

DISCUSSION PAPER

Generational diversity: what nurse managers need to know

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Abstract

Aim. This article presents a discussion of generational differences and their impact on the nursing workforce and how this impact affects the work environment.

Background. The global nursing workforce represents four generations of nurses. This generational diversity frames attitudes, beliefs, work habits and expectations associated with the role of the nurse in the provision of care and in the way the nurse manages their day-to-day activities.

Data sources. An electronic search of MEDLINE, PubMed and Cinahl databases was performed using the words generational diversity, nurse managers and workforce. The search was limited to 2000–2012.

Discussion. Generational differences present challenges to contemporary nurse managers working in a healthcare environment which is complex and dynamic, in terms of managing nurses who think and behave in a different way because of disparate core personal and generational values, namely, the three Cs of communication, commitment and compensation.

Implications for nursing. An acceptance of generational diversity in the workplace allows a richer scope for practice as the experiences and knowledge of each generation in the nursing environment creates an environment of acceptance and harmony facilitating retention of nurses.

Conclusion. Acknowledgement of generational characteristics provides the nurse manager with strategies which focus on mentoring and motivation; communication, the increased use of technology and the ethics of nursing, to bridge the gap between generations of nurses and to increase nursing workforce cohesion.

Keywords: commitment, communication, compensation, generational diversity, nurse managers, work environment

Introduction

The current international healthcare environment faces many challenges in responding to the needs of patients, technologies, politics and workforce issues. Workforce issues have been addressed in research with the most important finding in Australia and globally, being the ageing workforce (Australia's Health Workforce: Research Report 2006). Research undertaken in 2006 by the Australian Health Workforce Institute into Nursing in Australia showed the average age of nurses had increased from 40–45 years, whereas the percentage of Registered Nurses over the age of 55 rose from 11–20% between 1999–2005 (Duckett 2005). The trend is complicated by 14% of the workforce retiring every 5 years, with 90,000 nurses expected to retire between 2010–2020 (Australian Bureau of Statistics 2009). These figures suggest that nurses from differing generations must work together in the current workforce but does not take into account their different worldviews based on generational differences.

Generational diversity is an important issue worldwide in designing work environments that attract both the younger generation and retain the present generation of nurses (Hart 2006, Wolff *et al.* 2010, Shacklock & Brunetto 2012). The work of Howe (2010) related to Generational Theory acknowledges that workforce diversity is far more heterogeneous than in the past. However, the challenge remains for nurse managers working with generational groups of nurses who have differences in attitudes and values in and to the workforce.

Dols *et al.* (2010) suggest that generational differences create new challenges to maintaining a harmonious workplace because of the merging of generations in the work setting. This merging brings diversity and a blend of clinical experiences that promote patient care, but the fusion of generations in the workplace may also bring conflicts and challenges. That is, the different generations working alongside one another maybe competitive for recognition and the value of their unique professional contributions and may collectively vie for a power base that will acknowledge their strengths (Stanley 2010).

Wieck *et al.* (2010) and Disch (2009) contend that nurse managers require an understanding of the relationship between divergent personal characteristics and approaches to work that are inherent in each generation to make sense of how life experiences affect core personal values and create a work ethic that influences professional work behaviours. With the predicted shortages in the nursing workforce coupled with the change of its make-up, it is timely for nurse managers to focus on providing an environment

which reflects the needs of the current workforce whilst also focusing on the sustainability of the nursing profession by making it lucrative for younger nurses to enter and for older nurses to stay. The purpose of this article is to consider the impact of generational differences on the work environment and to offer nurse manager's strategies concerning communication, building commitment and compensation that will suit their context and the generational needs of nurses.

Background

A generation is defined here as an 'identifiable group that shares birth years, age location and important life events at critical developmental stages' (Sherman 2006, p. 2). Sherman terms these 'generational cohorts'. Stewart (2006) explains that while generational traits are necessarily diffuse and often overlapping, these collective experiences create shared filters through which people interpret subsequent experiences. This does not preclude experiences and cultural mores which are different as a consequence of birthplace, access to education and overall existence in the global environment. It has been said that each generation, in Western society, has a set of cultural experiences, which affect the way cohorts work together. Culture is comprised of the assumptions, values, norms and tangible signs or artefacts of an organization and its members (Zwann 2006). It is a learned set of shared interpretations which affect the behaviour of generational groups and therefore needs consideration. For example, a nurse from Australia has a different life and work experience which is brought to nursing in the 'context of time'. Whereas a nurse from the USA may have a different life and work experience but important historical world events bridge the chasm of cultural difference and opens the space for collective experience and shared filters of Western experiences.

The labelling of cohorts in the literature may appear to be oversimplified, but many scholars agree on four major generational cohorts, their traits, differences and their naming (Deal 2007, Alsop 2008, Wilson *et al.* 2008, Dols *et al.* 2010). These cohorts are termed: the veterans, the baby boomers, the generation Xers and the millennials. These groups approximate to 6% veterans, 46% baby boomers, 35% Xers and 13% being millennials in the Australian nursing workforce (Australian Bureau of Statistics 2009). The following section describes the core characteristics of each cohort and illustrates the strengths and weaknesses of each to be considered when managing the work environment.

Data sources

An extensive search of the literature was conducted to identify and retrieve recent published articles relating to the subject matter of generational differences on the work environment, by accessing various electronic databases: MEDLINE, CINAHL Plus with Full Text.

Subject heading terms included both individual and a combination of terms consisting of the following: generational diversity, nurse managers and workforce using the Boolean commands 'and,' and 'or'. The search was limited to 2000–2012. Limitations imposed on the search include: articles written in English; and peer-reviewed journals. The relevant articles have been critically appraised for relevance to the topic.

Discussion

The veterans (1925–1945)

Veterans have experiences of economic hardship and living through the great wars. These experiences translate to loyalty, discipline, teamwork, reward for hard work, respect for authority and hierarchy and seniority-driven entitlement in the veterans cohort (Stokowski 2004). Nurses in this cohort are over 60 years of age and although having plans to retire are being encouraged by governmental incentives to remain in the workforce to prevent 'brain drain' (Armstrong-Stassen 2006). Given the physical demands of nursing, this working generation of nurses is unlikely to be in direct-care positions but may hold senior-level healthcare management and decision-making positions although there is no data to support this claim. This generation makes decisions based on a utilitarian and militaristic authority tradition and therefore respect authority and adhere to rules (Dols *et al.* 2010). This translates an expectation for respect for age and experience in the workplace.

Baby boomers (1946–1964)

Baby boomers grew up in a relative steady state of free expression, economic prosperity and educational growth and believe that they are 'entitled' and this notion is central to their work ethic (Stokowski 2004). Living to work is the motto of this driven and dedicated cohort who look consistently to external sources for validation of their worth (O'Brien 2006). Moreover, Weston (2006) asserts this group equate work with personal fulfilment and self-worth; they are distinctly competitive, have little familiarity with

delayed gratification and are strong willed. Boomers want to be noticed and valued for their contributions through work-related 'perks' or recognition. For example they enjoy monetary gain, promotions, titles, corner offices and reserved parking. This generation coined the phrase 'workaholic' (O'Brien 2006).

Generation X (1965–1980)

The nursing graduates of this generation are individualistic in their approach to work and do not align themselves with the ethos of being a member of a team. They have learned how to manage their own time, set their own limits and get their work completed without supervision. Their formative experiences have cultivated adult workers with a strong propensity for outcome, rather than process, a greater affinity for information than introspection, a desire to know facts over emotions and an intimate familiarity with ambiguity and flexibility that renders them anxious when faced with fixed, rigidly imposed, or closed-off bottom lines (Ware 2007). Interestingly this cohort values a work-life balance and is well suited albeit ironically to a job market that holds no promise of stability and every assurance of change (Wilson *et al.* 2008).

Millennial generation (1980–2000)

Millennials share many attributes with Generation Xers. They often thrive on maintaining a balance between work and home and seek seamlessness between the way they play and work (Stokowski 2004). Millennials enjoy strong peer relationships and favour a collective, cohesive and collaborative approach to teamwork (Stewart 2006, Dols *et al.* 2010). This cohort is adaptable to change and is technology dependant. Consequently, they have spent their formative years interactively participating in the discovering of new knowledge, challenging their own and other's assumptions and synthesizing unprecedented amounts of interfaced information at break-neck speed (Dols *et al.* 2010). Job portability and lateral career moves are also important to this group (Wilson *et al.* 2008).

It may be seen that generation-specific attitudes and values to work and the work environment needs more consideration by nurse managers in the workplace, because if this is not given due consideration, difficulty in creating a harmonious environment for nurses will occur. In the words of Espinoza *et al.* (2009, p. 327) 'nurses in leadership positions are critical to the successful engagement of staff and are called on to align frontline staff. They are the gatekeepers of an organizational culture'.

It may be postulated that the structure of the work environment in all countries has changed over time. Bureaucratic structures which followed an imposed hierarchy have been replaced by flattened systems which are more team-based. These involve employees in decision-making which is increasing the interaction of generations with the consequent effect of corroding the reliance of new nurses on more senior nurses for information. Also, the rapid change with technologies has resulted in the possibility of the neophyte to the workforce being the expert in the critical skill of information gathering. This is reinforced by Weston (2006, p. 27) who states that the 'transition to the Information Age literally flipped generational relationships'.

Yet nurse managers continue to manage the work environment as if members of each generation operate from a universal perspective. It is no wonder then that nurse managers face a challenge in trying to promote a cohesive, efficient and harmonious work environment. Wieck *et al.* (2010) state that one-size-fits-all retention programmes do not address the priorities and expectations of the four different generations found in today's workplace. However, Hahn (2009) contends that looking for commonalities in approaches to the work environment may make possible a space for all generations to co-exist. By focusing on the contributions of nursing to patient care creates a valuing of all generational perspectives and feelings of success, respect and appreciation.

If nurse managers are to effect a positive work environment which attracts and retains staff then they should use the strengths of each cohort as a guidepost to establish management strategies. This lens, which focuses on the positive attributes from each generational cohort, will allow the manager to develop a plan which promotes quality and productivity, reduces tensions and conflict, while acknowledging the contributions of all staff. This enables a benchmark to exist whereby all nurses, despite disparate mental models, work at the same level of performance, enjoying a workplace which promotes the strengths of each generation as a means of developing professional growth (Haeberle *et al.* 2009). Moreover, Haeberle *et al.* contend that nurse managers who effectively deal with their generationally diverse workforce may enjoy an edge in the current highly competitive healthcare market because they will be prepared for the changing dynamic of the health workforce.

There are several strategies that nurse managers will need to consider when managing their generationally diverse workforce. All generations are different in the 3Cs. That is, commitment, communication and compensation. Underlying this, however, is to acknowledge the need for a change and the preparedness to change. This begins with self

awareness and education of the characteristics and core values of each cohort. Importantly, this allows the manager to treat staff as individuals while having an overall understanding of what is valued by each generation.

The 3 Cs – Communication, commitment and compensation

The challenge to nurse managers is in developing and using a personal repertoire of skills to manage the range of generational diversity in the workplace with regard to communication, commitment and compensation. This repertoire will bridge the gaps and create solutions that appeal to each generational belief system.

Communication

Nurse Managers who recognize and value each generation's approach to communication are instrumental in creating a cohesive workplace (Zori *et al.* 2010). Managing the diverse needs for communication explores generational creativity and increases the opportunity to learn from each other's experiences (Weston 2006) and also ensures that the needs of the individual nurse and the team as a whole are met (Stewart 2006).

Recognizing different generation's behaviours and the mental models that they use can often diffuse misunderstandings in the workplace. Newer graduates have been educationally prepared to speak for themselves and encouraged to voice their opinion to contribute to the team. This is often misunderstood especially by older nurses in the systems who were taught to respect and listen to their elders and basically speak only when spoken to. From a Veteran nurse's perspective, the comments of a novice nurse are premature and may be seen as disrespectful and can cause frustration and ill-feeling, a total difference in intent and expectation. Weston (2006) suggests that novices may be advised to wait for an appropriate period of time before publicly criticizing the way things are done and that older nurses can be encouraged to be more accepting of newer colleague's perspectives and more welcoming of a fresh point of view. Leiter *et al.* (2010) and Kupperschmidt (2006) assert ground rules that reinforce the importance of respect and tolerance for all generations is the key to promoting an atmosphere where all viewpoints are considered legitimate. Highlighting mutual team goals and keeping patient care as the focal point will promote effective work.

Buerhaus *et al.* (2007) and Shaufeli *et al.* (2009) report that lack of peer cohesion and poor working relationships account as a factor in nurse burnout. Wieck *et al.* (2010) assert that disrespectful behaviours are menacing in their

erosion of productive collaborative approaches to patient care among hospital workers. Although much research has been undertaken on these issues (Ulrich *et al.* 2005, Spence Laschinger & Leiter 2006) the issue of generational factors also needs to be considered because the differences in work ethic leads to disharmony in the workplace. Hutton's (2006) review of literature relating to incivility, a key cause of disharmony, identifies that a violation of workplace norms and disrespect of the cultural artefacts of groups, in this case generational cohorts, needs to be addressed by nurse managers because positive work environments impact on patient care and safety. Spence Laschinger and Leiter (2006) suggest that patient safety outcomes are related to the quality of the work environment and it is the role of nurses in senior positions to manage work environments to promote patient safety.

Not only is patient safety a critical consideration but the recruitment and retention of competent nurses to keep patients safe is vital (Duffield *et al.* 2007, Wieck *et al.* 2010). Research specifically connects conflict in the workplace with nurse retention and that negative, non-supportive, unpleasant and uncooperative peers and co-workers are key impediments to nurses' ability to find joy in their work (Kupperschmidt 2006). Hahn (2009) found teams that work together, support one another and resolve conflicts are critical factors in staff nurse retention while Dols *et al.* (2010) report that employee friendliness and cooperation are listed among the most favourable reasons why nurses stay with their jobs. Disch (2009) adds to this by contending that creative solutions and strategies designed to improve the work environment have not only resulted in positive outcomes, but must be continuously developed and implemented to build on recent successes.

Changes to modes of communication which have taken the focus from face-to-face or written communication, the preferred style of veteran nurses and informal discussions, particularly suited to Baby Boomers, means that personal interactions that build trust and allow for differences must now include technology which is more suited to gen Xers and the millennials (Hahn 2009, Spence 2009, Paul 2010).

Generation X were born in the technological age, thus the use of technology to communicate is second nature to them. Xers may become bored at meetings that include considerable discussion before decisions are made and are not necessarily interested in personal contact with others and are easily frustrated. Millennials, in contrast to Xers enjoy teamwork and appreciate team meetings as a forum for communication but are easily frustrated and prefer immediate feedback and direction (Sacks 2006). Millennials have

grown up in the era of instant messaging and chat rooms and as a group read less. Therefore, distributing lengthy policies and procedures to read may not be effective with this group. E-mails and local intranet sites are good mechanisms for providing communication updates for this. Practically this may mean that the nurse manager uses either short agenda focused meetings, which serve the need of three groups while ensuring that the business approach to communication is maintained by keeping meetings 'short and sweet'. If nurse managers can establish a workplace where people are communicative and respectful of differences it is more probable that this respect will lead to an understanding of what it is that people want out of work and what they are willing to commit to (Stuenkel *et al.* 2005).

Commitment

A work environment where nurses are respected for difference is central to building commitment. The nurse manager developing an appreciation for the ways generation's value work and the balance of work in their lives, helps to create a space where individuals, as representatives of a cohort, feel valued and builds strategies for retaining staff and promoting satisfaction in the workplace. Self-awareness is key to understanding the role impact of the manager on a workforce of diversity. Simply the manager must know what makes them tick before they can wind the clock on others.

Veteran nurses, while not most represented in large numbers in the current workforce have left a legacy, by virtue of their age and experience and some may be in senior leadership positions. They may find the blurred role and responsibility expectations of Xer and millennial nurses, who also want to have fun at work, difficult to understand or accept (Irvine 2010). An understanding of these differences in perceptions of the work setting provides the impetus for nurse managers to adjust leadership and management styles to match the specific employee mix (Ulrich *et al.* 2005, Weingarten 2009).

Generation Xers require that the nurse leader/manager makes time to listen to concerns and gives positive feedback regarding their performance in an environment that acknowledges their contributions. Unlike the boomers who view nursing as a career and are dedicated to the profession, Xers seek to find a balance between their personal and work lives and make this a high priority. This difference in priorities may create conflict and damage the work environment with one group describing the other as pessimistic, selfish and possessing no work ethic (Gursory *et al.* 2008).

Veteran nurses value hard work and commitment to organizations and 'bosses'. They entered nursing because they

wanted to make a difference in peoples' lives and many viewed nursing as a 'calling'. This cohort perceives a lack of professionalism and respect for their cumulative wisdom among younger nurses (Cyr 2005). Boomer generation nurses, view nursing as a career with their self-worth closely tied to their work ethic (Duchscher & Cowin 2004). Thus, nursing for them is not a 'calling' it is a professional career path and Weingarten (2009) contends that this group are disappointed by the lack of available promotional opportunities. They perceive a lack of professionalism by younger colleagues and believe that they are carrying the greatest share of the work in the healthcare setting (Cope 2012). Cope forwards that nurses are experiencing high levels of role stress, role overload and personal strain, because they are disillusioned with the healthcare environment where they prefer to and need to, work (Cope 2012). This generation, is important to contemporary nursing because they are process-oriented, team and consensus builders and have the potential to act as excellent mentors. Contrastingly, generation X Nurses maintain that the key to marketability is personal success achieved via technical competence, multi-tasking and their ability to work well alone (Gursory *et al.* 2008, Weingarten 2009). They are not team focussed and are often dissenters in the work place. Thus, they have little interest in the development of nursing as a professional group. This lack of professional ethos is shared by the millennial cohort who perceives nursing as an occupation rather than a profession. Cohen (2006) contends this may be attributed to preceding generational cohort's negative attitudes, media reports about negative conditions in the healthcare setting, nurses leaving nursing and the lack of cutting-edge technology in work settings.

Given the above scenario the challenge to nurse managers is to develop an atmosphere where all generational strengths and differences are acknowledged and valued (Manion 2005).

Compensation

Knowledge of generational staff mix allows the nurse manager to develop a work environment that manages individuals in a way which best suits their motivational characteristics (Hobbs *et al.* 2005). By reviewing the support needs of each generation the manger is able to develop new nurses and to use positively the characteristics of older generational cohorts to build a team (Weston 2006, Broughton 2009).

Coaching is a way to help people make the best use of their own resources. It is a way to bring out the best of people's capabilities (Sherman 2006). Coaching typically takes place on a one-to-one basis, where the nurse manager as coach

helps a staff member realize a vision or achieve specific goals. Mentoring is a way of guiding a staff member through a more personal, long-term relationship (Granger 2006) Typically the mentor helps to 'open doors' for the individual, to assist in gaining entry into places and experiences they may not have access to on their own (Mills 2008).

Coaching is best suited to veteran nurses who prefer a traditional; seniority based one-on-one coaching style and formal instructions on how to improve their performance. Boomer nurses enjoy collegiality and participation and prefer being coached in peer-to-peer situations (Duchscher & Cowin 2004, Weston 2006, Hahn 2009). Generation X nurses prefer opportunities to demonstrate their own expertise. Millennial nurses expect more coaching and mentoring than any other generation in the workforce (Manion 2009). Personal feedback is important to millennials along with opportunities for self-development. Generation X and millennial nurses are eager to listen to individuals who are willing to share their wisdom while acknowledging their personal life experiences and knowledge (Irvine 2010).

Nurse Managers therefore need to vary the reward system for each generational cohort. If Boomers are motivated by money and the two younger groups by time off, then why not offer each group what it wants most? That is, generation-specific reward (Wilson *et al.* 2008) or generation-specific satisfaction which creates a climate of retention and self-actualization of each individual nurse (Persaud 2008, Eddy *et al.* 2009). Having joined a workforce dominated by a swell of boomers who are not willing to, nor are they being asked to, make room for Xers on the ladder of professional success, new graduates believe that if they cannot move up, they will either move over or move on (Duffield *et al.* 2009) This has resulted in the evolution of a new breed of professional free agents who, while continuing to believe in the ethic of hard work, has redefined its meaning (Duffield *et al.* 2009). Newly graduated free agents relate to organizations in a pragmatic way, knowing that their only security lies in the need for their skills and service (Manion 2005). This cohort seeks employability over employment and are mobile, exceedingly well educated, are techno-intellectual (Weingarten 2009). They are a highly sought commodity with Boomers on the verge of retiring from the workforce in numbers far exceeding that which the market can replenish. Generation X currently demands our full attention (Irvine 2010).

Implications for nursing

First, it is acknowledged that the make-up of the nursing workforce has a mix of generational cohorts in it. This mix

What is already known about this topic

- Knowledge about generational cohorts has been discussed in the literature.
- Generational diversity causes populations in each generational cohort to share common values.
- Nursing literature has discussed generational cohorts in relation to a positive work environment.

What this paper adds

- An understanding of nurses in senior positions of how to recognize the strengths of each generation will allow senior nurses to build on strengths of each cohort in the work setting.
- Reflection on the ways nurse manager's view the communication preferences, the commitment to and how different generations expect compensation will improve the ways nurse managers respond to the needs of individual staff.
- Develop the ideas that shared visions enhance nursing knowledge and practice by shifting the focus of being different, to having a common patient centred purpose.

Implications for practice and/or policy

- An acceptance of generational diversity in the workplace allows a richer scope for practice.
- Value adds to the experiences and knowledge of each generation in the nursing environment.
- The use of the 3 Cs, that is communication, commitment and compensation, creates an environment of acceptance and harmony facilitating retention of nurses.

evidences a different approach to communication, manifests commitment in different ways and needs valuing through different means and thus has the propensity for conflict in work relationships ([Shacklock & Brunetto 2012](#)).

If this potential conflict is not managed patient outcomes will suffer owing to increased staff turnover due to dissatisfaction and a working environment that does not meet the needs of individual nurses.

Second, the use of appropriate communication strategies, commitment building activities and compensation relevant to personal needs, will foster positive work environments that maintain a high level of experienced staff and encourage nurses to remain in the workforce.

Third, using the skills of each nurse relevant to their generation will build relationships through coaching and mentoring as these have been shown to sustain and nurture positive relationships between staff.

Conclusion

If nurse managers do not manage generational differences then the hardworking loyal Veteran; the idealist passionate Baby Boomer; the techno literate adaptable Generation Xer; and the young optimistic Millennial may not reach the potential to be part of a highly functional team with the ability to maximize their contribution to patient care.

Taking the opportunity to consciously explore the nature of generational differences and mental models provides nurse managers worldwide with a strategic tool to use the best that each generation has to offer in the workplace. This exploration allows for the acknowledgement of wisdom and experience while embracing the newer perspectives of younger nurses. Examining the viewpoint of different generational cohorts begins from a baseline of mutual respect and the strengths of a team lie in valuing diversity and contribution from each team member and focusing on the strengths of each generational cohort.

Consideration of the 3 Cs, i.e. communication, commitment and compensation assist in changing the ways nurse managers communicate with each generation. This creates a space to build trust to value each person's perspective, whilst respecting difference fosters commitment as each team members is viewed for their potential and strength. This encourages an envisioning of each person and acknowledges person capabilities so that generation-specific reward and professional and personal satisfaction is reached. This assists in ensuring that individuals are compensated in a way that reflects their needs. The rich diversity of generational perspectives when valued, nurtured and integrated by nurse managers can lead to a robust, creative and adaptable work environment.

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Author contributions

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- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
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References

- Alsop R. (2008) *The Trophy Kids Grow Up: How the Millennial Generation is Shaking up the Workplace*. Jossey-Bass, New York.
- Armstrong-Stassen M. (2006) Encouraging retirees to return to the workforce. *Human Resource Planning* 29, 38–44.
- Australian Bureau of Statistics (2009) Retirement and retirement intentions? Australian Social Trends, March 2009. Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features50March%202009> on 26 June 2012.
- Australia's Health Workforce: Research Report (2006) *Australian Government Productivity Commission*. Australian Health Workforce Institute, Canberra.
- Broughton B. (2009) *Healthy Work Environments for Nurses*. *Medscape Medical News*. Retrieved from <http://www.medscape.com> on 2 November 2011.
- Buerhaus P.I., Donelan K., Ulrich B.T., DesRoches C. & Dittus R. (2007) Trends in the experience of hospital-employed registered nurses: results from three national surveys. *Nursing Economics* 25(2), 69–80.
- Cohen J.D. (2006) The Aging Nursing Workforce: how to retain experienced nurses. *Journal of Healthcare Management* 51(4), 233–245.
- Cope V.C. (2012) *Listening for a Story: Portraits of Resilience Among Nurses in Western Australian Healthcare Settings*. Unpublished PhD thesis, Edith Cowan University, Western Australia.
- Cyr J. (2005) Retaining older hospital nurses and delaying their retirement. *Journal of Nursing Administration* 35, 563–567.
- Deal J. (2007) *Retiring the Generation Gap: Employees Young and Old can Find Common Ground*. John J. Wiley & Sons Inc., San Francisco, CA.
- Disch J. (2009) Generative leadership. *Creative Nursing* 15(4), 172–177.
- Dols J., Landrum P. & Wieck K.L. (2010) Leading and managing an intergenerational workforce. *Creative Nursing* 16(2), 1–8.
- Duchscher J. & Cowin L. (2004) Multi-generational nurses in the workplace. *Journal of Nursing Administration* 34, 493–501.
- Duckett S.J. (2005) Health workforce design for the 21st century. *Australian Health Review* 29(2), 201–210.
- Duffield C., Roche M., O'Brien-Pallas L., Diers D., Aisbett C., King M. & Hall J. (2007) *Glueing it Together: Nurses, their Work Environment and Patient Safety*. Final Report to the NSW Department of Health. Centre for Health Services Management, UTS. Retrieved from http://www.health.nsw.gov.au/pubs/2007/nwr_report.html on 2 November 2011.
- Duffield C., Roche M., O'Brien-Pallas L., Catling-Paull C. & King M. (2009) Staff satisfaction and retention and the role of the nursing unit manager. *Collegian: Journal of the Royal College of Nursing Australia* 16(1), 11–17.
- Eddy L.L., Doutrich D., Higgs Z.R., Spuck J., Olson M. & Weinberg S. (2009) Relevant nursing leadership: an evidence-based programmatic response. *International Journal of Nursing Education Scholarship* 6(1), Article 22.
- Espinoza D.C., Lopez-Saldana A. & Stonestreet J.S. (2009) The pivotal role of the nurse manager in healthy workplaces: implications for training and development. *Critical Care Nursing Quarterly* 32(4), 327–334.
- Granger T.A. (2006) *Fostering Leadership Through Collaboration-Mentoring: Leading the Way Toward Positive Change*. Retrieved from <http://nursingsociety.org/RNL/3Q2006/features/features8.html> on 2 November 2011.
- Gursory D., Maier T.A. & Ch C.G.H. (2008) Generational differences: an examination of work values and generational gaps in the hospitality workforce. *International Journal of Hospitality Management* 27(3), 448–458.
- Haerberle K., Herzberg J. & Hobbs T. (2009) Leading the multigenerational workforce. *Healthcare Executive* 24(5), 66–67.
- Hahn J. (2009) Recruitment & retention report: effectively manage a multigenerational staff. *Nursing Management* 40(9), 8–10.
- Hart S.M. (2006) Generation diversity: impact on recruitment and retention of nurses. *Journal of Nursing Administration* 36(1), 10–12.
- Hobbs J.L., Hostvedt K., White P., Benavente V., Brooks M. & Poghosyan L. (2005) *Generations – A Walk Through the Past, Present and Future*, Paper presented at the meeting of the Sigma Theta Tau Biennial Convention. Kent State University, Indianapolis, Indiana.
- Howe N. (2010) *Millennials in the Workplace: Human Resource Strategies for a New Generation*. Lifecourse Associates Inc, New York.
- Hutton S. (2006) Workplace incivility: state of the science. *Journal of Nursing Administration* 36, 22–27.
- Irvine D. (2010) How to reward a multigenerational and culturally diverse workforce. *Workspan* 04/10, 6268.
- Kupperschmidt B.R. (2006) Addressing multigenerational conflict: mutual respect and carefronting as strategy. *Online Journal of Issues in Nursing* 11(2) 1–14.
- Leiter M.P., Price S.L. & Spence Laschinger H.K. (2010) Generational differences in distress, attitudes and incivility among nurses. *Journal of Nursing Management* 18(8), 970–980.
- Manion J. (2005) *Create a Positive Health Care Workplace: Practical Strategies to Retain Today's Workforce and Recruit Tomorrow's*. Health Forum, Chicago.
- Manion J. (2009) *Managing the Multigenerational Nursing Workforce: Managerial and Policy Implications for the International Centre for Human Resources in Nursing*. Retrieved from http://www.ichrn.com/publications/policyresearch/Multi-gen_Nsg_Wkforce-EN.pdf on 2 November 2011.
- Mills J.F. (2008) The California Nurse Mentor Project: every nurse deserves a mentor. *Nursing Economics* 26(5), 310–315.
- O'Brien E. (2006) Boomers: unprepared and overconfident (White Paper in Moody's Analytics). *Financial Planning* August, page 1. Retrieved from <http://www.financial-planning.com/news/white-paper-527711-1.html> on 2 November 2011.

- Paul R. (2010) *Engaging the Multi-generational Workforce, HR Management*, 6, Retrieved from <http://www.hrmreport.com/article/Engaging-the-Multi-generational-Workforce/> on 2 November 2011.
- Persaud D. (2008) Mentoring the new graduate perioperative nurse: a valuable retention strategy. *AORN Journal* 87, 1173–1179.
- Sacks D. (2006) Scenes from the culture clash. *Fast Company* (January/February), 73–77.
- Shacklock K. & Brunetto Y. (2012) The intention to continue nursing: work variables affecting three nurse generations in Australia. *Journal of Advanced Nursing* 68(1), 36–46.
- Shaufeli W.B., Leiter M.P. & Maslach C. (2009) Burnout: thirty-five years of research and practice. *Career Development International* 14, 204–220.
- Sherman R.O. (2006) Leading a multigenerational nursing workforce: issues, challenges and strategies. *Online Journal of Issues in Nursing* 11(2).
- Spence L. (2009) *Preferences for Leader Traits and Leadership Communication Styles Among Members of Different Generational Cohorts*. PhD Thesis, Gonzaga University, Spokane, WA.
- Spence Laschinger H. & Leiter M.P. (2006) The impact of nursing work environments on patient safety outcomes: the mediating role of burnout engagement. *JONA: The Journal of Nursing Administration* 36(5), 259–267.
- Stanley D. (2010) Multigenerational workforce issues and their implications for leadership in nursing. *Journal of Nursing Management* 18, 846–852.
- Stewart D. (2006) Generational mentoring. *The Journal of Continuing Education in Nursing* 37(3), 113–120.
- Stokowski L. (2004) Trends in nursing: 2004 and beyond. *Topics in Advanced Nursing Practice eJournal* 4(1).
- Stuenkel D., Cohen J. & de la Cuesta K. (2005) The multigenerational nursing work force: essential differences in perception of work. *Environment* 35(6), 283–285.
- Ulrich B., Buerhaus P., Donelan K., Norman L. & Dittus R. (2005) How RNs view the work environment. *Journal of Nursing Administration* 35, 389–396.
- Ware J.C. (2007) Training tomorrows workforce. *Training and development* 61(4), 58–60.
- Weingarten R.M. (2009) Four generations, one workplace: a gen X-Y staff nurse's view of team building in the emergency department. *Journal of Emergency Nursing* 35(1), 27–30.
- Weston M. (2006) Integrating generational perspectives. *Online Journal of Issues in Nursing* 11(2), 2.
- Wieck K., Dols J. & Landrum P. (2010) Retention priorities for the intergenerational nurse workforce. *Nursing Forum* 45(1), 7–17.
- Wilson B., Squires M., Widger K., Cranley L. & Tourangeau A. (2008) Job Satisfaction among a multigenerational nursing workforce. *Journal of Nursing Management* 16, 716–723.
- Wolff A.C., Ratner P.A., Robinson A.S.L., Oliffe J.L. & Hall L.M. (2010) Beyond multigenerational differences: a literature review of the impact of relational diversity on nurses' attitudes and work. *Journal of Nursing Management* 18, 948–969.
- Zori S., Nosek L.J. & Musil C.M. (2010) Critical thinking of nurse managers related to staff RNs' perceptions of the practice environment. *Journal of Nursing Scholarship* 42(3), 305–313.
- Zwann L. (2006) *Assessing Organisational Culture in a Private Hospital in the Western Cape*. Unpublished thesis, Department of Industrial Psychology, Faculty of Economic and Management Science, University of the Western Cape, South Africa.

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