Generational Differences And the Healthy Work Environment

Charlene was so excited! She was to begin her first day as a medical-surgical nurse at an urban Philadelphia hospital. After years of raising her family and working as a legal secretary in a local firm, she had summoned up the courage to pursue her dream and had obtained her BSN. Finally! She could be what she knew she was always meant to be—a registered nurse. Charlene was a little worried; she had just celebrated her 50th birthday. Was she too old for floor nursing?

Charlene presented on her unit as she had been instructed, and was greeted by the unit clinical nurse specialist. She was then introduced to Dee, who would be her preceptor. Dee is a twenty-something woman who had been working three 12-hour shifts in a row weekly, which allowed her time to travel to another state to be with her boyfriend on her days off. Dee and her phone appear to be as one—whether she is talking, texting, or looking up medications. Dee has an endless energy reserve that is fueled by coffee and power bars. She has no time for lunch breaks!

Charlene and Dee are both registered nurses on the same medical-surgical unit, but their views and experiences as nurses are very unique and are influenced in no small degree by their generational differences. Charlene’s orientation hangs in the balance. Will Dee provide her with the attention and knowledge that she requires to be an independent and safe practitioner?

Much has been written about the changing face of the nursing workforce. Buerhaus, Donelan, Ulrich, Norman, and Dittus (2000) estimated that by this year, 40% of all nurses would be older than 50. At the same time, the medical-surgical arena is still considered by many to be the ideal place for the new graduate to begin his or her career, so nurses in their twenties are well represented in acute care.

It is important to understand the challenges that a shifting demographic presents in acute care nursing. Today’s workforce comprises four generations working together as never before. The four generations currently practicing at the bedside are the Veterans, the Baby Boomers, Generation X, and the Millennial generation.

The Veterans were born before 1943. Members of this generation that are still in the workforce are nearing retirement. Nurses in this cohort experienced the Great Depression and World War II, when people were called to go without necessities under rationing. They also experienced the ultimate sacrifice of losing loved ones who had died for their country. Loyalty, hard work, and sacrifice are valued by Veterans (Lancaster & Stillman, 2002).

The Baby Boomers, born between 1943 and 1960, were a part of the largest population growth ever seen in the United States, and have influenced all aspects of society through sheer force of numbers. The Baby Boomers grew up in a period of post-war prosperity. The assassinations of President Kennedy and Martin Luther King, Jr. had a profound effect on this generation, as did events such as the Vietnam War and the first moon landing. Baby Boomers share the same work ethic of the Veterans; they value reward and recognition when a job is done well. Baby Boomers are known for their competitive spirit and drive for excellence. As Baby Boomers near retirement, discussions have ensued as to how so many could greatly tax health care resources, as well as how nursing will be impacted by Baby Boomers leaving the workforce in record numbers (Lavoie-Tremblay, O’Brien-Pallas, Viens, Brabant, & Gelinas, 2006).

The Generation X nurse was born between 1961 and 1981, and is the smallest cohort of the four represented generations. Those born in the Generation X group have the dubious distinction of being “the first generation in America to be likely to have a standard of living below that of its’ parents” (Ansoorian, Good, & Samuelson, 2003, p. 35). The Generation Xers differ drastically from Baby Boomers in regard to the value they place on careers. Baby Boomers are described as ones who “live to work” whereas members of Generation X “work to live” (p. 35). This can lead to the clashing of values, with older workers perceiving younger workers as lacking work ethic, loyalty, and commitment, whereas Generation X members are focused on balancing their roles as employees, parents, and spouses. Generation X workers generally learned to be self-reliant at a young age in a period of downsizing, widespread lay-offs, and corporate scandals. Generation Xers are described as “latch key kids,” as many grew up in a household with two working parents (Ansoorian et al., 2003).

The newest members of the workforce are the Millennial Generation, born after 1981. Those just entering employment are more technologically savvy than any generation before them. They grew up in a more child-friendly environment than other generations. Millennials have always had computers around them, and they do not tolerate co-workers and managers who refuse to utilize technology. Events that shaped this generation include the September 11th terrorist attacks and many natural disasters around the globe. Millennials want their work to have meaning and to contribute to a greater purpose. They are accustomed to working in teams and to having more structure and supervision than the Generation X worker (Howe & Strauss, 2000).

Howe and Strauss (2000) suggested that the first 15 years of life set the stage for one’s future and serves as the
foundation of one’s expectations. Much of the research done regarding generational cohorts describes the experiences of those born and raised in the United States, while nurses immigrate to America from around the world. Howe and Strauss also noted that while some countries are in sync with the American experience, others are behind by about 5 years, so nurses from other countries may share the beliefs and traits of a generation that precedes them.

Such different life experiences and views on work/life balance can lead to strife in the workplace. Issues such as who will agree to work overtime to cover a staffing hole and who will “take it for the team” regarding patient assignments can be greatly influenced by generational bias. Nurse managers must be aware of their own preconceived notions regarding expectations of the staff and recognize generationally-influenced values when making assignments and delegating tasks. When management or co-workers feel judged or singled out because of their differing views, the work environment can feel toxic.

Pairing Charlene up with Dee as a preceptor had potential for either great success or colossal failure. If Dee expected Charlene to behave in the same manner that she does (working three days in a row, foregoing breaks, and having great comfort with technology), Charlene may have become exhausted and felt that she wasn’t suited to work on the unit – that she is “too old.” However, if Dee recognized that Charlene had different strengths to share in the care of their patients, such as her diverse work and parenting experience, she could learn from Charlene while also precepting her. Hopefully Charlene would recognize that Dee has much to teach her as well, such as increasing her own comfort and familiarity with technology.

There are positive and negative behaviors that are considered to be more prevalent within different generations. Veterans are known for their loyalty and hard work ethic, but generally are not at all comfortable with today’s technology. Baby Boomers are very adept at working in teams, but require a large amount of verbal communication and rapport building from co-workers and supervisors. Generation X’ers are considered to be very comfortable with change, but have a blunt communication style that can be uncomfortable when received by Boomers (Lancaster & Stillman, 2002). Millennials are team-oriented, but were raised in highly-scheduled, conformist households (Howe & Strauss, 2000).

Generational differences can be used to an advantage when assignments are required for unit or departmental projects. Need someone who is technologically savvy? Pick a Millennial. Have a project that requires a strong team focus and communication skills? Pick a Baby Boomer. Each generation definitely has valuable skills to contribute to a project outcome. Ideally, nurses who are aware of generational differences can apply that knowledge when caring for patients and better accommodate patient preference.

How did things go between Charlene and Dee? Initially there were some road bumps; Charlene found Dee’s schedule of three shifts in a row to be exhausting as she was learning the ropes. However, Dee agreed to space out her shifts for the orientation period. Charlene found Dee’s patient teaching style to be a great benefit, and her comfort with technology increased by leaps and bounds. Charlene successfully completed her orientation and is now precepting new hires herself.

Buerhaus and colleagues (2006) stated, “Assuring quality care for an increasingly diverse patient population means that the nursing profession must continue to work toward achieving a workforce that is more balanced in age, gender, race and ethnicity” (p. 12). This diversity can add richness and strength to the team if all staff members are valued for their contributions (Sherman, 2006).

References

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