

Generational Approaches To Current Nursing Issues

How Younger And Older Nurses Can Coexist

By K. Lynn Wieck, RN, Ph.D.

Today's workplace is the home of several generations of nurses. Each generation shares some characteristics but also has many characteristics distinct to their generation. Creating a work environment where older nurses feel appreciated and younger nurses feel welcome is a challenge. This article explores the basic characteristics of the two major age cohorts in the workplace at this time: the Baby Boomers and the Twentysomethings. Current nursing issues are advanced with insights as to how each of these generations would approach problem solving and management in today's healthcare chaos. Differences and similarities are showcased, and ideas for future workplace harmony are identified.

"Young people today have no work ethic!" complains an older nurse on break after trying to help an unappreciative new graduate manage his time a little better.

"Puhhhleeze, I want a life!" moans a twentysomething nurse as eyes roll in exasperated disbelief at being asked to work on a well-deserved day off.

This discordant tug-of-war between two distinct generations is driving both of them toward anger and frustration. Can two, three, four generations survive and thrive in the workplace at the same time? The answer is... what choice do they have? This article is aimed at helping nurses who find themselves in an intergenerational work environment to not only endure each other, but maybe actually enjoy and celebrate their differences and their similarities. One small step toward peaceful coexistence might be to encourage some understanding of the irritations which both groups equally inflict and endure.



Nursing that Works

What the Baby Boomers Want in a Career

Baby boomers are those currently in charge. Born between 1946 and 1968, this generation is notable as the parents of the twentysomething generation. Raised by survivors of The Great Depression and the Great War (World War II), they were young rebels and proud of it. They burned their bras during the women's movement and marched through the streets to demand civil rights. They were reactionary and vocal, nonchalant and self-absorbed. Now, they are in charge and bring distinct expectations to the workplace.

Baby boomers seek at least part of their future security from their employment (American Association of Retired People, 1999). They both identify with and depend on their job as a means of having social relevance and stature. They have a great degree of loyalty to their employers, and most plan to stay there until they retire (American Association of Retired People, 1999). They are comfortable with decisions based on what's best for the organization.

Since they plan to stay for a long time, boomers have been content to wait for their chance to advance. Their idea of career development is patience. Promotions based on length of service seem very fair since they have been waiting for that opportunity. They stay at jobs they may not even like because they believe that the organization will take care of them. They feel fierce loyalty to the management of the organization although they reserve the right to criticize. But the management is a long-term partner, so they are often supportive even when they do not understand the long-term plan. On the other hand, many boomers nearing retirement are feeling their "career clock" ticking and may be willing to make career changes in order to achieve the stellar career they have always anticipated (Lancaster & Stillman, 2002).

Baby boomers are comfortable with being told what to do and when to do it. Their tolerance for directive management is high (Kersten, 2002). They are from an education system where individual attention was the focus. During childhood, they were more likely to have two parents present with a mother who did not work outside the home. Therefore, homework and chores were done in the presence of and often with the assistance of a parent. As they learned new tasks, such as changing the oil in the car or making macaroni and cheese, they had a parent watching them, standing over them, commenting, encouraging, critiquing. They are used to having someone else involved in the process of their learning and actions.

Boomers are trying to work their way to the top, a career goal many of them crave and value. It is a position of prestige, respect, and envy. The person at the top deserves respect just for being there and is almost always right. Their idea of career advancement is being recognized by people in high places and being allowed into

Recommendations

The emerging and entrenched workforces are much more alike than they are different. They want to achieve success in their professional lives and happiness in their personal lives. They want to be compensated at the level of contribution they make and to be recognized for a job well done. They serve people and are committed to improving the lives and health of their patients. They are nurses.

But generational differences are causing friction in today's workplace. What can nurses of both generations do to make the workplace a more peaceful and pleasant place to spend one-third of their lives.

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that management circle. They think of themselves as the "star of the show" and believe they are destined to be at the top (Zemke, Raines, & Filipczak, 1999).

Job commitment is almost a religion to the baby boomer generation. They have faced every age with a sense of passion and commitment. Their young teenage years were spent protesting the war in Vietnam. They passed their youth in bell-bottom trousers singing "Kum Ba Yah". In their thirties, they reluctantly grew up and moved their commitment to their workplace. They spent their forties and fifties presiding over aerospace and technology breakthroughs unimagined in previous generations. Now entering their sixties, they share an expectation of respect and a commitment to preserving the high lifestyle they have relished in the past.

The baby boomers are a force, some 77 million strong, who are self-assured and convinced that they are owed much for the contributions they have made. They collectively sigh at their incomprehension of the youth of today, neither grateful nor respectful, who seek to fill their shoes.

What the Emerging Workforce Wants in a Career

The twentysomething generation are those young people who make up the emerging workforce. Born between 1968 and 1985, this generation is notable as the children of the baby boomers. Raised by the flower-children of the sixties, this age cohort is the original latchkey generation. Bradford and Raines (1992) report that almost half of them are from single-parent families. Both parents worked outside the home, so the emerging workforce grew up in day care and came home to guilt-ridden parents who overcompensated by hanging on their every word and praising their smallest achievement. Parents of the twentysomething generation read Dr. Spock and spent hours telling their children they were wonderful, they were the masters of their universe as well as their own bodies, their options were limitless, they could do or be anything they set their minds on being. The only mistake the twentysomething generation made was - they believed their doting parents! Now this self-assured, confident, optimistic generation is entering the workforce, and the two generations do not seem to recognize each other anymore. Goals and expectations are drastically different.

Today's young workers do not really value job security. They do not feel loyalty to the organization, they feel loyalty to themselves or to the team that will help them achieve outcomes. They have developed a fierce independence and self-reliance. They watched their parents maintain loyalty to a single organization for decades, then they saw them get downsized or re-engineered out of a job (Lancaster & Stillman, 2002). They saw them work weekends and holidays only to end up in Coronary Care Units or suffer ulcers and other stress-related problems. They do not value job security because they have no intention of staying on any single job for more than a couple of years anyway (Tulgan, 2000).

Recommendation #1

Make an effort to see the other person's viewpoint. Read about the other generation and gain an appreciation for where they have been and where they are going. Aging workforce nurses need to remember that the young generation is just the way we raised them to be. Younger nurses need to remember that preceding generations of nurses lived through a lot of chaos and strife to make things better today. Appreciating each other's histories instead of resenting them makes finding common ground easier.

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Career development is very important to the emerging workforce. They do not depend on one source of employment to provide the development they need to advance. They want to gain knowledge and information, advanced education and certifications, so they can be more marketable when they leave to seek their next job (Tulgan, 2000). They do not value retirement benefits because they know they will not work anywhere long enough to qualify. Besides, they have done the math and know that their retirement is far in the future. They will have to work much longer than previous generations to be able to pay for health care and other benefits for the aging baby boomers.

Twentysomething workers have a very low tolerance for managers who try to micromanage their work. They want to know the expected outcomes and time frame, then they want to be left alone. In fact, they prefer to contribute to the decisions about outcomes and time frames (Tulgan, 2000). The idea of a manager standing over their shoulder watching them work is their worst nightmare. They learned on their own. When they came home from school, both parents were absent. They learned how to change a tire or make cookies by the trial and error method. They have had computers most of their lives and know how to find the information they need to excel. They do not need a manager to do the job, they need a manager to tell them what a great job they did. They expect praise and gratitude, personal attention and access to information. Anything less, they find intolerable.

Career advancement for the twentysomething employee means gaining marketable skills to improve job opportunities in the future. This generation does not plan to stay at a job, so they are always shopping. They want to know how business decisions affect them, and they want to build a portfolio that showcases their value. They do not particularly aspire to be the boss; in fact, they do not value the boss role (Bradford and Raines, 1992). They see themselves as associates or peers rather than as subordinates (Drucker, 1999). They are not easily intimidated and find themselves continually challenging authority. They expect to be treated as equals with access to information that will allow them to excel.

Finally, twentysomethings do not feel a great deal of commitment to the job. They are committed to themselves, to becoming the best person possible, to advancing job skills to be marketable and valued, to be paid well and thanked often. They whole-heartedly support pay for performance and are intolerant of merit-based pay based on longevity. They will work hard and long to achieve a goal or outcome, but will not come in on their days off because the company needs them. They demand balance in their lives (Zemke, Raines, & Filipczak, 2000).

Recommendation # 2

Work at making the environment pleasant. We know that to have a nice garden, we have to put forth some effort. We have to soften the ground, buy the plants, put them in the ground, water and nurture them, pull the weeds, and harvest the crop. Anything worthwhile takes some time and energy. Why would we think that we could take new graduates directly out of school and just cast them into the work world without any support, feedback, nurturing? Young nurses need to seek input and to respond with efforts to improve. Seasoned nurses must give positive as well as constructive input. Young nurses will live up to or down to our expectations; we need to expect them to excel and to contribute to their excellence. Praise and thanks are easy to give and a pleasure to take. We need more of both.

Today's Healthcare Challenges

The current healthcare environment has many challenges. Short staffing and high acuity are commonplace. The aging nursing population with poor prospects of large numbers of replacements from the younger generation is adding to the frustration of professional nursing today. Young people are not choosing nursing as a career (Staiger, Auerbach, & Buerhaus, 2001) and those who do are not staying (Sochalski, 2002). While there are many variations across every generation, there are some similarities among each age cohort. It is possible that the baby boomer generation might approach current nursing issues and challenges in much different way than their younger, emerging workforce counterparts.

Challenge #1. Not enough nurses

Baby boomer nurses are from one of the largest generational cohorts in history. There are 77 million in the boomer generation, so they have always had plenty of people to meet the needs of businesses, both as employees and consumers. Boomers tend to expect that the shortage will be fixed by "just getting more nurses." They have spent their lives pretty much used to getting what they asked for (Zemke, Raines, & Filipczak, 2002). They are not tolerant of excuses, such as "there are not any more nurses." Current politics involving nurse-patient ratio activities is an indication of a boomer strategy to solve the nursing crisis. While legislatures mandate how many nurses will be available to care for patients, they have taken no responsibility for assuring that an adequate number of nurses will be available. There are simply not enough nurses to fill the mandated ratios and not enough money in state treasuries to attract the number of nurses needed.

Twentysomething nurses would probably ask, "What is the outcome?" If it is to have a certain number of nurses at the bedside, then it is a supply issue and should be addressed by changing the rules that are inhibiting supply, just as one would remove a tourniquet if it was impeding blood supply. They would target schools of nursing whose reluctance to embrace technology and alternative clinical methods are keeping the number of nursing admissions low. If, on the other hand, the goal is improved patient outcomes, fewer patient days, less recidivism to emergency departments, better health, they would say it is a demand problem. They would insist that nurses stop doing activities which impede their ability to reach the goal, such as endless documentation, redundant tasks which could be delegated (such as medication administration), and serving as a go-between and facilitator for ancillary persons such as physicians, therapists, etc.

Challenge #2. Mandatory overtime

Probably no one likes the idea of being required to work beyond the agreed-upon number of hours, whether it is 8, 10 or 12. But the nursing shortage has caused an increase in the number of hospitals who are using

Recommendation #3

Focus on outcomes. Nursing research is directing a lot of time and money at outcomes-driven patient care. The younger generation is geared toward activities that have a purpose, that achieve a goal. Older nurses tend to be more comfortable with meetings and the process piece of issues.

Use the meetings to determine the outcomes, then turn the younger nurses loose on solving the problem and achieving the outcomes. They want and deserve input into what the outcomes should be, but they are fearless in their ability to get to a solution if given time, resources, and autonomy.

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mandatory overtime as a staffing solution. Baby boomer nurses often have a tremendous commitment to their jobs and are more likely to work extra to fill gaps in staffing. The workers who entered the workforce in the 60's and 70's had a fierce loyalty to their employers (Lancaster & Stillman, 2002). They were part of the team and did what was needed to ensure the survival of the organization. Mandatory overtime is often physically difficult because of the age of the boomer nurse cohort, but they still feel an obligation to "pitch in for the team."

On the other hand, mandatory overtime is a solution that young nurses will not tolerate. They value their free time and feel a commitment to their profession, not to their job. They want to get as much as possible as fast as possible from their jobs (Tulgan, 2000). But they value their commitment to their families and themselves as much or more than their commitment to their jobs. They see the job as a means to an end, not as their life's work. This lack of commitment is often difficult for their older counterparts to understand and accept.

Challenge #3. Expanding Technology

The past two decades have seen quantum leaps in information technology. Most people today cannot imagine life without a fax, cellular phone, ATM, and a microwave. But the boomer generation spent most of their lives without these conveniences. They have watched computer technology overwhelm the work, leisure, and entertainment spheres.

Distracted with earning a living and childrearing, many boomers did not have the time or resources to keep up with every new gadget in the informatics world. Having developed a comfort level with charting and hands-on care delivery methods, older nurses may not be as energized by complicated new technologies which computerize charting and automatically answer call lights.

Younger nurses are very impatient with the failure of their older counterparts, whether nurses or administrators, to embrace technology. They are equally impatient with technology which does not truly improve their ability to reach goals. For instance, new nurses resent the time wasted in redundant charting. However, moving the redundancy to a computerized form does not address the issue. They understand the potential of modern informatics and are intolerant when they know technology could improve their situation. They resent the amount of time spent charting care plans, for instance, because they realize that no one really uses them. Articulating a nursing diagnosis for the sake of writing something down does not impact their desired outcome, which is better patient care. While not all young nurses are computer-savvy, they do understand that technology can make their lives easier and they expect to have it available.

Challenge #4. Access to information

Older nurses sometimes feel they are suffering from information overload. It used to be easy to satisfy continuing education (CE) requirements. You simply went to a few programs, listened, answered the post-test questions, and got your CE credit. Now there are courses online, in person, by correspondence. If you need

Recommendation #4

Value flexibility. Older nurses who have been managing patient populations for a long time have a routine and a set schedule. It is difficult to vary that schedule to accommodate a new person with no experience. Nevertheless, every nurse should have the opportunity to forge a singular path. Offering input when safety is an issue is appropriate; criticizing when things are done differently than the way you do them is nagging. Be flexible, seek new ways to solve old problems, value creativity, and offer praise when new ideas work.

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information, you used to look in the encyclopedia. The amount of information was limited and sometimes dated, but it was easy to find and reliable. Now, there is more information available on the Internet than could be consumed in a lifetime. Many people are suffering from information overload and an awkwardness in determining whether information is valid or not. Older nurses are used to policy and procedure manuals and a couple of reference books to support their ability to provide good nursing care.

Information and easy access to it is a fundamental right according to most twentysomethings. They relish the ability to get many sources of information before making a decision. Some of their greatest frustration is with managers and coworkers who hoard information. They do not understand the concept of "look it up for yourself." Information is not a commodity to trade for favors, it is a basic fundamental underpinning of all that they do. They are used to having access to the World Wide Web and the latest data to support their actions. They do not value the unit procedure manual which may not have been updated for several years and want to know why they are being asked to do something.

Challenge #5. Educational needs, new knowledge

Many older nurses have seen no need to further their education beyond their initial nursing degree. They do their continuing education each year to keep current in their field and to retain licensure, but they do not feel the need to gain additional licensures and certifications. Most of this generation learned in a lecture-hall education format, so they are comfortable with a one-hour lecture to learn new information.

The emerging workforce is very interested in increasing their marketability in a competitive workforce. They see such things as Advanced Cardiac Life Support certification, advanced practice certification, fetal monitoring certification, etc. as vital to their career advancement. They come to a job to build their portfolio so they can move on to the next job and earn more money. New nurses are usually comfortable with online learning and like the just-in-time learning methods so they can have information when they need it. They are much less tolerant of sitting in a classroom for several hours listening to a lecture.

Recommendation #5

Keep your eye on the ball, i.e. the big picture. The goal is to have satisfied nurses caring for satisfied patients. How it gets done is negotiable. Sometime we get sidetracked by the little things, like stacking the charts in a special place or who goes to lunch first. Does it really matter? Save energy and time for the things that do matter, such as a patient crashing or a security risk or a questionable medication order. Before blowing up or criticizing a colleague or quitting your job, give the incident the five-year test. "Am I going to remember this in five years?" If not, then put it behind you quickly and move on to important things. If you are going to remember it, then handle the situation in a way that will make you proud and satisfied when you do look back on it. Do not give in to the heat or passion of the moment, look at the bigger picture.

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Challenge #6. Compensation

The baby boomer nurses take great pride in their expertise which is bolstered by their experience, and they expect to be compensated for experience and expertise as much or more than for additional credentials. They feel they have paid their dues and resent it when young nurses enter a competitive healthcare market place making almost as much as the nurse who has been there for decades.

While the emerging workforce nurses probably value the experience of their colleagues, they do not feel it is a singular valid justification for monetary reward. They want to be compensated for what they contribute and produce, not how long they have been around. They do not believe in the idea of merit pay based on longevity, but are much more attracted to incentive bonuses or true pay based on the merit of contribution to outcomes. They want to make a lot of money so they can truly enjoy their leisure time. Therefore, they are more likely to gain experience at an institution for a few years, then move onto a new employer where they can get more money and better perks. They do not consider changing jobs frequently as disloyal, just practical.

Challenge #7. Conflict in the workplace

Physician abuse of nurses has become an increasingly intolerable problem for many nurses. However, it has been a fact of life for most middle-age and senior nurses throughout their careers. In the 1950's and 1960's, nurses in some hospitals were still standing up when a physician entered the nurses' station to make chairs available and show respect. Medical domination of the hospital experience made good physician relationships essential if hospitals wanted to keep their beds full. Therefore, verbal, emotional, and even physical abuse of nurses by physicians was often overlooked or at most, mildly discouraged. In this environment, conflict resolution was not a valued process. Conflict with physicians was minimized and hidden, and conflict with administration was resolved by replacement with a more reasonable employee. Since females occupied more than 80% of the nursing slots in hospitals, the natural tendency of women to avoid conflict worked to perpetuate this situation.

Today's young nurses, still mostly women, have grown up in an era of women's rights and high visibility of violence against women issues. They have a high sense of self and a confidence in their own abilities and rights. Young nurses were reared in households where roles were often equal and many had no male figure in their lives. So the concept of a strong woman is not only acceptable, it is the norm. Facing the work situation with the feeling of being a peer to other nurses as well as ancillary personnel, young nurses will not tolerate one segment using belittling or abusive tactics. Their mother's told them they had the right to say "no" and mean it; and they believe it and practice it.

Recommendation #6

The nursing workplace is a very serious place. People come into the healthcare arena because they need something, a helping hand, a soothing word, a caring presence, and a knowledgeable nurse. We owe our patients that kind of an environment. And we also owe each other the opportunity to begin and complete our nursing careers in an environment of mutual respect and peaceful coexistence. The future of healthcare depends on having a robust supply of nurses. We must assure that the workplace contributes to the recruitment and retention of excellent nurses of all ages.

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Challenge #8. Diversity

The civil unrest of the '60's was a formative part of the boomer nurses life. Most of them have vague memories of true segregation, they were children at the time; but they do remember forced busing and political disharmony based on race. Racial disparities have been brought into the light of day during their lifetimes, and they have had to deal with both internal and external feelings of racial discomfort. Many of these discomforts are still alive in this generation. Having been to endless multicultural classes and sensitivity sessions, most of the boomer generation have declared a peaceful moratorium on diversity issues and try to embrace diversity. There are still pockets of racism in all races of this generation.

Bradford and Raines (1992) have described the twentysomethings as the most culturally diverse generation in history. They tend to care much less about a person's sexual orientation or skin color than they do the person's ability and willingness to help achieve goals. With a focus on outcomes, twentysomething nurses align themselves with whomever they feel can help them meet the deadlines and outcomes. They are somewhat bewildered by the incessant insistence of their boomer managers that they continue to attend multicultural classes that seem neither meaningful nor relevant.

Dr. Lynn Wieck is Chief Executive Officer of a Houston-based company, Management Solutions for Healthcare, and is a nurse consultant for health policy and workforce issues. Her research area is recruitment and retention of the emerging workforce into health professions with an emphasis on the challenges of leading, educating, and managing the twentysomething generation.

Dr. Wieck has published six nursing textbooks. Her latest book, *Stories for Nurses: Acts of Caring* was released in August, 2002 and received an American Journal of Nursing Book of the Year award. Dr. Wieck is a researcher as well as a national speaker on health workforce issues. She is currently President of the Texas Nurses Association.

To Contact the Author

K. Lynn Wieck, RN, Ph.D.

Management Solutions for Healthcare, Chief Executive Officer

1527 Abby Aldrich

Katy, TX 77449

Telephone: 281-347-3242 • Fax: 281-347-7632 • E-mail: lynn@drwieck.com

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