Generational Divide? A Case Study of Regional Nursing in Australia.

J. Hicks, P. Basu and Richard B. Sappey, Faculty of Business, Charles Sturt University, Bathurst, NSW, Australia.

Abstract

During 2007 a study of nursing was conducted in a hospital and an aged care facility in regional New South Wales, Australia. The principal purpose was to explore the reasons for nurse shortage. One important dimension of the study was the identification of demographic change, particularly the emergence of generational differences between older and younger nurses. The results indicate a significant level of division between nurses from different generations, particularly criticisms of younger nurses by older nurses in terms of attitudes to work and implied criticism of their values. This was overlaid by opposition of older nurses to the change from hospital-based to university-based nurse education in NSW. The differences were found to be exacerbated by a traditional culture of 'strictness' of medical procedures within the occupation flowing into a 'strictness' in the approach to work organisation.

Introduction

There is growing interest in multigenerational workforces, including the differences and similarities in attitudes to work and authority, rewards, skill development and careers, within the context of changes in society which are coming to form significant challenges for diversity management. This paper is based on a study of nursing in a hospital and an aged care facility within the not-for-profit sector of the health industry in a regional city in New South Wales, Australia in 2007. The rationale for the study is the continuing problem of recruiting and retaining sufficient nurses in the Australian health industry, particularly in non-metropolitan areas. While a number of factors may reasonably be argued to influence

this overall situation, this paper focuses on generational difference. The key research question is: what are the principal dimensions of generational difference in the relationship between 'older ' and 'younger' nurses and how do these dimensions influence that relationship? In this paper, we analyse the results of the study which bear upon the working relationship between 'younger' and 'older' nurses and which have illuminated important dimensions of that relationship. These need to be addressed in policy and practical terms by management as it is clear from the study that intergenerational relations influence day-to-day work which may spill over into recruitment and retention levels in the region.

Methodology

The research comprised a study of employees, operational management and strategic management at two workplaces. A survey was distributed to the total workforce (90) employed as registered and enrolled nurses. The response rate was 43.3 percent. There were follow-up interviews with 8 nurses and 4 managers and the human resources manager at the strategic level. The interview questions were designed to add depth to the survey through explanations of how systems and policies operated as processes. In the case of questions relating to generational differences emanating from the open-ended survey questions, two researchers independently examined the written responses for consistent patterns (of information) and themes (their evaluation of systems, relationships and practices) and compared their assessments. The study is presently being expanded to include a public hospital and another aged care facility in another city within the region.

Background

Much of the literature is general in nature, covering nursing across a relatively large number of hospitals and aged care facilities in various geographic areas, particularly large urban centres and regional and rural

areas (e.g. Duffy, et. al. 1999; Doiron and Jones 2006). In Australia, recent government enquiries (Parliament of Australia, Senate 2002; Productivity Commission 2005a) have focused on several dimensions of the Australian labour market, particularly supply shortage and nurse education. There can be no doubt that the problem of shortage exists in Australia and other countries (ABS 4102.0 2005). In addition, the demographic changes indicate future recruitment problems as the young are not being attracted to nursing in sufficient numbers to meet present and anticipated demand From 1986 to 2001, there was a decrease of the percentage of nurses in the 15-24 age group from 21.3% to 5.1% (and from 35.9% to 21.8% in the 25-34 age group) (ABS 4102.0 2005). By comparison, and reflective of the 'ageing' of the Australian nursing labour force, there was an increase in the 45 years and over age group from 18.1% to 40.0%. Among many studies, various causes of shortage have been identified, including wages, management, work-family balance and working time arrangements (Dockery 2004; Dockery and Barns 2005; Naude and McCabe 2005; Nowak 2005; Preston 2005). How these may be addressed in recruitment and retention policy and practice has become increasingly important (e.g. McMillan and Conway 2007).

Generation Gap(s)

While this paper examines generational difference within one occupation, it does so in the context of an increasing array of research and theorizing relating to contemporary generational change. Recent literature has attempted to define generations based on when they were born, particularly between 'Traditional, Baby Boomer, Generation X and Generation Y (sometimes referred to as the Net Generation)' and the principal characteristics of each group. Of significance for this study is the emphasis placed on attitudes to work. Oliver's (2006, p. 63) summary of the youth literature suggests that younger generations, Generation X but particularly Generation Y, tend to view work as a lower priority, have a more flexible approach to the structure of work and occupations, construct more complex

and multi-faceted identities and have higher expectations about the creativity and stimulation of work by comparison with earlier generations. Generational difference at work may be drawn from wider societal change which involves developing segmentation and conflict. For example, Turner (1998) argues that there is 'significant and growing generational conflict' and a decline in the value placed on the elderly (also see Irwin 1996).

Research into generational difference in nursing work has been relatively extensive in recent years, in large part to address nurse shortage. A number of North American literature reviews have pointed to generational difference, based on identifying distinct characteristics between generations of nurses, and used to analyse the consequential conflict (Janiszewski Goodin 2003; Swearingen and Liberman 2004; Almost 2006; Anthony 2006;). Duchscher and Cowin (2004) and Kupperschmidt (2006) tease out more detailed distinctions between generations as a basis for generating possible policy and practice solutions to conflict. For Duchscher and Cowin (2004) the distinctions are found in 'unique work ethics' and the solutions to likely 'generational misunderstandings and work ethic collisions' are to be found in leadership, mentoring and career development and in this sense lead to 'preferred ways to manage and being managed'. Some recent specific empirical work points to generational difference being a source of conflict (Hu et. al 2004; Stuenkel, et. al. 2005; Kovner, et.al. 2007) although in some instances the differences were 'little' (McNeese-Smith and Crook 2003). Some emphasis is placed on retention of older nurses and re-employment of retired nurses in the US (Kovner, et. al. 2007). While research and debate continue, the broad causes of generational conflict are the shift towards individualism, changes in the transfer of knowledge between generations and the role of management.

Individualism

Sociologists have been debating the question of the rise of individualism for several years (Kohler 2007). While different occupational studies emphasise some differences between generations, such dichotomies

4

reflect Beck's (1992) distinction between early and late modern society in which '… the process of increasing individualization …' becomes more influential (Edgell 2006, pp. 175-7; see Beck et. al. 2003). In addition, Giddens (2006, p. 48) argues that given cultural, economic and political influences on social change, the assumption of the acceptance of the 'authority of tradition' can no longer be made. He contends that the rise of individualism means that people have to 'actively construct their own identities' (pp. 67-8).

In general labour economics terms, a growing literature provides lists of the main characteristics, particularly differences between the three or four main identified generations (Productivity Commission 2005b; Ferres et.al. 2003; Murray and Syed 2005, pp. 216-7; Hutchings 2006, pp. 275-82), some relating to specific industries such as hospitality (Magd 2003). One problem with such approaches is that they tend to establish stereotypes without recognising diversity within generations and while unintentional this can lead to subtle forms of discrimination before and within employment relations.

Transferring Knowledge

Younger generations have tended to rely upon older generations from whom they learn necessary skills, knowledge and understanding for living in societies in general, but particularly throughout their working lives. Mead (1970) identified a generation gap based on cultural change through three broad phases: '… *postfigurative*, in which children learn primarily from their forebears who are, in this case, registered nurses, *cofigurative,* in which both children and adults learn from their peers, in this case recently graduated nurses, and *prefigurative*, in which adults also learn from their children…' (p. 1). Mead argues that lack of questioning and consciousness are key conditions of postfigurative cultures (p. 22). However, change in cofigurative cultures tends to result in challenging the limits of authority through peer relations which become more efficacious when new skills and knowledge become necessary. Peers provide

'…more practical models than those of their elders…' (p. 31). In addition, where there is '... a high expectation of mobility, problems of generation conflict are endemic' (p. 32).

Generations X and Y have been subjected to relatively rapid technological change and increasingly come to use information and communication technology (ICT) at school, home and work. Some of the research and speculation to date has emphasised this as a cause of generational conflict, particularly between the Baby Boomer generation and those who were born after 1960, particularly those born after 1980 and who have recently entered the workforce. To some degree, the extent to which and how different generations use ICT technology becomes a source of segmentation within organisational workforces, even where the occupational classifications (e.g. registered nurse or RN) and the tasks are the same regardless of age.

To the extent that technology changes in workplaces it is not deterministic of outcomes such as the structures of production systems and skill formation so much as the form of its application and this is often as a result of management decision. Generally, the ways in which work is organised and the extent to which there is continuity, particularly where it is based upon traditional methods in which knowledge and skills can be transferred across generations, brings with it sets of assumptions about attitudes and values within an occupation. However, such stability is unlikely to persist in times of technological and product market change (e.g. higher levels of comfort demanded by hospital patients) and compliance regimes imposed by governments (e.g. toileting of aged patients).

As technology changes, there is skill loss and gain which can be distributed across generations (e. g. older workers have a stock of established skills which may have to be 'unlearned' before new skills can be learned). Even where management resolves the dilemma of selecting between strategies of integrating different generations or separating them by specialising tasks and occupations on the basis of age, this is contingent upon assessments of the most efficient means to use any given inventory of knowledge, skills and technology (Roberts 2006). Changes in technology, skills and knowledge tend to unsettle established patterns of work organisation, control and resource distribution. In addition, and given that decisions

about how to most efficiently respond to changes in consumer (including patient) demand, management decisions can lead to making concessions to some occupational groups to the cost of others which results in unintended consequences of shifting the divisions between groups and leading to segmentation (see Collinson, Knights and Collinson (1990, p. 31).

For present purposes, the principal lesson from Roberts' (2006) discussion of research from traditional manufacturing and ICT industries indicates a shift from intergenerational structures in which workers moved through different tasks and roles as they aged towards work being organised on the basis of attempting to increase efficiency. This undermined 'accommodating age as a legitimate difference' because efficiency through short term performance and continuous improvement dominated management decisions. Earlier work in British manufacturing illustrated how management decisions can deskill and degrade different generations at different stages of their working lives and fragment the established social relations within the workplace (Strangleman and Roberts 1999).

Recent UK and Australian case studies indicate that the introduction of new technology generated tensions when management decided to use younger workers on the more productive machinery in the belief that the young would be more adaptable than the older workers. This established a rewards differential (higher rewards for the younger workers) but excluded the older workers from training opportunities (Brooke and Taylor's 2005, pp. 41-2). To the extent that management seeks opportunities to improve efficiency through cultural change can also produce generational conflict and lost knowledge in a move from an 'entitlement culture' to a 'performance culture' (Ashworth 2005).

Discussion

The Generational Divide?

A significant majority of respondents to the survey of nurses (89.7%) stated that there were generational differences and, with rare exception, the responses were critical of one age group. In general, these were strong criticisms and tended to fall into two broad categories. First, they were related to attitudes to nursing work, particularly that young nurses lacked knowledge, did not want to perform basic nursing functions, were more interested in a career and looked to leaving at the end of a shift regardless of the work situation. Older nurses were said to be less flexible, often unchallenging of managerial and medical authority and more resistant to change. Secondly, and to a lesser extent, there were criticisms more related to wider personal values, including an implication that younger nurses cared for patients less than did older nurses, considered themselves superior and were disrespectful of older nurses. Older nurses were said to complain to excess and were resentful of university-trained nurses and some made 'patients more dependent'. Regardless of this categorisation, because some attitudes may be considered intertwined, the research findings were unequivocal in terms of generational criticism.

The criticisms suggest a significant divide which brings into question the effectiveness of decision-making and performance, particularly when work is increasingly structured around teams. They raise further questions as to how knowledge, skills and understanding (necessary in diagnosis, problem-solving and an awareness of varied utilisation of different resources within a team) are transferred from one person to another. These findings suggest that there is a succession problem in nursing, for if there is such a divide, it may result in higher levels of labour turnover in some hospitals and aged care facilities or nurses leaving the occupation following extensive training and experience. How significant the division is in leading to conflict was not possible to determine but the statements were prima facie evidence of a problem with retention and performance consequences.

Nurse Training: Universities and Hospitals

The survey asked: 'If you had the power, what would you change in Australian nursing?' A majority (54%) identified relocating nurse training from universities to hospitals as the principal change and another 20% included this in their list. Of the 54%, a slight majority suggested alternative training approaches which increased the proportion of time devoted to practical hospital training. It may well be the case that the response to this question overlays the previous issue of generational difference and change: hospital-trained older nurses critical of university-trained younger nurses and vice versa. The overwhelming response to the final survey question involved strong criticisms of the present university nurse education system. Some nurses argued for or implied the complete, or almost complete, return to hospital-based training while others argued for a reconfiguration of hospital and university training with a higher proportion of hospital training in RN courses. This was stated in various ways in the comments and interviews, particularly a renewed emphasis on practical skills. Many nurses and some managers were largely opposed to the current approach to nurse training as the framework for nursing in the future. There can be no doubt that working nurses are at odds with the current system.

It is clear from the survey responses that the move from hospital-based nurse education to university-based education, and despite twenty years of solidifying the new system, the change has either created or exacerbated generational difference. In addition to the value placed on traditional training (in hospitals) which impart knowledge and skills including techniques and procedures (i.e. the totality of the technical aspects of the occupation), there is the transfer of a set of values which define the occupation and give it its importance to those within it. As with all similar training structures and processes, the best example being apprenticeships in the skilled building and manufacturing trades, values are also inculcated throughout the training. However, and despite the employment of former nurses into the teaching, research and administrative ranks of universities, the value system has not been transferred and an alternative value system, largely generated from outside the health system has appeared and one which is exhibiting different values to work, authority and behaviours between generations.

System 'Strictness' and Work Organisation

Throughout the study a number of findings reveal an occupation which is governed by a long-standing set of systems, protocols and practices which are consistent with the work. By the nature of nursing and the industry it which it has developed, there is a value placed on adhering to what might be called strict process. Understandably, the role of preventing and curing illness and disease through medical practice has produced an approach which has established a correct method of nursing people. The pattern is most evident in the protocols for treating patients whose recovery from surgery or who suffer from dementia, for example, follows a set path unless monitoring demonstrates a change of protocol is warranted and then another set path is followed. This approach, which sets nursing apart from many other occupations in the sense that it is more regulated by process, leaves less room to deviate from the process. Although this is not perfect science and nurses have to make judgments based upon their expertise, easing the suffering of others and saving life should theoretically be accorded a relatively high status in any society and the people who conduct the profession rewarded highly compared to other occupations. That this is clearly not the case indicates a problem.

The strict process also manifests itself in systems of hospital management (e.g. categorising patients on admission), protocols (e.g. security, staffing and administration of medication) and practices (e.g. the timing of washing patients). Beyond these aspects of nursing which have a clear medical rationale, the 'strictness' approach is transferred to human resource management policies, systems and practices, industrial relations systems and their outcomes such as awards and agreements, organisational culture, a hierarchy of status between occupational groups and extensive monitoring and control systems by governments and government departments requiring compliance with a plethora of imposed standards.

The shortage of nurses in regional NSW is related to an historical approach to an occupation. The findings of this study suggest that a traditional emphasis continues but is confronted in the regional labour

market, the industrial relations system and at the workface by pressures for increased flexibility within the occupation and the wider health industry by managers and nurses. In short, what the study indicates is that a shifting structure of groups (e.g. medical practitioners, registered nurses, enrolled nurses, patients and their families and managers), relations between them and a challenge to established cultures are placing pressures on strict process. The results of the study suggest contradictions: within employment conditions (arising from the structure of awards and agreements such as broadbanded job classifications with incremental wage steps but an ad hoc approach to skill development so that increased skill and responsibility do not move in line with wages – flexibility without incentive); between groups over the boundaries of decision-making as pressure for increased skills intensifies and between the caring traditions of hospitals and aged care facilities on the one hand and a changing environment in which more is demanded of them for less with greater controls on the other.

The principal implication is the separation between strict process in the caring of patients on the one hand and the labour market on the other. Unless ways can be found to have nursing and health standards maintained yet sit side-by-side a more flexible approach to the work of nurses the contradictions will continue. The main implication for practical hospital and aged care facility management is to design and foster systems and cultures that open work organisation and human resource policies and practices which enhance more opportunities for nurses to develop their skills and knowledge in ways that are appropriate for them.

Sources of occupational satisfaction stem from general attitudes and values in relation to the human value of the nursing occupation but institutional conditions of employment, particularly wage rates, are significant in recruitment and retention but only indirectly relate to generational relations. On a day-to-day basis, the nurses were asked to identify the most important elements of work organisation and here the principal sources of satisfaction were 'working with competent people' and 'interesting work'. It is at the level of the work itself that people are obliged to work together. Having to make decisions, comply with procedures and co-ordinate tasks with other people focuses attention on relations between people,

often involving many professional interactions. There is a degree of control and resistance in relation to how some dimensions of their work is organised. Moreover, the need to work with others establishes a relatively high need for trust, particularly in the competence of other workers. This can, of course, be critical in an occupation where nursing decisions effect pain and recovery levels of patients and is clearly important in the wider context of the occupation in terms of the research finding that nurses place a high value on easing the suffering of others.

To the extent that the ways in which the work is organised and individual and team decisions are made (e.g. in allocating and prioritising resources and tasks) occurs frequently on shifts, the attitudes and values that nurses of different generations bring to those decisions influences the decisions. Generational relations are formed, resisted and changed at these points, rather than at the point where wages are determined in negotiations and holidays taken within a policy. However, there continue to be interactions between perceptions of fair rewards for employment and fair treatment within it. The decisions over how nursing work is organised, and by whom, is influenced by generational relations and these by pressures and inducements emanating from economic and social change.

Conclusion

The results of this study indicate a division between nurses from different generations, particularly criticisms of younger nurses by older nurses in terms of the attitudes to work and wider values. This was overlaid by opposition from older nurses to the current system of university-based nurse education in NSW with a strong emphasis on restoring, at least in part, nurse education to a more practical orientation within hospitals. In addition, generational differences are being exacerbated by a traditional culture of 'strictness' of medical procedures within the occupation flowing into a 'strictness' in work organisation. This is at odds with changes in other industries in which there are moves towards increased flexibility and wider forms of participation in decision-making.

References

Almost, J. 2006, 'Conflict within nursing environments: concept analysis', *Journal of Advanced Nursing,* vol. 53, no. 4, pp. 444-53.

Anthony, M. K. 2006, '*Overview and summary: the multigenerational workforce: Boomers and Xers and Nets, oh my!'*, *The Online Journal of Issues in Nursing*, vol. 11, no. 2, http://www.nursingworld.org/ojin

Ashworth, M. J. 2006, 'Preserving knowledge legacies: workforce aging, turnover and human resource issues in the US electric power industry', *International Journal of Human Resource Management,* vol. 17, no. 9, pp. 1659-88.

Australian Bureau of Statistics (ABS) 2005, *Australian Social Trends 2005, cat. no. 4102.0,* Canberra.

Beck, U., Bonss, W. and Lau, C. 2003, 'The theory of reflexive modernization: problematic, hypotheses and research programme', *Theory, Culture and Society,* vol. 20, no. 2, pp. 1-33.

Brooke, L. and Taylor, P. 2005, 'Older workers and employment: managing age relations', *Ageing and Society*, vol. 25, pp. 415-29.

Collinson, D. L., Knights, D. and Collinson, M. 1990, *Managing to Discriminate*, Routledge, London.

Dockery, M. 2004, 'Workforce experience and retention in Australia', *Australian Bulletin of Labour,* vol. 30, no. 2, pp. 74-100.

Dockery, M. and Barns, A. 2005, 'Who'd be a nurse? Some evidence on career choice in Australia', *Australian Bulletin of Labour,* vol. 31, no. 4, pp. 350-82.

Doiron, D. and Jones, G. 2006, 'Nurses' retention and hospital characteristics in New South Wales', *Economic Record*, vol. 82, no. 256, pp. 11-29.

Duchscher, J. E. Boychuk and Cowin, L. 2004, 'Multigenerational nurses in the workplace', *Journal of Nursing Administration,* vol. 34, no. 11, pp. 493-501.

Duffy, E., Siegloff, L. H., Siegloff, L. M. F. and McGrail, M. 2000, *Victorian Rural Nurse Project Final Report,* Monash University Centre for Rural Health, Traralgon, Victoria.

Edgell, S. 2006, The *Sociology of Work: Continuity and Change in Paid and Unpaid Work*, Sage London.

Ferres, N., Travaglione, A. and Firns, I. 2003, 'Attitudinal differences between generation-x and older employees', *International Journal of Organisational Behaviour,* vol. 6, Jan-Jun, pp. 320-33.

Giddens, A. 2006, Sociology, (5th ed.), Polity Press, Cambrindge.

Hu, J., Herrick, C. and Hodgin, K. A. 2004, 'Managing the multigenerational nursing team', *The Health Care Manager,* vol. 23, no. 4, pp. 334-40.

Hutchings, K. 2006, 'Diversity and human resource development', in *Contemporary Issues in Human Resource Development: an Australian Perspective*, P. Holland and H. de Cieri (Eds.), Pearson, Australia, pp. 263-86.

Irwin, S. 1996, 'Age related distributive justice and claims on resources', *British Journal of Sociology,* vol. 47, no. 1, pp. 68-93.

Janiszewski Goodin, H. 2003, 'The nursing shortage in the United States of America: an integrative review of the literature', *Journal of Advanced Nursing,* vol. 43, no. 4, pp. 335-50.

Kohler, U. 2007, 'Containers, Europeanisation and individualisation: empirical implications and general descriptions of society', in Scherer, S., Pollack, R., Otte, G. and Gangl, M. (eds.) 2007, *From Origin to*

Destination: Trends and Mechanisms in Social Stratification Research, University of Chicago Press, Chicago, pp. 292-319.

Kovner, C., Brewer, C., Ying, C. and Djukic, M. 2007, 'Work attitudes of older RNs', *Policy, Politics and Nursing Practice*, vol. 8, no. 2, pp. 107-19.

Kupperschmidt, B. R. 2006, 'Addressing multigenerational conflict: mutual respect and carefronting as strategy', *The Online Journal of Issues in Nursing*, vol. 11, no. 2, http://www.nursingworld.org/ojin

Magd, H. 2003, 'Management attitudes and perceptions of older employees in hospitality management', *International Journal of Contemporary Hospitality Management*, vol. 15, no. 7, pp. 393-401

McMillan, M. and Conway, J. (eds) 2007, *Advances in Contemporary Nurse Recruitment and Retention*, eContent Management, Maleny, Queensland.

McNeese-Smith, D.K. and Crook, M. 2003, 'Nursing values and a changing nurse workforce: values, age and job stages', *Journal of Nursing Administration*, vol. 33, no. 5, pp. 260-70.

Mead, M. 1970, *Culture and Commitment. A Study of the Generation Gap*, Natural History Press, New York.

Murray, P. and Syed, J.2005, 'Critical issues in managing age diversity in Australia', Asia Pacific Journal of Human Resources, vol. 43, no. 2, pp. 210-24

Naude, M. and McCabe, R. 2005, 'Increasing retention of nursing staff at hospitals: aspects of management and leadership', *Australian Bulletin of Labour,* vol. 31, no. 4, pp. 426-39.

Nowak, M. 2005, 'Choosing to be a nurse, remaining a nurse and leaving nursing in Western Australia: nursing workforce issues in the twenty-first century', *Australian Bulletin of Labour,* vol. 31, no. 4, pp. 304-20.

Oliver, D. 2006, 'An expectation of continued success: the work attitudes of generation Y', *Labour and Industry,* vol. 17, no. 1, pp. 61-84.

Parliament of Australia Senate 2002, *The Patient Profession: Time for Action, Report on the Inquiry into Nursing*, Commonwealth of Australia, Canberra

Preston, A. 2005, 'Registered nurses: who are they and what do they want?', *Australian Bulletin of Labour*, vol. 31, no. 4, pp. 321-49.

Productivity Commission 2005a, *Australia's Health Workforce*, Commonwealth of Australia, Canberra.

Productivity Commission 2005b, *Economic Implications of an Ageing Australia,* Commonwealth of Australia, Canberra.

Roberts, I. 2006, 'Taking age out of the workplace: putting older workers back in?', *Work, Employment and Society*, vol. 20, no. 1, pp. 67-86.

Strangleman, T. and Roberts, I. 1999, 'Looking through the window of opportunity: the cultural cleansing of workplace identity', *Sociology,* vol. 33, pp. 47-67.

Stuenkel, D., Cohen, J. and de la Cuesta, K. 2005, 'The multigenerational nursing work force: essential differences in perception of work environment', Journal of Nursing Administration, vol. 35, no. 6, pp. 283-5.

Swearingen, S. and Liberman, A. 2004, Nursing generations: an expanded look at the emergence of conflict and its resolution', *Health Care Manager*, vol. 23, no. 1, pp. 54-64.

Turner, B. S. 1998, 'Ageing and generational conflicts: a reply to Sarah Irwin', *British Journal of Sociology,* vol. 49, no. 2, pp. 299-305.