

# *The Multigenerational Nursing Workforce*

*The McGill Nursing Collaborative for Education and Innovation  
in Patient- and Family-Centered Care*

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# Literature Review

## Research Questions/Objectives

- Describe different generations currently working together in healthcare and their key characteristics.
- What are the current challenges and strengths of each generation working together?
- What are the best strategies for managers to support these different groups in their learning and to improve their competencies?

## Background & Importance

Three generational cohorts (baby boomers, Generation X and generation Y) are currently working together in our healthcare system and a fourth generation will soon join them (Generation Z). In the dynamic nursing workforce, these generations work side by side possibly more so than in any other career (Sudheimer, 2009). Each generation has different expectations regarding the workplace (Sullivan, 2017).

In the literature, there has been a recent focus on intergenerational diversity with the goal to understand the experiences of nurses at different career stages, theorized to have different career needs, expectations, values, motives and goals (Price, 2015). This recent focus has only been in light of the potential nursing shortage, staffing shortfalls along with an ageing/retiring nursing workforce, with a current average age of an RN in Canada being 44.9, with more than a quarter of the RN workforce 55 or over, and 13% aged 60 or over (Price, 2015, Wilson, 2008). Other changes include an increase in the average age of retirement for nurses, higher rates of overtime and sick time, poor retention rates and absenteeism and shifts towards more LPNs are some considerations for developing safe and sustainable human resource strategies (CFNU, 2017, Klug, 2009, Price, 2015, Wieck, 2010). For the first time in two decades, more regulated nurses left their profession in 2014 than entered it in Canada (CFNU, 2017). In addition, approximately 20% of new graduates are likely to leave the profession within three years of graduation (Wilson, 2008). By the year 2022, the CNA projected that there will be a nursing shortage of 60,000 full-time RNs, if further actions were not taken, creating serious implications for Canada's healthcare system (Price, 2015). The healthcare organizations today must take action to recruit younger nurses to replace those retiring, yet also retain experienced nurses currently working to stabilize the workforce (Klug, 2009).

Given the seriousness of the situation, effective strategies are required to promote job satisfaction, nurse retention and overall healthy workplace environments for all generations of nurses in the current workforce (Wilson, 2008). However, one-size-fits-all intervention programs do not address the priorities and expectations of the four different generations found in today's nursing workforce (Wieck, 2010). Failure of organizations and managers to recognize different generational characteristics and work values may lead to negative outcomes, such as reduced organizational commitment and higher turnovers or intention to leave (Robson, 2015).

Generational differences indicate work-related implications for successfully responding to generational diversity in the workplace (Outten, 2012, Robson, 2015).

However, institutions can benefit from celebrating the differences and promoting strengths of the various generations that currently make up the nursing workforce (Moore, 2016).

## **Theoretical Foundations**

A generation is a cohort that shares birth years and related significant life events (Wilson, 2008). Various events, such as historical-political events, societal factors and parenting styles are believed to shape each generation's beliefs and values, for which it is expected that these create generation-specific attitudes towards work and the work environment (Hampton, 2017, Wilson, 2008). A generation experiences the same formative experiences and develop unifying commonalities as a result (Lyons, 2014). Each generation has specific opportunities and experiences, providing them with collective memories that influence attitudes and behaviors, habits, thoughts and actions (Lyons, 2014). The theory of generations in the social sciences yields two distinct perspectives; the social forces perspective, viewing generations as multi-dimensional social groups and the cohort perspective, viewing generations simply as collections of people born within a certain time period (Lyons, 2014). The social forces theory posits that a generation creates new skills and patterns of social organization, including alterations in values and lifestyles. Each new generation comes into contact with the pre-existing norms about appropriate behavior, attitudes and values and responds to these norms either with acceptance or deviance (Lyons, 2014). New generations may become alert to problems with the previous generation or with the status quo, and act as a force for change. Researchers examining generational differences in the workplace have mostly adopted the cohort perspective, seeking to understand the differences between the birth cohorts (Lyons, 2014). This perspective focuses on the dynamic between new and old ideas that can facilitate change in organizations.

## **Nursing Generation Characteristics**

In the nursing workforce, there are Baby Boomers, born between 1946 and 1964, Generation X, born between 1965 and 1979, and Generation Y or Millennials, born 1980 onwards, with Generation Z to soon graduate and begin entering the workforce as well. Those born at the beginning or end of generational periods are said to potentially take on the attributions of both generations (Wilson, 2008). Lastly, although common characteristics exist among the generations, care should be taken to also avoid stereotyping (Weingarten, 2009).

### **Baby Boomers (1946 – 1964)**

For a long time, baby boomers made up the largest cohort of the nursing workforce, however today nurses born before 1964 only represent 22.6% of nurses in Canada (CIHI, 2016). Baby boomers grew up in the post-world war II era and lived through the Cold War and Vietnam War (Sudheimer, 2009, Weingarten, 2009). They also grew up in a time of economic prosperity and educational growth (Hendricks, 2013). Other significant milestones during this generation include the civil rights and women's rights movements. Baby boomer nurses can be found from clinical staff to leadership positions with upcoming retirement in the near future (Weingarten,

2009). Members of this generation currently occupy most of the leadership roles in nursing (Keepnews, 2010).

Baby boomers value their professional growth and expect that their work will make a difference. They are portrayed as workaholics, value work performance, promotions and titles (Hendricks, 2013, Weingarten, 2009, Wilson, 2008). They value professional opportunities, praise and recognition and control from the work organization. The theme of ‘paying your dues’ to achieve respect and earn promotions is common. Work, is a large part of baby boomer’s life, as it defines self-worth. Currently, the baby boomer generation is also being called the ‘sandwich generation’ as they are caring for both their aging parents and their own children at the same time (Sudheimer, 2009).

### **Generation X (1965 – 1979)**

Generation X seek to find a work/life balance with family life and believe that they are not rewarded given the amount of their responsibilities. Generation X nurses are independent, self-directed and value work environments that favor their talents, creativity and expertise (Hendricks, 2013). They work to live, and will change employment if unsatisfied (Wilson, 2008). Generation Xers do not have loyalty to the job and do not value long-term employment with one employer. Changing employment enhances opportunities and challenges and increases compensation (Wieck, 2010). Today, generation X nurses currently make up half of the entire Canadian workforce at 47.8% in 2016, were between the ages of 35 to 54 (CIHI, 2016). These nurses have become clinically competent and are looking for professional advancement and leadership positions (Weingarten, 2009).

The children of the workaholic baby boomers grew up where parents worked outside the home, divorce was common and job stability was always guaranteed (Weingarten, 2009). As a result, generation Xers are independent people who mistrust institutions. Generational milestones include the fall of the Berlin Wall and the break-up of the Soviet Union, and the emergence of HIV/AIDS (Weingarten, 2009).

### **Generation Y/Millennials (1980-2000)**

Generation Y nurses are the future of nursing, currently comprising 29.5% of nurses in Canada (CIHI, 2016). Generation Y (also called millennials) are technically savvy and expect immediate access to information electronically, as they have grown up in a world with massive amounts of information being available (Weingarten, 2009). Generational milestones include the internet, cell phones and video games, which were found in almost every household. During this time, social media has also become popular. Other events include the emergence of terrorism and natural disaster becoming scary new realities, along with the emerging obesity epidemic becoming a new concern (Weingarten, 2009). Generation Y members are culturally diverse, view education as the key to success and strive to maintain a balance between their home and work life. This generation is globally connected and accept multiculturalism as a way of life (Sherman, 2014). They are also the first generation educated to become concerned about the sustainability of the environment.

Generation Y nurses are life-long learners and comfortable with technology, and often require strong mentorship, support and intellectual stimulation in the workplace to succeed (Weingarten, 2009, Wilson, 2008). Job portability and lateral employment movement are important and are known as the hardest generation to recruit and retain, with high turnover rates occurring in the first few years of employment (Sherman, 2014, Weingarten, 2009). In addition, since 2013, there has been a decline in the number of new nurse graduates obtaining a license to practice in Canada, with an average annual growth of -3.2% (CIHI, 2016). Despite this, Generation Y is optimistic and motivated about nursing, and are the most likely to recommend nursing as a career (Sherman, 2014). Lastly, they value collaboration, seek continuous training, mentoring and career development (Lavoie-Tremblay, 2014).

For managers to be successful in recruiting and retaining new graduates, nurses in leadership positions must understand the relationship between work environment and employee health as experienced by the younger generations (Lavoie-Tremblay, 2008).

### **Generation Z (2000 and Later)**

Generation Z, born 2000 and onward, will soon graduate and enter nursing workforce. This Generation, also known as iGen, @generation or the Pluralist generation, are entering undergraduate and diploma-level nursing programs and are beginning to enter into the nursing profession (Hampton, 2017).

Generation Z members are curious, compassionate and willing to pursue non-traditional options in the future. This cohort grew up during a time of socioeconomic uncertainty, chaos and complexity, such as the war on international terrorism and the global recession. This cohort highly value education and also were educated to promote inclusivity and diversity (Hampton, 2017). Generation Z are more diverse than any other generation, they are open-minded about ethnic diversity, exemplified by their social acquaintances being from diverse races and ethnic groups (Hampton, 2017). This cohort is also more open-minded about sexual diversity, as traditional families are not always made up of parents of different sexes (Shatto, 2016).

They respect authority, are community-minded and verbalize feelings of concern. They may therefore have a similar work ethic to Baby boomers, have the resiliency of Generation X and the similar technologically savviness as Millennials (Hampton, 2017). Overall, there is minimal nursing literature on Generation Z to date (Hampton, 2017, Shatto, 2016).

## **Similarities**

### Management Relationships

All nurses across the generations have indicated that quality management relationships are important for the work environment. All groups have also indicated that there is a disconnect between management priorities and nursing priorities (Price, 2015). According to Weick's (2010) study, all generations of nurses wanted their manager to be a 'people person' and to be able to depend on their manager for support.

### Interprofessional Collaboration

Weick's study (2010), measured different satisfaction traits of the hospital work environment among nurses from different generations. All three generations reported similar (high) satisfaction with their nurse-physician relationships (Wieck, 2010).

### Burnout

All generations of nurses found that burnout rates and job dissatisfaction scores increases as nurses were expected to take care of higher numbers and more acutely ill patients (Wieck, 2010). In addition, compared to other Canadian professions and employees, nurses were more likely to be absent from work, with an average of 14.9 sick days per year (Lavoie-Tremblay, 2008).

### Scheduling

Myer's study with nurses over the age of 50, revealed that of the top reasons influencing early retirement is the desire to spend more time with family and the desire to only work part-time. Lack of flexibility with scheduling served as a motivating factor for intention to leave (Klug, 2009, Myer, 2014). Scheduling factors, such as more choice of days and flexible work schedule ranked high in order of importance (Klug, 2009, Myer, 2014).

### Work-Life Balance

Although baby boomers live to work and will sacrifice personal interests until the job is complete, unfortunately, now this age cohort may be now caring for elderly parents. In addition, this generation is called the sandwich generation and also face demands from their children, therefore boomers have drawn more attention to their family pressures. Generation X and Millennials value work-life balance. Generation X may also now have a large amount of debt related to mortgages or student loans, and may also be caring for young children. Millennials prefer flexible schedules and work-life balance is an important criteria for selecting employment (Moore, 2016). Lastly, younger generations have seen their parents dedicate themselves to their careers only to experience downsizing and layoffs, adopting a more 'work to live' value perspective (Lyons, 2014). However, Lyon's also argues that many studies have not controlled for changes in work and family demands for the participants, potentially very influential confounding factors (Lyons, 2014).

## **Differences**

Most authors (CIHI, 2016, Lyons, 2014, Moore, 2016) indicate that one's generational identity is not fixed and personalities, values and behaviors vary by age, gender, race and education and experiences and are not tied strictly to a birth cohort membership. In addition, another challenge lies in the lack of studies conducted in other countries, with most literature adopting U.S generational categories to define the generations. Therefore, it may be inappropriate to impose generational identities of one society to another, which includes nursing professionals who work in Canada, from other countries (Lyons, 2014).

### Employment Profile

Generation X and Baby Boomer nurses were employed (over 1/3) in areas of critical care, whereas 50% of Generation Y nurses were working on a medical or surgical unit (Wilson, 2008). The percentage of nurses who worked full-time varied; 63% of Baby Boomers, 56% of Generation X and 65% of Generation Y (Wilson, 2008). The lowest full-time being Generation X, perhaps due to the required flexibility to raise their families. Generation Y may prefer full-time as they have less family obligations.

### Job Satisfaction

According to Wilson's (2008) study, conducted in Ontario, Baby Boomers reported being the most satisfied with their jobs over Generation X and Y. Job satisfaction included factors of; extrinsic rewards, scheduling, balance of family and work, interactions with co-workers, other interactions, professional opportunities, praise and recognition and control and responsibility (Wilson, 2008). No significant differences were found between Generation X and Y for any component of job satisfaction.

### Organizational Support

Young generation nurses (Generation X and Y) were least satisfied with autonomy, control over practice and organizational support (Wieck, 2010). Whereas, nurses aged over 40 were most satisfied in all of these areas. Wieck's study also found that 40% of all nurses believed that they or their colleagues are put in the position of being at risk for injury every day (Wieck, 2010).

### Organizational Commitment

Lyon's literature review (2014), found that 10 studies out of 16 cross-sectional review found that newer generations reported lower overall commitment.

### Job Stress & Burnout

New nurses are more likely to experience job stress than older nurses. Cited reasons include; not feeling confident or competent, encountering new situations, making mistakes due to high workloads and having inconsistent expectations from preceptors (Lavoie-Tremblay, 2008). According to Cho, Laschinger and Wong's (2006) study, 66% of nurses with less than 2 years' experienced symptoms of burnout, mental exhaustion and depression.

### Intention to Leave & Turnover

One third of nurses under age 26 years plan to leave their job within the next two years (Wieck, 2010). The literature does indicate that researchers have determined that age and tenure are positively correlated with organizational commitment and that job satisfaction and age are negatively correlated with intention to quit and turnover (Lavoie-Tremblay, 2010, Lyons, 2014). Between 30% to 60% of newly licensed RNs having changed employment within their first year (LeVasseur, 2009). Cited reasons include role transition difficulties, job dissatisfaction, job stress, perceptions of unsafe or inadequate staffing levels and heavy workloads and desire for change or better job opportunities that include stability, flexibility, recognition, opportunities for professional development and adequate supervision (LeVasseur, 2009, Lavoie-Tremblay, 2008, Lavoie-Tremblay, 2014).



### Technology

Baby boomer nurses face many challenges in today's health care environment in regards to technology. Computers, complex equipment and sophisticated technology have become the norm. Unlike the computer experts of Generation X and Y, baby boomers may have difficulties adapting to technologies they did not grow up with (Weingarten, 2009). The transition to the Information and Internet Age may erode traditional forms of teaching and passing of information from senior nurses to junior nurses, flipping upside generational relationships (Hendricks, 2013).

### Personality

In Lyon's review of the literature, the author indicates that several authors have found compelling evidence of generational differences in a number of personality factors. For instance, neuroticism, narcissism, extraversion, idealism and the need for recognition are higher in successive generations, however self-assuredness and achievement have declined (Lyons, 2014).

## **Intergenerational Strengths**

When a multigenerational workforce is properly lead and managed, there can be much to gain by the workforce's diversity (Outten, 2016). One value in having multiple generations in the workforce is that multiple generations exist as well in our patient populations, equipping the healthcare teams to take better care of patient populations (Outten, 2016).

Nurses in all stages of their careers share the dedication to promoting health and well-being for their patients and families (Price, 2015). From students, early and mid to late career nurses remain dedicated toward providing quality patient care.

With the recent focus of intergenerational diversity in the workforce including the unique needs of each generational group, findings from the CFNU report suggest that nurses of all generations are more similar than different in their career focus, expectations and needs (Price, 2015).

## **Intergenerational Challenges**

Generational differences can create new challenges for achieving a harmonious workplace because of the merging of generations, including diverse work attitudes, beliefs and values in the workplace (Hendricks, 2013). Some negative features of generational diversity are conflict, disharmony and poor productivity, communication and decreased quality in patient-care (Outten, 2016).

### Work Ethic

Generational differences in the nursing population challenge interactions and relationships between both workers and patients. For instance, the work ethic and values of the younger generation nurses vary greatly from those of their baby boomer parents (Wieck, 2010). Generation X nurses do not respect other coworkers just because of their ages or years at an institution, for them, respect has to be earned by demonstrated expertise and a supportive attitude (Weingarten, 2009). Generation Xers also desire to make work fun and have a more informal rapport, for example, they may laugh or joke with staff members. These casual characteristics

may be interpreted that the nurses are not taking their work seriously by older generations (Weingarten, 2009).

### Commitment

Another example is that baby boomer nurses, given their strong work dedication, frequently accept extra hours when called up for extra shift because their unit is short-staffed. Conversely, Generation Xers have no problem declining the extra work hours, believing that management should focus on meeting the needs of staff members and patients through adequate staffing and finding a resolution (Sudheimerb, 2009).

### Communication Styles

Newer graduates have been educated to practice advocacy and to speak up, valuing their contribution to the team and decisions. This may be seen as disrespectful from older generations who have been taught to respect and listen to their elders (Hendricks, 2013). Therefore, inputs from younger nurses may therefore cause frustration and ill-feeling to older nurses. Lack of team cohesion and poor peer working relationships are factors associated with nurse burnout.

### Horizontal Violence & Bullying

According to Edward's systematic review on nursing and aggression in the workplace, age and less experienced nurses are more at risk of being a victim of workplace violence (Edward, 2014). Competence, initiative, success and a strong sense of personal strength, all of which more likely to be found among older nurses, may make a new and younger nurse a target, as older professionals are threatened and jealous of higher qualified staff (Longo, 2013). Although nurses of all ages can be a victim to bullying, the profession is known to the phenomenon that 'nurses eat their young', for which the strong correlation between bullying and intention to quit have been well documented (Longo, 2013). However, another study has shown that for nurses between the ages of 40 to 60, found that the personal effects of horizontal violence to be more damaging (Dumont, 2012).

Conversely, Hahn's study found that teams that work together, support each other and resolve conflicts are essential factors in nurse retention. Dol's (2010) reports that employee friendliness and cooperation are the top reasons why nurses stay in their positions.

However, challenges to the nursing workforce may not directly be a result of the intergenerational diversity, rather system factors such as staff shortages, overtime and excessive workloads have impacted the entire workforces' ability to provide quality and safe patient care (Price, 2015). Conflict will arise when diverse groups of people work together under stress (Weingarten, 2009).

From the CFNU report, nurses across various career stages expressed concern about the impact of nursing on their personal lives, including the ability to maintain work-life balance.

As job satisfaction is a strong predictor for nurse retention, is it imperative to improve overall job satisfaction among Generation X and Y nurses (Wilson, 2008).

## **Nursing Management Strategies**

As nurses in leadership positions are gatekeepers of organizational culture, their role is essential to the successful engagement and performance of staff (Hendricks, 2013). Management styles must be adapted towards a retention priority, versus day to day subsistence. Nurse Managers must optimize people skills and work towards a climate of retention and self-actualization for each nurse across the generations (Wieck, 2010). Management styles should take into account the differences in values and attitudes among new nurses of different generations. For example, Baby Boomer's managers may need to modify their approach to recognize the work styles and values of nurses who belong to Generation X and Y, for example; work-life balance. (Keepnews, 2010). Organizational management which followed a more hierarchical structure are being replaced with more horizontal and team-based systems, involving employees in decision making (Hendricks, 2013).

Essential leadership competencies for managers now include effective communication skills, conflict resolution, creating a vision and motivating nurses at all levels and ages (Wieck, 2010). The younger generations have noted that they want have a leader and be led, and not be managed (Wieck, 2010).

Nurse Managers can alter their leadership style to account for differences among the generations, however each employee should be held to the same work expectations and organizational procedures and policies (Outten, 2015). Yet, one-size-fits-all retention programs do not address the expectations or priorities for the different generations found in the workplace, and a nurse manager who can effectively deal with their multigenerational workforce may have an upper hand for promoting healthy workplaces (Hendricks, 2013). Chief Nurse Executives to unit-level managers must anticipate generational differences and provide a positive work environment for nurses of all generations to develop and demonstrate their professional abilities (Keepnews, 2010).

Nurse Managers require an understanding of the relations between different personal characteristics and approaches to work from each generation to know how their life experiences affect their work ethic and professional behavior (Hendricks, 2013).

Many authors; Lavoie-Tremblay, 2008, 2014, Keepnews, 2010, suggest that improving and creating healthy workplaces for nurses such as adequate staffing levels, manageable workloads and responsibilities, team collaboration and manager and colleague support are the primary and most effective solution for mitigating and reducing poor workplace outcomes such as job dissatisfaction, burnout and turnover and conversely, promote job satisfaction, retention and healthy personnel and patient outcomes. These recommendations may be even of more importance with younger generation nurses, as poor work environments are cited as the primary reasons for leaving an employment position (Lavoie-Tremblay, 2008).

## **Interventions + Recommendations**

- When considering and dealing with the different generational challenges it is important to; avoid stereotyping within the generations, to value the unique contributions of each generation and to leverage the differences to enhance team work (Outten, 2015, Sullivan, 2017)

- From the CFNU literature review report and their own data collection with focus groups, the report highlights six key recommendations, targeting key stakeholders and nursing human resource planning, including governments, educators, employers, unions and professional associations;

- 1. Work-Life Balance/Health**
- 2. Evidence-Based Safe Staffing**
- 3. Workplace Relationships/Leadership Capacity**
- 4. Teamwork**
- 5. Student/New Graduates' Transition Programs**
- 6. Continuing Education/Professional Development Training**

*(See Appendix I for specific recommendations for each theme)*

- **Scheduling:** Provide younger nurses with the opportunity to self-schedule for work hours within their collective agreement terms. This may be one way to increase overall job satisfaction for Generation X and Y (Wilson, 2008). Both Generation X and Y value work-life balance, and the elimination of the 12-hour shift or an on-call requirement will likely result in dissatisfaction for these cohorts as they value more days off (Sherman, 2014). However, for older nurses as well, schedule flexibility will also promote better work-life balance and motivate aging nurses to remain in the workforce (Myer, 2014).
- **Recognition:** Establish formal recognition programs that promote praise and recognition of nurses' work contribution, notably Generation X. Examples may include awards, staff appreciation events and scholarships (Wilson, 2008).
- **Decision-Making:** Create a shared governance model to provide the opportunity for younger nurses to increase autonomy and control over one's practice. Nurses can become empowered to make decisions and the manager has a facilitate role (Wilson, 2008). Employees who feel they can influence operational decisions, nursing practice and patient care feel more satisfied, improving retention (Outten, 2015).
- **Leadership Training:** Nursing managers to build leadership skills and enter into training development programs early to develop staff potential, encourage staff participation in decision making and learn how to express respect, positive reinforcement and praise for individual effort and achievement, certainly for younger cohort (Wieck, 2010). Leadership successful planning through the identification and development of emerging nurse leaders should be a strategy for healthcare organizations (Sherman, 2014). Manager training and development both new and current managers must include generational awareness, positive reinforcement, time management, customer service and conflict resolution. The focus should be from developing managers to developing leaders.
- **Unit Culture:** Generation X and Y prefer workplaces that are more informal, with lots of humor, joking around with staff and connectedness. There is a desire to be involved, seek openness and transparency from management colleagues, with the intention to be treated as equals on a collaborative team (Sherman, 2014).
- **Rewards:** Each generation has different values and needs for its reward system. Generation X thrive on frequent positive feedback. Baby boomers as well want their managers to personally recognize performance. These are generalizations, it is important to also get you to know and ask your employees.

- Communication: Show sensitivity to communication differences. Baby boomers enjoy the experience of group processing and prefer to participate in staff meetings. Generation X have a bottom-line approach, and may be bored with group discussions. Similar to baby boomers, Generation Y enjoy team work and value meetings. However, despite the generation, evidence shows the most effective communication methods include organizational meetings, department meetings and one-on-one meetings. The goal would be to use a variety of these strategies to accommodate all (Outten, 2015). Newer graduates have been prepared to speak for themselves and value their contribution to decisions (Hendricks, 2013). Novice nurses may need to be encouraged to wait for an appropriate time to voice their criticisms or concerns over the way things are done, as this may seem disrespectful to older nurses. This may allow the older nurses to be more encouraged and more accepting of newer colleague's perspectives and welcome new ideas (Hendricks, 2013).
- Teamwork: Organizations that promote team-building improve problem solving and morale, leading to healthier work environments. Four activities assist in building effective multigenerational teams; open communication, inclusion, trust and conflict resolution (Moore, 2016). Highlighting mutual team goals and keeping patient care the focus point are strategies to promote effective team work (Hendricks, 2013).
- Workplace Violence: As bullying can be a reaction to anger and anxiety from unmet expectations and frustrations, of particular concern among a multigenerational workforce with different sets of values and beliefs, interventions must be put in place to correct the behavior or the behavior and perpetrators will continue (Longo, 2013). If organizations minimize the behaviors, bullies will feel protected and continue to thrive. Strategies recommended include education on bullying to increase awareness of negative behaviors, evaluating the workplace environment, promoting active contribution of employees and strong positive relationships among staff (Longo, 2013).
- Staffing: Inadequate staffing and high workloads result in negative outcomes for patients and nurses, including job strain and increased moral distress, also negatively impacting the organization as a whole. Adequate staffing and manageable and safe nurse-patient ratios are critical concerns for nursing administrators and managers (Lavoie-Tremblay, 2008).
- Social Support: Lavoie-Tremblay's study (2008), find that social support from colleagues and supervisors has a negative correlation with psychological distress. Social support includes socioemotional support, instrumental support and the absence or presence of hostility or conflict with either colleagues or supervisors. The more nurses perceive high forms of social support, they report less psychological distress.
- Mentorship Program: As Baby Boomer or older generation nurses are the reservoirs of wisdom and experience, a mentorship program or preceptorship program with younger generations provides an opportunity for older nurses to utilize their talents and experiences through new or modified roles. If successful, these relationships will promote an easier transition for new graduates into the workplace and promote collegial social support (Klug, 2009). Mentoring is a way of guiding a staff member into a more personal and long-term relationships. The mentors open doors to experiences and knowledge, that they may have not had access to independently (Hendricks, 2013). Millennial nurses expect the most coaching and mentoring than any other generation in the workforce (Hendricks, 2013). Generation Y expect more coaching and regular feedback than any other generation in the workplace. Structure, guidance and extensive orientation is required in today's chaotic healthcare

environment (Sherman, 2014). Having a unit culture that promotes coaching, learning and teaching to build confidence and reduce psychological stress.

## **Teaching Older Generation Nurses – Best Approaches**

**Search Terms:** Continuing professional development, professional commitment, senior nurses, older nurses, Baby Boomer nurses, later-career nurses, teaching and learning strategies, best approaches.

### **Background**

A nursing career can last for approximately forty-years, during this time, nurses are responsible to undertake continuous professional development to keep up with the changes in health care (Drey, 2009). For example, the nurse's role is expanding; there are advances in technology and changes in best practices, for which nurses are responsible to stay abreast on (Drey, 2009, Pool 2015). The American Nurses Association (ANA) defines professional development as 'a life-long process of active participation by nurses in learning activities that assist in developing and maintaining their continuous competencies, enhancing their professional practice and supporting achievement in career goals (ANA, 2011).

Baby Boomers do value life-long learning and view education as a means to promotion or as an opportunity to perform better in their employment positions (Weston, 2001). Professional commitment relates to an employee's attitude to work and their behaviour towards work. Employees with high levels of professional commitment strive to perform optimally and are motivated to pursue continuous education to be up-to-date on their skills and knowledge and retain core nursing skills (Drey, 2009). However, lifespan psychology suggests that work-related motivation or professional commitment changes with age (Pool, 2015). According to selection, optimization and compensation (SOC) theory, people allocate resources to various developmental goals throughout their lives, with younger adults' goals being primarily growth orientated, whereas older adults' goals involve maintenance and loss prevention (Pool, 2015). Aging affects nurses' professional development strategies by serving as a proxy for several age-related processes such as lifetime career and private life changes (Pool, 2015). As nurses move throughout the various career stages (entry, commitment, consolidation and withdrawal (preparing for retirement), professional development needs differ.

For example, Pool (2015), found that younger nurses' motivation to attend professional development activities was for building their curriculum vitae. Conversely, middle-aged nurses with children or who were taking care of a sick relative were not motivated to pursue these activities outside of work hours. For more senior nurses, as they had built their careers, completed postgraduate education, changed their jobs and had reached a point of professional expertise, the nurses wanted to keep working as they did, suggesting a priority of maintenance (Pool, 2015). Senior nurses indicated that their professional goals differed to earlier in their careers, with a primary focus on work stability and an intention to remain in the same job as long

as they were physically able (Pool, 2015). In addition, the major issues confronting Baby Boomer or more senior nurses today include; getting children through college and university, caring for grandchildren and/or aging parents, maintaining their health and retirement, all factors potentially affecting their motivation or ability to pursue continuous professional development (Johnson, 2005).

Age differences in participation in professional development activities may be due to several work culture-related factors as well. For example, as older nurses have higher levels of knowledge and expertise, this may reduce the need for older workers to participate in learning activities. Secondly, lower participation may be due to a lack of training opportunities and limited employer support for older workers or stereotypes of older workers. For example, it is more acceptable for an older nurse's decision to not attend these training sessions than a younger nurse (Pool, 2013). One stereotype that may also influence participation is that older workers are less able to learn than their younger colleagues. Lastly, another perception is that training older workers is a poor investment as they are approaching retirement (Pool, 2013).

### **Updating Competencies with Senior Nurses – Best Approaches**

Due to the need for continuous professional development through a nursing career and the differences in motivation among the multigenerational workforce as previously outlined, managers and educators need to create professional development activities that are specifically tailored for senior nurses (Pool, 2015). Also, to address some of the work-related factors that may negatively influence senior nurses' participation in professional development, it would be important to outwardly support all nurses of all ages to continue with maintaining and updating their competencies. With the aging workforce, this becomes even more important as each generation possesses distinct values, work-related motives and competencies (Pool, 2015).

When introducing new models of care, new policies or best-practice evidence to senior nurses, these ideas may be resisted. For example, seasoned nurses may view them as challenges and respond along the lines of "It's not how we used to do things". (Hader, 2013). However, to promote positive change instead of the nurses perceiving the changes as a threat, an inclusive decision-making process can turn the anxiety and resistance to change, to allies and change agents. With coaching and mentorship throughout the initiation or implementing of new training, the process can positively affect practice and empower staff members, versus a more top-down approach that can be harmful to the organizational culture (Hader, 2013).

Challenges for the Baby Boomer or senior nurses as learners is that they did not grow up in the age of technology or with computers. Therefore, there may be a preference to learn through an organized lecture with note taking, rather than self-teaching methods using the internet or e-classroom formats (Johnson, 2005). Preferred approaches to learning may also include forms of interactivity and group-based activities. Books, videos and self-study guides will appeal best to this generation (Weston, 2001). (See Table 1 Below).

Despite the older generation's technological challenges, senior nurses will likely see themselves as expert nurses, more knowledgeable than younger nurses just by virtue of their time and experience, making them more of authority figures over younger nurses, based on the belief that elders deserve respect and acknowledgement. The expertise that senior nurses contain

extends beyond their experience in nursing, it is also due to their experience in life in general (Johnson, 2005). Yet, as previously highlighted in regards to computer literacy, younger generations outpace them, making the younger nurses the authority or expert figures on this subject matter and potentially inverting, traditional forms of inherited knowledge transfer (Johnson, 2005).

However, for managers, knowing the strengths and characteristics of each generation (See Table 2), and by understanding and utilizing generational diversity, this knowledge can be an effective teaching tool to increase richness during education sessions. For example, when introducing a topic, older nurses may wish to share or provide a historical perspective on how ‘something was once done’. From there, discussing a case study or work issue across all ages can bring light to how each generation would handle the issues, providing new information that perhaps wouldn’t have been considered for all included (Johnson, 2005). “Allowing students to take ownership of content by relating it to their own generation and what is important to them is a powerful teaching tool.” (Johnson, 2005, p. 216).

**Table 1- Teaching & Learning Approach by Generation (Johnson, 2005)**

Generation	Learning Style. Preferences, Characteristics	Examples of Generation Appropriate Learning Activities
Baby Boomers	<ul style="list-style-type: none"> <li>• Contact with Faculty or Teachers</li> <li>• Lecture</li> <li>• Learn best when their wealth of personal experience can be tied to the subject matter</li> <li>• Want to learn in caring environments</li> <li>• Enjoy positive reinforcement for their efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Lecture-style</li> <li>• Detailed Handouts</li> <li>• Note-Taking</li> <li>• Personal story to relate to context</li> </ul>
Generation X	<ul style="list-style-type: none"> <li>• Learn quickly and efficiently</li> <li>• Only want to learn what will benefit them directly</li> <li>• Do better when they learn on their terms</li> <li>• Enjoy flexible learning times</li> <li>• See assignments as necessary to obtain their degree but is different from work that is necessary to get the job they desire</li> </ul>	<ul style="list-style-type: none"> <li>• Distance learning courses</li> <li>• Programmed instruction done, independently, at their own pace, on their own time</li> <li>• Detailed study guides and test reviews that focus on what they will be tested on</li> </ul>
Millennials	<ul style="list-style-type: none"> <li>• Enjoy working in groups, teamwork</li> <li>• Use technology whenever possible</li> <li>• Experiential activities</li> <li>• There is zero tolerance for delays</li> <li>• Strengths are multitasking, goal orientation, positive attitudes, collaborative style</li> <li>• Learn immediately from their mistakes</li> </ul>	<ul style="list-style-type: none"> <li>• Stimulations with immediate effect on how the student did</li> <li>• Group activities; solving a problem or answering question to a case study in a small group</li> <li>• Creative, innovative exercises</li> <li>• Jeopardy-style game, playing with teams for a test review</li> </ul>



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**Table 2: Nursing Generations** (CIHI, 2016, Lyons, 2014, Hampton, 2017, Hendricks, 2013, Sherman, 2009, Sudheimer, 2009, Weingarten, 2009, Wieck, 2010, Wilson, 2008).

<b>Generation</b>	<b>Characteristics</b>	<b>Values</b>	<b>Work Ethic</b>	<b>Healthy Workplace Environment</b>
Baby Boomers	Optimism, team orientation, work for personal fulfillment,	Professional growth, promotions, titles, company loyalty, status	Hard-workers, value performance, Work to make difference, workaholics, live to work, team player	Professional opportunities, praise, recognition, control, good workplace relationships
Generation X	Skeptical, cynical, independent, nonconformist, informal, mistrust institutions, self-reliant, questions the rules	Work life/balance, autonomy, independence	Work must match reward, no loyalty to one employer (committed to career over organization), shorter employment tenures , work to live, self-directed/independent, change jobs if unhappy, teamwork that encourages individual contribution	Work environments that value their creativity, expertise and talents, informal workplaces, make work fun, value laughing and joking with staff.
Generation Y	Technically savvy/cyber-literacy, life-long learners, confident, demanding, impatient, social, diverse, seek challenges, embrace change, multitasking,	Work/life balance, access to information, collaboration, civic and community involvement, accepting of divergent values, training, mentoring	Team player, shorter employment tenures , lack of job loyalty, seek meaningful work, job portability, lateral career movement , education	Team work, recognizing accomplishments, seek coaching, effective and regular communication with leadership, informal workplaces with humor and connectedness. Manageable nurse-patient ratios and working hours (no mandatory overtime).
Generation Z	Curious, compassionate, willing to pursue non-traditional options, open-minded, technologically savvy	Education, inclusivity, diversity	Loyal	Advocate for patients

## Appendix I – CFNU Recommendations (CFNU, 2017).

<b>1. Work-Life Balance/Health</b>	<b>1.1</b>	Implementing policies to address the ongoing issues of excessive overtime and unpaid work to safeguard nurses' vacation time and days off, thereby reducing illness/injury rates
	<b>1.2</b>	Enforcing occupational health and safety standards to minimize workplace injuries, workplace violence, bullying and harassment
	<b>1.3</b>	Requiring a certain amount of scheduling consistency for full-time/part-time employees and supportive scheduling developed by frontline nurses
	<b>1.4</b>	Providing workshops (healthy eating, body mechanics, conflict resolution) to assist nurses in attaining work-life balance to promote strategies for health and well-being throughout their career
	<b>1.5</b>	Recognizing that nursing is a female-dominated profession that requires adaptation of the work environment to align with gender-based realities and responsibilities
	<b>1.6</b>	Providing stress management programs, regular health checks and subsidized gym membership and/or fitness classes at times convenient for shift workers
<b>2. Evidence-Based Safe Staffing</b>	<b>2.1</b>	Improving overall nursing staff levels to ensure optimal, safe, quality patient care
	<b>2.2</b>	Exploring viable contingency staffing models to cover for sick time and vacations (such as nursing resource teams with the infrastructure to support nurses floating to units)
	<b>2.3</b>	Conducting an analysis of the costs/benefits of different staffing models, based on an evaluation of patient outcomes and patient safety indicators
	<b>2.4</b>	Applying best available evidence to pilot projects across jurisdictions to test staffing models that can achieve better outcomes for patients, providers and the system
	<b>2.5</b>	Creating policies that protect staff from mandatory, excessive and unpaid overtime
	<b>2.6</b>	Exploring scheduling options that allow for flexibility in all career phases, especially during critical phases (return to work from leave, leave of absence, approaching retirement)
	<b>2.7</b>	Providing opportunities for late-career, retiring or retired nurses to work less than full-time positions to facilitate phased in retirements
<b>3. Workplace Relationships /Leadership Capacity</b>	<b>3.1</b>	Implementing strategies to include direct care nurses in unit and organizational level decision making (clinical, policy, financial and staffing)
	<b>3.2</b>	Exploring leadership and liaison roles for nurses at the unit level, that support both staff and management
	<b>3.3</b>	Creating institutional structures to support leadership training
	<b>3.4</b>	Recognizing leadership activities as a component of nursing education by counting meeting/conference hours towards clinical hours or competency requirements
	<b>3.5</b>	Creating institutional structures to support manager-staff-contact and engagement
	<b>3.6</b>	Creating non-monetary staff recognition programs as agreed to with the union
	<b>3.7</b>	Providing intergenerational training to staff
	<b>3.8</b>	Providing education and ongoing communications regarding scopes of practice for all nursing designations to ensure consistency in practice expectations and guidelines
<b>4. Teamwork</b>	<b>4.1</b>	Ensuring that the optimal staffing level is available by aligning professional competencies with real-time patient needs, while respecting continuity of care
	<b>4.2</b>	Supporting intraprofessional teamwork through workshops related to scope of practice
<b>5. Student/New Nurse Graduates' Transition</b>	<b>5.1</b>	Creating collaborative transition support structures in education and practice that commence in nursing school and continue throughout the first year of practice, with a permanent full-time position at the end of the transition period
	<b>5.2</b>	Providing preparatory training and supports for the successful completion of entry-to-practice exams
	<b>5.3</b>	Ensuring an extended orientation for new graduates with preceptored and supernumerary training
	<b>5.4</b>	Providing social network forums within organizations
	<b>5.5</b>	Creating formal mentor programs to link new graduates with experienced nurses as mentors
	<b>5.6</b>	Providing funding and allocating time for experienced nurses to serve as mentors to new graduates within formal

		mentorship programs
	<b>5.7</b>	Providing career mapping, professional development and leadership development through continuing education
	<b>5.8</b>	Supporting career transitions between care units, specialty areas, organizations and provinces
	<b>5.9</b>	Providing workshops on work-life balance, strategies for adjusting to shift work, and stress management programs
	<b>5.10</b>	Providing interprofessional and intraprofessional orientation, including a review of the scopes of practice and role responsibilities of care team members
	<b>5.11</b>	Promoting a safe workplace environment for students transitioning into their first year in the workplace
<b>6. Continuing Education/Professional Development Training</b>	<b>6.1</b>	Providing paid release time for coursework/credentialing and relief time
	<b>6.2</b>	Providing nurses with annual continuing education funding allowance
	<b>6.3</b>	Providing nurses with an annual continuing education paid time-off allowance
	<b>6.4</b>	Providing leadership training and mentorship for mid to late career nurses wishing to transition to formal leadership roles
	<b>6.5</b>	Providing career mapping and leadership development opportunities at all career stages
	<b>6.6</b>	Providing workshops to enhance intraprofessional and interprofessional collaboration
	<b>6.7</b>	Integrating intraprofessional and interprofessional courses in nursing curriculum
	<b>6.8</b>	Providing ongoing communication and education regarding new models of care delivery, evolving roles and scopes of practice.