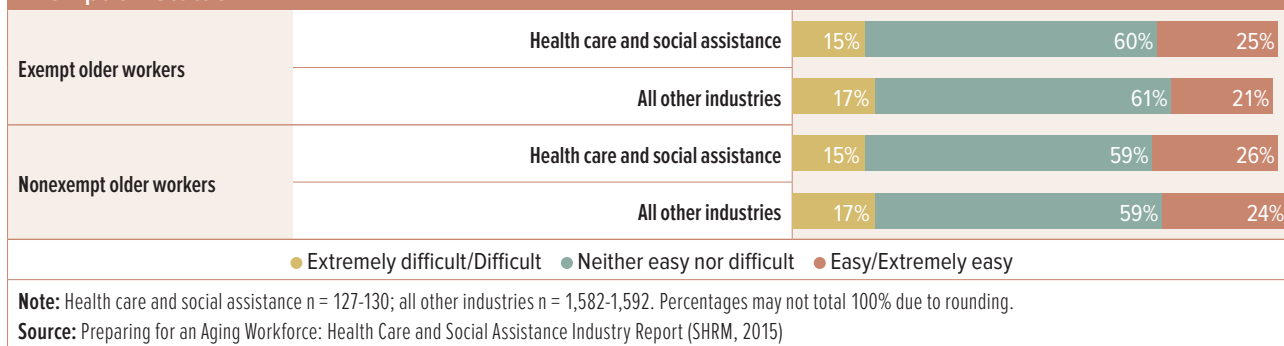
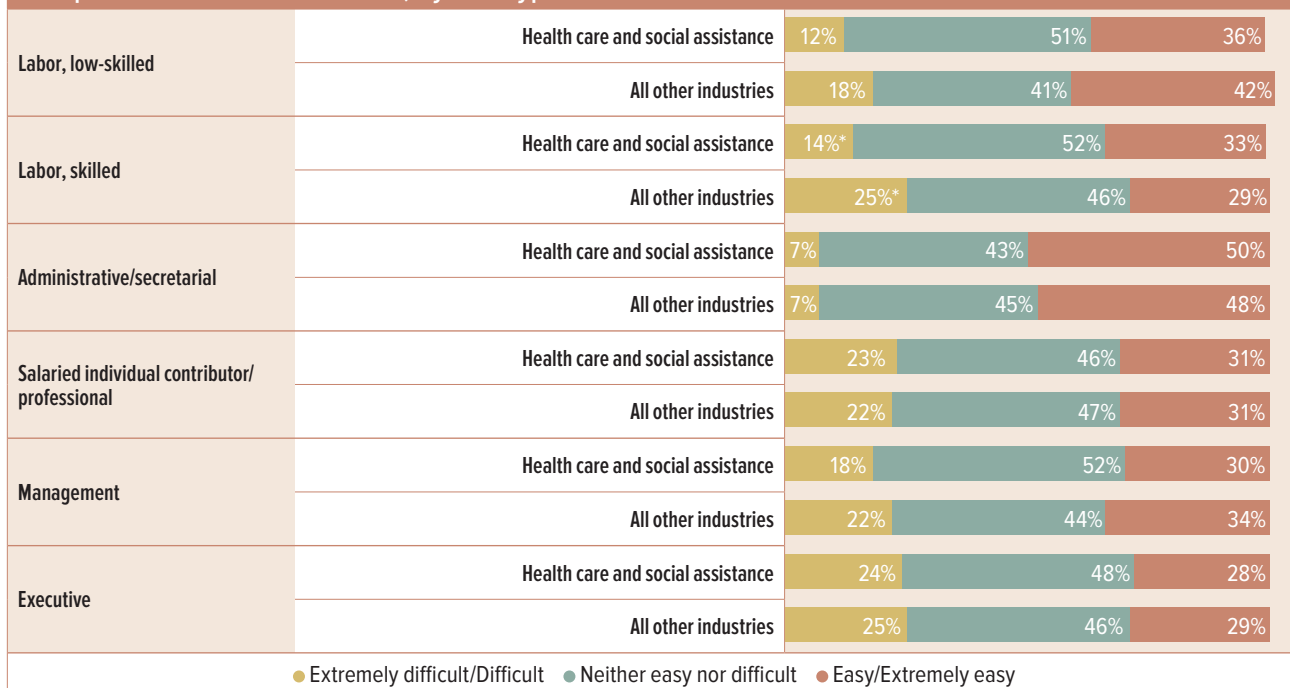


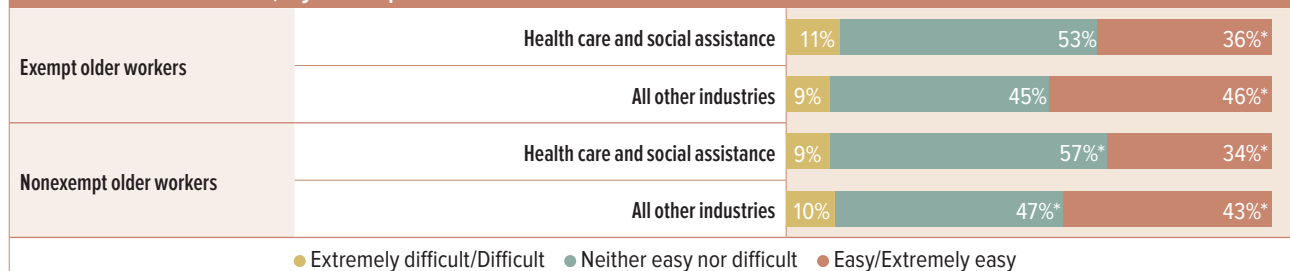
FIGURE 13 | Ease or Difficulty in Recruiting Qualified Older Workers in Health Care and Social Assistance Compared with Other Industries, by Job Type



● Extremely difficult/Difficult ● Neither easy nor difficult ● Easy/Extremely easy

*The difference between health care and social assistance and all other industries is statistically significant (p<.05).
Note: Health care and social assistance n = 63-116; all other industries n = 941-1,417. Respondents who indicated “Not applicable” were not included in this analysis. Percentages may not total 100% due to rounding.
Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 14 | Ease or Difficulty in Retaining Older Workers in Health Care and Social Assistance Compared with Other Industries, by Exemption Status



● Extremely difficult/Difficult ● Neither easy nor difficult ● Easy/Extremely easy

*The difference between health care and social assistance and all other industries is statistically significant (p<.05).
Note: Health care and social assistance n = 128-131; all other industries n = 1,581-1,601.
Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

CASE STUDY: Scripps Health

As the economy has improved in recent years, more of Scripps Health's older workers have felt better prepared to wind down their careers. Recognizing the value in its seasoned professionals, Scripps developed a "staged retirement" program in 2003 that reduced older workers' hours to part time but allowed them to retain full-time benefits. To date, the program has enabled Scripps to conduct knowledge transfer and retain intellectual capital while these workers transition into retirement and share their skills with younger employees along the way.

"We understand that people want to leave, but we don't necessarily want to see them go," said Victor Buzachero, Scripps Health's corporate senior vice president for innovation, human resources and performance management. "About 15 years ago when I got here, our executive team said that having the best talent was what differentiated Scripps, not the equipment, not the buildings, not anything else.

We wanted to attract and retain and build upon that talent, so that's what we're after. Given that, we have staffing strategies for every segment of the labor force, and this [55-and-older] group in particular has been a major part of our organization. We want to hang on to them."

Specifically, the 55-and-older demographic makes up 25% of Scripps' approximate 15,000-member workforce. The \$2.8 billion organization operates a series of hospitals and home health care and hospice programs throughout San Diego, and also has another 1,000 affiliated personnel at clinics and physicians' practices.

"What we also found was that six out of 10 people who participate in this program are in hard-to-fill jobs," Buzachero said. "That means registered nurses, pharmacists, laboratory scientists, and in some cases, management and executives. It's very cost-effective as well, because the cost to replace them typically far exceeds the cost to keep them on part-time with full-time benefits."

Scripps also has a formal mentorship program that is designed to draw on the skills of older workers and retain younger workers who frequently leave the health care field early on in their careers, he said.

"Health care has issues with turnover for the first year or two on the job," Buzachero said. "People come out of school,

they haven't had a lot of experience, and it's very challenging. With our seasoned employees serving as mentors, it has had a major impact on the quality of care, and it has reduced turnover. It gives people a coach during a difficult transition."

Scripps takes the mentoring concept a step further with "dedicated education units" at each of its facilities, Buzachero said. These are patient care units specifically designed for new graduate nurse orientation, with the goal of creating standardized practices and encouraging role transitions between younger and older workers.

"It gives senior people the opportunity to become leaders and mentors," Buzachero said. "It has kept our senior people engaged, and it engages Millennial workers, as well. We have deliberate pipeline development. We target areas that are very dense with 55-and-older workers. We put younger people through intense training programs, and it has helped make sure we have a supply of talent as more and more Baby Boomers decide to retire."

Even with increased rates of retirement among Scripps' ranks, its workforce is still aging, Buzachero said. When he arrived at the organization in 2001, the average age "was in the high 30s," but it is currently at 44 and on a steady incline. Older workers are spread out all over Scripps, but some pockets of its operations have 30 to 50 percent of employees that are over the age of 60, he said.

But with the mentoring and staged retirement programs in place, this trend has become much easier to manage, he said. Mature workers have made Scripps a better organization because their productivity levels are typically higher than other age groups.

"They have also gone through multiple business cycles, changes in Medicare and federal legislation. Given that, it's not their first time experiencing things, and they're more mature when reacting to changes. Having that stable influence, along with the creativity of younger workers, is really valuable. You get the seasoned knowledge with the fresh perspective. It's the blend and diversity of the workforce, both seasoned and younger, that creates that excellent balance for us to be a productive organization."

Skills and Older Workers

Key Findings

- Do health care and social assistance organizations capitalize on and incorporate the experience of older workers?** Fifty-seven percent of health care and social assistance respondents indicated that their organizations attempted to capitalize on and incorporate the experience of older workers to some or a great extent. Similar to HR professionals in other industries, few (17%) reported that their organizations did not capitalize on and incorporate the experience of older workers at all.
- What basic and applied skills do health care and social assistance organizations value in their older workers?** Similar to their counterparts in other industries, HR professionals in health care and social assistance organizations reported that they valued the more extensive work experience (73%), greater maturity and professionalism (also 73%), and a stronger work ethic (66%) of their older workers. HR professionals in the health care and social assistance industry were significantly more likely to indicate they valued older workers' ability to add diversity of thought to work projects compared with other industries, but were less likely to say they valued the established networks of contacts and clients of older workers.
- What steps are health care and social assistance organizations taking to prepare for potential skills gaps resulting from the loss of older workers?** HR professionals in health care and social assistance firms were most likely to report that they were increasing training and cross-training efforts (35%) and developing succession plans (27%) to prepare for potential skills gaps. Responding health care and social assistance firms were significantly more likely to report that they had offered flexible work arrangements to appeal to a broader array of applicants than firms in other industries (20% compared with 13% in other industries).

One of the most critical ways that organizations will build a competitive advantage as the workforce ages will be how they capitalize on the skills and experience of older workers. In the health care and social assistance industry, the skills requirements are often quite high, increasing the need for educational qualifications and certifications. The final section of the survey looked at the skills HR professionals in the industry value in their mature employees, including basic and applied skills, and what efforts, if any, they are making to transfer the skills and knowledge of older workers to the rest of their workforce.

Capitalizing on the Value of Older Workers in Health Care and Social Assistance

As shown in Figure 15, 18% of HR professionals in health care and social assistance organizations said they were making the most of the skills and experience of older

workers to a great extent and 39% to some extent; only 17% said their organizations did not at all attempt to capitalize on and incorporate the skills and experience of older workers.

Perceived Advantages of Older Workers in Health Care and Social Assistance

HR professionals in health care and social assistance organizations indicated they valued older workers' work experience (73%), maturity and professionalism (also 73%), and stronger work ethic (66%). HR professionals in health care and social assistance organizations were significantly more likely than HR professionals in other industries to report that they valued the ability to add diversity of thinking and approaches to team projects as an advantage of older workers (46% compared with 37% in other industries). However, they were significantly

less likely to report established networks of contacts as a valued attribute of their mature workforce (23% compared with 41% in other industries, as shown in Figure 16).

Writing in English was the top basic skill attributed to older workers in health care and social assistance (52%). This was followed by reading comprehension (23%) and spoken English (21%). As shown in Figure 17, there were a few significant differences between the perceived strongest basic skills of older workers according to HR professionals in the health care and social assistance industry compared with their peers in other industries; 6% said they valued their mature workers' humanities/arts knowledge compared with 2% in other industries. Just 4% said they valued their older workers' technical knowledge compared with 14% in other industries.

Similar to their peers in other industries, HR professionals in health care and social assistance firms reported they valued the applied skills of professionalism and work ethic (57%) of their mature employees, followed by critical thinking and problem-solving (28%) and lifelong learning and self-direction (18%) (see Figure 18).

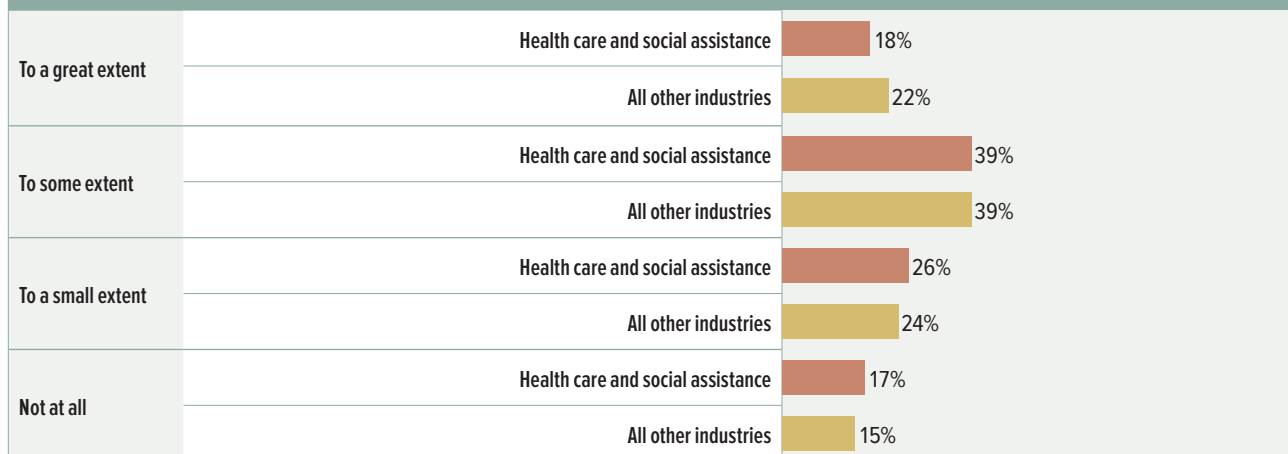
HR professionals in health care and social assistance organizations were most likely to say they were increasing training or cross-training efforts (35%) and developing succession plans (27%) to deal with potential skills gaps as a result of the loss of older, experienced workers. They were significantly more likely to indicate their organizations had offered flexible work arrangements such as job-sharing or teleworking to attract a broader range of

applicants than their counterparts in other industries (20% compared with 13% in other industries), as shown in Figure 19.

HR professionals in the health care and social assistance industry reported that their organizations were using training or cross-training programs (47%), mentoring programs (30%) and job shadowing (22%) to transfer knowledge from older workers to younger workers; they were significantly less likely to say that their organizations used apprenticeship programs (2% compared with 8% in other industries), as shown in Figure 20.

Similar to HR professionals in other industries, the majority of health care and social assistance HR professionals reported that employees in their organizations were receptive to working with older workers; 95% said employees were receptive to working with older workers to a great (54%) or some (41%) extent. In addition, 92% said that employees were receptive to learning from older workers to a great or some extent, and 86% said their employees were receptive to being mentored by older workers to a great or some extent. Almost none (2%-3%) of the respondents in the health care and social assistance industry indicated that employees in their organizations were not at all receptive to working with, learning from and being mentored by older workers (see Figure 21). As in other industries, these findings suggest that there is an overall awareness of the value of learning from older workers within the industry.

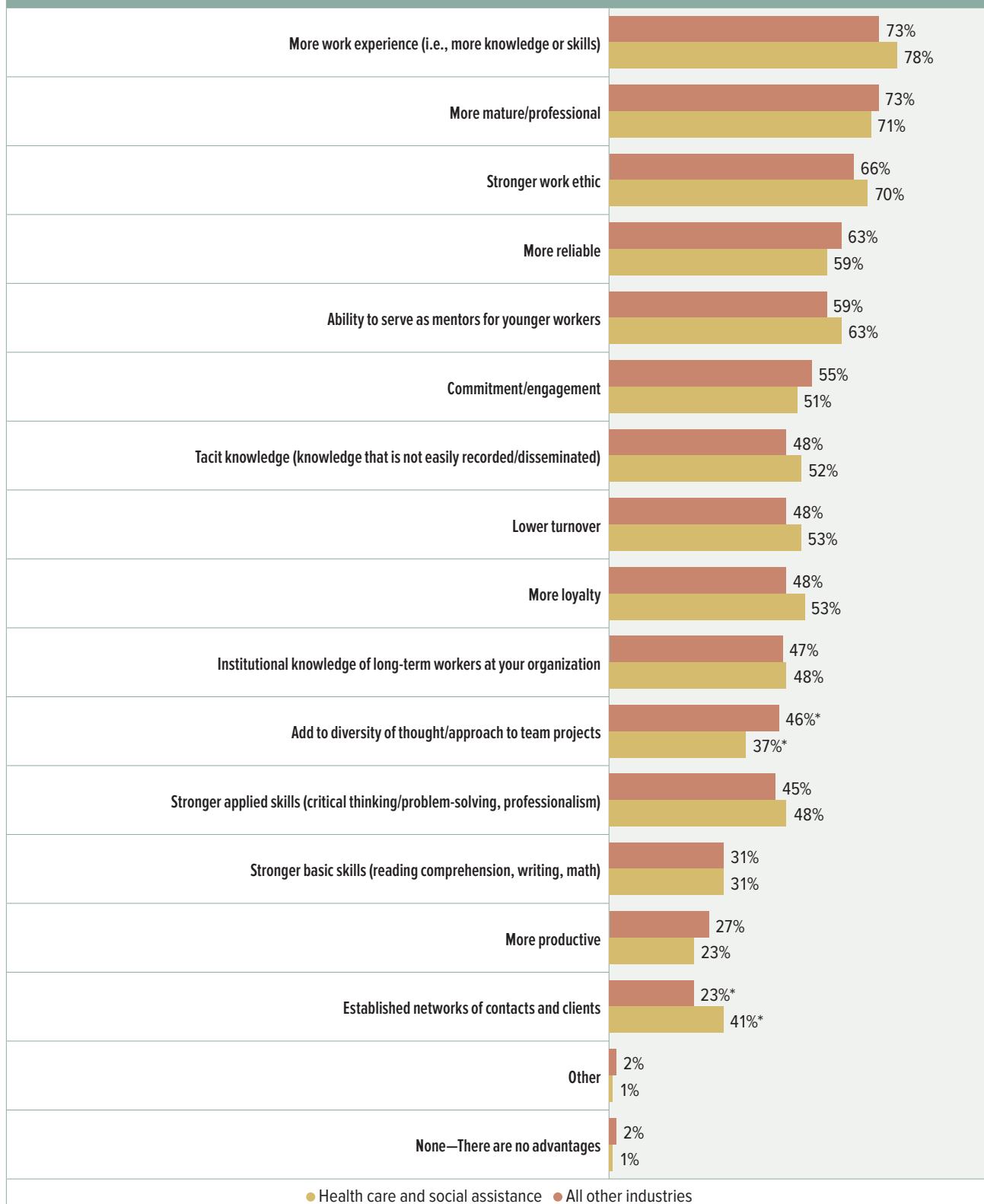
FIGURE 15 | Extent to Which Organizations Attempt to Capitalize on and Incorporate the Experience of Older Workers



Note: Health care and social assistance n = 128; all other industries n = 1,565.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 16 | Main Advantages of Older Workers Compared with Other Workers[^]



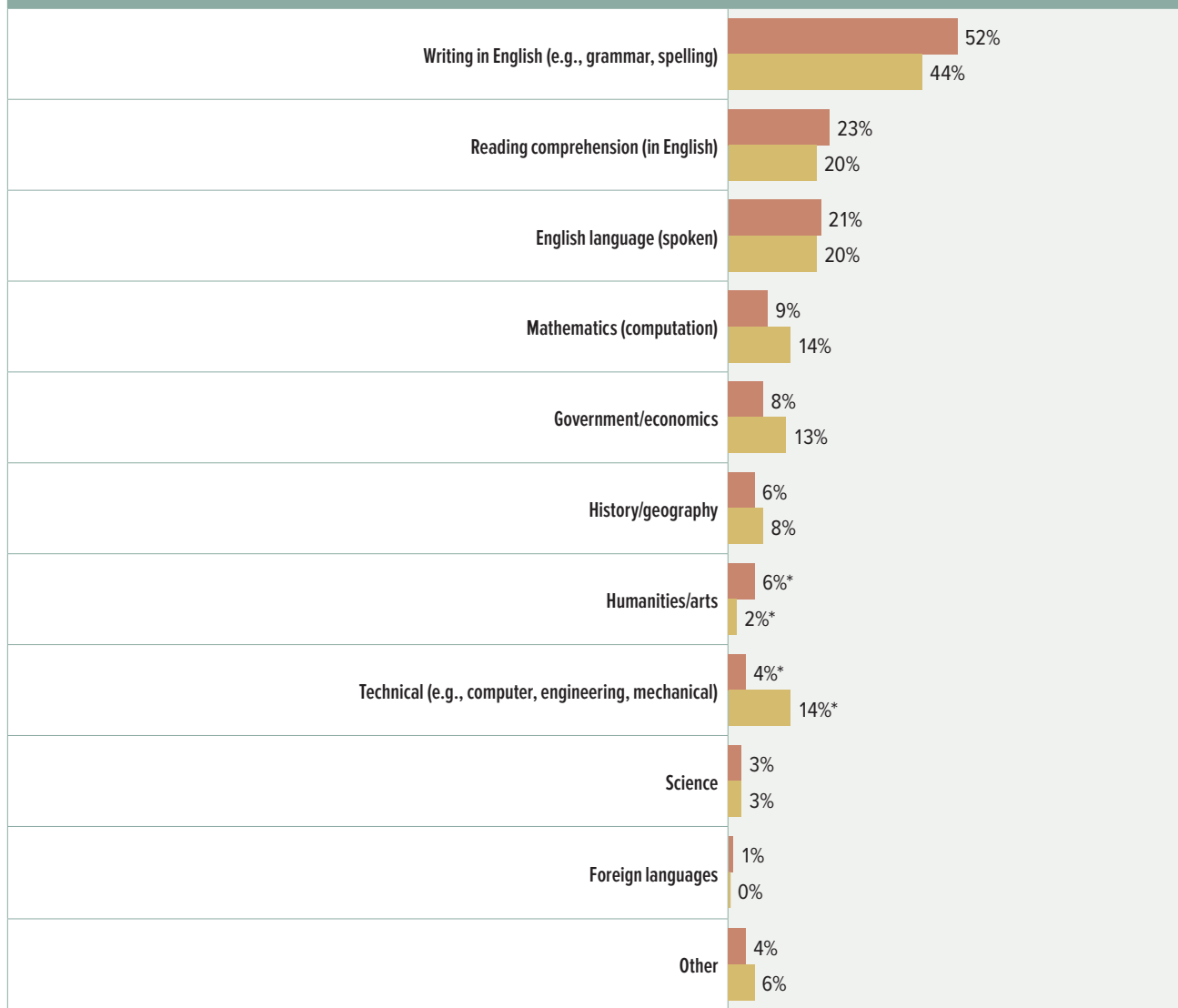
[^]Survey question was worded as follows: “In your professional opinion, what are the main advantages workers age 55 and older bring to your organization compared with other workers? (Check all that apply)

*The difference between health care and social assistance and all other industries is statistically significant (p<.05).

Note: Health care and social assistance n = 128; all other industries = 1,580. Percentages do not equal 100% due to multiple response options.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 17 | Strongest Basic Skills Held by Workers Age 55 and Older Compared with Other Workers[^]



● Health care and social assistance ● All other industries

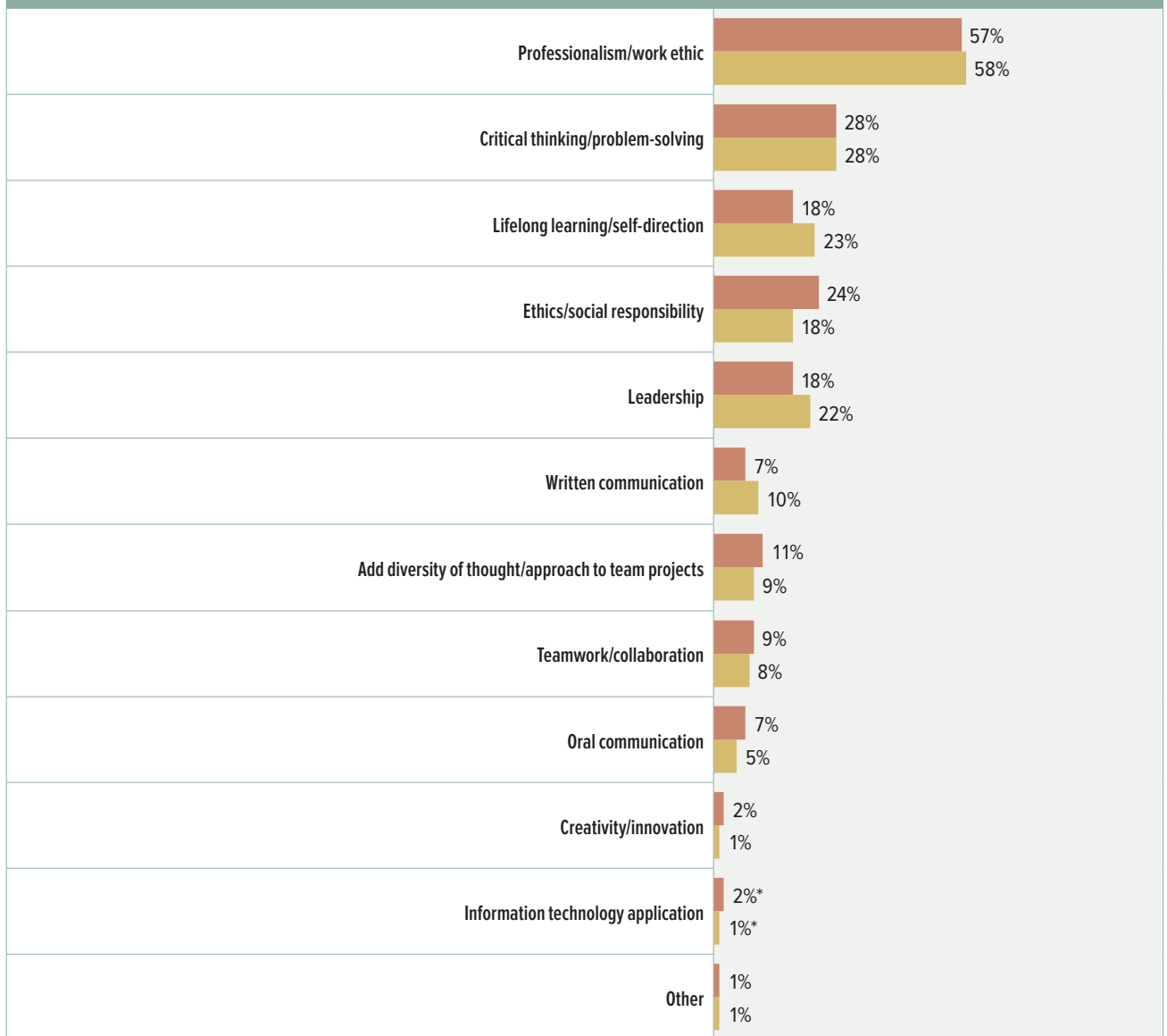
[^]Survey question was worded as follows: “In your professional opinion, what are the strongest basic skills held by workers age 55 and older compared with other workers? (Check the top two choices)”

*The difference between health care and social assistance and all other industries is statistically significant (p<.05).

Note: Health care and social assistance n = 128; all other industries = 1,580. Percentages do not total 100% due to multiple response options.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 18 | Strongest Applied Skills Held by Workers Age 55 and Older Compared with Other Workers[^]



● Health care and social assistance ● All other industries

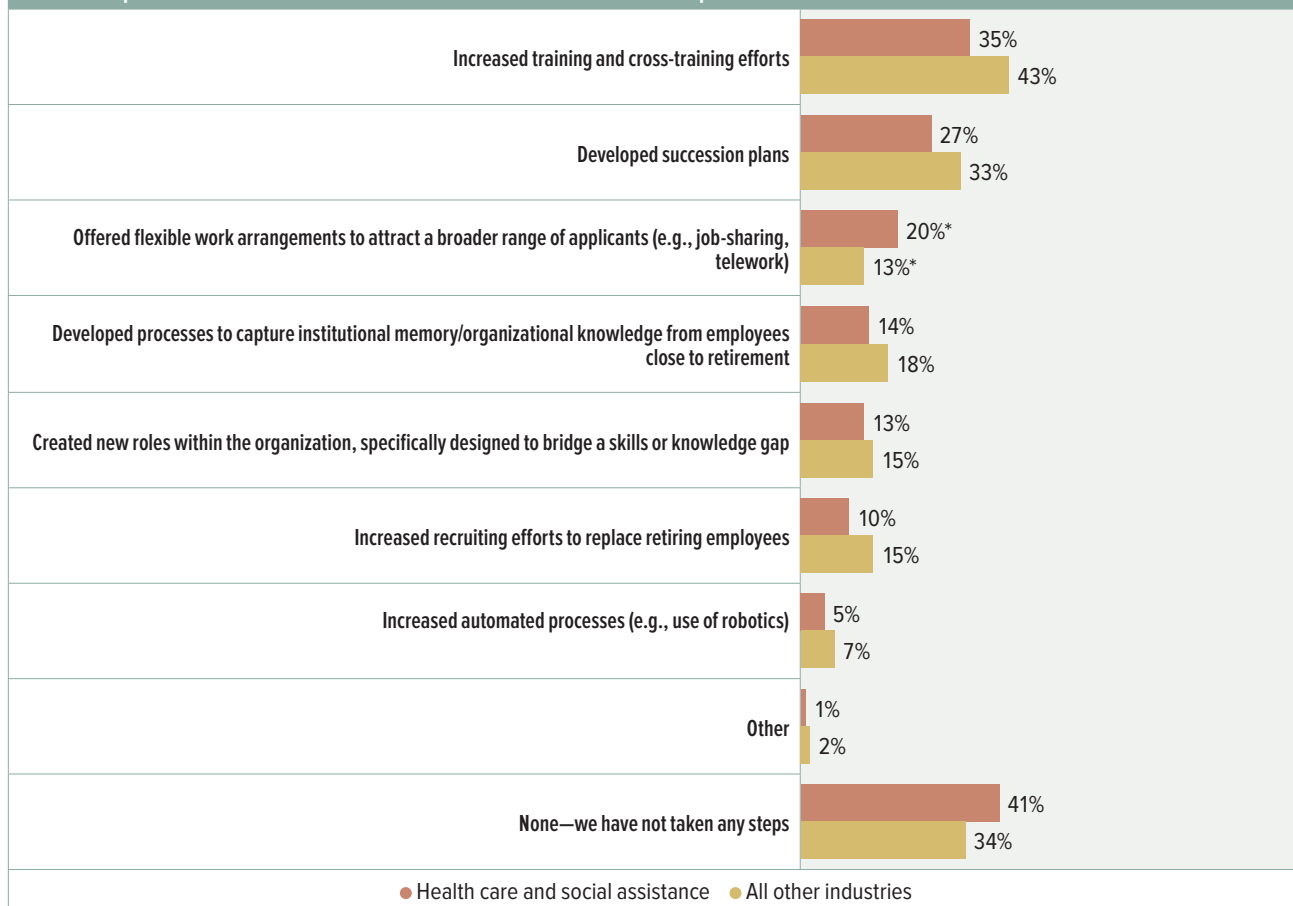
[^]Survey question was worded as follows: “In your professional opinion, what are the strongest applied skills held by workers age 55 and older compared with other workers? (Check the top two choices)”

*The difference between health care and social assistance and all other industries is statistically significant ($p < .05$).

Note: Health care and social assistance $n = 128$; all other industries = 1,580. Percentages do not total 100% due to multiple response options.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 19 | Steps Health Care and Social Assistance Organizations Have Taken to Prepare for Potential Skills Gaps as a Result of the Loss of Older Workers Compared with Other Industries

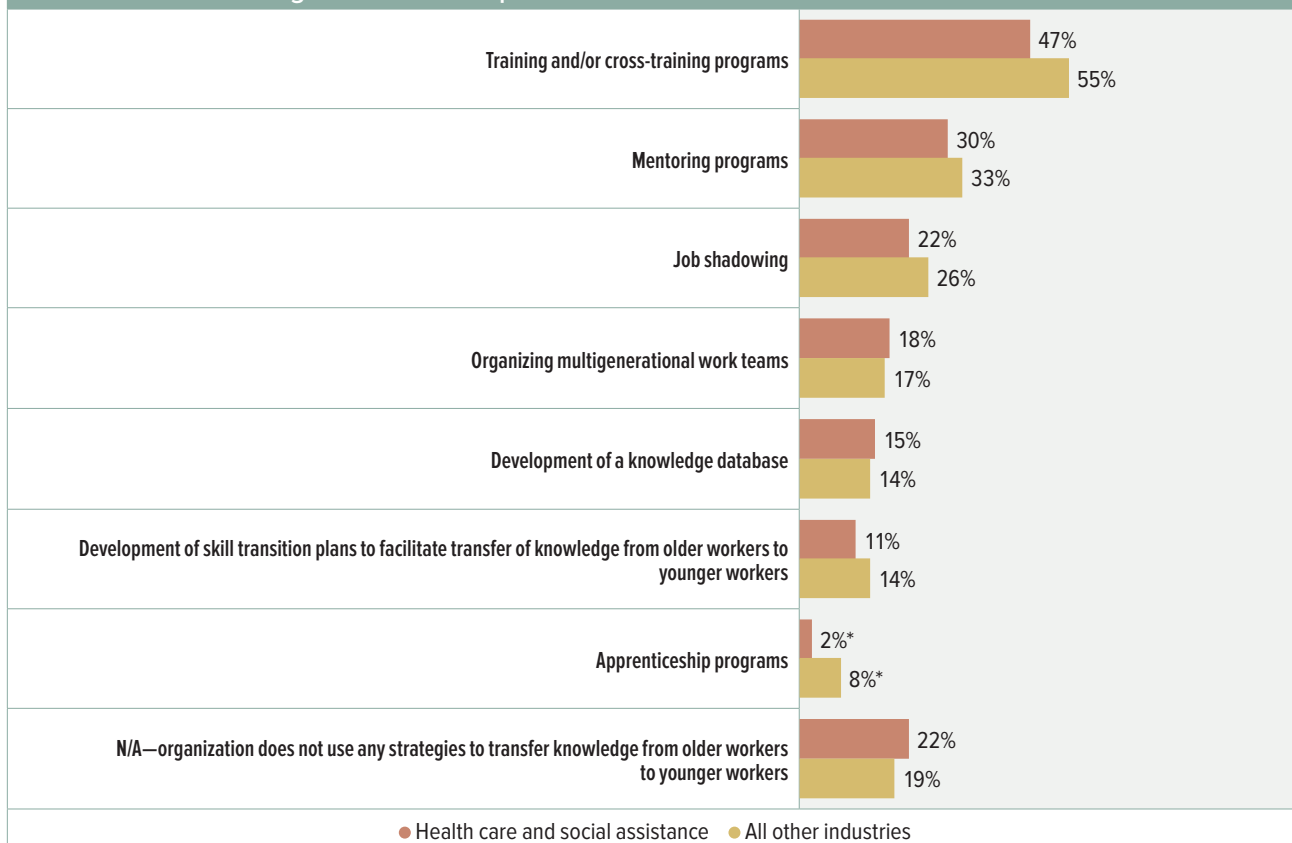


*The difference between health care and social assistance and all other industries is statistically significant ($p < .05$).

Note: Health care and social assistance $n = 128$; all other industries $n = 1,579$. Percentages do not total 100% due to multiple response options.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 20 | Strategies Health Care and Social Assistance Organizations Use to Transfer Knowledge from Older Workers to Younger Workers Compared with Other Industries

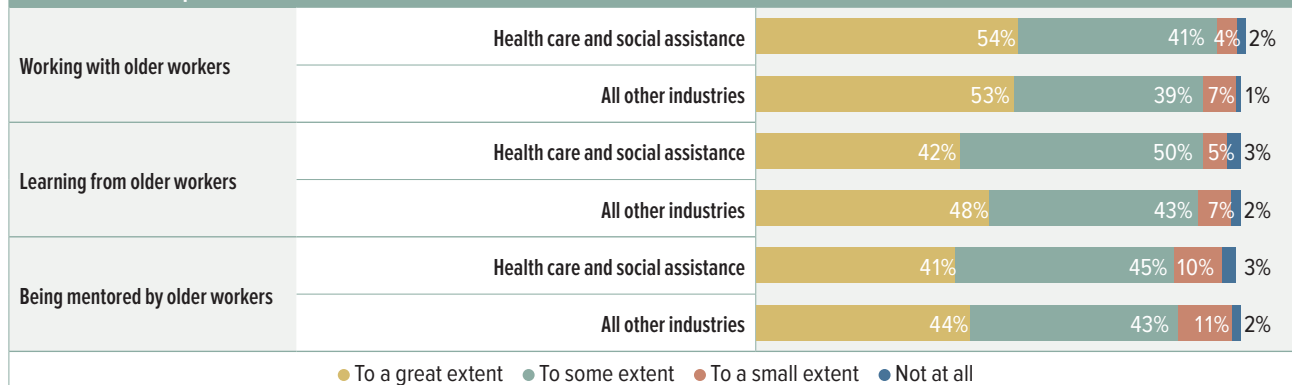


*The difference between health care and social assistance and all other industries is statistically significant (p<.05).

Note: Health care and social assistance n = 128; all other industries n = 1,578. Percentages do not total 100% due to multiple response options.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)

FIGURE 21 | Receptiveness of Health Care and Social Assistance Industry Employees Related to Older Workers Compared with Other Industries



Note: Health care and social assistance n = 124-125; all other industries n = 1,556-1,566. Percentages may not total 100% due to rounding.

Source: Preparing for an Aging Workforce: Health Care and Social Assistance Industry Report (SHRM, 2015)



Conclusion and Implications for Health Care and Social Assistance HR Professionals

HR professionals in the health care and social assistance industry are uniquely positioned to see the implications of an aging population on their industry because the health care industry is expected to be greatly affected by an aging population. Health issues and the need for health care and social assistance services tend to increase as the population ages. This is one reason why the health care sector is expected to grow so rapidly in the coming decades. The aging of the population will therefore create several challenges for HR professionals in this industry. Many will need to ramp up hiring to deal with the increased demand for services from their organizations. At the same time, they will also be dealing with the aging of their own workforces. In many aspects, HR professionals in health care and social assistance mirror their peers in other industries in terms of the awareness of this change and the steps they are taking to prepare. However, they may be called on to adapt more rapidly than HR professionals in other industries due to their particular staffing needs.

As in other industries, HR professionals in the health care and social assistance industry will be central to their organizations' efforts to meet the challenges and opportunities that will accompany the aging of their workforces. It will be imperative for HR professionals across industries to take steps to prepare for these changes. They must learn as much as they can about how these demographic shifts are likely to affect their industries and their organizations and must work with their organizations' leadership to implement programs that enable them to capture and transfer the knowledge of their mature workers. The use of flexible work practices may be particularly important for organizations in the health care and social assistance industry to encourage their most productive and valued older workers to remain in the workforce longer, especially as mentors for younger employees. And of course, they must also lead their organizations in showing workers of all ages that they are respected and valued.

Methodology

The SHRM Preparing for an Aging Workforce Survey, conducted by the Society for Human Resource Management and supported by a grant from the Alfred P. Sloan Foundation, collected responses from 1,913 HR professionals. The purpose of this research was to a) investigate the current demographics of organizations and respondents' views on how the demographic breakdown of their workforces is likely to change in the future in both their organizations and their industries; b) determine what, if any, actions organizations are taking to prepare for an aging workforce, including recruiting and retention strategies to specifically target older workers; and c) identify the skills and experience HR professionals value in older workers. Statistically significant differences ($p < .05$) between health care and social assistance and all other industries, when applicable, are noted throughout the report.

An e-mail including a link to the online survey was sent to 18,000 randomly selected SHRM members from private-sector and nonprofit organizations and 2,000 randomly selected SHRM members from government agencies. The survey was fielded from May through July 2014. During the data collection period, several e-mail reminders were sent, and a small incentive was offered to increase the response rate. Of the 20,000 e-mail invitations, 19,308 were successfully delivered, and 1,913 HR professionals responded, yielding a 10% response rate and a +/- 2% margin of error.

Endnotes

- ¹ U.S. Bureau of Labor Statistics. (2013, December 19). Employment by major industry sector, 2002, 2012, and projected 2022. Retrieved from <http://www.bls.gov/news.release/ecopro.t03.htm>
- ² U.S. Bureau of Labor Statistics. (2014, September). Employee tenure summary. Retrieved from <http://www.bls.gov/news.release/tenure.nr0.htm>
- ³ U.S. Bureau of Labor Statistics. (2014, April 25). Employed persons by detailed industry and age, 2013 annual averages. *Current Population Survey (CPS)*. Retrieved from http://www.bls.gov/cps/industry_age.htm
- ⁴ Paullin, C. (2015). *The aging workforce: Leveraging the talents of mature employees*. Alexandria, VA: SHRM Foundation. Retrieved from <http://www.shrm.org/about/foundation/products/pages/the-aging-workforce-leveraging-the-talents-of-mature-employees.aspx>

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