



Older nurses are the answer  
to the nursing shortage.

# Experience matters

■ **AFTER 40 YEARS** of bedside nursing, you might think I would appreciate sitting in a recliner with my feet up. Well, thanks, but no thanks.

After I had been retired for two years, I began longing to return to nursing. I prayed for wisdom and guidance. I knew I needed to return to work at that point in my life, or I would never again do what I loved to do.

Things change so quickly in the medical field. Since I had maintained my subscription to *RN*, renewed my license, and obtained the necessary contact hours, I believed I still would be able to return to the bedside. In answer to my prayer, the nurse manager from my previous place of employment contacted me. Imagine my joy and surprise from that phone call!

To encourage actually means "to give courage." That is what this nurse manager did for me. She gave me courage.

I had several fears about returning to the bedside. I knew some employers would not consider applicants in my age group. This employer assured me that she was interested only in the quality of my work, not in my age.

I pointed out another fear to this manager. I had let my Advanced Cardiovascular Life Support (ACLS) and Trauma Nursing Core Course (TNCC) certifications lapse. These were required since our hospital was very small and all nurses must demonstrate proficiency in several areas.

The nurses in the ACLS class were much

younger than I was—young enough to be my daughters. In spite of the age factor, I did very well. The difference was that I studied four times as long as I had when I was younger.

I was the oldest member of the TNCC class, but there were several students in my age group. I was pleased to read in my study packet that the facility where I took TNCC did not discriminate because of age, race, or sex. The only consideration was that you do the job well.

When I retired at the age of 62, I told my nurse manager that I must be careful not to become too tired. I think she remembered our conversation because she offered me four-hour shifts. She needed someone to fill the gaps between eight- and 12-hour shifts, and this worked out very well for both of us.

During my two years away from bedside nursing, my husband had both his knees replaced. These years were truly educational for me. I traveled for several hours to where he was hospitalized, and stayed with him around the clock while he recuperated from his surgeries. I helped with his care because the floor nurses were stretched thin.

When I returned to nursing, I felt a new compassion for family members. I always had been patient-focused, but now I now found myself asking wives and children of patients, "How are you? How are you holding up? What can I do for you?"

Twice I have been assigned to patients because of my age. A few years ago, a

young psychiatric patient was making advances toward the young nurses who were caring for him, so I was assigned to him. He was calmer with an older woman, and I did not feel threatened as the younger nurses had. He certainly did not make advances toward someone with gray hair and glasses. He was quite respectful.

Recently, I was assigned to an older man who had Alzheimer's disease. I had cared for him years earlier, and I noticed that his personality had changed since then. He now made suggestive remarks toward the younger nurses, causing both them and the patient's wife discomfort. When I cared for him, the whole situation improved.

My manager also told me she believed the older nurses were useful mentors. I have found this to be true. Before my retirement, I had helped orient new nurses, and I had served as a preceptor twice. I believe that older nurses returning to the workforce is one answer to the nursing shortage.

I am thankful now for each day that God grants me the health, strength, skill, and wisdom to care for the sick. I am proud to be a part of this great profession for as long as I am able. **RN**

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