

# Five Generations in the Nursing Workforce

## *Implications for Nursing Professional Development*

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Positive patient outcomes require effective teamwork, communication, and technological literacy. These skills vary among the unprecedented five generations in the nursing workforce, spanning the “Silent Generation” nurses deferring retirement to the newest “iGeneration.” Nursing professional development educators must understand generational differences; address communication, information technology, and team-building competencies across generations; and promote integration of learner-centered strategies into professional development activities.

Positive patient outcomes rely on effective communication, teamwork, and use of health information technology (HIT; Institute of Medicine, 2003). Demographic differences are one component contributing to dysfunctional communication patterns and ineffective teams (Interprofessional Education Collaborative Expert Panel, 2011). One demographic to be considered is generation, as an unprecedented five generations now work side-by-side in the nursing workforce. The newest generation to enter the nursing workforce is the iGeneration, those nursing students, nursing assistants, and junior volunteers born since 1992. They join Gen Y, Gen X, Baby Boomer, and Silent Generation colleagues to form the most generationally diverse nursing workforce ever.

Understanding each generation’s communication preferences and frame of reference are essential to function as a cohesive team (Lipscomb, 2010). Exploration of generational diversity should not be interpreted as a way to stereotype groups or individuals but rather as one tool for examining characteristics that are likely to exist in a group of individuals (Werth & Werth, 2011). The nursing professional development (NPD) educator contributes to

the “continual teaching and learning required for all providers to facilitate the highest level of team functioning” (Institute of Medicine, 2011, p. 177) by teaching, mentoring, and coaching staff to explore generational differences, respect one another’s contributions, and develop positive team dynamics (Lipscomb, 2010).

NPD educators were already addressing the unprecedented challenges of four generations in the workplace (Sherman, 2006) when changing demographics created an overlap of the “Silent Generation” with the “iGeneration” and the five-generation workforce. A brief exploration of each generation is followed by a review of generational characteristics, which impact the communication, technology, and teamwork competencies needed for the 21st century nursing. Finally, andragogies and strategies for the NPD educator that facilitate intergenerational learning are addressed.

### EXPLORING THE GENERATIONS

Generations may be defined as identifiable groups sharing not only birth years but also significant life events at times critical to their development (Duchscher & Cowin, 2004). Each generation has shared characteristics, values, and expectations (Walker et al., 2006) shaped by global events, technology, communication, and family influences (Lipscomb, 2010). These can manifest in the workplace as different values and priorities (Keepnews, Brewer, Kovner, & Shin, 2010) and in professional development as different preferred learning styles (Tolbize, 2008). Slightly differing date ranges for each generation are found in the literature. For consistency, this article uses the dates referenced by Zickuhr (2010) in the Pew Internet & American Life series (see Table 1).

#### The iGeneration or Gen Z

This highly connected generation, born in 1992 and since, has never known a time without computers or cell phones. Educational researchers have dubbed the iGeneration in reference to the technologies popular with this group (e.g., iTunes, iPhone) and the individualized activities made possible by these technologies (Rosen, 2011). They have been exposed to unprecedented information from the Internet and handheld devices their entire lives (Tulgan,

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**TABLE 1** Generation Names, Years, and Current Ages

Generation Nickname(s)	Years Born	Age in 2013 (years)
Silent Generation	1937–1945	68–76
Baby Boomers (Boomers)	1946–1964	49–67
Gen X (Latch-key)	1965–1976	37–48
Gen Y (Millennials)	1977–1991	22–36
Gen Z (iGeneration)	1992–present	≤21

2012). This generation is now in nursing school interacting in the workplace during clinical assignments or already part of the healthcare team as nursing assistants or junior volunteers.

NPD educators are only beginning to encounter the iGeneration in professional development activities but may have witnessed members of this unique generation working or studying while also texting, surfing the Internet, or participating in an online social network. In addition to never knowing a world without technology, members of this generation have also never known a world without the specter of international terrorism and war. They watched disasters such as Hurricane Katrina and the earthquake in Haiti in real time on television and the Internet. The oldest were in high school, hoping for their first job when the global recession began in 2008. As a generation, they are close to family, confident, and open to change (Rosen, Carrier, & Cheever, 2010).

### Gen Y or Millennials

The 80 million Americans who are now 22–36 years old are more racially and ethnically diverse, educated, and technologically sophisticated than previous generations (Schroer, 2004). Millennials were raised in a time of violence and terrorism but were sheltered by parents focused on safety, security, and structure (Sherman, 2006). This generation is described as motivated, cooperative, confident, optimistic, respectful (Worley, 2011), group-oriented, networked, and civic-minded (Werth & Werth, 2011). They are also multitaskers who expect instant feedback, customization, and 24/7 global connection (Duchscher & Cowin, 2004). The youngest of this generation were 8 years old on the terrorism attack last September 11, 2001. They also came of age experiencing Columbine, Princess Diana's death, and the O.J. Simpson trial.

### Gen X

This generation is sometimes nicknamed the “latch-key” or “lost” generation, as many children were raised in single-parent or dual-income families. Left largely on their own,

Gen Xers learned to be cautious and fearful of strangers and also to distrust companies as they watched parents lose jobs to downsizing. They became self-focused, independent problem solvers valuing family over career (Lipscomb, 2010). They are also described as cynical, nonconformist, and pragmatic (Duchscher & Cowin, 2004). Cultural influences included the AIDS epidemic and MTV (Tolbize, 2008), the energy crisis and women's rights movement (Worley, 2011), the Challenger Explosion, the fall of the Berlin Wall, and the massacre in Tiananmen Square. Gen Xers, currently 37–48 years old, represent the largest generation in many occupations (Werth & Werth, 2011) yet constitute only about a quarter of employed nurses (Health Resources and Services Administration, 2010), largely because of both the increasing opportunities for women and the perception that nursing did not provide the career growth available in other jobs (Sherman, 2006).

### Baby Boomers

This generation, now generally referred to as “Boomers” since they are 49–67 years old, constitutes 55% of the Western society's nursing workforce (Duchscher & Cowin, 2004) and occupy many leadership positions in the profession (Sherman, 2006). Boomers were generally raised in an optimistic, secure, and prosperous time and were valued as children, creating a generation known for idealism and a sense of both privilege and purpose (Duchscher & Cowin, 2004). This generation came of age during the Vietnam War, civil rights movement, the space race, assassinations of Martin Luther King, Jr. and both John and Robert Kennedy, the sexual revolution, and Woodstock (Tolbize, 2008). Shaped by protests against power in a time of prosperity and optimism, this cohort developed a sense that they were a special generation and could change the world through work and their contribution to society. This became associated with their sense of fulfillment and self-esteem and led to the workaholic tendencies for which the generation is known (Tolbize, 2008).

### Silent Generation

These nurses came of age during World War II in families enduring the economic hardships of the Great Depression. Although they experienced a war-based economic boon, they also experienced Cold War tensions and the potential for nuclear war (Schroer, 2004). Political and economic uncertainty created a generation generally considered to be financially conservative, hard-working, and cautious (Sherman, 2006). Their valuing of a strong work ethic, hierarchies, professional respect, and loyalty still shapes the nursing workforce culture (Stanley, 2010). More registered nurses in the United States over the age of 65 years are in the workforce than ever, constituting almost 10% of

the total nursing workforce (Health Resources and Services Administration, 2010). Some Silent Generation nurses postponed retirement or re-entered the workforce because of longer life expectancy and changing of retirement benefit plans (Sherman, 2006) and the recession of the early 21st century (Staiger, Auerbach, & Buerhaus, 2012). This generation's nurses employed in the nursing workforce often occupy senior management and decision-making positions (Duchscher & Cowin, 2004), while retired nurses still influence the profession by serving on advisory groups and voluntary committees (Stanley, 2010).

## THE GENERATIONS AND WORKPLACE COMPETENCIES FOR THE 21ST CENTURY

Nurses will require new skills, knowledge, and perspectives to be effective in the transformation of the United States healthcare system outlined by the Future of Nursing report (Institute of Medicine, 2011). The NPD educator must engage nurses of all generations to develop the core interprofessional competencies identified by the Institute of Medicine (2003), namely, provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, and utilize informatics.

### Communication

Each generation is understood to have varying skills related to communication, which is a key component in these competencies. Over 500 sentinel events reported to The Joint Commission between 2006 and 2008 were related to communication, and 65% of those involved interprofessional communication (Cordero, 2011). Misunderstandings related to generational differences in communication styles, problem solving, and work ethics can lead to conflict, which can contribute to low-quality patient care (Stanley, 2010).

Skillful communication includes use of effective communication techniques, active listening, and use of language appropriate for emotionally difficult situations. Using a common language for team communication, such as SBAR (situation, background, assessment, recommendation), and teaching all team members how to speak up when they have concerns about safety or quality of care are essential competencies for healthcare team members (Interprofessional Education Collaborative Expert Panel, 2011). Because intergenerational conflict can increase when communication styles differ (Scott, 2007), NPD educators can assist nurses in reflecting on their communication styles and mastering the art of communication with colleagues as well as patients and their families.

Changes in technology have affected communication styles and skills among generations. The Silent Generation grew up with the telegraph, telephone, and radio and generally prefers face-to-face and written communi-

cation. Boomers who came of age watching television prefer face-to-face, telephone, or written communication and use electronic mail (e-mail) as they become comfortable with it. Gen Xers grew up with color television and the advent of personal computers and prefer to communicate with technology such as e-mail or voicemail. Millennials were coming of age with cell phones, the Internet, and e-mail and prefer to use these tools for texting, e-mails, instant messages, or blogs. With their desire for immediate feedback, Millennials may become frustrated if phone calls or e-mails are not answered quickly (Sherman, 2006). Each of these generations has witnessed the more recent birth of YouTube, smart phones, tablets, e-readers, and Skype.

The iGeneration youth are digital natives, never knowing a time without instant connectivity to people and information. Having grown up immersed in technology, they do not like to be cut off digitally (Tulgan, 2012). Their reliance on electronic communication may contribute to poor people skills, and they may need guidance on how to communicate effectively face-to-face (Minifie, Middlebrook, & Otto, 2011).

One strategy for the NPD educator is to create multigenerational breakout groups during a communication skills class or workshop. Silent Generation, Boomer, and Gen X nurses can guide younger nurses on interpersonal communication skills including interpretation of nonverbal tone of voice or body gestures, organization of information for handoff (e.g., SBAR format), and social mores related to communication. Millennials and iGens can teach their colleagues shortcuts for the use of electronic communication technologies. They may also share insight into their multitasking behaviors and show their ability to remain part of a critical conversation while simultaneously looking up information related to the discussion on their smart phone.

### Health Information Technology

Today's nurses assess patients using invasive and noninvasive patient monitoring devices, administer medications and blood products using barcode technology, document in an electronic health record, search the Internet for disease and drug information, receive critical announcements by e-mail, communicate with patients via telehealth technology, complete online continuing education, respond to call bells and alarms, and provide patient care with electronic pumps, ventilators, dialysis machines, and other technologies. When used effectively and efficiently, HIT will transform health care and nursing practice (Institute of Medicine, 2011). The NPD educator supports this vision by ensuring nurses of all generations are competent in the use of HIT.

Silent Generation and Boomer nurses once worked with minimal technology and may be less adept with some technologies than others. Younger nurses may experience

frustration working with less technologically savvy colleagues. However, these nurses are a key resource in disasters or other situations where technology fails, as they can shift back to traditional ways of assessing and caring for patients and can teach younger colleagues those skills (Sherman, 2006).

When introducing new technologies and electronic documentation, the NPD educator may consider pairing nurses who are less comfortable with technology with those who are more adept. Nurses in Gen X, Y, and Z generally have deeper knowledge of computer and digital technology and have incorporated it into many aspects of their lives. These nurses can mentor their Boomer and Silent Generation colleagues (Duchscher & Cowin, 2004). In exchange, the experienced nurse can share insights into patient assessment and care gleaned from years at the bedside with less access to technology.

### **Teamwork**

Coordinating patient-centered care with other health professionals and collaborating with others through problem solving and decision making are behaviors essential for an effective team. Teamwork involves “sharing one’s expertise and relinquishing some professional autonomy to work closely with others, including patients and communities, to achieve better outcomes” (Interprofessional Education Collaborative Expert Panel, 2011, p. 24). Dynamics of a team can be affected by generational perspectives on leadership, roles, goals, values, and actions of the team.

Silent Generation nurses bring wisdom and organizational history to nursing teams (Sherman, 2006). However, they were steeped in a utilitarian and militaristic authority tradition (Duchscher & Cowin, 2004), which could affect their perception of leadership on a team and create expectations for an orderly, goal-directed process. Boomer nurses have strong clinical and organizational experience (Sherman, 2006), but they can be competitive, strong-willed, and impatient with the characteristics of younger generations (Duchscher & Cowin, 2004). They may expect to be looked up to and respected (Stanley, 2010) and be unwilling to share authority (Duchscher & Cowin, 2004). These characteristics could potentially create disharmony on a team if not addressed.

Gen Xers bring creative approaches and innovative ideas to a team (Sherman, 2006) but are sometimes described as “radically individualistic” (Duchscher & Cowin, 2004, p. 496), which may impede team cohesion. Another dynamic, which could adversely affect a team, is their desire to be treated as equals regardless of status or experience (Stanley, 2010). The Millennials are team players, favoring strong peer relationships, accepting diversity, and preferring collaboration (Duchscher & Cowin, 2004). However, perhaps because of parental oversight and structure, they may need to learn how to deal

with interpersonal conflicts and difficult situations (Minifie et al., 2011).

The youngest team members of the iGeneration are extremely social in real-life and screen-life worlds. Their online interactions may be more honest and provide participation opportunities for shy learners (Rosen et al., 2010). On the other hand, nursing staff in younger generations may be minimally skilled in interpersonal dynamics and social relationships when they arrive at the workplace (Duchscher & Cowin, 2004).

The NPD educator can use the strengths of each generation to create dynamic, creative teams. Before the team meeting together, background information can be shared through online discussions, wikis, and blogs. Technologically savvy staff can teach their colleagues how to access and maneuver in these domains. When the team meets together, staff more skilled in group dynamics and social skills can lead team-building exercises. These early efforts, both online and in person, can create a stronger, more diverse team to address complex issues such as quality improvement and workplace redesign.

### **ROLE OF THE NPD EDUCATOR**

Generational diversity in the nursing workforce challenges NPD educators to understand the differences between their own learning styles and preferences and those of staff members needing orientation and ongoing education (Notarianni, Curry-Lourenco, Barham, & Palmer, 2009). NPD educators are likely to be Boomers or Gen Xers or possibly from the Silent Generation. They face the challenge of, first, educating themselves about generational learning characteristics and acknowledging their own biases before they can balance generational learning preferences with good pedagogy (Johnson & Romanello, 2005). Educators taught to sit still in class may have difficulty adjusting to behaviors that are considered normal and acceptable to multitasking learners, such as texting, talking, and moving around in class (Worley, 2011).

Structured environments and clear guidelines are preferred by Silent Generation and Boomer learners (Notarianni et al., 2009) who were taught not to squirm and to listen attentively. The “latch-key” Gen Xers who grew up with Sesame Street and keeping themselves occupied do not have the attention spans required for learning from traditional lectures. Many prefer self-directed learning, role play, visual stimulation, and immediate feedback. They also prefer quality of work over quantity and want to know why they must perform a task or learn the information (Minifie et al., 2011). It is also important to their self-esteem to be in a learning environment where they can show their expertise (Notarianni et al., 2009).

Millennials approach learning through active experimentation and seeing concepts in action rather than reading about them (Worley, 2011). They believe it is more

important to discover an answer through experiential activities, trial-and-error, group activities, and the Internet than to remember the correct answer (Minifie et al., 2011). They prefer andragogies that provide connectivity, interactivity, collaboration, and immediate feedback such as team projects, online interaction, and use of audience-response systems (Skiba & Barton, 2006). Information in chunks appeals to this cohort, so lectures should last no more than 15 minutes followed by group discussion, Socratic questioning, scenarios, role plays, case studies, student presentations, or problem-based activities (Werth & Werth, 2011).

The characteristics of iGeneration learners include their adeptness at multitasking, immersion in media, online social connections, desire for constant feedback, and unique learning style including skills at creating their own content (Rosen et al., 2010). They are less interested in learning facts and more interested in knowing how to access, synthesize, and integrate information. They are not awed by educational technology, such as PowerPoint or videos, especially when it is deployed in linear education where students sit in a classroom learning facts and skills from the instructor (“sage on the stage”).

With five generations in the workplace, the NPD educator must plan for a diverse age range of learners from teens to nurses postponing retirement. The linear education model may be preferred by many learners, but the future lies in student-centered, facilitated learning (“guide by your side”). Expertise in interactive, innovative teaching methods and technologies will be required of NPD educators. These include simulation, online discussions of cases or journal articles, audience response systems, problem-based learning, educational games, and team activities. Wired learners of all generations are already adept at creating their own content, which they post as social media pages, videos, Web pages, blogs, podcasts, and online games. Working in groups to create content is one strategy for tapping into both the social, technological, and hands-on preferences of these learners.

Learners more comfortable with traditional education methods may perceive student-centered, collaborate learning with technology as unprofessional, disorganized, or a waste of time. The NPD educator should avoid the temptation of resorting to the already-prepared lecture with PowerPoint and instead use this opportunity to explain how these educational strategies encourage critical thinking, problem solving, communication, technology, and teamwork skills, which are essential in the current healthcare environment. Reading materials such as articles, handouts, or outlines provide a bridge for these learners who bring their invaluable experience and wisdom to the team.

Although student-centered learning sounds like it might make life easier for the NPD educator, it actually re-

quires extensive preparation, as learners may explore numerous paths with which the educator should be familiar. Guidance on potential resources and alternative approaches is essential (Rosen et al., 2010). One way to focus learning is to spend several minutes on the background information and then divide the class into small groups for collaborative learning activities. The small groups then share what they’ve learned with the group through a podcast, blog, video, or other creative endeavor. For example, instead of a lecture on arterial blood gases, content can be assigned to four teams (respiratory alkalosis, metabolic acidosis, etc.). Each team explores the condition then presents student-created content to the class in an innovative way.

Changing NPD has the potential to change the nursing workplace. The NPD educator can acquire the knowledge and skills needed for this transformation through pursuit of higher education, membership in professional organizations such as the Association for Nurses in Professional Development, attendance at conferences and continuing education activities related to NPD, and review of best practices in the literature and online. Today’s NPD educators must not only “teach” but also model, coach, and reinforce the communication, technology, and teamwork skills required for safe, patient-centered, quality care by using those same communication, technology, and teamwork skills in our live and virtual classrooms.

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