Executive Summary
Strategies to Retain an Aging Nursing Workforce:
An Integrative Review of Evidence with Evidence-Based Recommendations

Clinical Question: What are the strategies to retain the senior nurse in acute care settings?

Relevant population: Senior nurses who are 45 years and older comprise the aging nursing workforce.

Background: The aging nursing workforce (composed of the baby boomers born between 1946-1964) is a profound issue that impacts healthcare globally. There is a wide gap between the massive number of nurses expected to retire in the next decade and the decreasing number of nursing graduates to replace them. This nursing shortage compromises quality of patient care and increases job stress, which can influence even more nurses to quit the workforce. During the next 20 years, the healthcare system will face an enormous challenge of caring for an aged population which will further increase the demand for nurses.

Overview of Search Method: A literature search to identify evidenced-based strategies used to retain an aging RN workforce was conducted through Medline, Ovid, Pub Med and Pub Med Central of 2002-2011 publications, using key words such as “technology,” “senior nurse,” and “seniors in the workforce.” The search originally yielded a total 62 journal articles and books, but was reduced to 32 articles due to a) inappropriate population or health care settings, and/or, b) failure to answer the clinical question. The study population investigated includes nurses aged 40 years and above who work in acute clinical areas. Of the 32 relevant articles, 12 were actual research articles (level of evidence: 3) while the remaining 20 were theory-based evidence from experts in healthcare (level of evidence: 1). The limitations of the research studies (Appendix ) centered on sampling issues and study locations (rural, community, nursing homes, home health and/or outside United States), both limiting generalizability of the results.

Evidence Search Results: The retention strategies acquired from the integrative search are organized into seven major strategies to pull together similar themes: a) assess job attitudes, characteristics of the aging RN workforce, and intent to leave the workforce, b) promote a culture that supports the needs of the aging RN workforce, c) promote work-life balance of the RN workforce, d) develop working conditions that decrease physical workloads and mental stress, e) boost professional status and career enhancement, f) restructure and design recognition and pay compensation packages that provide equitable remuneration, and g) promote healthy lifestyle and wellness and preventative programs. Retention strategies for the aging nursing workforce highlight the creation of an organizational culture that recognizes the knowledge and
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expertise of older nurses, and accommodates their changing needs. Refer to Appendix for a summary of
the purposes, results, and limitations of the 12 research studies used in this integrative review.
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Summary of Evidence on Retention Strategies for Aging RN Workforce:

A. Assess job attitudes, characteristics of aging workforce, and intent to leave the workforce[^1][^4][^8][^9][^11][^18].
1. Conduct job satisfaction surveys. Job satisfaction is determined to be twice as predictive of employee turnover as that of employee tenure[^1][^2][^4][^9][^13][^16][^17][^18][^19]. Results of these surveys can be used in workforce planning and in designing and instituting retention strategies that will match the needs of the nurses of the organization. Job dissatisfiers must also be addressed appropriately.
2. Use of The Older Worker Lure (OWL) Scale to assess organization’s policies and practices on a multi-generational workforce[^13].
3. Conduct exit interviews[^18].

B. Promote a culture that supports the needs of the aging RN workforce. The American Association of Critical Nurses (AACN) underscores the behavior and communication among nurses to be blameless and outstanding as clinical skills[^20]. Culture has been determined to impact the work environment, patient safety and productivity[^12].
1. Develop managerial skills that recognize and value the knowledge and expertise of the aging nurses and offer provisions that support the unique needs of these nurses. Poor managerial behavior has been identified as a leading reason for nurses’ leaving the workforce[^1][^3][^5][^6][^9][^19][^21][^22].
   - Specify safety objectives, feedback and reward system[^14].
   - Develop policies that address aging discrimination, intergenerational issues, and culture of safety[^14][^22][^23].
2. Promote **transformational leadership** which supports and nurtures relationships that model, inspire, challenge, and encourage greatness[^16].
3. Develop diversity and sensitivity training on aging, and on the reduction of stereotypes on ageism[^1][^8][^13][^5][^24][^25][^26].
4. Establish a worker-friendly hospital environment where RNs feel being part of a larger family network[^22][^27][^28].
5. Build and promote teamwork in the workplace[^12][^17][^25].
6. Offer a **mentoring program** that will purge positive multigenerational relationships and age-diverse culture; ensure the transfer of knowledge from the senior to the younger nurses[^5][^9][^11][^13][^14][^17][^25][^27][^28][^29][^30].
7. Develop a Senior Nurse Advisory Board comprised of RN aged 45 and above[^2].
8. Establish an organizational communication system, for example, open forums[^17][^28].

C. Promote work-life balance in aging RN workforce.
1. Flexible work choices with regards to schedules, work location, type, assignment and structure[^1][^3][^4][^5][^7][^9][^11][^14][^15][^21][^17][^22][^25][^27][^30][^31][^32]. Work scheduling difficulties are top reasons for a high nursing turnover[^20].
   - Self-scheduling, job sharing, part-time work, compressed work schedule (i.e. 7 days on/7 days off) decrease percent of work commitment, short shifts, decrease weekend/holiday schedule, weekend only work (WOW), 4-hour shift, abolish mandatory overtime, annualized work hours, job engineering, casualization of workforce.
   - Rehiring programs[^29].
2. Phased retirement[^1][^8][^18][^30]. **Phase retirement** is defined as “reduced workload, decreased work hours or a change in role responsibilities”[^8] which could provide a slower transition to full retirement.
   - Seasonal schedule, abbreviated schedule, contract work project, shorter work week.
3. Care-giving (child and elder care) and grief resources[^1][^31].

[^1]: Kaiser Permanente; Panorama City Medical Center Nursing Research Council, October 2011
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4. Create a referral system to facilitate access to services and resources needed by aging RN, for example, social services and discharge planner.

D. Improve working conditions that decrease physical workloads and mental stress of aging RNs.
   1. Maintain manageable patient-nurse ratio and workloads.
      - Change in skills mix ratio.
      - Option to work rotation at another area that has light workload.
      - Reduce floating and overtime.
      - Frequent, longer breaks; adequate ancillary personnel.
      - Accommodate physical limitations.
   2. Initiate job sculpting by redefining and re-designing work roles and re-skilling for mature RNs.
      - Alternative roles: mentoring, telephone triage, instructor for new employees, “stat” team.
   3. Hire auxiliary help to perform non-nursing tasks.
   4. Ergonomics.
      - Comfortable and supportive chairs and tables, good lighting, supportive floors and surfaces, rubber floor mats, motorized beds, 3-lift devices, patient handling equipments, strategic location of computers for charting.
      - Provide educational programs on ergonomics covering body mechanics, team lifting, slide techniques and no-lift policy.
   5. Modify workplace environment and change equipment designs to accommodate changing health conditions.
      - Decentralization of workstations to decrease walking, availability of equipments to avoid wasting time to look for them, install equipment to ease strains, redesign patient rooms, apply universal design, safe parking.
      - Lift teams, educational programs.
   7. Use of electronic medical record (EMR). Increase time spent in documentation is one of the major RN dissatisfiers. Nurses report that they spend as much as 30% of their time in documenting patient care.
   8. Optimize use of internet/ information technology to lower nurse burden while enhancing patients’ participation in their care.
      - Control of TV, bed, room temperature and lighting, accessibility to dietary needs.

E. Boost professional status and career enhancement/development. Cowin (2002) elucidated that “how the nurses view themselves as professionals affect their intention to continue with their career.” Moreover, lack of respect from management, doctors and peers, low autonomy and lack of participation in decision-making are critical factors that affect job satisfaction in aging nurses.
   1. Promote autonomy and empowerment in aging nurses.
      - Participation in organizational planning, equal participation in multidisciplinary healthcare team, shared governance.
   2. Promote Transformational Leadership.
      - Provide inspirational motivation and stimulate intellectual pursuits, effective communication, visibility, transparency; identifying benchmarks, mentorship.
   3. Attain Magnet status. Magnet status is linked to exceptional nurse retention and patient outcomes. According to the Robert Wood Johnson Foundation, the eight essential forces of magnetism are: nurse autonomy and accountability (clinical autonomy), control over nursing practice and practice environment (organizational autonomy), good nurse-physician relationships and communication, the opportunity to work with other nurses who are clinically competent,
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supportive managers/supervisors, support for education, adequate nurse staffing, and concern for the patient” (p.46).
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4. Set-up educational programs to promote life-long learning
   - Provide financial aid/scholarship to those who desire to pursue advance education.
   - Manage job disengagement through challenging and stimulating work experiences.
   - Tailor training programs for newer technology.
   - Customize re-entry educational programs based on learning style and needs.

5. Create alternative positions/roles and opportunity for advancement
   - Clinical ladders, administrative, staff education.
   - Chief-On-Board Officer, best practice coach, technology facilitator, team builder, senior consultant/cost-benefit analyst, preceptor/mentor, community liaison, research assistant, relief nurse, safety officer, communicator, patient educator and family advocate, quality coach.

6. Implement workforce planning and succession planning.

7. Implement Career-Coaching Model to support career transitions.

8. Conduct frequent training and retraining to keep up with new technologies and evidence-based practice.

9. Provide for Talent management which includes: “applicant tracking, employee referral, career development, succession planning, performance appraisal and learning management”.

F. Restructure and design recognition and pay compensation packages that provide equitable remuneration.

1. Re-structure pay compensation packages
   - Competitive salaries, paid sick time, vacation time, salary differentials, family-friendly policies, childcare and elder support. flexible retirement, boosting 401k, restructure pensions, availability of pre and post retirement options, health coverage, long-term care insurance, spending accounts.
   - Pro-rated benefits.
   - Portable retirement.

2. Support phase retirement.
   - Restructuring pension plan, creating SWOT(strengths, weaknesses, opportunities and threats) analysis, building a business case.

3. Conduct pre-retirement seminars and financial planning.

4. Provide feedback, rewards and recognition programs
   - Stripes, pins and badges; service awards.

G. Promote healthy lifestyle and wellness and preventive programs for aging nurses

1. Meet RNs’ basic needs (sleep, food, comfort, safety, and socialization).
   - For night shifts: having fresh fruits and snacks available, restructure task assignments, sleep breaks.

2. Recognize the changing health needs of the aging RNs.

3. Launch wellness programs
   - Promote diet modification, regular exercise, decreased alcohol intake, and opportunities for social interaction.
   - On-site fitness facilities, gym membership, golfing expedition, massage therapy.

4. Conduct managerial training on the health needs of aging RNs.

5. Establish an employee assistance program.

Conclusions: The impending nursing shortage crisis stems from an exodus of nurses retiring through the next 15 years, the decreasing enrolment in nursing schools, and the graying of the general population brought about by increased lifespan. The overwhelming evidence from this integrative review indicates that retaining the older nurses can mitigate significantly, the negative impact of nursing shortage.
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on quality of patient care and the overall organizational performance and productivity. Evidence shows that professional autonomy, career development, and equitable remuneration are linked to nurse retention. Whereas, working conditions, such as inflexible work hours, unsafe work practices, lack of input, poor nurse-doctor relationship, among others are cited as major causes of nurses’ turnover. Magnet status promotes autonomy, control over practice environment, career development and collaborative work relationships, and is strongly associated with increased nurse retention. Nurses’ involvement in the creation of retention program for aging nurses is paramount to its success. A survey to assess aging nurses’ job attitudes, work and health needs and intentions to stay in the workforce is extremely valuable, the results of which should be incorporated in the retention policy. Barriers to the implementation of retention strategies, such as organizational changes (i.e., downsizing, mergers), economic factors, and union policies, among others must be addressed.

Organizational commitment is needed to create and sustain an organizational culture that a) values the knowledge and expertise of the aging nurses, b) recognizes their changing physical, emotional and cognitive health needs, and c) makes the necessary modifications in working conditions to promote an optimal workplace safety and work-life balance. Central to this culture of retention is the leadership style of the manager. Evidence suggests that transformational leadership motivates, builds trust, empowers, and increases nurse satisfaction. Educational programs to train both managers and nurses about aging will increase understanding of older nurses’ needs, dispel myths about aging, prevent age discrimination, and settle intergenerational conflicts in the workplace. A mentorship program is an excellent strategy whereby transfer of knowledge is passed from the older to the younger nurses. Finally, phased retirement, job sculpting, flexible work schedules, ergonomics are among the strategies aimed at decreasing the workload and stress of the aging RNs and accommodating their physical, emotional, and cognitive needs as they transition towards full retirement.
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REFERENCES


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## Table 1. Research studies related to the strategies to retain aging RN workforce.

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<thead>
<tr>
<th>Author and Title</th>
<th>Purpose of Study</th>
<th>Population/Site/Method</th>
<th>Results/Implication</th>
<th>Limitation/Level of Evidence</th>
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| 1. Cowin, L. (2002) The effects of nurses’ job satisfaction on retention         | To determine the effects of job satisfaction on retention of nurses               | Two groups of nurses: Grp1: RN in last trimester of BSN program (506) Grp2: RNs randomly selected from NSW Board (528) - (Australia) - Multi-group longitudinal design (8 months) | 1. Professional status has a significant impact on retention.  
2. Retention is relatively stable with time for experienced RNs.  
3. Issue of pay is a significant area of dissatisfaction in the transition of new grads to RN.  
4. How the nurses view themselves as professional affects their decisions to stay in nursing.  
5. Professional status, autonomy, and pay are issues that impact retention strategies. | Newly constructed measuring tool: NRI (Nurses’ Retention Index), but, with high internal consistency and validity. Level of Evidence: 3 |
| 2. Eaton-Spiva, et al (2010) Assessing and redesigning the nursing environment   | “To provide a framework for current and ongoing evaluation of the practice environment” | 46 RNs from four nursing units - on line survey and focus group sessions (30 RNs) | 1. Adequacy of staffing and resource and physician relations are identified as common barriers to providing quality care.  
2. Nurses time is spent on documentation, communicating with physicians, hunting for equipments and supplies and obtaining access to charts/computers.  
3. Strategies to improve practice environment include: promoting morale, empowerment, and professional development. | Sampling by convenience Level of Evidence: 3 |
| 3. Gabrielle, et al (2007). Older women nurses: health, ageing concerns and self-care strategies | “To explore health and ageing concerns and self-care strategies of older female nurses” | 12 female RNs aged 40-60 years working in acute and community hospitals - (Australia) - qualitative interviews | 1. There were two themes identified: aches and pains of aging (neglecting self, physical changes, living with pain, and tiredness) and evolving lifestyles (power of exercise, healthy eating, and adapting to aging).  
2. Managers need to recognize the changing health needs of the older nurses in clinical areas. Service delivery must be tailored to the changing health needs of the older RNs. | Findings are not generalizable - Low sample size - Study conducted outside US Level of Evidence: 3 |
| 4. Gabrielle, et al. (2008). Adjusting to personal and organizational change: Views and experiences of female RNs aged 40-60 year | “To explore the views and experiences of female RNs aged 40-60 years in acute hospitals and community settings.” | -12 female nurses recruited through statewide nurse magazine - Australia - Narrative-based study | 1. Areas of concern that would discourage nurses to remain in the workforce include: workplace conflict or bullying, poor working conditions leading to increased stress, and lack of managerial support. | Self-selected sampling Low sample size Level of Evidence: 3 |
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<td>5. Hatcher, et al (2006). Wisdom at work: The importance of the older and experienced nurse in the workplace. -Robert Wood Johnson Foundation</td>
<td>“To identify promising strategies and opportunities for retaining experienced RNs.”</td>
<td>Older nurses 45-65 years -Review of literature -Interview of 13 experts</td>
<td>1. Ability of the older RN to continue working in the clinical areas can be supported through adaptations in the work environment. 2. Human resource policies need changing in the areas of: scheduling flexibility, expanding roles in nursing, advancing employee-employer relationship and new career path development, change in ergonomics and healthcare design, change in technology implementation and usage, change in organizational culture, commitment to training and education, changes in 3rd party reimbursement, union, and national policies. 3. Twelve best practice identified are: boosting 401K participation and redefining pensions, care-giving and grief resources, corporate cultures that value the mature worker, flexible work options, knowledge transfer paired with phased retirement, magnet status, mentoring programs, phased retirement, planning for retirement, talent management, training, lifelong learning, and professional development, workplace redesign and ergonomic improvements.</td>
<td>Level of Evidence: 3</td>
</tr>
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<td>6. Letvak, S. (2002). Retaining the older nurse.</td>
<td>“To determine the knowledge base and plans for the aging RN workforce”</td>
<td>-62 hospitals, and 214 nursing homes -North Carolina Hospitals and nursing homes - Descriptive survey design</td>
<td>1. Ninety four percent of the facilities have no policies in place to address the needs of the older RNs; 84% have no immediate plans. 2. Managers need to begin to formulate polices to meet the needs of the older nurses to retain them by: developing personal views on aging, assessing job satisfaction, promoting organizational commitment, and by taking responsibilities.</td>
<td>Limited to hospital facilities and nursing homes in North Carolina Level of Evidence: 3</td>
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<td>7. Letvak, S. (2003) The experience of being an older nurse</td>
<td>“To describe the experiences of the older staff nurses”</td>
<td>-older nurse defined as age &gt; 55 years -sample: 11 female staff RN aged 55-62, work in acute care hospitals, with 21-40 years of experiences. -qualitative research -interviews</td>
<td>1. Despite the stressors at work, such as generational conflict, less respect from patients and families, older nurses continue to work because they care. 2. Older nurses in this study are generally satisfied. 3. Older nurses are capable of meeting the physical and mental requirements of bedside nursing including highly stressful areas like ICUs.</td>
<td>Small sample size Level of Evidence: 3</td>
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<td>8. Letvak, S. (2003) Health and safety older nurses</td>
<td>“To examine the relationships between demographic variables, job attributes and the physical and mental health and job-related injuries and health disorders 308 nurses over the age of 50 years”</td>
<td>-308 RNs &gt;50 yrs old - Southeastern states -Survey</td>
<td>1. Job satisfaction, control over practice, and lower job influence older RNs’ physical health. 2. Years as an RN is a predictor of mental health. 3. Majority of reported job injuries are related to needle sticks, back and musculoskeletal injuries. 4. Provisions to ensure safe working environment are indicated to prevent injuries that will lead to nurses leaving the workforce.</td>
<td>Sample limited to RNs working in Southern states -Level of Evidence: 3</td>
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<td>9. McHaney &amp; Varner. (2006). Accommodating the needs of the aging RN workforce</td>
<td>“To determine the awareness of and any plans for the aging RN workforce by Alabama nursing administrators in hospitals and nursing homes.”</td>
<td>-Sample: 129 hospitals and 227 nursing homes in Alabama -Descriptive survey design - A replication of Letvak’s study</td>
<td>1. Only 3.7% have policies in place to accommodate the needs of the older RN workforce. 2. Only 21.3% of the administrators felt that the responsibility for maintaining older RNs’ employment falls on the hospitals and nursing homes.</td>
<td>Limited to Alabama nursing administrators in hospitals and nursing homes. - Level of Evidence: 3</td>
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<td>10. O’Brein, Duffield &amp; Alksnis.(2004). Who will be there to nurse: Retention of nurses nearing retirement</td>
<td>“To determine the impact on nursing workforce supply of delaying retirement:”</td>
<td>- Nursing supply (RNs and LPNs) data was taken from - used the ages of 58 and 65 years for analysis of retirement age. -Australia</td>
<td>1. For year 2004, 7328 nurses was estimated to be lost through retirement of 58 years, but only 4139 nurses through retirement at age 65 (56% less attrition). A potential of 3189 could be retained.</td>
<td>Study conducted outside USA. -Level of Evidence: 3</td>
</tr>
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<td>11. Palumbo, et.al. (2009). Retaining the aging nurse workforce: Perceptions of human resource practices.</td>
<td>“To explore the RNs’ perception of a) intention to stay in their current position, with their employer, and employed as a nurse b) organizational and unit-label culture regarding older nurses in the workplace, c) importance of specific HR practices and d) extent to which these HR practices/policies are currently done...”</td>
<td>- Nurses in 12 institutions (4 hospitals, 7 home health agencies, and 1 nursing home) - Modified Dillman mail design survey</td>
<td>1. Nurses in the study intend to stay in the workforce into their 60s but not necessarily be working in the same organization.  - Nurses view their work as not yet complete and intend to continue working in responsive work environments 2. Top 3 HR practices that may influence nurses’ intent to remain in the workforce: - Recognition and respect - Having a voice - Receiving an ongoing feedback regarding one’s performance 3. Compensation is not the topmost factor in RN’s intent to remain in nursing.</td>
<td>Conducted in rural and largely homogenous US state, Excludes urban areas and large healthcare systems - Level of Evidence: 3</td>
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</table>
| 12. Rosenfeld, P. (2007). Workplace practices for retaining older hospital nurses: Implications from a study of nurses with elder care responsibilities. | a) “To describe caregiving experiences and extent to which informal caregiving influences RNs' decision to continue working.  
b) To develop workplace practices and policy recommendation aimed at retaining family caregivers” | - Sample size: 28 (4 nurse assistants, 10 RNs, 8 APNs and 5 leadership RNs)  
- In-depth interviews | 1. Workplace practices such as flexible hours, unpaid family leave, and paid sick or vacation days are linked to continuation of same work hours and unpaid family leave is associated with employment retention.  
- Retention strategies that focus on monetary incentives will not necessarily motivate the older RNs to stay in the workforce.  
2. Recommendations: a) provision of resources that promote caregiver-friendly work environment, b) training the managers on supporting work-life balance for older nurses. | Small sample size  
Convenient sampling  
Study conducted in 1 institution which limits generalizability  
Level of Evidence: 3 |
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