Multigenerational workforce issues and their implications for leadership in nursing

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Aim(s) With many countries facing current or impending nursing shortages, considering the impact of the multigenerational workforce, their needs and behaviours may impact on efforts to recruit and retain nurses.
Background As the nursing workforce changes, with ageing nurses, an increased demand for nursing care and an ageing population, greater emphasis is placed on an understanding of the workforce's needs and the differences highlighted by various generational groups.
Evaluation Offered is a literature review and definitions of the four different generational groups evident in the current nursing workforce. These are offered as an insight into the different needs and attitudes that multigenerational groups bring to the nursing workforce.
Key Issue(s) Making the most of the multigenerational workforce and offering recommendations for meeting their unique challenges.
Conclusions Understanding the different generational groups may allow nursing leaders and managers to consider what drives, motivates or hinders nurses from different generations.
Implications Recruiting and retaining a workforce increasingly made up of nurses from many generational groups is a challenge that can be tackled with a deeper understanding of each of the commonly identified generational groups.

Keywords: generations, leadership, recruitment, retention, workforce

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Introduction

Kogan (2007) suggests that we live in a time when many different generational groups are engaged in the workforce. With Generation Y individuals evident in the labour market the workplace is now made up of individuals from three of the four distinct generational groups. These are the Veterans (now retired), Baby Boomers, Generation X and Generation Y. Each generation has its own set of values, views on authority, attitudes towards work, communication style, expectations of their leaders and of the work environment (Hu *et al.* 2004, Altimier 2006, Gursory *et al.* 2008). Therefore, dealing with these different generational groups requires leaders and managers who can adapt themselves or the environment, or who can harness the attributes of each generational group to meet the needs of their respective organization.

The nursing shortage

As the makeup of the nursing workforce changes greater emphasis is placed on leadership and understanding the workforce needs (Buchan 2009). This is

particularly vital as the nursing workforce ages, as the demand for nursing care increases and as the international population ages [World Health Organization (WHO) 2006a]. In all Western countries there are predicted nursing shortages (Nelson 2002, Duffield *et al.* 2009) with the WHO suggesting that 57 countries face critical workforce shortages severe enough to impact upon the delivery of essential nursing care (WHO 2006b). Although the reasons for these shortages vary from country to country, the principal factors are relatively consistent: a labour force that continues to age (Krail 2005); decreasing enrolments into nurse education programmes; low retention rates as nurses leave bedside nursing in search of less stressful careers (Duffield *et al.* 2004); and an increased demand for health care (Australian Institute of Health and Welfare 2005, Hatcher *et al.* 2006). The National Review of Nursing Education Science and Training (Department of Education, Science and Training/DEST 2002) in Australia, suggested that nurses leave nursing because of excessive workloads, burnout, lack of recognition and autonomy, low morale, poor job satisfaction and safety issues. These reasons are likely to be factors in other Western countries, such as the UK, USA and Canada.

In addition, women who have and continue to make up the majority of nurses have significantly more choice than their predecessors when selecting a career (Gaynor *et al.* 2007). Gaynor *et al.* (2007) are also of the view that within the next 10 years the size of the young and the aged nursing workforce will retract as fewer young people enter the profession and older nurses (from the Baby Boomer generational group) increasingly retire. These issues are compounded by other factors impacting on the health care industry, such as the ageing population (Hatcher *et al.* 2006) and an increase in the number of people living with chronic conditions. In relation people living with chronic conditions, nurses will find the burden of care will fall on them as the need for treatment, self-management education, supportive care and rehabilitation grows (Eggert 2005). Dealing with an ageing population, who will experience proportionally greater chronic illness, implies a greater demand for nursing specific care (Ross 2002, Johnson *et al.* 2006) potentially impacting a staffing crisis that appears to be in perennial supply and demand conflict, for just as the demand for nursing care grows, it appears supply may be diminishing.

The impact of the staffing crisis

According to the WHO (2006a), nurses make-up 40–50% of the global health care workforce and in Australia, nurses represent 55% of the health care workforce. As nurses occupy the largest share of the health workforce, a viable health system, providing optimum population health outcomes relies on a sustainable and healthy nursing workforce (and I would argue a healthy nursing profession).

The cost of failing to address the nursing shortage is staggering. For example, turnover costs consume considerable resources (Hayes *et al.* 2006), with the costs incurred coming from the need to hire temporary staff, payment of overtime to existing staff, closing beds and departments and implementing new staffing plans or training and orientation for new staff (Jones 2004). Understaffing, the loss of more experienced nurses and general nursing shortages are also linked to a range of negative outcomes such as higher mortality rates, adverse events after surgery, patient injuries, increased infection rates, a decrease in patient satisfaction and higher patient complaints or litigation (Bradley 2003, Buchan & Calman 2004, Hatcher *et al.* 2006, Gaynor *et al.* 2007). The imminent retirement of the Baby Boomers implies a loss of a significant knowledge repository that cannot be replaced easily (Sherman 2008). There are of course financial costs implied above, but the main burden of cost is on the deterioration of care that will result in a poor-quality health service.

Defining the multi-generations

The term 'generation' signifies the grouping of people within similar age groups, born in the same time of history and culture (Palese *et al.* 2006). Although there can be no absolute beginning or end to the generational distinctions, they typically span 15–20 years (Weingarten 2009). According to Lancaster and Stillman (2002) there are currently four generations in the workplace (Veterans, Baby Boomers, Generation X and Generation Y).

Veterans

Veterans (**or Traditionalists; the Silent's; War Generation**) include people born in or before 1945 (often referred to as 'matures'). They make up few if any of the current nursing work-force although once they made up the majority of senior nurses. Now though they may make up the ranks of nurses serving on voluntary committees and advisory groups. Some remain in leadership positions and they generally have a life time of nursing experience. They believe in lifetime employment, generally with one employer and

value hierarchies. They also value professional respect, the professional image of nursing, loyalty and dedication. The veterans worked hard and believe that hard work will produce rewards. They tended to be uncomfortable with change and tend to favour command and control management/leadership styles. Their core values are law and order, respect for authority, duty, honour, dedication and sacrifice (Calhoun & Strasser 2005, Gursory *et al.* 2008). While this group are not represented in the current nursing workforce the legacy of their influence is still evident through policies and customs practiced within the nursing workforce culture (Irvine 2010).

Baby Boomers

Baby Boomers (**live to work**) were born after the Second World War (between 1946 and 1964) and were raised in an era of relative optimism, opportunity and progress. Boomer's generally grew up in a time where people had secure jobs, access to good education and post-war prosperity. They questioned the status quo, embraced the 'big picture' and interpersonal communication. Their core values are optimism, personal growth, health and wellness and involvement (Duchscher & Cowan 2004, Weingarten 2009). Baby Boomers are evident across the spectrum of the nursing workforce, with many also approaching retirement. A significant feature of the Baby Boomers is that work has been central to their lives and their work ethic is strong.

Generation X

Generation X (**work to live**) appear after the Baby Boomers, being born between 1965 and 1980 into a time of rapid change, with changing social and economic factors impacting on their education and development. They grew up into an environment of two career families, rising divorce rates, downsizing and the dawn of the age of rapid developments in technology and communication. Generation X focused on personal growth, aggressively questioning the status quo and authority and they recognized that job security was a thing of the past. Their core values focused on thinking globally, balance, technological literacy, having fun, travel, independence, diversity and informality (Gursory *et al.* 2008, Weingarten 2009). Generation X do not place so much emphasis on work and feel work should not be too serious or formal, in fact, work should be fun (Irvine 2010).

Generation Y

Generation Y is also known as the 'nexters' or 'internet Gen' and 'Millennials.' They have grown up in a world with massive amounts of information at their finger tips and were born between 1981 and 1999. They are generally technology savvy and masters of mobile phones, the internet and video games. They prefer to be tech-savvy, employ multitasking and are keen to participate or collaborate in decisions as much as possible. Their core values are optimism, civic duty, confidence, teamwork, modesty, achievement, morality, 'street smart' and diversity (Duchscher & Cowan 2004, Calhoun & Strasser 2005). They are a product of their times, they are more numerous, more affluent, better educated and more ethnically diverse than any of the previous generational groups and according to Weingarten (2009) older generations are commonly surprised at the range of positive social habits they exhibit. Significantly, Generation Y is so wedded to the notion of belonging to a group that employers who neglect this feature find little success in motivating them (Irvine 2010).

Generation Z

There is already talk of the imminent arrival of Generation Z, but they are not a factor in the health service employment market yet.

Making the most of a multigenerational workforce

In order to meet the demands of a rapidly changing health environment, associated with an ageing population and nursing shortage, it is vital that health care organizations are able to attract, retain and motivate nurses of all generations (Krail 2005, Hatcher *et al.* 2006, Gaynor *et al.* 2007). Establishing a climate that supports nurse retention is a vital factor in countering the staffing crisis in nursing and an issue that occupies many a nursing leader, or nurse manager's time. However, in spite of significant efforts to keep staff in place, national and international trends show a retention crisis remains evident (Duffield *et al.* 2009).

It is suggested here that when dealing with multiple generations a range of solutions could be employed to face the challenge of retaining nurses in the workforce. This is because each generational group have their own unique experiences, values, gender issues, tensions, problems and approaches to team working (Gursory *et al.* 2008). With different generations in

the workforce at all organizational levels it is important to understand the generational differences and their similarities, to tap into their diversity, creativity and energy. As such, it may be useful to consider strategies that recognize and address issues of retention and attraction for all generations within an organization.

While having a mix of generations in the workplace is nothing new, traditionally the different age groups were separated by a clear chain of command with the older workers as supervisors and managers, while the younger workers were apprentices and juniors. The new reality is one of a flatter organizational structure where teams of diverse ages work together and where younger 'apprentices' are less afraid to argue their point, make demands and voice their opinions (Weston 2001).

The impact of a variety of multigenerational groups working together is that misunderstandings regarding values, work ethics, communication styles and approaches to problem solving may be common and lead to conflict (Ulrich 2001, Calhoun & Strasser 2005), disharmony or an unproductive workforce. The result of these misunderstandings and work ethic differences are likely to be costly to organizations as they can result in increased absenteeism, interpersonal conflict, low-quality patient care (Weingarten 2009), communication breakdown and a lack of staff motivation. It is suggested that when generational groups collide, staff satisfaction and patient care plummets (Weingarten 2009).

With this reality leaders and managers within contemporary health environments need to apply leadership insights and management strategies to support and foster an understanding of different generational needs.

Answering the challenge

As mentioned, each generational group is different. They bring with them different views of authority, their own set of values and orientation to the world. They view loyalty differently and have unique perspectives on leadership, ideal work environments and their own place in history (Gaynor *et al.* 2007). A positive slant on this is that they all bring something new, unique and important to the workforce and given that nursing and the health industry is driven by team working, this mix of skills, talents, views and perspectives offers a singular advantage for the success of team working.

However, leading the different generational groups presents its own challenges that also need to be considered (Sheahan 2005). Understanding each of the different groups can lead to new directions for addressing the issues of retention and recruitment.

Before addressing the challenges further, however, it is important to point out that some of differences between age-related groups may actually be myths and a degree of caution is required before everyone from each generation is labelled and boxed by their generational group. It is also prudent to mention that within each generational group there are a multitude of individuals who bring with them, their own unique personalities and cultural imprints. Indeed, recognizing the cultural diversity of the modern nursing workforce is also a vital factor for managers and leaders to consider when addressing recruitment and retention issues, but this is beyond the scope of the present study.

As well as being conscious of individuals within each generational group, there is also a trend for generational differences to be exaggerated and similarities diminished (Altimier 2006, Deal 2007). Deal (2007) goes as far as suggesting that the generational gaps do not exist, suggesting instead that generational values do not differ, they are simply expressed differently. Her main thesis is that considered closely, generational groups have far more in common than they have differences. Deal's (2007) message is to remind us that in reality we are all different, but there is still common ground that binds us. Deal (2007) is of the view it is not the differences in generational groups that cause conflict, but fundamental organizational failures to communicate well with their employees and issues of power within the workplace. Deal's (2007) view is that if an organization is healthy, it will be so for all employees regardless of their generational group. From this, the key principal is to treat everyone in the team equally and show respect to all.

However, it is Kogan's (2007) view that generational conflict is evident in the workplace and that generational differences will inevitably lead to conflict and misunderstandings. Kogan (2007) in exploring these differences indicates that Baby Boomers for example, expected to be looked up to and respected, while Generation X commonly wanted to be treated as equals regardless of their status or experience. Veterans were commonly described as old-fashioned or even out of touch, while Baby Boomers were characterized as workaholics. Generation X have been described as the 'slacker' generation and Generation Y are characterized as demanding, disloyal and impatient. These generalizations may lead to conflict, stereotyping and bias and when it comes to work satisfaction, career progression opportunities and quality care, it may result in a frustrating, demanding and stressful work place. These issues have the potential to further unsettle new employees, old employees and add to the recruitment

Table 1
Addressing generational issues

Consistent employment expectations, organizational goals, policies and procedures.
An open forum for dialogue with all employees, but in particular those from newer generations who are seeking to express their voice within the organization
A flexible, open and approachable style of dealing with all generations
Individual focus
Inclusive of all employees
The 'top five' employees' needs of any generation:
An opportunity to advance within the organization
Better work/life balance
Better remuneration/benefits
Respect and recognition
Access to opportunities for learning and development
Opportunities to train, coach and motivate all generational groups

and retention issues facing the nursing workforce. However, these problems can be addressed in a number of ways (see Table 1).

Kowalski *et al.* (2006) found a link between the leadership approach and the retention of nurses and job satisfaction from all generations. Thus it is suggested that the employment of an appropriate leadership approach will facilitate greater effectiveness when dealing with generational issues. In the present study it is proposed that Congruent Leadership (Stanley 2006a,b, 2008) which sees the leader followed because their actions are matched (or are Congruent) with their values and beliefs is a suitable leadership approach when dealing with a range of employees from different generations. This approach to leadership rests on the leaders' values and beliefs being demonstrated and on their role modelling of their personal nursing/health care or organizational values (Stanley 2006a,b, 2008). Followers with the same or similar values support and follow these leaders because their own values align. While some values differ between the generational groups, their core nursing/health care values are likely to offer significant common ground for this leadership approach to be employed successfully.

It is also proposed that each employee should be held to equal employment expectations, organizational goals, policies and procedures. This way each employee is valued equally, regardless of their generational group and level. This sets ground rules and allows for common, organizational understanding. Individual or generational differences can be fostered, but only once these common issues are agreed. Employers may also benefit from opening a forum for dialogue with all employees, but in particular those from newer generations who are seeking to express their voice within the organization. Generation X and Y are both keen to

'play a part,' 'take the lead' and 'make a difference'. By encouraging their active participation or vocal engagement leaders will help them feel they belong to the organization (Raines 1997). Belonging, in this sense is about fostering their choice to belong and it is important that it is not seen as the same thing as being 'loyal.' People are often loyal in spite of how they are dealt with or treated, but these employees will only feel they belong as long as they feel welcomed and engaged. Treat them poorly and they will take to their heels feeling they are no longer wanted or that they no longer belong.

Organizations hoping to retain newer generational workers need to be flexible and approachable. Indeed this approach will lead to general staff satisfaction and so to greater retention across the board. Employees who feel they can influence operational decisions, local nursing practice, patient care and organization (or at lease local area politics) also feel more satisfied and again retention may be positively affected.

To engage more effectively with the people in their teams it may be instructive for managers and leaders to focus more on individuals. This approach negates the generational issues altogether and allows leaders and managers to recognize what shapes or drives each person's values. It allows a more personal approach to leadership and management and supports Deal's (2007) view that it is the individual and not their generational group that matters.

Another approach is to involve everyone by developing policies to create a supportive work environment. People want to feel valued and involved no matter what their age or generational group and no matter what their level of experience or insight. This may also be important in terms of looking behind the cause of any conflict. It may be easy to put the conflict down to generational issues or differences, but it may be wise for a leader or manager to consider the broader individual issues before addressing the solution.

In dealing with multigenerational issues it may be useful to meet the 'top five' employee needs of any generation. These are commonly seen as providing an opportunity to advance within the organization, facilitating a better work/life balance, offering better or more competitive remuneration and benefits, providing respect and recognition and access to opportunities for learning and development (Hall 2005).

Finally, employers can better support a multigenerational workforce by offering opportunities to train, coach and motivate all generational groups. This may be particularly the case for issues of leadership, advanced clinical skills, problem solving and decision-making skills, team working and communication skills.

Conclusions

Understanding each generational group allows leaders and managers an opportunity to grasp what it is that may drive or motivate each of the different groups and if the nursing profession is going too successfully deal with the impending nursing shortage understanding how to attract and retain employees from across the generational spectrum may prove vital. However, it is also vital to recognize that all nurses are individuals and that they all bring unique insights, perspectives and views to the healthcare team. If managers and leaders can find ways to engage with each of the generational groups and the individuals within them then the nursing profession could be much further along the way to dealing with the current and looming recruitment and retention crisis.

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