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Addressing Issues of Intergenerational Diversity in the Nursing Workplace

by

Arlene Wortsman and Amanda Crupi



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I guess how we deal with management is different.
I guess the younger generation is maybe a little bit
more aggressive. We want change. We want it now.

Jennifer Bean, SUN, Millennial



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“I think that there’s a lot to be learned about how older nurses interact and provide that kind of emotional support that families need. I’m still pretty novice at that. Senior nurses have practiced for years and years and years and can tell you stories about things that happened when they were my age, but I still think, also there is a different way of doing things, you know, back when they were my age too.”

Anne Langille, NSNU, Millennial



Executive Summary



Generational diversity is not new. What is new is finding nurses from four distinct age groups working side by side. These four generations, Veterans, Baby Boomers, Generation X and Millennials, approach the workplace with different values, attitudes, work habits and expectations which can lead to intergenerational conflict. Their diverse behaviours can sometimes be misinterpreted, leading to intergenerational conflict in the workplace. Intergenerational frictions are creating new challenges for employees and employers, managers and unions. Given the current nursing shortages, and the subsequent need to retain older nurses and recruit younger nurses into the workplace, generational issues must be examined further.

Although approximately 80 % of nurses in Canada are covered by a union contract or collective agreement, there has been little research on the implications of the multi-generational health workplace from a union perspective. This study had two objectives: first, to obtain a thorough understanding of the impact of generational diversity on workplace behaviour, career expectations and the interpersonal climate in the nursing workplace, and second, to identify the implications of intergenerational conflict on collective bargaining.

The research findings are based on a literature review, expert consultations, eleven focus groups, and the results of a web-based survey which was designed to probe into the themes and issues identified through the focus groups. The participants in each focus group were

members of a specific generation, to allow for greater dialogue among the participants. This report summarizes some of the commonly held generational characteristics from the literature, focus groups and interviews. The report attempts to avoid making assumptions by relying on data, literature, observations and experience from a variety of reliable sources.

Multiple Generations in the Workplace


Members of different generations develop different professional priorities and goals, reflective of the events that shaped their lives. Generational traits are by no means precise and often overlap. The diversity of generations in the workplace is due to delayed retirements, mid-life career changes, job re-entry and a group of younger graduates in the workforce.

Veterans/Traditionalists, Born between 1925-1945

Nurses from the Traditionalist or Veteran generation entered the workplace when the future was predictable. These nurses tend to be respectful of authority and disciplined in their work habits. They are averse to risk. They are less likely to question organizational practices. They are more likely to seek employment in structured settings.

Baby Boomers, Born between 1946-1964

Nurses from this group have traditional work values and ethics similar to the Veterans, but they are more materialistic. They are prepared to work long hours in return for rewards. The



“Gen X and Y favour a participatory style of management. They are more likely to seek alternate work environments when not able to contribute to the decision-making process.”

**Shelley Duggan, NBNU,
Boomer**

Baby Boomers define themselves through their jobs and work performance. Many nurses have worked for the same institution for many years.

**Gen X/Nexus Generation,
Born between 1965-1980**

Many nurses from this generation entered the labour market at a time of significant hospital restructuring and large-scale layoffs of nurses. Many of these nurses were unable to find full-time employment. They were forced to take several part-time positions or leave Canada in order to pursue a career in nursing.

**Gen Y/Millennials,
Born between 1981-2000**

These nurses are members of the first cohort of truly global citizens. They are self-confident, highly educated and technologically savvy. They value greater work flexibility and are likely to change careers or professions five to eight times in their lifetime. They value collective action over competition. They assume technology will be assimilated into work practices. They tend to select positions based on the composition of the work unit. They expect a collaborative team approach with constant positive reinforcement.

Workplace Issues

Results of the focus groups and web survey highlight issues that fall within the following themes: work hours and working conditions, work-life balance and well-being, and workplace culture.

Work Hours and Working Conditions

In the past, seniority determined prime positions, assignments, hours and vacation schedules. Participants acknowledge intergenerational tensions have developed in relation to hours of work, full-time and part-time positions, scheduling and vacations. All nurses today expect to have some control over hours of work, schedules, etc. Participants stressed the importance of developing a more equitable method for assigning shifts and vacations, one that took into account the needs of all the groups. All participants felt that seniority must be balanced against need. Another source of friction appears to have developed over the apparent ease in which Millennial nurses have obtained choice positions, without having “paid their dues.”

Work-Life Balance and Well-Being

The Boomers and Veteran/Traditionalists are perceived by their younger colleagues as

workaholics who live to work. But Gen X and Millennial nurses reject this approach. Work is but one part of their life. They are seeking a workplace that will support this balance. Both Millennials and Gen X want to see a collective agreement that will support greater work-life balance and increased well-being.

Healthy Workplace Culture

The different work and communication styles of multi-generations can create tension in a workplace culture. Communication styles and preferences may sometimes work at cross purposes. While the Millennial and the Gen X nurse may be comfortable with a blackberry and the computer, the Boomer and the Veteran still prefer paper. The Veterans and Boomers assume the workplace will be hierarchical in structure, while Millennials expect to work in an environment that emphasizes teamwork and a collaborative approach.

We heard from all groups about the importance of respect. A lack of respect is seen in many forms such as bullying behaviour or the simple ignoring of suggestions. Disrespect leads to a toxic environment. One intergenerational irritant appears to be differences in professional demeanour and attire.

Millennials, and to some extent Gen Xers, are looking for a workplace that supports ongoing professional and career development. There was strong support for mentorship programs to help build competencies and confidence in new nurses.

Conclusion

Given that the present shortage of nurses is likely to deepen in the near future, it is

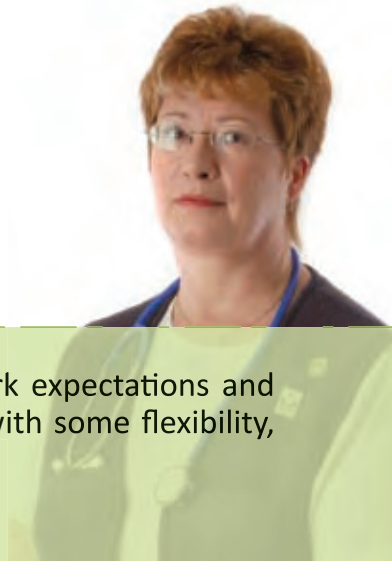
important to find ways to retain Boomers and Gen Xers in the workforce and to identify what will attract the Millennials. Meeting the needs of the multi-generational workplace presents new challenges for both unions and employers. The findings from this study point to the importance of benefit plans that are flexible, customizable and portable. Comprehensive worklife quality strategies that are sensitive to multi-generational interests are needed. The following proposals are presented as a means of addressing the issues raised in the research.

Issues for Bargaining

The findings from this study suggest that the following issues should be considered in future collective bargaining:

- Professional development and access to education is a priority area for both Millennials and Gen Xers. Nurses' unions should look to improve access to ongoing professional development and education that could include the following:
 - * funding for degree programs – B.Sc., M.Sc.,
 - * funding for diploma or specialty training,
 - * funding for conferences and workshops,
 - * mandatory in-services,
 - * educators on unit, and
 - * bringing educators to the floor to work with nurses in small groups.

Although there are fundamental differences in work expectations and approaches, the generational gulf can be bridged with some flexibility, creativity and openness to change.





“Junior staff might think ‘oh, this job sucks, I’ll have three more if I want them.’”

Thom Allen, SUN, Gen X

- Provide opportunities for self scheduling for shifts/vacation.
- Allow for individualized benefit plans.
- Establishing mentorship programs that support new nurses in a supernumerary position and establishing the appropriate workload and compensation levels for those who participate as mentors.
- The inclusion of innovative practices such as 80/20, even in a modified form such as 90/10, or the ability to work on another unit for a limited time.

Strategies for the Union

The research also suggests that there are strategies outside of collective bargaining that nurses’ unions could adopt that would promote better understanding between the generations. They include:

- Establishing mentorship programs within the union,
- Providing longer union orientation for nurses, and
- Giving workshops to sensitize nurses to the needs of each generation.

Joint approaches for the Union and Employer

Managers need access to tools, templates and training to ensure they have the

communication, problem-solving and conflict resolution skills to embrace diversity and meet the needs of the modern workplace. To help facilitate skills development, it is proposed that a series of workshops be offered jointly by the union and the employer. These workshops would include:

- A communications workshop that would provide training for all groups on how to communicate across generations,
- A workshop for managers on collective agreements,
- A workshop for educators, and
- Workshops on improving workplace culture.

Next Steps

This study is a first step towards identifying the intergenerational issues that cause distress to members of nurses’ unions, and the strategies that will help eradicate them. The findings suggest far more work is required to fully understand the potential for feasible changes to be made. Although there are fundamental differences in work expectations and approaches, the generational gulf can be bridged with some flexibility, creativity and openness to change.



1. Introduction and Background



Intergenerational conflict is not a new phenomenon. What is new is that work environments are increasingly diverse. Workplaces may now include four distinct age cohorts. In today's workplace (2008-2015) you will likely encounter coworkers/colleagues in their sixties or even their seventies (Traditionalists or Veterans), in their fifties and forties (Baby Boomers and Trailing Boomers), in their thirties (Gen X or Nexus Generation), and in their twenties (Gen Y or Millennials).

Diverse behaviours can sometimes be misinterpreted. Each generation has different values, attitudes, work habits and expectations which can lead to intergenerational conflict. These different perspectives can present challenges for employees and employers, managers and unions.

Despite the growing body of knowledge about generational diversity, workplace behaviours, conflict resolution and organizational effectiveness, these issues have rarely been studied from a labour union perspective in the nursing workplace. Eighty percent of nurses in Canada are members of a union.

This innovative study explores intergenerational conflict in nursing work environments from the union perspective, documents ideas of how to reduce that conflict, and makes recommendations that will help to guide employers and unions wanting to improve workplace retention.

Unions regularly engage their members on their views pertaining to priority bargaining issues through surveys, consultations, focus groups, roundtables, and meetings. This study supplements that information. It will also provide stakeholders with a broad framework that suggests mechanisms for further dialogue, professional development and collective bargaining strategies. Lastly, it provides a rationale in support of initiatives to enhance communication, team building and healthy workplaces.

CFNU's 2008 publication on the nursing shortage identified past, present and future challenges to the nursing workforce in Canada. The authors point to the need to create professional practice environments that will attract and retain a healthy committed workforce for the 21st century (Maddalena & Crupi, 2008). The information, insight and perspectives from this study on intergenerational diversity can be used to help create more inclusive, respectful, fair, responsive and relevant workplaces where nurses from all generations will be able to work, grow and continue to provide excellent patient care and healthcare services to the public. It is our hope that the information learned from this study might inspire the creation of environments that foster engagement, attract young people into nursing, keep nurses in the workplace and support unions and employers as they respond to the needs of nurses across all generations.



“When we raise our children we always want things better for them than they were for us, but we don’t have the same mentality when it comes to nursing, we seem to have this mentality where they need to suffer – they need to earn their badges. I’m all for making people gain knowledge and gain experience, but to what extent, to what sacrifice do we need to do that?”

Maria Jonker, MNU, Gen X



2. Study Objectives and Methodology



This study has two objectives. The first is to develop a thorough understanding how generational diversity impacts nursing workplaces including workplace behaviour, career expectations, and the interpersonal climate. The second objective is to identify the implications of generational diversity on current and future collective bargaining. Achieving these objectives will contribute to effective workplace policies and practices that will lead to a supportive and healthy nursing workplace culture.

2.1 Research Methodology

a) Literature review

A literature review pertaining to intergenerational issues in the workplace across sectors was undertaken. Information was gathered from a variety of sources including peer reviewed material as well as popular media. An Internet search was undertaken on research databases such as Pub Med and Medline using the following key words: nurses and generation diversity, intergenerational conflict, generation Y, generation X, Boomers, and work-life balance.


The authors consulted with Nora Spinks, President of Work-Life Harmony Enterprises and an expert in managing generational diversity in the workplace. Irene Giesbrecht, a retired negotiator from the Manitoba Nurses' Union, provided advice on issues relevant to the collective bargaining process. A committee of senior negotiators of CFNU's provincial affiliates also provided advice and general direction on this study.

b) Focus groups

Focus groups with nurses who work in acute care, community care, long-term care, home care and public health were held between October 2008 and February 2009. Prior to the start of the focus groups, the research team presented almost 200 members of the New Brunswick Nurses Union with the research proposal on intergenerational diversity and conducted a series of small group discussions, divided generationally, using a preliminary focus group guide. After feedback and discussions from this session were considered, the focus group guide was edited and used to facilitate discussion in the groups described below.

Eleven focus groups were held in total. Each session hosted 12-18 participants and lasted 1 ½ to 2 hours. The focus groups were primarily conducted in conjunction with provincial union meetings and conventions in Edmonton, Toronto and Vancouver to facilitate participation. Nurses were recruited through their provincial unions. The participants in each session were members of a specific generation to allow for greater dialogue among the participants. Each session was attended by a moderator and a recorder to capture the discussion.

In addition, two focus groups (22 participants in total) were conducted with members of the Canadian Nursing Students' Association (CNSA) in Charlottetown, Prince Edward Island, in conjunction with CNSA's National



“The new generation, they are more mobile in a way. They don’t care to stay in any one place for long and they don’t really (say) ‘hey, I really have to fix the problem here’. But for the older generation, they just try to make it a place that is better, they want to improve it. Maybe because we were in a generation that at that time it was hard to find jobs. When we get a job we really find that we are loyal to the job.”

Felicia Wong, BCNU, Boomer

Annual Conference. Two focus group sessions were also convened with nursing students and recent graduates at the *Workplace Integration of New Nurses – Nursing the Future* conference in Saskatoon, Saskatchewan. Finally, a single focus group (hosting six participants) was conducted in Kamloops, British Columbia, with nurses who fell into the generational category known as Traditionalists or Veterans (approx. 64 years and older).

c) Web-based survey

The final phase of the study involved the creation of a series of web-based questions to probe further into the themes and key issues identified through the focus groups, especially as they relate to bargaining priorities. The follow-up survey focused on confirming the different priorities and interests of individuals in the workplace. Previous focus group participants, as well as members of the Canadian Nursing Students’ Association (CNSA), were targeted for follow-up. Issues probed related to workplace priorities, benefits, work-life balance, training and education, and seniority. A total of 175 responses were received.

Information collected through online questionnaires was filtered to compare results across generations, Gen Y, Millennials, (nurses in their 20s), Gen X (nurses in their 30s) and Boomers (nurses in their 40s and 50s).

2.2 Study Limitations and Considerations

Despite the rich data and information collected and analyzed within this report, the authors would like to acknowledge some limitations associated with the research as a result of the sampling.

Focus group participants were drawn from attendees at the annual meetings of several provincial unions which greatly facilitated focus group recruitment. We recognize that the majority of participants in these meetings are active in their unions and therefore may bring a different perspective to the discussion rather than nurses who are non-activists. We also were unable to capture the views of all the generations described in this study. The research team originally intended to hold two focus groups with 12-18 participants for each of the four generations. However, there were

some challenges recruiting members of the Veteran/Traditionalist demographic who have either retired from the workforce or were not present at the provincial union meetings.

The technical difficulties experienced with aspects of the online questionnaire further limited the ability to draw more concrete conclusions from the data. However the focus group discussions and follow-up questionnaire provided information and insights which form a solid platform from which to explore a number of issues.

Most of the research reviewed does not take into account the other elements of diversity such as gender, ethnicity, culture, etc. This is an important gap identified through the review of the literature which could benefit from further study. In any attempt to categorize and generalize it is easy to slip into stereotyping. The report attempts to avoid making assumptions by relying on data, literature, information, observations and experience from a variety of reliable sources. It summarizes some commonly held generational characteristics from the literature, focus groups and interviews. In summarizing the characteristics we do not intend to exclude anyone, nor do we imply any disrespect. We have included information we feel is relevant for the purposes of this study and we make observations that are supported by rigorous, peer reviewed research.

Although the focus of this paper is generational diversity, the authors acknowledge that it is only one piece of the puzzle comprising a complex workforce in Canada. There are many types of diversity that affect work environments: gender, culture, religion, age, etc. This research chose only to

examine generational diversity, but each other form is important to consider when studying organizational behaviour.

Recently, cultural diversity within the nursing workforce has been the topic of discussion for many nursing and healthcare stakeholders. The Aboriginal Nurses Association of Canada has recognized an urgent need to better support the country's Aboriginal nurses, especially in light of the nursing shortage in Canada. One way they are working to do this is through a student nurse mentorship program (Jacko, 2009). CFNU is also committed to exploring the issue of cultural diversity further and will be part of a research team based out of Dalhousie University led by Dr. Josephine Etowa. The proposed project will examine issues of cultural competence related to nursing in Canada.



Although the focus of this paper is generational diversity, the authors acknowledge that it is only one piece of the puzzle comprising a complex workforce in Canada. There are many types of diversity that affect work environments: gender, culture, religion, age, etc.



“But I think some of our new nurses are unsure of the value of having a nurses’ union because they are coming into it now when the wages and benefits are at a good level. They are not aware of past struggles and challenges.”

Pauline Worsfold, UNA, Boomer



3. The Nursing Workforce in Canada



A broad overview of what we know about the nursing workforce is described below:

- There were 257,961 RNs employed in nursing in Canada in 2007 (CIHI, 2008). There are 69,709 LPNs and 5,124 RPNs employed in nursing in Canada (CIHI, 2008).
- Of those practicing in a regulated nursing profession 78% were Registered Nurses (RNs), 21% were Licensed Practical Nurses (LPNs) and less than 2% were Registered Psychiatric Nurses (RPNs) (CIHI, 2008).
- Of the regulated nurses practicing in Canada approximately 60% worked in hospitals, 16% in long-term care facilities, 12% in community health settings, and 13% in other settings such as physicians' offices, private nursing agencies, educational institutions, and other agencies (Shields, 2006).
- Approximately 60% of regulated nurses worked in full-time positions and the remainder worked on a part-time basis (Shields, 2006). However, rates of full-time employment vary from 36-70% depending on the province.
- The majority of RNs were female, with males representing 6% of the total RN workforce in 2007 (CIHI, 2008). 93% of the LPN workforce is female. RPNs have the highest proportion of males, close to 23% (CIHI, 2008).

- Approximately 14% of nurses in Canada are visible minorities (Statistics Canada, 2008).
- In 2005, RNs worked an estimated 349,800 hours per week (18.2 million hours annually) of paid and unpaid overtime – the equivalent of 10,054 full-time positions (Jenssen & McCracken, 2006).
- It is estimated that almost half of the Aboriginal nurses in Canada are within 15 years of retirement (Stewart, 2006).

The Canadian Nurses Association predicts that if past workforce patterns continue, Canada will experience a shortage of 78,000 RNs by 2011 and 113,000 RNs by 2016 (CNA, 2002). According to CIHI data, the average age of nurses in Canada continues to show a trend towards an overall ageing of the nursing population. In 2007, 20.8% of nurses were over the age of 55, 8% were over the age of 60 and 1.9% were over the age of 65 (CIHI, 2008). In 2007, the Baby Boomer generation dominated the nursing profession : 54% of the RN workforce, 58% of the LPN workforce and 64% of the RPN workforce. The chart below demonstrates the generational breakdown of the 2007 RN population.

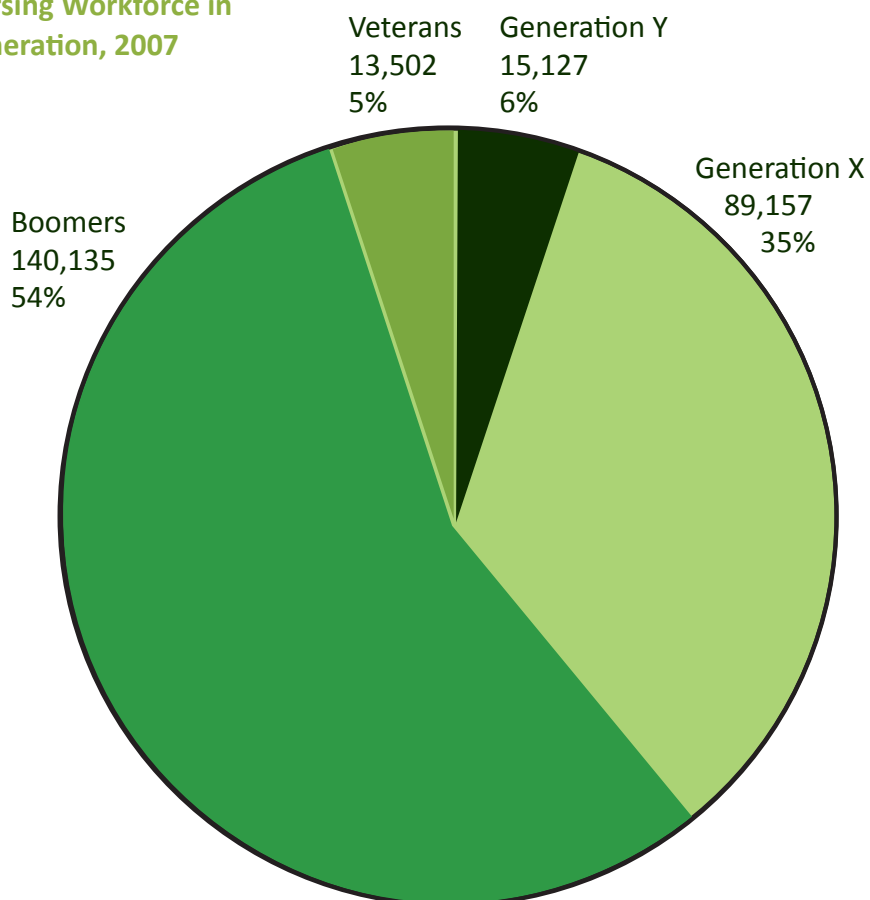


“When I went into nursing, it was a diploma program and our work on the wards started very early, and your patient load increased as time went on, and by your third year you were given the same workload as the nurse on the floor. So our work ethic was established early and reinforced daily.”

Donna Green, PEINU, Boomer
(shown here with her daughter,
Jenny, who is also a nurse)



Registered Nursing Workforce in Canada by Generation, 2007



Source: Canadian Institute for Health Information (2008)



4. Multiple Generations in the Workplace




Generational characteristics are formed by historical, political and social events that shape the work habits and economic movements of its members with each subsequent generation evolving from the prior (Duchscher & Cowin, 2004). Global events and movements (the World Wars, the peace movement, the women's movement, the environmental movement, etc.) define generations in different ways. Generational characteristics are not absolute, often overlap and are by no means precise. They may not be applicable to every individual nurse and every situation. However, understanding generational characteristics can help us effectively minimize intergenerational conflict, manage a multigenerational workforce and leverage generational diversity in nursing work environments.

Because of their diverse experiences, each generation may exhibit unique workplace behaviours and communication styles. Each tends to define success and balance in unique ways and interpret and exhibit professionalism differently. These differences are often misunderstood by other generations and can be misinterpreted as being disrespectful or unprofessional. These differences of perspective can lead to intergenerational conflict, workplace stress, managerial frustration, and/or coworker confusion. Research by Hu, Herrick & Hodgins (2004) examined generational profiles of nurses

across all four generations and found vast differences were observable in terms of employment demands, needs for training and orientation, advancement, benefits, perks, and retirement options. This study confirms and builds on these findings.

Veterans/Traditionalists

The Veterans/Traditionalists were born between 1925-1945. Today they are roughly in their 60s. This generation grew up in difficult times. They are the children of the Great Depression, World War II and the Cold War. They value loyalty, discipline, rewards for hard work and respect for authority. They expect to work for one employer for their whole career. They approach work with discipline adhering to rules. They work long hours, overtime as requested, and are comfortable with hierarchical work environments. This generation makes decisions based on a utilitarian and sometimes militaristic authority. Leaders are encouraged to adopt a "command and control" style of leadership. Their experiences and training have been based on clear roles and responsibilities with direct and simple lines of accountability and rewards based on seniority.



“Younger generations are more concerned about lifestyle and family, placing priority on parental leave and professional development, while a nurse in his or her final years of work tend to be more focused on retiring, placing priority on issues like pensions.”

Todd Parsons, NLNU, Gen X

Traditionalist/Veteran Nurses

Nurses from the Traditionalist or Veteran generation entered the workplace when the future was predictable and bright. Workplaces were hierarchical with clear division of labour and clear rules. They tend to be respectful of authority and disciplined in their work habits. The many dimensions of workforce diversity have not been commonly experienced until very recently (Duchscher & Cowin, 2004). They expect to be respected and do not like to be challenged. They have a strong ethos of institutional loyalty. Traditionalist nurses do what is asked of them. They work the hours that are assigned including overtime “because it is the right thing to do.”

provide direct care have for the most part left the workplace or have plans to do so in the near future. However it is worth noting that when nurses retire, many return to work in casual, contract or part-time positions.

Boomers or Baby Boomers

In North America, Boomers were born between 1946-1964 and today are in their 40s, 50s and early 60s. Boomers or Baby Boomers are part of a large population cohort that grew up after the World Wars but were raised by parents that experienced war. They have dominated the labour force for a long time and until recently they have been, proportionately, the largest generation in the developed world. Some research makes a distinction between Early Boomers (in their 50s and soon to retire) and Trailing Boomers (in their 40s with 15 or more years left in the paid labour force).

The age of retirement where an individual can retire with a full pension varies from province to province.* Nurses of this generation who

Being part of a disproportionately large generation made Boomers powerful from an early age. They influenced social, political and

* Further information is available on CFNU’s website: www.cfnu.ca

economic priorities. Governments invested heavily in them and their future – funding education, community development and families. They grew up during a period of growth and expansion, in an era of privilege and prosperity. The group was so large that in order to “stand out in the crowd” they had to work hard to be noticed, to be recognized for their contributions and successes. Their expression of their own individuality was often interpreted by other generations as being self-indulgent and egotistical.

Boomer Nurses

The Baby Boomer generation is the largest cohort in the nursing workforce. However significant numbers of nurses will soon be eligible to retire. Boomers are mentoring younger generations, providing leadership, and offering professional nurturing (Duchsher & Cowin, 2004). They suggest that this group may be the least likely to embrace the personality characteristics and professional ambitions of Gen X and Millennials.

Nurses who participated in the focus groups saw themselves as taking pride in their job, doing what is asked of them without refusing. However, we know that Boomer nurses are approaching retirement (or have already begun retiring). Some research suggests that the needs of this segment of the nursing workforce may require nurse administrators to consider different approaches to nursing work and work allocation if they want to retain them (O'Brien Pallas, Duffield & Alksnis, 2004).

Work is a defining part of their self-identity and their evaluation of others (Sherman, 2006). They believe that working long hours is what is needed in order to “get ahead” or succeed in their career. They expect to be rewarded with money and celebrate by acquiring material possessions and investing in “things.” They are comfortable with hierarchy, value promotions, and respect titles.

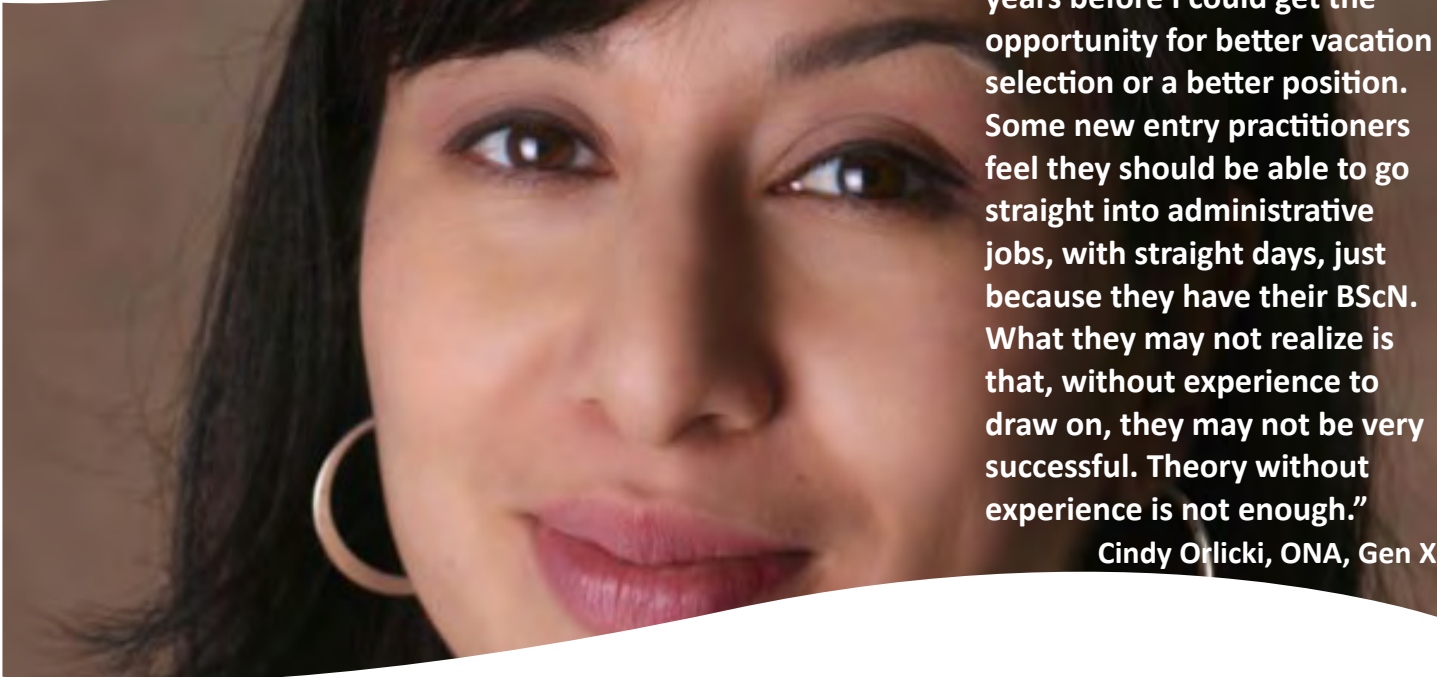
Gen X/Nexus Generation

Gen X or Nexus were born between 1965-1980 and today are in their thirties and early forties. They are the bridge between those born before the Internet (Boomers and Traditionalists) and those who grew up with the Internet (Millennials, Gen Y). The Nexus generation was the first generation to experience both parents working away from the home in the paid labour force, and many developed independence as “latch key” children. They saw their parents downsized as corporations merged and shed workers. They tend to be cynical and appear to have little loyalty to an employer, yet exhibit strong loyalty towards their peers/friends. They distrust management. Instead they rely on colleagues/co-workers. Building on the skills they acquired in childhood, they value self-reliance and are more entrepreneurial.

The Nexus Generation is significantly smaller than the Boomers. Many feel that their opportunities for employment and career advancement are negatively impacted by the



...understanding of how to relate to different generations increases organizational commitment due to greater job satisfaction, decreased turnover and improved work environments.



“When I started my career, I knew I would have to “slug it out” on the floor for so many years before I could get the opportunity for better vacation selection or a better position. Some new entry practitioners feel they should be able to go straight into administrative jobs, with straight days, just because they have their BScN. What they may not realize is that, without experience to draw on, they may not be very successful. Theory without experience is not enough.”

Cindy Orlicki, ONA, Gen X

presence of Boomers and Traditionalists and, increasingly, by Millennials. Work-life balance tends to be a high priority for Nexus, as one Gen X participant stated “They [Boomers and Traditionalists] expect you to work unless you are on your death bed.”

Gen X/Nexus Nurses

Many nurses entered the labour market at a time of hospital restructuring and large scale layoffs of nurses. Many of these nurses were unable to find full-time employment and consequently were forced to find several part-time positions or leave Canada to pursue a career in nursing. Many nurses who lost their jobs in the 1990s left the profession entirely.

Nursing graduates of this generation have learned how to manage their own time, set their own limits and get their work completed without supervision (Duchscher & Cowin, 2004). They have a sense of professional autonomy. Gen X/Nexus nurses believe if they cannot move up they will move on.

Gen Y/Millennials

The Millennials or Gen Y in North America are people born between 1981-2000. The Millennial generation, also known as the Net generation, is the second largest cohort in the general population. Born after the Internet, they are a global generation and accept multiculturalism as a way of life. They thrive on technology and the instant communication made possible by cellular phones, instant messaging, WI-FI and social networking sites like Facebook. Millennials are the children of the Baby Boomers, and they have been raised to express their feelings and ideas, taught to question or challenge everything, to stand up for what they believe in and negotiate for what they want/feel they deserve. Their education emphasizes collaboration, team problem-solving, cooperation (everyone wins, there are no losers), and every unique voice is respected and valued equally.

Millennials enter the workplace as technologically savvy, highly educated and confident workers. They are clear in their expectations about work and their employment relationship. They tend to prefer a non-hierarchical environment, where talent and ideas – not seniority or

Millennial Nurses

Millennial nurses entering the profession see the workplace as stressful, tense, uninviting and non-inclusive. They describe feelings of stress as they experience abusive, bullying behaviour from colleagues (Duchsher & Cowin, 2004). They have little tolerance for difficult work environments. They will seek alternative employment rather than remain. They expect full-time work and assume they will have an opportunity to work in specialty areas as soon as they begin their careers.

They tend to choose their employment based on the composition of the work unit. They are looking for well-organized units with cohesive teams. Like their predecessors (Gen X), they place a premium on work-life balance. Unlike the Veterans or the Boomers, they will only work overtime on their terms. Millennials' high levels of self-esteem can give the impression to other generations of a lack of respect for authority, as unprofessional and as impatient.

tenure – are recognized and rewarded. They are not interested in the concept of “paying your dues”: rather they want to be valued for their contribution and their potential. This can be misinterpreted by older generations as rude or disrespectful, impatient or arrogant. Some believe that this generation thinks they “know it all” from the first day on the job when in reality they just want and expect to be included in decision-making, team development and life-long learning. They are most comfortable in environments that promote team work, collaboration, mutual respect and offer lots of positive reinforcement and encouragement. Millennials want to be continuously challenged, don't want to be bored at work

and want someone to show an interest in their work and them as a person.

4.1 Similarities & Diversity

Differences between generations have been noted to affect all aspects of the work environment. A study by researchers at the University of Toronto reported from the Ontario Nurse Survey that job satisfaction was highest in Boomers compared to Generations X and Y (Millennials). They also found that Millennial nurses were most likely to experience high levels of burnout (Widger, Pye, Cranley, Wilson-Keates, Squires & Tourangeau, 2007). These findings are consistent with the work of Cho, Laschinger & Wong (2006) that found increasing rates of novice nurses leaving the profession after only a few years of practice. Results from this study also suggest that there is benefit in targeting retention and recruitment strategies to differing generational values and needs.

Carver and Candela (2008) explain that the diversity of generations in the workplace are due to delayed retirements, mid-life career changes, job re-entry and a group of younger graduates in the workforce. This and other research has suggested that understanding the value differences between generations in the workplace and improving understanding of how to relate to different generations increases organizational commitment due to greater job satisfaction, decreased turnover and improved work environments (Leiter, Jackson, & Shaughnessy, 2009).

However, there are areas where generations appear to have more in common than one might think. For example, an international survey found that although young graduates will scrutinize companies like never before, they want many of the same things from work as previous generations, such as tenure with a small number of employers – and that they are willing to put in the hours if they are treated well (*The Economist*, January 2009).



“Mentoring is so integral to what we do. Not everyone likes to do it, and pairing a young nurse up with an appropriate mentor is very important. I like the thought of passing on the things I value as a nurse, and my knowledge and experience. I’m talking about the personal touch, the extra attention to the patients, the warmth, caring and communicating. I like explaining to the patient rather than being very impersonal and clinical. I think it’s a more positive experience for the patient at a very difficult time. I am hoping that younger nurses will see that and learn to do the same thing. It will enrich their nursing experience too.”

Maria Pena, ONA, Boomer

5. Issues in the Workplace



Three dominant themes emerged from the study.

1. Work Hours and Working Conditions:
 - a. From earned to expected
 - b. From scheduled to self-managed
2. Work-Life Balance and Well-Being:
 - a. From balance to blend
 - b. From fixed to flex
3. Healthy Workplace Culture
 - a. From fear to respect
 - b. Supportive measures

5.1 Work Hours and Working Conditions

a) From earned to expected

In the past, nurses earned prime positions, assignments, hours, vacations, and schedules by seniority. When Traditionalist and Boomer nurses began their careers, full-time positions were the norm and no one questioned the idea of seniority privilege.

In today's diverse workforce, working hours (full-time/part-time, scheduling and vacations) and working conditions (recognition/rewards, advancement and development) are less predictable. Nurses today expect to have some control or influence over hours of work, schedules, breaks, career paths, and personal and professional development – each supporting work-life balance.

Participants acknowledge growing intergenerational tension regarding access to full-time positions. Gen X nurses came into the workplace at a time of major health restructuring and found full-time employment almost impossible to find. They are now envious of the ability of Millennials to obtain full-time work early in their careers.

Gen X nurses feel “discriminated against” by government policies that favour hiring of new nurses or late career nurses into full-time positions while Gen Xers continue to struggle to find full-time work. Funding from provincial programs has skewed hiring practices of many health employers leaving Gen X nurses feeling frustrated, resentful and angry.

Boomer and Traditionalist nurses are feeling they are being pushed by Gen X and Millennial nurses to give up their full-time positions in order to “free them up” for younger nurses.

b) From scheduled to self-managed

Boomers were very critical of what they perceived as the work ethic of both Gen X and Millennials. They saw them as unwilling to work weekends, evenings or full-time. They are frustrated when others arrive late and leave on time (unwilling to stay late or work overtime). Millennials are seen by some Traditionalist and Boomer nurses as “taking advantage of sick time.” The older generations see Millennials as self-indulgent as they refuse to take on the shifts that are not as desirable.



“...when I started...I was casual... I would go weeks without a shift... but now it seems they give them the moon, which is kind of unfair in a sense... I find personally that the nurses of my generation are kind of the forgotten ones, to be quite honest with you.”

**Susanne Cyr
Philipchuk,
SUN, Gen X**

Boomers feel they are the ones carrying the overtime. On the other hand, Millennials saw themselves as having to pay their dues and take bad shifts that the Boomers did not want. At the same time, Gen X also believe they are exploited.

Shifts

Participants in all groups identified the current practice of scheduling shifts as a major source of friction between the generations. Nurses who participated in self-scheduling thought that it worked well and that units cooperated together to meet everyone's need.

Vacation

Focus group discussions highlighted the importance of identifying a better way to assign vacation that would be more equitable in meeting the needs of all groups. Millennials and Gen X nurses expressed resentment that they are often limited in their vacation selections as those nurses with greater

seniority choose the more desirable blocks of time. These nurses are then unable to book time off when their children are on vacation.

When asked how vacation time should be allocated, results were mixed within all generations except the Boomers who for the most part (84%) felt that seniority should be the primary determinant. Thirty three percent of Millennial nurses supported the allocation of vacation by seniority, but 45% felt that it should be allocated based on application (or a first come – first served) basis. Generation X respondents indicated preferences towards both lottery (31%) and seniority (31%) as methods of determining vacation. Some participants suggested that vacations be allotted according to some combination of application date, seniority and/or lottery.

The majority of respondents within each generation agreed that vacation taken in high demand periods (summer months and

Christmas holidays) should be limited to a fixed number of days in order to provide more fair access to summer vacation for those who have little or no seniority. However, those who responded 'no' to this question also offered compelling rationale. For example, one respondent explains that

(Vacation time) shouldn't be limited. Each facility/unit has different resources for covering vacations. If the resources are there, then staff should be able to take time off.

A number of participants expressed reservations on whether a non-nurse should be responsible for scheduling as they may not have an understanding of what skills and personnel are needed at any time. Others suggested that while the shortage may be bad, nurses should not be wasted on administrative functions that a human resources expert could do.

Postings

Millennial nurses often expect work in specialty areas right away. Boomer and Gen X nurses felt they had to "work their way up the ranks" before placement in these desired spots. Now the situation exists where a new nurse with six weeks experience can be assigned to ICU, while a nurse with 18 years experience is unable to secure that same position. Many participants believe that management, in their desire to attract new nurses, offers these novice nurses positions that they may not yet have the knowledge, experience or training required – particularly given the lack of staffing available to provide extra support when needed.

Some participants suggested that this practice places patients at risk simply because

inexperienced nurses "do not know what they do not know." Their more experienced colleagues can feel additional responsibility for carrying their own workload as well as trying to ensure their younger colleagues do not endanger any of their patients. Examples were given where nurses felt that patients were at risk, and they were uncomfortable with the additional pressure. They had voiced their concerns to management but felt their voices had not been heard and the practice continues. As a result, more experienced nurses have chosen to move out of these positions into positions that are not as stressful and where they do not feel they or their patients are at risk.

Boomer and Traditional nurses expressed how unhappy they were when management places greater value on education over experience. This occurs when leadership positions require a Bachelor or Masters of Nursing and do not hold years of experience in equivalency.

Seniority

There are divergent views among the generations as to the importance of seniority in addressing the issues (i.e. benefits, vacation, professional development, etc.). The value placed on seniority not unexpectedly seemed to be lowest in younger generations and highest in older generations. Participants in the Boomer and Veteran groups believe that they had paid their dues and now should reap the rewards. Their younger colleagues had to put in their time.



Participants in all groups identified the current practice of scheduling shifts as a major source of friction between the generations. Nurses who participated in self-scheduling thought that it worked well and that units cooperated together to meet everyone's need.



“We’re definitely more mobile and not tied down to one worksite. Again, the older generation sees things a little different. If we’re not happy then pick up and move and pick a different job. We’re happy to also work casual and part-time whereas the older generation thinks you have to take a full-time job and you’re in that job for the rest of your career.”

**Shardae Joy, BCNU,
Millennial**

Although some Millennial representatives who participated in the focus groups or responded to the survey indicated that seniority should be given little or no priority, other Millennials indicated that seniority should be given some priority to encourage retention, especially when determining vacation time. One Millennial respondent replied that:

...(seniority should be given) low (priority), other than allowing for varied role opportunities for nurses who are considering early retirement, they should be offered varied roles (flexible scheduling, education roles, etc.) to keep them in nursing as we need their input as experienced nurses.

– Millennial

Responses from Generation X generally offered more recognition of the importance of seniority:

Opportunities for professional development should be encouraged and perhaps based on seniority. If possible, decreasing membership dues and benefit costs with seniority.

– Gen X

Being a new grad it is difficult to assess with accuracy what priority that should be given. I however see the value and the respect that is needed for seniority.

– Gen X

It was evident that members of the Boomer generation placed the highest value on seniority in addressing issues raised throughout the questionnaire.

However participants in all age groups stressed that seniority needed to be balanced against need. They wanted to see greater balance and fairness.

Seniority should not be the only deciding factor: reliability, loyalty and performance should be factors so they would be valued and the old folks (like me) don't get a free ride just because they lasted. There are too many young people who have needs as well. Youth is needed so all can have quality of worklife with enough nurses working in a given place at a given time.

– Boomer

5.2 Work-Life Balance and Well-Being

a) From balance to blend

Work-life balance emerged as one of the overarching themes. The Boomers and Veterans/Traditionalists are seen as workaholics who “live to work”, an approach that has been rejected by both Gen X and Millennials, albeit in varying degrees. Gen X and Millennials, on the other hand, see work as only one part of their life. Millennials expect that they will be able to achieve work-life balance, and if they cannot, they will simply leave for another position.

Boomers identified workload as a pressing problem. Nurses in this group are feeling overworked, stressed, and workloads are no longer seen as manageable. They want:

*Not to be called for overtime.
Not feeling compelled to help
colleagues with overtime.*

– Boomer

*(to) Make daily workload
achievable so I don't have to
work overtime so often. I'm
going to be 58 this year and it's
wearing me out!*

– Boomer

When asked to rank factors that would help them achieve work-life balance, survey respondents cited flexible scheduling most frequently. Generation X also strongly associated self-scheduling with facilitating work-life balance. On-site child care was also listed by several participants as being extremely helpful to them, and others indicated that they would have valued this more highly when their children were young. Overall, there was a vast range of opinion on what constitutes work-life balance for different individuals. An important consideration from a holistic perspective: one participant notes that what is needed is “a quality worklife – not just work-life balance” (Millennial). A number of Boomers suggested that assistance with elder care would help support their work-life balance. As we can see, supporting work-life balance will require a conscious and individualized approach.

*Work-life balance is such an
individual perception – custom
choices available would be most
beneficial. For example, I don't
need on-site child care now but
feel it would have been a great
option especially emergency child
care. Kid is sick, or babysitter is
sick, or school is closed and no
one home to care for child, so call
in and use EMER day or sick day
to stay home due to no option.
At this time in my life, access to
massage therapy and stress relief
is better suited to maintaining my
work-life balance.*

– Boomer



“I’ve had younger staff say to me ‘you never sit down’ and I think – wow, that’s what nursing is!”

Irene Spares, NSNU, Boomer

b) From fixed to flex

Although there are differences among the generations as to what benefits they would like to see provided, many agreed that a flexible benefits plan, a plan that allowed them to choose benefits that most suited their needs, would be beneficial: a form of health savings account where they could choose from a menu of benefits up to a certain dollar value. Survey respondents were asked to choose from a list of benefits that included: medical (prescription drugs, etc.), extended medical (physiotherapy, massage, etc.), dental, life insurance, disability, and wellness incentives (benefits supporting active lifestyles, for example gym membership). Dental was ranked second across all generations. Respondents were also asked to identify additional benefits that were not listed above. Some examples listed: pension, eye care, orthodontics, maternity top-ups, retiree benefits, and naturopathic medicine. When asked to describe how important each benefit was, only medical and dental received a majority response as “extremely important” across all generations.

“DEFINITELY child care on site!! If this was in my work site I would not hesitate to go back to work full-time after maternity! But because it isn’t, I will not be able to get child care and can only come back to work for extremely limited hours!! Look at the up and coming age of your average nurse! Baby time!”

– Millennial

5.3 Healthy Workplace Culture

Communication and Culture

The different work and communications styles of multi-generations can create tension in a workplace culture. Participants believe that there is a need to improve communication across all groups. The communication styles and preferences of the different generations often work at cross purposes. For example, Boomers prefer face to face meetings and expect more verbal interaction. Millennials, on

the other hand, would rather text than talk. The Millennial nurse will look to the blackberry and computer to find additional information on the care of a patient, a procedure or a policy, while the Boomer or Veteran will seek out a manual or paper-based sources.

Millennials and Gen X'ers perceive the Boomers and Veterans as nervous about technology and reluctant to adapt to technological tools. On the other hand, Boomers feel that Millennials are making too much use of these tools, spending far too much time on their cell phones, texting with their friends, etc.

Younger nurses felt that their skills and educational training are sometimes dismissed by their older colleagues who are less receptive to the application of new approaches and skills. They expressed concern that the Boomers and Veterans were unwilling to change to accommodate new information or better ways of treatment.

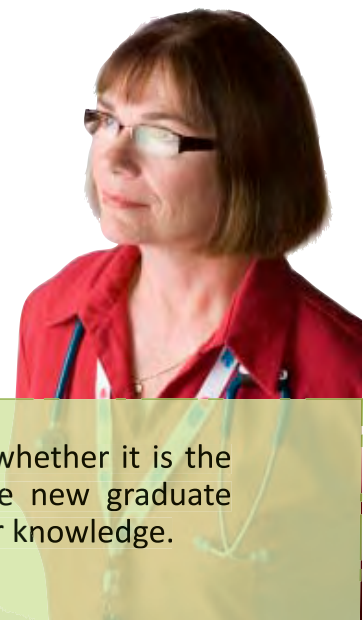
The Millennial generation generally felt more at ease asking Gen X for help rather than Boomers. Millennials perceive there to be less discrepancy in practice and education, therefore facilitating approachability and dialogue. The Millennial nurse expects to be spoken to with respect, without having to "prove" themselves. They often feel that their Veteran and Boomer colleagues do not value their education, knowledge and competencies.

Each of these behaviours and tendencies plays a role in creating the culture of a workplace. Generally speaking, our discussions with members of the Millennial generation echo the literature indicating that ward choice, work environment (including control over practice and opportunities for advancement) and organizational characteristics (including

group cohesion and leadership empowerment) significantly impact turnover (Beecroft, Dorey & Wenten, 2008).

Veterans and Boomers assume the workplace will be hierarchical in structure, while Millennials expect to work in an environment that emphasizes a collaborative approach. Millennials often expect that they will be a member of an interprofessional team. Participants in all groups noted that the Millennials expect to be included in any discussion regarding a patient's care. Millennials appear to have no interest in maintaining the traditional hierarchies of communication, that of the physician to the senior nurse to the bedside nurse. Yet Boomers often perceive Millennials as having a lack of commitment to team work and supporting other staff.

Many of the issues flagged as most important relate to respect. We heard from all groups the importance of respect whether it is the experienced nurse who is close to retirement or the new graduate entering the workforce, who wants validation of his/her knowledge. All nurses felt that lack of respect manifests itself in different ways. Millennial participants especially expressed concern on how they were treated on their unit. In some places, bullying was seen to be rampant, creating a toxic environment. One Boomer said:



We heard from all groups the importance of respect whether it is the experienced nurse who is close to retirement or the new graduate entering the workforce, who wants validation of his/her knowledge.



“Gen X, Y and I like change, technology and a fast-paced work environment. Baby Boomers don’t like new things; they don’t like change... I often take advantage of continuing education opportunities because I believe that it is essential in providing quality care to patient. Sometimes Baby Boomers don’t like the idea that we may know more in a specific area. For me conflict which is the result of generational differences is easily resolved through dialogue and compromise.”

Valérie Levesque, NBNU, Millennial

I cannot imagine how a new grad with very limited experience would stand up to them. New grads should be warned that nurses are notorious for eating their young and they need to have a thick skin at their most vulnerable time.

– Boomer

Professional demeanour and attire was an issue that generated the greatest discussion from participants in the Boomer focus groups. Participants in the Boomer and Veteran/ Traditionalist focus groups felt that Millennials lack a sense of professionalism in their dress attire and professional demeanour, that is reflected in unprofessional dialogue which is sometimes seen as personal and vulgar in nature. Some participants found the informal communication style of the Millennials disrespectful especially in relation to patients and physicians; however, others saw it as refreshing and approachable.

Management plays an important role in creating a positive workplace culture, and there is currently a feeling that many managers lack understanding of the different needs of the age groups. Nurses felt that managers should be trained to deal with multiple generations. Additionally, participants felt that managers needed more training on what is permissible within the collective agreement and what is not. There is a sense that managers are often ignoring the collective agreement and perhaps are negotiating “sweetheart deals” with specific individuals. Managers also need a better understanding of the characteristics and challenges of each generation that in turn would allow them to manage more effectively and fairly. Participants from all generations wanted equal treatment, with no exceptions for new nurses.

Focus group participants believe that there has been an increase in nurse managers without any change in the available pool of bedside nurses. Boomers believe that most Millennials have expectations that they will quickly move on to become nurse leaders/managers. A great

irritant for Boomers is dealing with a new and inexperienced manager who has little or no appreciation of the skills of the older nurse.

Professional and Career Development

Many participants agreed that employers and managers should be responsible for ensuring equal and fair access to opportunities for skills development. There was also a sense that a spirit of collaboration among all nurses is needed to achieve both common and individual goals.

... all Nurses should work together for the betterment of our profession so that we can give quality care.

– Boomer

Get together and talk, share and come to mutual decisions.

– Gen X

There needs to be conferences or meetings, etc. in which generational groups can work together as a team to promote and identify the best nursing practice and care in order to have positive and beneficial patient outcomes.

– Millennial

Additionally, it was suggested that employers and unions should support skills development by creating opportunities for team-building activities that would:

- 1) help nurses to maintain a focus on common goals (first and foremost, patient care),
- 2) facilitate mentorship relationships,
- 3) improve open communication among colleagues, and
- 4) build awareness through education about the differences between generations.

Members of both Millennial and Gen X generations place immense value on access to professional development and continuing education opportunities. Millennials expect to have support for professional development and opportunities to attend conferences and workshops. Nursing students identified educational support from an employer as one of the key factors in choosing among job offers. Millennials want to be able to participate in workshops, courses, as well as opportunities to learn new techniques or clinical skills. There is an expectation there will be clinical educator available in their immediate workplace.

Participants stressed that there are different learning styles reflecting the generational differences that need to be taken into account.

Across all generations examined, the majority of respondents indicated that access to an education fund (for attending conferences and workshops) is their preferred method of supporting their professional development and training. The second most preferred priority for all generations was employer-supported education programs. Again, the majority of respondents across all generations agreed that allocation of funding and support for professional services should be based on needs as opposed to seniority or lottery.

“...the older nurses’ biggest concern for collective bargaining was retention and of course it’s always been pension and benefits. When speaking to the younger nurses, their main concerns are being able to utilize their banked time, stats, and they certainly would like to take their vacation during prime time.”

Yvonne Oxeer, MNU,
Boomer



It should be noted that several respondents took the opportunity to elaborate on their answer. Many indicated that equitable distribution or access to funding and opportunities should be a priority of the employer. When asked to indicate whether nurses who receive funding for professional development should be bound by a return of service agreement, responses were mixed. Several respondents explained that return of service agreements should only be required for longer-term educational funding (such as degrees or certificates), but not conferences or seminars.

Some respondents explained that a return of service should be required because it would benefit colleagues by the knowledge sharing that would take place upon the return of that nurse from his/her training. Others explained that return of service should not be required because “when requirements are attached to education, interest in furthering education will decline.”

Mentorship

Millennial participants uniformly expressed strong support for mentorship programs. One respondent suggested that perhaps mentorship should be mandatory for a certain period of time to ensure all new nurses participated.

Participants suggested that nurses who are mentors need to be compensated, both financially and with reduced workloads. It was also suggested that not everyone can mentor – some nurses are too burnt out to mentor or just don’t like it. Finally, participants suggested that there may be different approaches to mentorship than the traditional one-on-one arrangement.

Millennials most commonly indicated that educational resources were the most important tools required to support mentors, while Gen X and the Boomer generations more frequently indicated that the most important tool was a reduced workload.

Survey respondents were asked to indicate from the perspective of a mentee or protégé which factors were most important. The majority (65%) of Millennials felt that one-on-one mentorship was most important. Generation Xers and Millennials also reported that one-on-one mentorship was important, but also strongly suggested that being supernumerary during the mentorship was most important.

When asked, the majority of all generations primarily agreed that the union should establish a mentorship program within collective agreements. When asked to elaborate on why they believed this was necessary, several respondents indicated that including language for mentorship within collective agreements would provide extra support, recognition and value for the work of mentors.

Across all generations, 16% of respondents responded 'no' to the question of establishing mentorship programs within collective agreements. Some explained that "As great as it would be to have an established mentorship, given current working conditions, there are not the resources (RNs, time, etc.) to mandate this through the collective agreements." Others felt that it is actually the responsibility of regulators, individual organizations, or employers to develop and sustain their mentorship programs.

*Respected by each generation,
the new grads can teach us a
lot but the experience of the
more older nurses has a lot to
show us.*

— Generation X.



Some participants found the informal communication style of the Millennials disrespectful especially in relation to patients and physicians; however, others saw it as refreshing and approachable.



“Work styles are different. I think some older nurses might work more on their own. They come in, they get their job done and that’s it; whereas some of the other nurses are more like a team. You know, the senior nurses might stay late, sometimes they work longer hours, those sorts of things, but I find the younger nurses work as a group. We are the same age, we had similar experiences, and if I needed help with anything, I would go to them, they would come to me and we kind of worked more as a group.”

Karen Bartlett, NSNU, Gen X



6. Observations



The workplace is a complex place, more diverse than ever before. Meeting the expectations of the multi-generational workforce presents new challenges for both unions and employers. The demographic projections and a volatile economic environment would suggest that the workplace will continue to be multi-generational and that unions and employers will want to pay closer attention to the needs and wishes of the different age groups. What incentives and programs will keep Boomers and Generation X in the workforce? What will attract the Millennials?

The challenge lies in having the interests of one cohort understood and supported by all. Gen X and Millennials will need a better appreciation of the importance of a healthy pension plan while the Boomers will need to support a good child care program. The literature, reinforced by focus groups and survey findings, points to the importance of benefit plans that are flexible, customizable and portable. Comprehensive worklife quality strategies that are sensitive to multi-generational interests such as career breaks, professional development, and supportive maternity and parental leave policies, elder care and flexible return to work will be required.

The strong desire for better work-life balance, as articulated by Millennials and to some extent Gen X, will be one of the key factors in assessing the culture of a workplace. These new entrants value flexibility in the workplace. Work environments will need to be more responsive as well as more engaging and dynamic. Discussions revealed that Gen X and Millennials have significantly less commitment to the employer or the health organization than Boomers or Veterans. Gen X saw their parents downsized when the economy shrank. Millennials entered the workforce as demand for their skills and services increased. They will be committed to the organization as long as it coincides with their personal and professional needs.

It was clear from discussions with participants that the initiatives and programs of certain provincial governments have had the unintended effect of skewing employment practices by employers. Nurses then feel they have been discriminated against, which in turn leads to unhappy segments of the workforce. It would make more sense if governments would fund initiatives – supported by both the union and the employer – that do not interfere with collective agreement rights.



“I remember being a younger nurse and thinking I knew quite a lot... I also remember being very nervous and very afraid of making a mistake... I think that the younger people now do have more confidence than I did, and I’m not sure what that’s about, but I think they do. That can be a good thing and it can be a bad thing, it depends how it’s used, but I do think that young people also look to us as mentors, they look to us almost like a parent in fact, and sometimes we don’t recognize that in fact we think that they think they’re pretty confident, but sometimes we don’t realize that underneath there, there is a good deal of quaking going on.”

Helen Campbell, SUN, Boomer



7. Strategies and Solutions



Collective agreements need to adjust to the demand for greater flexibility while still ensuring protection, equity and seniority. The following suggests possible strategies and solutions that can be pursued through collective agreements and as separate initiatives.

7.1 Bargaining

The findings from this study suggest that the following issues should be considered in future collective bargaining:

Provide support for professional development and continuing education

Both Gen X and Millennials see continuing education opportunities as a critical component to their future careers. Nurses' unions should look to improve access to professional development and education opportunities that could include the following:

- funding for degree programs, i.e. B.Sc., M.Sc.,
- funding for diploma or specialty training,
- funding for conferences and workshops,
- mandatory in-services,
- educators on unit, and
- bringing educators to the floor to work with nurses in small groups.

Provide opportunities for self-scheduling of shifts/vacation

Nurses are interested in achieving greater control over their work and would like to see greater opportunity for self-scheduling. Experienced nurses who wish to work flexible arrangements also want to ensure their benefits are not negatively affected.

Provide opportunities for individualized benefit plans

There is strong interest from nurses who participated to have the option to choose individualized benefit packages. This would allow the individual to select those benefits that would be most appropriate for their life stage and requirements up to a certain dollar value. Benefits could include standard, medical, dental, physiotherapy and disability as well as extraordinary expenses such as child care and wellness incentives like gym memberships. Nurses' unions may want to examine these alternative approaches given the strong interest from the Millennial and Gen X members.

Establish mentorship programs that support both protégés and mentors

The collective agreement should establish the appropriate workload and compensation levels for those who participate as mentors. It was suggested that experienced nurses should have greater opportunities to mentor and support new nurses and that different forms



“Often I will send 100s of emails in one day, expecting instant responses when it comes to confirming meeting times or other information. I find the younger nurses will usually check their emails daily or several times a day, whereas older nurses may not check it for weeks. They are more comfortable having the discussion on the phone.”

**Holly Johnson, MNU,
Millennial**

of mentorship (e-mentor, off-site mentors or mentoring by a whole unit) should be made available. Participants indicated support for mentorships which had a supernumerary component.

Support Innovative Practices

Participants (particularly Millennials) expressed strong support for programs such as 80/20 even in a modified form such as 90/10, or the ability to work on another unit for a limited time. Millennials and Gen X are looking for opportunities to broaden their work experience. Boomers expressed interest in taking advantage of initiatives which promoted phased-in retirement.

7.2 Strategies for the Union

There are also a number of strategies that can be pursued outside of collective bargaining that nurses' unions could adopt that would promote better understanding between the generations. They include:

Establish mentorship programs within the union

The leadership of the nurses' unions are for the most part from the Boomer generation. More attention should be devoted to succession planning. One approach for “feeding the pipeline” is to establish a mentorship program within the union to encourage greater participation by Millennials and Generation Xers. The research from this study would indicate that the Millennials have relatively little knowledge of the union or interest. They perceive the union as not very visible or relevant to their needs.

Provide longer union orientation for nurses

The union needs more than one hour of face time with new employees and an opportunity to build greater presence on the floor, especially with Millennials.

Give workshops to sensitize nurses to the needs of each generation

Many sources of irritation between generations seem to centre on soft skills and communication styles. Opportunities to understand the values, needs and styles of each generation may help reduce the friction between the groups and enhance team work.

7.3 Joint Approaches for the Union and Employer

Managers need access to tools, templates and training to ensure they have the communication, problem solving and conflict resolution skills to embrace diversity and meet the needs of the modern workplace. To help facilitate skills development, a series of workshops should be developed and offered jointly by the union and the employer. Separate workshops or modules would seek to improve:

- Communication to build better relationships between generations. One approach would be to work with the employer to develop a workshop that would provide training for all groups on how to communicate across generations.
- The understanding of managers of the collective agreement.
- The understanding of educators of the challenges and characteristics of each generation and how to teach more effectively. A jointly developed workshop that addresses the different learning styles of the groups would meet a current gap.
- Levels of respect in the workplace, with the goals of reducing workplace bullying and harassment, improving team work and communication skills. Unions should also work to promote the uptake of Quality Worklife – Quality Healthcare

Collaborative's (2007) "Healthy Healthcare Leadership Charter" which aims to support the continuous improvement of the health of all Canadian healthcare workplaces.

7.4 Next Steps

These preliminary research findings suggest far more work is required to fully understand the feasibility of changes that could be made. Although there are fundamental differences in work expectations and approaches, the generational gulf can be bridged with some flexibility, creativity and openness to change.

We know that when new graduate nurses are satisfied with their jobs and feel committed to an organization, the odds of turnover decrease (Beecroft, Dorey & Wenten, 2008). We also know that stress is one of the strongest factors influencing turnover for many nurses (Coomber & Barriball, 2007). The participants in our focus groups generously and candidly shared with us many sources of stress that are present for nurses today. A major source of this stress undoubtedly stems from the nursing shortage, but we must also acknowledge that underlying causes of stress and job dissatisfaction are exacerbated by the challenges of working in a multigenerational environment.

This study was a first step towards identifying the issues that currently cause distress to nurses and to begin to identify strategies



Many sources of irritation between generations seem to centre on soft skills and communication styles. Opportunities to understand the values, needs and styles of each generation may help reduce the friction between the groups and enhance team work.



"Also the new generation think that nursing is just not doing too much personal care. They don't like to clean messes. They think it's more to give medication and do treatments and let the rest do the dirty jobs, when really that's not what nursing is all about. Nursing is from top to bottom. Nursing is everything. So sometimes we have disagreements about that."

**Mary Deane, BCNU,
Boomer**

that will help eradicate them. As members of the healthcare community, it is our responsibility to do so because we know that "a fundamental way to better health care is through healthier workplaces" and that "it is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces" (QWQHC, 2007).

But the real challenge still lies ahead – leading effective change that enhances the retention and recruitment of nurses. This will depend on a concerted effort by many individuals. We agree with Stockburger (2008) that "navigating conflicts between the values and priorities of the different composites of the workforce – and to orchestrate the transfer of knowledge and expertise from one generation of workers to another" is the real and most rewarding work that lies ahead of us.



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