



Managing the Multi-Generational Nursing Workforce

Managerial and Policy Implications



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Developed by Jo Manion

for the International Centre for Human Resources in Nursing



International Council of Nurses



Florence Nightingale
International Foundation

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About this Paper

This paper is one in a series of documents developed for the International Centre for Human Resources in Nursing (ICHRN). The series aims to explore nursing human resources issues and offer policy solutions.

Launched in 2006 by the International Council of Nurses (ICN) and the Florence Nightingale International Foundation (FNIF), the Centre is dedicated to strengthening the nursing workforce globally through the development, ongoing monitoring and dissemination of comprehensive information and tools on nursing human resources policy, management, research and practice.

About the Author

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Foreword

The nursing workforce in many countries today is more age diverse than ever before in history. In developed countries there are as many as four distinct generational age cohorts in active employment. This age diversity results in a tremendous challenge for the nurse manager as it can often lead to increased friction and conflict in the workplace. Additionally, each generation has a distinct set of characteristics, values, beliefs and preferences. Understanding these differences and blending them in the workplace challenges even the most experienced and capable leader. This paper identifies the characteristics of each generation and explores several implications for the effective management of nursing services.

To meet this challenge, four key approaches are explored in depth. The first is based on the belief that all humans are motivated by several factors held in common. These intrinsic motivators can be used to guide the development of a positive work environment. The second approach requires the manager to remain adaptable, flexing the leadership style used for the employees involved. The third approach centres on managing conflict and friction in the environment and the final requires an astute understanding on the part of the nurse manager regarding the generational differences.

Clearly, managing the multi-generational workforce is an issue for nurse managers in higher income countries experiencing an increasing lifespan of the population. It is less clear whether this phenomenon occurs to the same degree in developing countries where there may be more homogeneity in the age of the nursing workforce. There are few to no references in the literature to this as an issue in developing countries. Further, there is limited concrete information available about the age of the nursing workforce in developing countries. Worldwide, however, there is clearly both a current and a future nursing workforce shortage with which managers and organisations must contend.

Commonly used key strategies in approaching nursing shortages are the recruitment of workers into the field and the retention of those already in nursing. One aspect of retention that is gaining increased attention is the retention of those nearing retirement age. Retaining the mature or older nurse is the second major focus of this paper. Six different strategies are identified and presented. These include: correcting misperceptions about the older worker, creating a positive work environment, making changes in the physical environment, altering the work, restructuring compensation and benefit packages, and offering flexible work schedules.

While there are many individual, organisational and national strategies that focus on managing the multi-generational workforce and retaining the older worker, there are also strategies necessary at the policy level as these two factors seriously challenge the ability to maintain an adequate and effective nursing workforce. A variety of policy implications are presented in the final section of this paper.

Introduction

A healthy, vibrant nursing workforce is a primary ingredient for the provision of health care and a universal concern in today's world. In many countries and health systems the nursing workforce is more age diverse than ever before in history. For the first time, there are as many as four generations of nurses working together. This diversity can be overwhelming for managers trying to understand the implications for their practice. Much has been written concerning the different experiences and values of members of the different generations, as well as their needs and behaviours in the workplace. However, the practical implications of managing and balancing the impact of these differences are less clear. Although there are any number of authors suggesting implications for managerial approaches, there is little research that actually tests these suggestions and recommendations.

A primary role of the nurse manager is the creation of a healthy, productive, positive practice environment. For this reason, nurse managers need the skills to deal with the diversity represented by a multi-generational workforce. While diversity in the workplace can lead to increased creativity and a greater richness of values and skills, it can also lead to value clashes, disrespect of each other's viewpoints, and increased conflict (Swearingen & Liberman 2004; Kopperschmidt 2006). Today's health care organisation, struggling with matching resources to needs, cannot afford the high cost of generational enmity.

This issue is increasingly significant in light of current and future nursing workforce shortages. Three primary strategies are used during nursing shortages (Hatcher et al. 2006). The first involves the recruitment of increasing numbers of students into nursing education programmes. Although this continues to be an important strategy, it is clearly not going to produce enough nurses to meet the demands. Although there are many operant factors, as population demographics change, there is an increasingly smaller pool of potential applicants from which to draw. Compounding the difficulty with this strategy are the shortages of experienced, qualified faculty and limited availability of physical sites for student clinical education.

A second strategy in many countries for dealing with a nursing shortage is encouraging the migration of nurses from other countries. Although there are benefits to this approach, it does not help the overall global shortage of nursing workforce. "Those potentially advantaged often include the individuals who move and the source, or home, country that receives capital in the form of remittances from those who have moved. At the same time, major disadvantages are incurred if departures impair a country's ability to deliver vital services in local communities" (Pittman, Aiken & Buchan 2007 p1275). Additionally, many developing countries publicly fund nurse education, making the departure of nurses to wealthier countries an even greater loss.

The third key strategy for resolving a nursing shortage is the retention of practicing nurses. This strategy is the primary focus of this paper. There is a two-pronged approach in this strategy. The first is to understand what makes a healthy practice environment and an employment setting where nurses want to work. The underlying assumption is that if these elements are in place, nurses choose to remain and retention is positively impacted. A second approach is the implementation of actions that specifically target older nurses approaching retirement age in order to prolong their working career and years of contribution. This paper focuses on both of these approaches – effectively managing a multi-generational workforce in a way that enhances the quality of the workplace and retains professional nurses, especially those nearing retirement, in the practice setting.

Section One examines the definition of the generations and identifies common characteristics and beliefs attributed to each of the four generations. Managerial issues and implications for managing nursing services are also examined. Section Two presents available data describing the varying age profiles of nurses in different systems and countries. The third section presents findings from the literature regarding strategies for retaining the older nurse in the workplace. The final section presents policy implications based on a review of the literature.

Section One:

Defining the Generations

Generational groups are often referred to as cohorts, whose members are linked to each other through shared life experiences during their formative years. As each cohort ages, it is influenced by what sociologists call generational markers. As products of their environment, members of the cohort are influenced by events that have an impact on all members of the generational grouping (Zemke et al. 2000). They share birth years, history, and develop a collective personality as a result of these generational events. It is believed that each generation possesses unique characteristics and cultural differences from that of preceding and subsequent generations. An acute awareness of these differences began surfacing in the early 1990s as it became apparent there were distinct differences between workers of the different generations.

Although the mean age of the global population is declining, with 50 percent of the world's current population younger than 20 years of age, this is not the case in developed countries (Alexander 2006). Upcoming population shifts in developed countries result in increased concern with the needs and desires of middle-aged and older citizens (Dychtwald 1990). A combined senior boom and a declining birth rate in many developed countries has resulted in an increase in population of persons over 65 years of age. In the higher income countries, the ratio of active workers to retired persons is declining.

After the Second World War, births rose dramatically in many parts of the world. In some countries this birth spurt lasted only a few years. However, in the United States of America (USA), Canada, Australia and New Zealand the so-called baby boom lasted for nearly two decades. "Baby Boomers" are individuals born between the years of 1946 and 1964. This large population cohort has dramatically increased awareness of generational differences, both from their experiences as they entered into the workforce (which were different from their parents) and again, as the succeeding generation entered the workforce and demonstrated markedly different attitudes and belief systems. Other factors have also precipitated our awareness of generational differences. For example, in Italy, the age for retirement was previously set by law to be 39 years. When this was increased, the number of older nurses wanting to remain employed also increased (Palese et al. 2006), and thus, generational differences became increasingly apparent.

The four defined generations in today's nursing workforce include:

- Veterans (those born between 1922 and 1945)
- Baby Boomers (those born between 1946 and 1964)
- Generation X (those born between 1965 and 1979)
- Millennials or Generation Y (those born between 1980 and 2000)

The years encompassing these generations varies somewhat by author, based on their experiences with how the members of the cohorts think and act. There are no hard stops that indicate when one generation ends and another begins. These time frames are only guidelines. People born during these years share a common history as a result of the events that occurred during their formative years as well as the conditions of the workplace when they entered.

There is a danger in stereotyping or labelling that can occur when characteristics of a particular group are identified and presented as absolute fact. It certainly does not mean that these characteristics or attributes are shared by every individual born between these years. Although

generational differences do account for diversity in the workplace, so can many other factors, such as cultural heritage, personality traits, and individualised experiences. However, understanding generational information can help explain the sometimes baffling and confusing differences in our unspoken assumptions about how the world operates. It can serve as a beginning point in understanding what people believe and hold important. Insight into the values of the different generations helps us see how these values influence organisational values and the interface between work and family. The following is a summary of the most common differentiating factors of the various generations reported in the literature. More thorough descriptions of these generational cohorts are offered by Duchscher and Cowin (2004).

The Veterans (1922-1945) "The Loyal Generation"

The Veterans grew up in hard times, including the Great Depression in the USA and the Second World War. They rose to the challenge of rebuilding nations and economies, and creating a new foundation for generations to come. Most came of age during the transition from a primarily agricultural way of life to a manufacturing mind-set (Zemke et al. 2000). Living through economic and political uncertainty resulted in their being hard working, financially conservative, and cautious (Sherman 2005).

Veterans like consistency, uniformity, and things on a grand scale. They tend to be conformers and value organisational loyalty. Longevity and tenure is, for them, an appropriate basis for progression and promotion in their career. They believe in propriety and logic and are disciplined. Members of this generation value the lessons of history and tend to look back and reflect on precedents set that might be helpful and applicable in the present. Their most enduring workplace legacy is the hierarchy and the old command and control management style (Zemke et al. 2000). They do not take their job for granted and are used to working hard to get things accomplished.

The Baby Boomers (1946-1964) "The Loved Generation"

The Baby Boomers grew up in optimistic, positive times. In many developed countries, this was a time of expansion. Most were raised in child-centred nuclear families and grew into egocentric adults who have continued to rewrite the rules, rather than follow the traditional path (Zemke et al. 2000). Boomers learned about collaboration and teamwork as they were growing up and brought it into the workplace. They pursued their own personal gratification relentlessly without regard to the cost on relationships and others. Baby Boomers are still optimistic and believe in the infinite possibilities in the world today.

As the Baby Boomers turn 50, work is slowly slipping down on their list of priorities. As a result, the workplace is becoming more informal and more humane (Zemke et al. 2000). The Baby Boomers have redefined and popularized every phase of life as they have passed through it. They form the largest cohort of nurses and the oldest segment of this group is within a few years of reaching retirement age. One survey found that "more than two-thirds plan to work after retiring. Most plan to work part time, and a few will even pursue a new career full time" (Zemke et al. 2000 p89).

Generation X (1965-1979) "The Lost Generation"

This unique generation is a group that went basically unnoticed until the late 1990s. As a generation it is defined more by what it is not, than what it is. Maligned and misunderstood, much of what has been written about this generation is through the eyes of Baby Boomers who simply see them in contrast to themselves rather than as a unique generation. They are often described as "Baby Boomers' children who inherited Boomers' social debris: divorce and dual-career parents resulting in Latch Key Kid experiences" (Kupperschmidt 2006 p3). They grew up independent and self-reliant. They saw their parents sacrifice time with them to further their careers, only to be later downsized or restructured out of their positions.

Zemke, Raines and Filipczak (2000) believe that a person's first job experience significantly impacts their values and expectations of the workplace. For example, in the USA many Generation Xers' initial work experiences occurred during a time of national recession and massive reorganisation and restructuring efforts in health care. The lesson learned is that there is no such thing as job security, hierarchical reverence is worthless, and paying your dues is just a worn-out cliché from the previous generation. Instead, increasing your own marketability through additional job skills and development is the path to success. One way to accomplish this is by changing jobs frequently. Santos and Cox (2000) reported that the Generation Xers in their study clearly indicated they anticipated moving out of their organisation and even the profession during the course of their work life. "They indicated this arrogance was not arrogance at all but the need to be self-reliant as they have had to be throughout their lifetime" (p12).

The Generation X cohort is smaller than the Baby Boomers. Add the fact that fewer Generation Xers chose nursing as a career in the 1990s, and there is a demographic collision waiting to happen as the Baby Boomers today are beginning to transition from the active workforce. The good news is that more Generation Xers are choosing nursing as a second or even third career (Kupperschmidt 2006; Sherman 2006).

The Millennials or Generation Y (1980-2000) "The Linked Generation"

The Millennials are the second largest cohort in the general population (Raines 2002). Raised by nurturing parents, they have lived structured and incredibly busy lives filled with activities and scheduled events that rival the most workaholic Baby Boomer. They value their families highly and remain close within them. During their childhood they saw violence, terrorism and drugs become realities of life. They are the first truly global generation and have incorporated multiculturalism as a way of life. They are the most connected generation in history. Advanced computer technology and instant, constant communication through cellular phones and text messaging are a way of life for these people.

In a qualitative study conducted of Italian chief nurses, the authors report that "'Fragility' is a characteristic found in all of those belonging to Generation Y, having grown up in a family environment in an overprotective society which tended not to give them responsibility" (Palese et al. 2006 p179). This is also the generation that grew up with the mentality of "everybody gets a blue ribbon" and everyone gets selected for the team. Some managers are finding that in working with members of this generation, they also must contend with the employee's parents who are so overly involved in their child's life that they become part of the workplace relationship as well, communicating with the manager about issues, giving approval for schedules, and even attending performance appraisals!

Conventional wisdom suggests there are differences in characteristics of generational cohorts. Although little research has been done to substantiate this claim, there are many authors who offer observations on the core values of each generational cohort as well as project their assets and liabilities on the job. Table 1 offers a brief overview of the differences between the generations for purposes of understanding the challenges faced by nurse managers.

Table 1: Generational Differences

	Veterans	Baby Boomers	Gen Xers	Millennials
Core Values	<ul style="list-style-type: none"> • Dedication/sacrifice • Hard work • Conformity • Law & order • Respect for authority • Patience • Delayed reward • Duty before pleasure • Follow the rules • Honour 	<ul style="list-style-type: none"> • Optimism • Team orientation • Personal gratification • Health & wellness • Personal growth • Work • Youth • Involvement • Like to belong 	<ul style="list-style-type: none"> • Diversity • Thinking globally • Balance private & work life • Technoliteracy • Fun • Informality • Self-reliance • Pragmatism • Apolitical • Prefer no ties • Start at the top 	<ul style="list-style-type: none"> • Optimism • Civic duty • Confidence • Achievement • Sociability • Morality • Street smarts • Diversity • Idealistic • Prefer no ties
Assets on the Job	<ul style="list-style-type: none"> • Stable • Detail oriented • Thorough • Loyal • Hard working 	<ul style="list-style-type: none"> • Service oriented • Driven • Willing to go the extra mile • Good at relationships • Want to please • Good team players • Focused on the job 	<ul style="list-style-type: none"> • Adaptable • Technoliterate • Independent • Unintimidated by authority • Creative • Focused on career • Want variety 	<ul style="list-style-type: none"> • Collective action • Optimism • Tenacity • Heroic spirit • Multitasking capabilities • Technological savvy • Ambitious
Liabilities on the Job	<ul style="list-style-type: none"> • Inept with ambiguity and change • Reluctant to buck the system • Uncomfortable with conflict • Reticent when they disagree 	<ul style="list-style-type: none"> • Not naturally budget minded • Uncomfortable with conflict • Reluctant to go against peers • Overly sensitive to feedback • Judgmental of those who see things differently • Self-centred • Sacrifice for the job • Little faith in authority 	<ul style="list-style-type: none"> • Impatient • Poor people skills • Inexperienced • Cynical, sceptical • Will not sacrifice for the job • Lack of respect for authority 	<ul style="list-style-type: none"> • Need for supervision & structure • Inexperience, especially handling difficult people issues

Managerial Issues Related to the Multi-Generational Workforce

The incredible amount of diversity in today's workplace places demands on current nurse managers unlike any previously experienced. Diversity is not limited to generational differences although those are the subject of this paper. The presence of diversity in other areas simply increases the importance of managerial skills for effectively dealing with diversity. The current generational diversity in developed countries is also unique in a rather striking way. The generations in today's workforce are more likely to be mixed at all levels of the organisation. In the past, older workers were often at the more senior levels of management with younger workers on the front-line. However, generational status is no longer tightly linked to job status. Whereas in the past the question from Baby Boomer managers was "How do I manage these young Generation Xers?", the question today is just as often from the Generation X manager who asks "How do I manage these Baby Boomers?" Members of all generations can be found at all levels in the organisation.

This is not as likely to be true in the developing countries. In many countries of the world, positions in the hierarchy are held by older workers. In some instances, this can actually create a bottleneck for career progression of younger nurses who must wait until the senior nurses retire before new possibilities for promotion are made available.

The uniqueness of this situation is seen in another way as well. As the age of new nursing graduates continues to rise, generation-specific understanding becomes important for nursing faculty and schools of nursing. In most Western countries, the new nursing graduate is no longer most frequently a 21 or 22 year old young woman.

The challenges and implications of managing a multi-generational workforce include the following:

Challenge #1

Creating a workplace culture that engages all workers and results in a high retention rate

Challenge #2

Remaining adaptive to current circumstances and responding with flexibility in approaches and practices

Challenge #3

Effectively dealing with the culture clash and conflict that can occur between generations

Challenge #4

Recognizing and using generational-specific interventions and approaches

Managerial Implications

Challenge #1

Creating a workplace culture that engages all workers and results in a high retention rate

The highly effective nurse manager is one who recognizes the importance of creating a workplace that supports a positive, healthy practice environment (Stuenkel & Cohen 2005; Manion 2005). While it is clear there are potential differences between members of the various generational cohorts, focusing solely on the differences can create a sense of hopelessness or unfounded pessimism. It is helpful to remember that while members of each generation may be different in many ways, they are also alike in many ways. And, ultimately, focusing on the universality of our human experience may serve as a beginning point for the nurse manager interested in retaining nurses. In fact, some research suggests that the differences in the values of the four generations in the nursing workforce are not as divergent as sometimes reported. McNeese-Smith and Crook report that "Generation X had higher values for both variety and economic returns. However, no other significant differences were identified" (2003 p266).

In examining the psychological, sociological and organisational development research on human motivators, five basic intrinsic human motivators emerge (Thomas 2002; Manion 2005). When the manager understands these primary motivators, they can serve as a guide for creating a positive practice environment.

The intrinsic motivators are:

1. The presence of healthy interpersonal relationships
2. Having meaningful work
3. Experiencing a sense of competence or self-efficacy
4. Having autonomy or choice
5. The achievement of progress

Healthy Interpersonal Relationships

When people enjoy healthy positive relationships with others in the workplace it leads to stronger commitment to the organisation and impacts the quality of care provided. Co-worker friendliness and cooperation are important reasons health care workers stay with their jobs (Strachota et al. 2003; Kangas et al. 1999). It has become conventional wisdom that the relationship between employee and manager is one of the most crucial in determining the employee's commitment to stay with the organisation.

Healthy relationships are defined as those characterized by high levels of trust, mutual respect, unconditional mutual support, and communication that is open, honest, direct, and primarily positive (Manion 2005).

Meaningful Work

When a person sees their work as meaningful and important, they are more likely to be motivated to continue it even if it requires sacrifice or challenge. "People have a desire to be engaged in meaningful work– to be doing something they experience as worthwhile and fulfilling" (Thomas 2000 p12). If work is composed of tasks and responsibilities that serve a particular end or accomplish a specific purpose that is meaningful to an individual, it brings about the desire to continue.

Competence/Self-Efficacy

People want to feel like they are performing their work activities well, that their performance meets or exceeds established external as well as internal standards. In fact, recent findings from the field of positive psychology indicate that people are more likely to be happy at work if they use their talents

and strengths on a consistent basis (Seligman 2002). A sense of self-efficacy often leads to strong feelings of pride, a positive emotion that accompanies personal accomplishment.

Choice/Autonomy

Choice occurs when individuals have appropriate levels of autonomy and control in their work. They participate actively and are involved in making decisions that impact their work and its outcomes. Because choice is part of the environment, people feel that their views, ideas, and insights are important. Choice also involves a sense of ownership experienced when people feel personally responsible for outcomes of their decisions and behaviours.

Progress

A strong intrinsic motivator is experiencing a sense of progress; people's belief that their actions and behaviours had their intended impact. Little is more discouraging than feeling that nothing has changed as a result of effort and hard work. A sense of progress builds momentum and enthusiasm, resulting in the energy of commitment.

Managerial Interventions

Knowledge of these five intrinsic motivators can be used by the wise manager to create a positive workplace. Examples of managerial interventions include:

Healthy Relationships

- Clearly define what is meant by healthy relationships
- Clarify the employee's responsibility for creating and maintaining healthy relationships with others
- Teach the skills of conflict resolution, giving feedback, active listening, and other communication skills
- Lead the establishment of healthy working relationships with members of other disciplines and departments, between shifts and co-workers

Meaningful Work

- Remind employees of the meaningfulness of their work and how they are contributing
- Reduce non-value added work such as duplicative efforts, busy work, work with no clear value
- Share stories of how employees have impacted patients and others through their meaningful contributions

Competence

- Coach employees in the development of their skills
- Engage in conversation with individual nurses to determine their interests and desires for learning new skills or competencies
- Provide opportunities for employees to grow and continue to develop

Autonomy

- Ask for input, involve employees in making decisions that impact their work
- Create models of shared decision-making such as shared governance structures
- Do not expect everyone to do things the same way, when possible allow for individual choice in how work is carried out

Progress

- Recognize incremental progress as it occurs, instead of waiting for the final goal to be achieved
- Celebrate accomplishments and achievements
- Track progress and remind people of the progress made

These basics can serve as a starting point for creating a positive work environment and there is ample support in the literature for beginning here. When analyzing any of the documents that identify organisational characteristics of excellence (such as Magnet Hospitals), the elements identified can almost always be linked back to one of these five intrinsic motivators.

However, a few cautions and clarifications about using these intrinsic motivators is in order. First, not all of the intrinsic motivators are equally important to everyone. Members of generational cohorts may vary in at least three distinct ways. First, what is most important to them as a cohort may be different. For example, Baby Boomers are said to value relationships and attach a great deal of importance to the meaningfulness of their work. Generation Xers, as a broad age cohort, clearly value their competence and self-efficacy as well as having jobs that stress independence, autonomy, and choice. Again, however, this does not mean that there cannot be overlap in individuals in these various generational cohorts.

Another way the members of the different generations may be different is in how they define the meaningfulness of their work. The Millennials have a strong sense of civic duty and are likely to define meaningful work as work that contributes to societal good while a Generation Xer may define meaningful work as work that advances their career or helps them develop a broader range of skills in order to become personally more marketable. Members of the Veterans generation may define meaningful work as that which provides safety and security for their family and community.

And yet a third way the generations may be different is in what they are likely to do if the workplace does not provide for their most important values or needs. For example, Baby Boomers may be more inclined to stay with an organisation because they value security and longevity. Generation Xers are more likely to leave and go onto another job. One Generation X manager demonstrated this when she told her colleagues: "When I stop learning anything new in this job, I'm out of here." This relates to the universal human motivator of competence but also illustrates a generational difference in how she will handle her disappointment when her job fails to provide what is important to her.

Challenge #2

Remaining adaptive to current circumstances and responding with flexibility in approaches and practices

It has long been recognized and accepted that a hallmark of managerial effectiveness is the ability of the manager to assess what is needed in a given situation or interaction, and respond flexibly, choosing a response that matches the situation. In the 1960s the model of situational leadership was developed and is still of practical value in today's work world. To be effective, the leader accurately diagnoses the situation and uses an appropriate style to supplement what the follower lacks. This requires flexibility on the part of the leader. In the same way, the high level of diversity in the workplace means that an effective leader must adapt their style and approach to meet the needs of the follower. Managers who put their staff first are more likely to find that the staff puts the patient first (Manion 2005). Flexibility and versatility require keen judgment on the part of the manager and the ability to move between various styles and approaches.

This challenge is daunting, to say the least. It is based on understanding that one approach does not fit every person or every situation. One key principle can make it easier. Instead of assuming all employees fit the defined characteristics of a particular generational cohort, ask employees directly what is important to them or how they want to be treated. Nothing can substitute for knowing employees well and matching the workplace culture with what they believe is important.

One potential difference between the members of the various generations is in what they expect from their nurse manager. Wieck, Prydun and Walsh (2003) studied members of the "entrenched generations" and the "emerging generations" to determine what they want from their nursing

leaders. Interestingly, out of 56 characteristics, seven appeared on the characteristics list of both groups. There were no statistical differences found in how the characteristics were ranked between the older and younger generations. Honesty was high on the list for both groups. Eight of the 10 characteristics identified by the younger nurses could be categorized as “nurturing”. “These traits—motivational, receptive, positive, good communicator, team player, good people skills, approachable and supportive—all depict an environment in which younger nurses feel nurtured and supported” (p287). In further research, as yet unpublished, Wieck reports that the generations seem to have similar desires for their managers. The characteristics depict a flexible, nurturing manager.

Challenge #3

Effectively dealing with the culture clash and conflict that can occur between generations

Conflicts occur more readily when people hold different values, especially in the high-stress environments that characterize health care organisations. Many authors report a particularly negative subculture within nursing that includes high levels of horizontal violence and dysfunctional interpersonal behaviours (Santos & Cox 2000; Swearingen & Liberman 2004; Kupperschmidt 2006; WHO 2006). This type of negative culture can lead to toxic behaviours such as discounting each other, making rude or cruel comments about people who are different, withholding important information, and other forms of disrespect. It is Kupperschmidt’s (2006) contention that mutual respect is a key factor in reducing intergenerational conflict in the workplace. An effective manager is aware of what is going on in the work area and addresses negative behaviours immediately.

Examples of important managerial interventions for dealing with conflict include:

- Establish clear expectations for behaviours based on the elements of healthy relationships
- Lead the work group in establishing their behavioural expectations of each other, developing a code of conduct or an operating agreement that clearly spells out which behaviours are desirable and which are not acceptable
- Set a no tolerance policy for gossip, behaviour that demeans others, toxic aggression, chronic negativity, bullying, mean-spiritedness, or disrespect
- Ensure that employees have skills in healthy conflict resolution and giving each other feedback, both positive and constructive
- Engage the staff in value clarification exercises that focus on the different values each holds
- Continually reemphasize the common mission or purpose that binds people together

In a qualitative study of chief nurses (charge nurses) in Italy, researchers reported that there did not seem to be any real conflict between the generational groups. Instead, they found that the coexistence of a number of different generations in the workplace led to the formation of small groups of individuals who are similar in attitude and behaviour, but at odds with groups made up of staff from different generations. They report that these small groups did not seem to compete between themselves, but instead had different objectives. And when employees separated into generational groups, “the staff lose the opportunity of a reciprocal exchange of information which would benefit both the staff and the patients” (Palese et al. 2006 p181).

Challenge #4

Recognizing and using generational-specific interventions and approaches

The final challenge facing the nurse manager is to become knowledgeable about generational differences and skilled in using generational-specific interventions and approaches. Although it is dangerous to assume that the characteristics discussed in the earlier section apply equally to all individuals within a cohort, it can be just as dangerous to assume everyone is alike and needs to be treated exactly the same. An understanding of generational differences can be a beginning point in making sense of behaviours and beliefs. Many authors (Kupperschmidt 2006; Lancaster & Stillman 2002; Sherman 2006; Wieck 2000, 2003, 2006; Zemke 2002) offer specific guidelines for ways to approach recruiting, orienting, training, motivating, and coaching individuals from different generations. These are summarized in Table 2. Although these may be helpful, it is important to remember that no research testing these managerial interventions was revealed through the literature review.

Table 2: Managerial Ramifications of Generational Differences

	Veterans	Baby Boomers	Gen Xers	Millennials
Recruiting	<ul style="list-style-type: none"> • Consider them • Like part-time work & projects • Stress their valuable experience • Be courteous and respectful (please, thank you, etc.) • Messages that speak to traditional values work 	<ul style="list-style-type: none"> • Acknowledge experience • Set a challenge • Stress a humane environment • Give them credit and respect for their achievements • Show them how they can be a star 	<ul style="list-style-type: none"> • Emphasize balance • Stress merit • Discuss changes expected • Create a fun, intimate environment • Emphasize technology • Emphasize independence • Flexibility in scheduling 	<ul style="list-style-type: none"> • Sell organisation solidly • Show opportunity • Emphasize organisation's importance • Sell them on the job • Tell how organisation meets its civic duties • Customize job opportunities • Flexibility
Orienting	<ul style="list-style-type: none"> • Take the time to explain • Share the organisation's story • Bring them into the goals of the group, how they will contribute 	<ul style="list-style-type: none"> • Emphasize goals & challenges • Show them the opportunity 	<ul style="list-style-type: none"> • Show technology, allow for exploring • Show "who's who" list, who knows what • Repeat the work/life balance message • De-emphasize the politics 	<ul style="list-style-type: none"> • Be clear on expectations • Show opportunities • Emphasize equality • Sheltered, will need lots of support
Training	<ul style="list-style-type: none"> • Need technology training, but don't underestimate • Take time, use an older trainer • Use large text in printed materials 	<ul style="list-style-type: none"> • Share strategy, budgeting, etc. • Use their book knowledge • Give developmental assignments • Use books, tapes, & videos 	<ul style="list-style-type: none"> • Give multiple opportunities • Stress self-development • They're more self-directed learners • More task, not process-oriented • Dislike groups and meetings • Be brief • Stress project opportunities 	<ul style="list-style-type: none"> • Provide how-to training • Assign mentors • Use lots of details • Like collaborative action, group work & high involvement • Use interactive approach • Didactic lectures are boring to them

Table 2 continued

	Veterans	Baby Boomers	Gen Xers	Millennials
Motivating	<ul style="list-style-type: none"> • Use the personal touch, notes & calls • Traditional perks • Use them as mentors • Reward is a job well done 	<ul style="list-style-type: none"> • Personal relationships are important • Public recognition • Work perks • Name recognition (get them quoted) • Reward hours and efforts • Talk about legacy • Like involvement & participation 	<ul style="list-style-type: none"> • Opportunities to develop skills • Opportunities for promotion • Multiple tasks and projects • Give feedback but do NOT micromanage • Allow laxness • Freedom is a reward 	<ul style="list-style-type: none"> • Competitive pay & benefits • Good environment • Show opportunities for advancement • Career planning & counselling • Socially conscious • Feeling like I do my job well • Reward is meaningful work
Coaching	<ul style="list-style-type: none"> • Tactful • Private • Build rapport • Be respectful • Ask permission to coach • "No news is good news" 	<ul style="list-style-type: none"> • Tactful • Create harmony, warmth, agreement • Use questions, not statements • Treat as equals • Ask questions to get to the issues • Yearly feedback with documentation 	<ul style="list-style-type: none"> • Be direct & honest • Value equity & fairness • More relaxed & informal • Feedback needs to be continual and focused on "How am I doing?" 	<ul style="list-style-type: none"> • Like public recognition • Develop trust • Be honest & direct • Listen • Show confidence • Treat like an adult • They expect feedback with the push of a button • Need detail & structure

While all employees must be held to the same work expectations and organisational policies and procedures (Hart 2006), managerial approaches can take generational differences into account. For example, according to Lancaster and Stillman (2002) the way members of the different generations perceive authority can be somewhat disconcerting unless understood. Veterans tend to believe in and follow the chain of command while Baby Boomers expect a change of command. They want to rewrite the rules. Generation Xers believe in self command and Millennials collaborate rather than believe in command.

Rewards are important to individualise as well. Veterans value a job well done while Baby Boomers like titles and recognition. Generation Xers want the reward of freedom to do things their own way and for Millennials it is a sense of meaningfulness of the work. Hart (2006) reports that Baby Boomers are influenced by money and the younger generations by time off. Finding ways to meet the needs of the different generations is the challenge for today's organisations.

How they view job changes can also explain the difficulty in retaining younger generations. While Veterans see changing jobs as a stigma the Baby Boomers find that changing jobs puts them behind. Generation Xers see it as a necessity while Millennials consider a job change almost as a daily routine. Baby Boomers are focused on the job while members of the younger generation are focused on a career. Palese et al. (2006) found that a sense of belonging was important to older nurses while younger nurses wanted few ties in the workplace so they would be free to be nomadic.

Summary

It is widely believed and accepted that the values, ambitions, views, beliefs and behaviours vary according to generational cohorts. Reports of these differences come from developed nations, and the extent to which this is true in developing countries remains to be seen. Swearingen and Liberman (2004, p55) believe that "similarities of experience within and differentiation of experiences between age group cohorts are observable in every culture. Similar functioning is imposed by society on those sharing an age cohort at a particular time. The same is true of any major event in personal history, which is identified by age." However, a cautionary note must be interjected here. Although it may be apparent that there are differences between generations, the actual characteristics and attributes reported here may have only limited applicability in developing countries. No literature was found reporting these kinds of differences in developing countries. They may exist, but the phenomenon may not be as widespread as it relates to the nursing workforce in these countries. Clearly, in countries with a shorter life expectancy, there may be more homogeneity reflected in the generations active in the workforce.

A second cautionary note must be added. Much has been made of the differences between members of the various cohorts. However, the truth is that there are many factors that influence what is important to people in their work. Generational differences certainly account for and explain part of the situation. The members of different generations have had different lived experiences and these influence the way they view their work and their behaviours in relation to their careers. However, it is likely that there are other significant factors that are less frequently discussed. One striking factor is simply that people need and value different things at different ages throughout their lives. It makes sense that younger workers entering their field are likely to be focused on gaining mastery and building their levels of competence. When these younger workers begin raising a family, their needs and desires about workplace benefits, working schedules, and opportunities are affected by this major life change they are experiencing. Workers nearing the end of their career are more interested in their legacy and planning for transition to a reduced work life or retirement. Social issues also affect what is important to people in the various generations and in different countries. For example, the frequency of grandparents raising grandchildren is increasing.

And a final reminder: No matter how well researched the characteristics of the various generations are, pronouncements of certain values or attributes never apply consistently to all members of the age cohort. Individual personalities and experiences can account for many variations as well. And although some of these generalisations may be helpful, ultimately they must be validated with the individual or work group to determine their applicability.

As mentioned earlier, when members of different generations focus on and emphasize how they are different from one another, it can raise barriers and lead to increased conflict between people. An alternative strategy is to recognize the possibility of differences, yet understand that there are many universal elements of the human experience. When a manager recognizes and builds on similarities, it may ultimately be more useful in bringing people together. Thus a key managerial strategy is to build on how nurses are alike while respecting how nurses are different.

Section Two:

Nursing Demographics and the Multi-Generational Workforce

Data related to the ageing and changing demographics of the nursing workforce is incomplete at best and the picture is paradoxical. While developed countries are experiencing an ageing of the population, this is not true in many developing countries. Life expectancy in sub-Saharan Africa, for example, is dropping dramatically (Spinks & Moore 2007). Reported in Alexander (2006 p606), Kotlikoff and Burns say: "The mean age of the global population is declining, with 50 percent of the world's current population younger than 20 years of age. Conversely, industrialized nations are 'going gray' with a rising median age and a declining ratio of active workers to retired persons."

Not all countries report or have accurate data on their nursing workforce. Pittman, Aiken and Buchan (2007) have studied extensively the issue of international migration of nurses and have found that monitoring the data is problematic. They note that, with the exception of the Philippines, most of the data available on migration of nurses from source countries is derived from the destination countries. "The lack of data in many developing nations, the problems of inconsistencies of definitions of nurses, and of comparability of data sources are apparent" (p1279). Although there are relatively extensive reports of data supporting the conclusion that severe nursing shortages exist around the world, in analyzing this data, the demographic of the nurses' age is addressed infrequently and what is available comes from developed countries.

The USA has the largest professional nurse workforce of any country in the world, almost 20 percent of the world's supply and about half of all English-speaking nurses (Aiken 2007 p1299). With a nursing workforce of this size, even small changes in supply-demand imbalances can create a serious ripple effect, both in the USA as well as internationally. Hart (2007) reports on American nursing demographic changes in *Nursing Economics*. The Bureau of Labor Statistics released nursing workforce projections for 2004-2014 which included an increase in the 55-64 age cohort of more than seven million. The number of workers 65 and older is expected to increase nearly seven times as fast as the total labour force. She suggests that workers postponing retirement account for this upswing in the older categories. The most recent national RN survey conducted by the Health Resources and Services Administration estimates the average age of the registered nurse as 46.8 which is more than a year older than the estimated average of 45.2 from the 2000 survey.

The average age of nurses is higher in the developed countries and it is comparable between them. "The average age of a nurse is in the low to mid forties in many developed countries" (Buchan & Calman 2005 p22). A statistic of concern reported by Buerhaus (2002 p4): "Between 1983 and 1998, the number of RNs in the workforce younger than 30 years fell 41%." In 2002 more than 60 percent of the US nursing workforce was older than 40 years.

Similar statistics are reported from other countries as well and are summarized in Table 3. Spinks and Moore (2007) report that across the Western world the average age of the working population is increasing. In 2010, older workers (aged 55-64) will outnumber younger workers (aged 20-29) for the first time. Canada leads the industrialised world in the speed at which the over 45 year old labour force is increasing. Using simulation models for workforce planning, O'Brien-Pallas and

colleagues (2005 p18) report “results indicate that if nurses retire by age 65, 13% of Canadian nurses will be lost to retirement or death by the year 2006. However, if nurses retire by age 55, Canada will lose almost 28% of the workforce by early 2006.”

Table 3: Age Profile

Country	Average Age of Employed Nurse	Retirement Age (By law)	Early Retirement Age
Canada	44.7	65	55
Denmark	43.8	65	60
Germany	38.4	65-67	63
Iceland	44	70	60
Ireland	41.4	65	60
Japan	37.9	63	
New Zealand	44	60	55
Norway	41	65	62
Sweden	47	65	61
UK	42	65	50
USA	45.4	65	

(Data from the International Council of Nurses Nursing Workforce Profile, 2007)

Similar reports have emerged from Australia. More than 61 percent of nurses are 40 years of age or older (O'Brien-Pallas et al. 2004 p298). As these nurses near retirement age it is projected to exacerbate staffing difficulties in health care organisations. The Royal College of Nursing, Australia (2004 p4) reports: “The proportion of workers aged over 45 increased by 17% between 1987 and 2001 and the under 35 decreased from 54% to 30% in the same time period.” The report goes on to note that an ageing nursing workforce is not simply an Australian problem. “Figures for England show that in 1996, 40% of National Health Service (NHS) nurses, midwives and health visitors were under 35. By 1999 the proportion under 35 had dropped to 33% (and, in Scotland it was 21% in 1998). At the same time the proportion over 45, that is, within ten years of retirement, has increased from 27 to 29%.” In the United Kingdom all nurses and midwives who intend to practice must be registered and in the space of just nine years there was a significant age-shift. “The proportion in the youngest age groups halved, whilst those in the older age groups have correspondingly increased” (Buchan 1999 p819). These nurses have retirement rights enabling them to retire with full benefits at age 55.

In The Bahamas, the picture is comparable. The median age of a public sector RN in 2005 is 40 years. The following statistics were provided by Marcel Johnson who is Acting Director of Nursing in the Commonwealth of The Bahamas.

Table 4: Ages of nurses in The Bahamas

Age in Years	2000	2005
20-29	18%	14%
30-39	35%	28%
40-49	30%	33%
50-59	13%	17%
60+	4%	8%

Of course, exceptions to this picture do occur. For example, in Malaysia, the average age of the working nurse is 25 years. The age of the nurse population in a country profoundly impacts the understanding of workforce dynamics and managerial implications. The picture is not the same in developing and developed countries. For example, there are developing countries in the world where the issue is not a shortage of nurses, but a shortage of funded nursing positions. In these countries the ageing nurse population can be a very different issue. Elder or more senior nurses are in positions desired by younger nurses. Thus, a bottleneck in career opportunities for younger nurses is a very real issue. Prolonging the career of older nurses might not be the right strategy where there are many waiting to become employed or promoted.

In countries where life span is increasing, the demands for health care services expand. Because of the size of the generational cohorts, as ageing Baby Boomer nurses approach and reach retirement, there are inadequate numbers of younger nurses to replace them; all at a time when demand for health care services will reach an all-time high. It is no wonder that this rapidly approaching collision of demographics has led to the identification of retaining the older nurse as a key retention strategy for dealing with the nursing shortfalls being experienced. For countries in this situation, this strategy is addressed in Section Four.

Section Three:

Managing the Exit of Nurses from the Workforce through Retirement

Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace (Hatcher et al. 2006) reports that, of American nurses age 40 and over, more than 82 percent plan to retire in the next 20 years. "One in five nurses in the UK is aged 50 years or older" (Buchan 1999 p818). Projections in other developed countries mirror this finding. It is little wonder that workforce experts believe a viable strategy for easing this daunting potential nursing shortage is to retain these nurses in the workforce for as long as possible. Canadian forecasters used simulation models to project the probable result. O'Brien-Pallas and colleagues (2005) conclude that almost half of the projected losses from nurses retiring could be avoided if the health care system retained 100 percent of nurses aged 50-54, 75 percent of those aged 55-59, and 50 percent of those aged 60-64.

From a review of the literature it is clear that employers, as well as governments, who are concerned about the vitality and size of their future workforce, consider the retention of the older worker as a strategic initiative that has the potential of helping them achieve their goals. The testimony before governmental bodies, appointment of special committees, and commissioned research have all focused on what might be done to successfully retain the older person in the workforce (Armstrong-Stassen 2004; Commonwealth of Australia 2003; Hatcher et al. 2006; Walker 2007). In testimony before the US Senate Special Committee on Aging, Walker (2007 p4) summed up the issue based on American population statistics. "The aging of the baby boom generation, increased life expectancy, and fertility rates at about the replacement level are expected to significantly increase the elderly dependency ratio– the estimated number of people aged 65 and over in relation to the number of people aged 15-64." This ratio was one person over 65 per every eight people aged 15-64 in 1950. The ratio is projected to increase to one person aged 65 and over for every three people aged 15-64 by 2050. This results in an enormous impact on the federal government programmes of Social Security and Medicare. There will be fewer younger workers to support those drawing benefits.

There are other indirect ramifications for any national economy. Some of the most significant include fewer available workers to produce the goods and services that drive the economy, as well as less taxable income resulting in lower government revenue. With increasing life expectancy, people who retire at earlier ages will spend more years in retirement and draw on these pension benefits for a longer period of time. Extending the length of time older people remain active in the workforce not only provides necessary labour for a country but also delays their drawing on retirement funds. As they remain in the workforce, their income also remains taxable, thereby continuing to bolster federal revenues.

Factors Influencing Older Nurses' Employment Decisions

A key issue rarely addressed is how amenable older nurses would be to employer strategies and public policies designed to encourage them to remain on the job. In a Canadian study, Morissette, Schellenberg and Silver (2004) asked retired respondents what factors might have influenced them to continue working. The participants were 1.8 million persons who retired between 1992 and 2002. Overall, 60 percent of recent retirees indicated a willingness to continue working if certain incentives had existed. These incentives included: a reduction of work schedule without pension being affected; more vacation leave; salary increased; and, availability of suitable caregiving arrangements. One-third of the recent retirees left the workplace because of health reasons. Another third would not have continued working for any of the reasons offered. The researchers concluded that the remaining third of healthy retirees would have been willing to remain in the workforce (at least partially) and this category of employees offer employers the best prospect for increasing the overall supply of labour.

In reviewing these results, it must be noted that the retirees in this study are most likely members of the Veterans' generational cohort. It has been suggested in the literature (Lancaster & Stillman 2002) that retirement is perceived differently by members of the different generations. Veterans tend to view retirement as reward while members of the Baby Boom generation see it as a time to retool and try other things. This may explain the finding in the Canadian study that "compared to their counterparts aged 60-64, retirees aged 50-59 were more likely to report that they would have continued working" (Morissette et al. 2004 p3). If the Baby Boom generation, which is fast approaching retirement age, sees retirement as a time to retool, they may actually be more amenable to incentives that keep them in the workforce.

Watson, Manthorpe and Andrews (2003a and 2003b) conducted a study that investigated issues related to options, decisions and outcomes for nurses aged over 50 in terms of remaining in, retiring from, or returning to work in the National Health Services in the UK.

The following needs were identified:

- **Flexibility:** in the form of part-time work, job-sharing, flexitime, or school term-time working for older nurses with care responsibilities for children
- **Fitness:** this included working in areas with reduced stress and workload as well as changes of work practices and better use of equipment to reduce physical strain
- **Stress:** significant stressors were identified including staff shortages, excess paperwork, and insufficient time to complete tasks properly
- **Pay**
- **Morale among nurses:** related to nurses feeling valued for their contributions, involved in participating in decisions about their work, respecting the older nurse

Watson and his colleagues conducted interviews of older nurses who were remaining in the workplace, had retired from, or had returned to an employment setting. These are the significant findings:

- Although many older nurses mentioned flexibility in conjunction with a supportive environment as influencing their own decisions about employment, examples of flexible working alternatives were not evident in the workplace.
- “There was a widespread feeling among the nurses interviewed, whether remaining or retired, that stress and the associated burnout were major influences on decision making with regard to employment over the age of 50” (Watson et al. 2003b p38).
- A major influence on older nurses’ employment decisions was money. Many of the nurses were the sole earner in their family, or were working to supplement the family’s income.
- Pension considerations often dictated whether it was appropriate for the nurse to retire at a particular time or whether it was worthwhile to work for a few more years to increase the pension. The need for changes in the National Health Services superannuation scheme could result in less penalty for older nurses accepting part-time work or reducing their hours and responsibilities in other ways.
- Almost all of the nurses in the study reported that little or no information was offered to them about their options. Just at a time when the nurse needs sound advice before making a decision, they are left on their own to find relevant information.

Armstrong-Stassen (2004) conducted research in Ontario, Canada, to evaluate human resource management practices that are important in the decision of nurses aged 50 and older to remain in the workforce. A second objective of the research was to determine the extent to which healthcare facilities are engaging in these practices.

The five most important human resource management practices in retaining older nurses were:

1. Improving benefits
2. Showing appreciation for a job well done
3. Providing flexible work schedules
4. Recognizing the experience, knowledge, skill and expertise of nurses 50 and over
5. Ensuring that nurses 50 and over are treated with respect by others in the organization

The five least important human resource management practices in retaining nurses were:

1. Adjusting efforts to attract nurses 50 and over
2. Offering elder or parental care provisions such as unpaid leave
3. Offering job sharing
4. Providing “age awareness” training programmes for managers
5. Encouraging later, rather than early, retirement

“The retention of nurses 50 and older will be strongly influenced by human resource management practices” (Armstrong-Stassen 2004 p25); however, the findings of the study report several significant shortfalls in how these organisations are actually doing.

These are the key findings from these nurse respondents:

- 72 percent ranked improved benefits as very important in their decision to remain in the workforce yet only 3 percent reported that their employer is highly engaged in doing this.
- 67 percent rated recognizing the experience, knowledge, skill and expertise of the older nurse as very important to their remaining actively employed. Only 12 percent of these nurses reported their hospital/agency as currently highly engaged in doing so.
- 67 percent rated flexible working options as very important and only 14 percent of the nurses reported that their hospital/agency is currently highly engaged in doing this.
- Providing educational support was rated as very important by 57 percent of the nurses and yet only 15 percent reported that their hospital/agency is currently highly involved in doing this.
- 62 percent indicated that redesigning work processes to minimize the negative impact on nurses' health was very important in their decision to remain actively employed, yet only 4 percent of these nurses indicated that this is occurring in their workplace. 83 percent of the nurses also reported that their employer is not currently engaged in reducing workload pressure and job demands of nurses 50 and over.
- 63 percent indicated that providing retirement with callback arrangements (reemployment of retirees on a part-time or temporary basis) is very important to their decision to remain in the workplace. Only 4 percent reported that their employer is actively involved in providing any type of phased retirement options.

The American Association of Retired Persons (AARP) conducted a survey in 2003 (reported in Feinsod & Davenport 2006 p20) of more than 2,000 workers aged 50-70 to determine the specific workplace attributes these workers are seeking.

Among those interested in working in their retirement years, the most important aspects include:

- An environment in which their opinions are valued and in which they can gain new skills and experiences
- The ability to choose their hours, take time off to care for relatives or loved ones and work from home
- An organisation that allows people aged 50 and older to remain employed for as long as they want to continue working
- Access to good health benefits

These are some of the only actual research studies reported. Although the literature review revealed an extensive number of articles written suggesting strategies for retaining older nurses, only a limited number were based on empirical evidence. In many cases, strategies are recommended because they are thought to be helpful in retaining the older nurse in the workplace.

Strategies for Retaining the Older Nurse

The strategies most commonly suggested can be categorized into the following six areas:

1. Correcting myths and misperceptions of and about older workers
2. Creation of a high quality, positive work environment
3. Changes in the physical environment
4. Alterations in the work itself (job redesign, new roles)
5. Restructured compensation and benefits
6. Flexible work schedules

Correcting myths and misperceptions of and about older workers

In some countries there are strong incentives for persons of a certain age to retire. There exists a culture of retirement which encourages workers to claim retirement benefits and stop working as early as possible. In other countries there are limits to how long a worker may be actively employed and/or mandatory retirement ages which are stringently enforced. This creates a perception in the minds of citizens that after a certain age continued participation in the workforce is undesirable.

One of the most common misperceptions is that older workers cost an employer more. This is based on the logic that the older worker has more tenure and is at a higher rate of compensation in addition to having more health problems than younger workers. "One of the age-related employment issues of particular concern in nursing is the high incidence of back injury amongst older nurses" (Buchan 1999 p824). Watson and colleagues report that the percentage of back injuries is over three times higher for nurses over aged 55 (2003a, 2003b). However, overall health status may not be as significant an issue as believed. Norman (2005) found that although work setting varied with the nurse's age, there were no significant differences in self-reported health status by age. However, Norman did report that many nurses fear developing neck and back injuries from direct patient care, which may induce some nurses to leave the acute care environment.

Additionally there are many negative stereotypes about older workers including the belief that these workers produce lower quality work than their younger counterparts and do less work overall. Buchan (1999 p824) found that "Whilst there was general support for the desirability of employing older nurses, most managers also expressed the opinion that nursing work was 'changing' in ways which made it more challenging for older nurses." This included more rapid patient throughput and higher patient acuity in hospitals, and higher patient dependency in community nursing. Some employers believe the older members of the workforce are more resistant to change. Organisations that adhere to this conventional wisdom are missing a critical opportunity to maximize their talent base.

The US-based firm of Towers & Perrin studied this issue extensively for AARP and found that most of these stereotypes are not grounded in fact. They found that motivation in workers tends to increase with age (Feinsod & Davenport 2006). Older workers were more engaged and thus less likely to leave, resulting in costly turnover. The findings related to productivity and age vary. Some studies suggest that worker productivity tends to decline between the ages of 30 and 40 while other studies found no significant differences. It was found that the increased knowledge and experience of older workers can actually offset any cognitive declines that may occur with age. This study also found that the cost impact of hiring and retaining older workers is quite modest, at the most approximately 3 percent.

Under this strategy can be included the age bias as perceived by workers. Eliminating age bias is much harder than might be expected (Wolf 2001). Despite age discrimination protection in developed countries, there still exists the notion that "older people have had their day and should make

room for the next generation" (Grossman 2003 p1). Grossman reports the results of an AARP study that surveyed 1,500 employed workers age 45-74 which found that 67 percent said age discrimination is a fact of life in the workplace and that they have concerns about opportunities to advance. Sixty percent believed that older workers are the first to go when employers reduce their staff. Another survey, he reports, finds 25 percent of workers planning to retire in the next five years were leaving because they were being held back or felt marginalized because of their age.

Many older workers are reluctant to report their plans for retirement or phasing out of the workforce because of their fear of being replaced. There is a history of older workers being replaced during organisational restructurings or reductions in force. Older nurses may be hesitant to talk openly about their plans for fear they may be replaced precipitously. Organisations and managers must build a climate of trust where these issues can be discussed frankly. Only a partnership approach makes it possible to do adequate workforce planning. For example, in the case of an older nurse considering altering the work arrangement to meet personal commitments such as providing care for a grandchild or simply because of desired lifestyle changes, if there is freedom to talk about this openly with the manager, alternatives can sometimes be negotiated.

Suggestions for dealing with these misperceptions include the advice to:

- Confront these biases with facts
- Seek out older nurses and consider them for open positions
- Always hire the best person for the job regardless of age
- Offer job retraining and educational programmes to update skills or develop new skills
- Train managers on communication preferences and motivators for the different age groups

Creation of a high quality, positive work environment

Clearly a crucial aspect of a positive work environment is one where generational differences are recognized, respected and tapped into as a source of strength. Good nurses are looking for departments and organisations where people work well cross-generationally. To develop this kind of open, trusting culture, many employers are implementing training and educational sessions for all employees on the differences and uniqueness of the different groupings. Employers are also seeking ways to accommodate the priorities of multiple generations and implementing work-life balance strategies that are sensitive to multiple generations.

This is important in retaining older nurses. Once an individual is financially able to retire, if the workplace is unpleasant or a source of conflict and strife, the environment becomes a push factor, i.e. an element that exerts force and pressure on the individual to leave. Thus, one key strategy is to do everything possible to create a work environment where employees enjoy working together, where the connections between people are strong and healthy, and where the employees' needs are being met. Research conducted by McIntosh, Palumbo and Rambar (2002) found that the most important determinant of job satisfaction among older nurses is working with helpful and friendly people.

A workplace where stress is manageable and the nurse is respected, valued and appreciated for contributions is one that is more likely to retain the older nurse (Armstrong-Strassen 2004; Buchan 1999; Watson et al. 2003a, 2003b) "The most effective solution, experts say, is to become a good place to work" (Thrall 2005 p32). This sounds simplistic, but in fact it is a key responsibility of any nurse manager. And, the results benefit not just the older worker but workers from every age cohort.

Understanding the basic human motivators as discussed in Section One and referring to the extensive literature on positive, healthy practice environments is a good place to begin.

Changes in the physical environment

In a survey of 377 nurses (Hatcher et al. 2007), it was found that older nurses were more likely to be employed in ambulatory settings or home care. Hospital work is physically challenging and, without accommodations, many nurses leave or transfer to less demanding jobs. Some take early retirement. "Nursing is complex and taxing physical, emotional and intellectual work. Over time this takes a toll on the nurse" (Hatcher et al. 2007 p22).

Many strategies have been suggested that take into account the older worker's physical needs. There are certainly some age-related challenges that can impact productivity, such as a different perception of light and sound, reduced physical endurance, reduced range-of-motion and muscle strength, as well as longer reaction time. Many organisations are taking these age-related physical changes into account. In some cases, institutions have employed ergonomic experts to follow nurses during their daily work to determine unnecessary stressors.

Approaches identified in the literature include:

- New technology for lifting patients or reducing the need to lift patients (for example, stretcher beds that fold into a chair, or lift systems installed over the hospital bed)
- Implementing special lift teams
- Bariatric patient equipment or special accommodations
- Transport teams
- Back care and lift safety training
- Redesigning the work area to reduce the length of hallways and walk time with smaller more localised nursing stations and supply areas; patient assignments in clusters to avoid long distances and excessive walking. Nurses often walk up to 12 miles per shift, and much of this is related to finding supplies and equipment (Hatcher et al. 2007)
- Applying principles of ergonomics to the workplace such as ergonomically appropriate chairs, supplies placed at levels where they are easy to reach, electrical outlets placed at mid-height to prevent stooping
- Improved lighting, larger computer screens, lowered monitor screens, larger text type, and magnifiers (reading glasses) on all crash carts, with emergency equipment, in medication rooms
- Relaxation rooms, staff rest areas, chairs so people can sit, rolling chairs in the nursing station
- Door handles that lift rather than turn; easy-to-open containers
- Training materials that are easier to read (high contrast colours, bold type-facing, avoidance of high-gloss items and laminated pages that produce glare)
- No posting materials above eye level, which is hard to read with bifocals
- Reduction of noise levels

Alterations in the work

Most of the approaches clustered under this strategy involved changing the job position or classification in which the nurse worked. Approaches ranged from reducing typical responsibilities, moving into different roles, to the creation of new roles within the health system.

In Australia, for example, the option is offered for the employee to transition into retirement by working at a lower job classification level. While this may not suit everyone, it is one alternative (Commonwealth of Australia 2003). In other countries this may happen in a less formal way, for example, when nurse managers scale down their work commitment and phase out of certain responsibilities toward the end of a career.

“From the Canadian perspective, the biggest challenge for many senior nurses is the issue of workload. Senior nurses not only need to provide direct patient care and carry a full nurse patient assignment, they also ‘manage the activities’ of the unit and serve as mentors or preceptors to more junior nurses or relief staff” (O’Brien et al. 2004 p301). A reduction in this workload could reduce the stress associated with balancing these three types of job demands.

In some countries, nurses reaching a certain age are automatically moved from bedside nursing into positions in administration or education (Abdullah S. Al Mahrouqi, personal interview, 2007). This is similar to the finding in the Robert Wood Johnson Foundation report *Wisdom at Work* that many of the older nurses surveyed had transferred into ambulatory or home care nursing. Others may seek positions in case management, quality improvement, or other related departments and functions. Some nurses take on project work or roles that are time-limited, such as coordinator for special projects.

Other systems are searching for entirely new roles that can tap into the knowledge and experience of these mature workers. Examples include titles and positions such as Chief On-Boarding Officer who assists newer nurses when they join the staff or Best Practice Coach who reviews the literature and research for implementation of evidence-based nursing strategies. Using senior nurses to staff community or wellness programmes or for tutoring high school students were other examples. Other organisations use the older nurse in knowledge transfer programmes, aimed at mentoring and developing newer staff to ensure the transfer of knowledge from the older, more experienced nurse. In Guyana the government decided to recruit retired nurses to fill the shortages in their HIV/AIDS Reduction and Prevention Projects (GHARP). This strategy prevents nurses employed elsewhere in the system from being hired away from their current jobs. When this programme began, GHARP received 495 applications for 61 available positions (WHO 2006).

In some countries mandatory retirement ages have forced exits from the workforce. For instance, in Samoa, 99 percent of nurses and midwives are employed in the health service and are public servants. They are eligible for retirement at 55 and required to retire at age 60. Because of the workforce shortages experienced, these workers are now allowed to continue beyond 60 years of age as long as they are certified medically fit and competent (personal communication, Pelenatete Stowers).

In some instances, it is suggested that moving the older nurse from the bedside results in the loss of tremendous clinical expertise to the system. Flexible staffing patterns, compressed shifts, and improved physical work environments can all help the more mature nurse handle the requirements of traditional clinical nursing. Another option is to “shift roles so work is more appealing to older nurses, perhaps alternating patient care with other duties” (Thrall 2005 p34). Norman (2005) found, in the USA, that as the age of nurses increases, the percentage of nurses working in acute care declines, from 72 percent of 18-29 year olds to only 38 percent of nurses 50 and over. In Iceland, regulations allow nurses to work as long as they wish and their health allows. Most state

employees in Iceland work until they are 70, which is encouraged by the design of the mandatory contributory pension scheme. State institutions may employ nurses older than 70 but it is typically with reduced pay, greater entitlement to sick pay, and mostly in nursing homes.

A key aspect of this strategy may involve retraining the individual for different responsibilities. In the AARP study quoted earlier, this approach is one that is likely to be very appealing to older workers.

Restructured compensation and benefits

This strategy involved reviewing compensation plans and modifying traditional approaches to provide creative, appealing, and individualised benefits. However, as noted by The Royal College of Nursing, Australia (2004 p4) "When the average nurse retires at 55, the Government changes to superannuation will make it easier for individuals to carry on working past 55, but improvements in flexible working conditions will have to improve further." In other words, it still has to be a good place to work.

Compensation plans – Some employers looked for ways to rehire their own retirees. Often this included modifying pension plans in ways that entice workers to remain in the active workforce. Some organisations are offering employees the option of rehiring, working, and still being able to claim their pension benefits. Other alternatives included allowing the individual to work for six months but receive their pay over a year's time. In the UK, the nurse's pension is based on the past five years of service. This discourages nurses from reducing to part-time work or accepting a lower paying role in the final years of their career (Watson et al. 2003a, 2003b). In one area of the UK there are provisions in place to protect the nurse's earnings. "Nurses redeployed to a job with lower pay than their previous position may have their earnings protected at the level of their previous job for up to nine years, including the past five years of service on which their pension is based. In this way staff need not be scared into early retirement to protect their pension" (p39).

Benefits – Benefits that were of special interest to the older nurse such as on-site or subsidized health club memberships, subsidized health care insurance coverage, and rehabilitation time were identified. "Considering that 38-87% of all nursing personnel have suffered a back injury severe enough to require leave from work", back-to-work programmes focusing on rehabilitative needs are a sound benefit (Cyr 2005 p565).

Other benefits included educational opportunities that focus on the employee continuing to learn new material and skills as well as tuition reimbursement for formal academic programmes. These may be especially appealing to the generation of Baby Boomers. If they see their retirement as a time to retool and pursue other interests, having assistance from their current employer to do so could be very appealing. Financial literacy programmes were mentioned frequently. Because people in developed countries are living longer, they will be increasingly responsible for preparing for their own retirement.

Other examples were more perks or rewards rather than funded benefit programmes. Examples of these include reduced floating and overtime for long tenured employees, retiree clubs, newsletters and periodic social events. Concierge services are a group of perks that has enjoyed an upsurge of interest in recent years, most likely in high-income countries. Organisations are implementing these services because they can assume simple but time-consuming chores for employees making their lives easier and allowing them to stay focused on their jobs. Although a few of these services have been around for years (such as on-site dry cleaning services), Lima (2007) reports on a startlingly wide and increasingly sophisticated array of these services.

Examples include services such as:

Running errands – courier services, vehicle services, shopping, home-sitting

Convenience services – dry cleaning, shipping and mailing, gift wrapping

Transactional services – obtaining theatre tickets, buying gifts, making reservations

Home-based help – waiting for the arrival of a service person, handling lawn maintenance issues, watering plants, bringing in the mail, arranging for pet care

Corporate support – conducting fund raising campaigns, administering recognition programmes

Information research – product research, travel, contractors, recreation, sports, financial services, volunteering opportunities

Child or elder care – researching care options, identifying programmes and services

Event planning – planning an employee recognition dinner, a business meeting, the organisation's or department's summer picnic, a birthday party, a reunion, or any other event

Travel planning – obtaining passports, arranging airfare/hotel/car rental, exchanging currency

Flexible work schedules

“Labor force decisions of older workers are also influenced by the availability of flexible work arrangements” (Walker 2007 p9). There were many examples of this throughout the literature. Older workers find it difficult to manage 12-hour shifts while younger workers find clustering these longer shifts gives them a longer personal break and better work-life balance. Longer shifts are physically more demanding and can be difficult for the older worker who may be experiencing less endurance as age advances. There were any number of flexible work plans identified.

Phased-retirement plans – These are also called bridge options and usually include a transition period from full-time work into part-time work prior to full retirement. For example, in Mauritius following the nursing shortages in the years 2002-2005, an External Bank Nurse System was introduced. Retired nurses were recruited into the bank system of four hours per session. These nurses can do two sessions per day for a maximum of 20 sessions per month. They can also do less and are paid per session. It is a flexible system that allows the nurse to offer services at a comfortable pace. Pension payments are not affected by participation and the nurse is exempted from night duty. Participation by retired nurses does not prevent others from aspiring to promotions.

Part-time work – This is not necessarily part of a formal phased-retirement plan, but allows the worker more time for life-balance. One form of this is a weekender option that enables the individual to work weekends only.

Job sharing – This is an arrangement where two or more people share a full-time job.

Seasonal work or temporary work – This refers to programmes that allow workers to only work part of the year. In one US case, a nurse lives in Florida for six months out of the year and returns to Cleveland, Ohio to work six months during the summer. Another option is the Traveller Option which offers 6-13 week assignments.

In Australia, a programme called flexible leave options, or purchased leave, can be made available to employees (Commonwealth of Australia 2003). Employees can purchase between one and four weeks of additional leave time per year. An adjustment is then made to the employee's annual salary to repay the additional leave. Another programme allows employees to work half of the year and be paid over a full year.

In Jamaica nurses are civil servants and retire at 60 years of age unless they are University employees who retire at 65. The nurses may be retained on a contractual basis for two years or they can work as seasonal employees.

Caregiving time – This option is useful for those with elder care responsibilities. One employer provides workers ten days off each year for elder care. In a study by Rosenfield (2007) interviews were completed with 28 elder caregiving nursing staff. They reported that successful management of their dual roles was based on identifying departments and shifts that fit with their responsibilities. Caregiver-friendly practices such as creative, flexible scheduling; access to social workers, financial and legal services; and increased awareness among managers about caregiver strains were recommended.

Project work – This is work that is temporary but may be full-time while the project is unfolding. Once the project is over, the job goes away.

Home-based work – This allows employees to work their regular or reduced hours from another location. While most of nursing work takes place in the presence of patients, and thereby must be on site, there are responsibilities that may lend themselves to this alternative. Administrative paper work, reviewing research, developing programmes, and other project work are just a few examples of possible work done as effectively from home. Home-based work is especially attractive to older workers who have caring responsibilities for an ill spouse or elderly relative where the care is ongoing but not time-consuming.

Another variation of this is the example of hospitals that are using the older nurse in assignment at a centralized monitoring station for intensive care patients. In our highly connected, electronic world, there will be increasing opportunities for long-distance assignments. This may also have ramifications for countries that are providing outsourcing services for other countries, for example, radiologists in India or Australia who provide interpretation of imaging results for hospitals in the USA.

Career breaks – In Australia (Commonwealth of Australia 2003 p10) it was found that “career break schemes may enable employees to pursue interests or activities outside of the workplace, which may assist in the transition from full-time work to retirement—for example, leave to pursue volunteer activities or other special interests.” These interruptions in service can also enable older workers to attend to intensive or more long-term caring responsibilities. Some organisations actually encourage employees to plan a sabbatical and make it possible for the employee to be paid four years' salary over a period of five years. The fifth year is spent out of the workplace.

Summary

It is important to note that there is a range of personal and organisational circumstances and preferences, and, as such, a one-size fits all approach is not likely to succeed. Approaches must be customized for the country and workforce for which they are intended. Furthermore, there is only limited research reported that demonstrates these strategies increase a nurse's intent to remain in the active workforce.

Spinks and Moore (2007) suggest that retirement ages are more unpredictable for women than they are for men because we are only now beginning to experience large numbers of women in the paid labour force working until retirement. Because the nursing workforce is largely women, this caution should be noted. "Women, more often than men, report being pulled into retirement involuntarily or prematurely as a result of spousal retirement, caregiving demands of an elderly family member for personal health reasons" (Spinks and Moore 2007 p27). Further, they state that although studies have shown that people plan to work into their 60s and 70s, the reality is that very few people choose to work beyond the time at which their personal health/wealth equation permits retirement.

Cyr (2005) conducted a descriptive survey of 1,553 hospital-based nurses in central New England, USA. Most of this sample (65%) anticipated retiring after 60 years of age, with 31 percent indicating they would retire at or before 60 years old. This finding differs from earlier reports that nearly half of all men and women leave the labour force by ages 60 and 62 respectively, and that nurses tend to retire earlier. Cyr ranked the factors influencing retirement decisions in terms of their frequency of mention.

They are as follows:

Financial independence (75%)

Nurse's poor health (63%)

Work intensity (48%)

Spouse's poor health (39%)

Spouse's early retirement (28%)

In examining these factors related to the strategies just reported, there are several that can be influenced. Nurses who said financial independence would influence their early retirement also indicated that financial incentives would encourage them to remain employed. Work intensity was cited by 48 percent of the study participants as a reason for ending their professional careers early. Many of the managerial interventions cited focus on easing the physical demands of the workplace. Approximately half of the nurses indicated that some form of flexible work would be desirable and have a positive effect on the retention of older staff members.

Much more research is needed to determine the relative importance and effectiveness of these strategies. However, many of the findings and recommendations reported here are approaches that make the organisation a better workplace and hold true for both younger and older nurses. While this paper focuses on retaining the older nurse as a strategy inherent in managing a multi-generational workforce, there is hope that these strategies can help alleviate the current nursing shortage crisis. Making these workplace changes can make health care a better work environment for all nurses and perhaps avert the worst of future workforce shortfalls.

Section Four:

Policy Implications

While much can be accomplished at the organisational level, there are several policy implications that emerge from this review of the literature. All of these recommendations must be considered in light of the context and goals of the country in which they are applied (Buchan & Calman 2005).

The following suggestions are offered:

1. Revisit laws requiring a mandatory age of retirement. In countries where life expectancy is increasing, previously established ages for retirement may no longer be reasonable.
2. Evaluate policies and practices that are punitive for workers remaining in the active workforce. For example, in Cameroon, there is strict implementation of retirement at 50 or 55, a limit of employment to 30 years, suspension of any financial promotion and a reduction of additional benefits after a certain age (Kingma 2007 p1286).
3. Consider modifications in tax laws to encourage people to continue working and collect their pensions. "There is a need to encourage ongoing employment among older clinicians (albeit at reduced hours)" such as concessional taxation (Schofield and Beard 2005). Revisit laws that are punitive for individuals who desire to continue to work, such as those discontinuing payment of pension benefits or Social Security benefits if compensation earned exceeds a certain level.
4. Address age discrimination. Governments worldwide must work to combat age discrimination in the workplace and provide incentives for employers to hire older qualified workers. Evaluate the age discrimination legislation which may have inadvertently discouraged employers from hiring the more mature worker.
5. Work to change the mind-set about older workers. Walker (2007 p10) testified that a change is needed "in the national mind-set about work at older ages and that a national campaign to promote this concept was needed". Educational programmes about the contributions of older workers that help dispel the myths and misperceptions may be necessary.
6. Institute methodology for nursing workforce planning so there is comparable data that can be used for making decisions. "Internationally, nursing workforce planning is a priority for policy planners. Strategies to effectively plan for and manage nurses and other health care providers are of utmost importance. In addition, adequately resourced policies to deal with the ongoing issues of recruitment and retention need to be developed, implemented, and evaluated to determine their utility." (O'Brien-Pallas et al. 2005 p5)
7. Invest in creating and maintaining readily accessible databases to allow comparison of needs across countries, to understand the needs within a country, and to determine whether policies are working.

8. Create an international clearinghouse to share best practices for recruitment and retention, safe working conditions, flexible working models, career structure, and dissemination of research findings.
9. Create models of retirement and retention scenarios to indicate the usefulness of policies targeting older age cohorts and assist in monitoring and managing an ageing nursing workforce.
10. Consider possible policy initiatives that modify the work environments to retain older nurses.
11. Create programmes in the public sector to help displaced workers retrain or find new skills in order to remain active in the workforce.
12. Consider having portable pensions (in countries where nurses work in the private sector) to allow nurses to transfer existing pensions to other institutions without having to retire.

Conclusions

Nurse managers in many countries are facing a significant challenge with the presence of multiple generations of nurses in the active workforce. The challenges of managing a multi-generational workforce are multiple including the need of the manager to: create a positive work environment; remain flexible and adaptable; manage conflict between the generations; and, understand and use knowledge of the generational differences. Not all generational characteristics and descriptors are conclusive for every member of the generation, so it remains important that managers know the people with whom they work and not generalize or stereotype based on these characteristics. Furthermore, although there are obviously generational differences, there are also many similarities between people and it may also be productive to focus on the basic human intrinsic motivators to create a workplace that is positive and appealing to employees regardless of the generational cohort to which they belong.

Nursing demographic information is sketchy in many countries and it is difficult to report on specific profiles of nurse age. However, in most countries a potentially viable strategy for resolving nursing workforce shortfalls is the retention of the older nurse. More research is needed in this area to determine the factors that would effectively influence nurses to remain in the active workforce. Strategies being reported include: correcting misperceptions about older workers; interventions to make the employment setting a good place to work; changes in the physical environment and alterations in the work to make both more conducive to the older worker; restructured compensation and benefit packages; and flexible work schedules.

Many of these strategies can be carried out at the individual manager or organisational level. However, there are also broad, policy implications for governments to consider. All strategies and policy implications have the potential impact of creating a health care environment that is good for nurses and better for those people the nurses serve.

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