

Generational Harmony in Nursing

Jean Scholz Mellum, PhD, RN, NEA-BC, CPHQ

May 10, 2024

DOI: 10.3912/OJIN.Vol29No02PPT30

Article

Abstract

Since the 2006 Online Journal of Issues in Nursing (OJIN) topic on generations in nursing, cohorts have changed. The Silent Generation has been replaced by Gen Z and the Millennials have overtaken the Baby Boomers as the largest generation in the nursing workforce. The purpose of this article is to provide an update of generational differences in the nursing workforce and integrate developmental stages from Erikson's Theory of Life Stages to help all nurses seek a deeper understanding about how age and life experiences shape the nursing workforce. The article will conclude with implications for improving the nursing workforce and creating its preferred culture. Through a deeper understanding of generational cohorts and life stages, readers will integrate nuances associated with age and experience and consider ways to set aside differences associated with age group affiliation. Intentional and mutual respect for nurses for their unique contributions can contribute to harmony across all generations in the nursing workforce.

Key Words: generations, Erikson Theory of Life Stages, Erikson, nurses, Baby Boomers, Millennials, Gen X, Gen Y, Gen Z, novice, Benner

For many decades, older generations have complained about younger generations and accused them of laziness, ineptitude, and self-centeredness. Simultaneously, those in younger generations have accused older generations of being resistant to change, feeble, and set in their ways ([Duffy, 2021](#)). Nursing literature has also included different perspectives about generations and differences between older nurses and younger nurses. In 2006, *OJIN: The Online Journal of Issues in Nursing* (OJIN) provided a comprehensive examination of the multigenerational nursing workforce ([Anthony, 2006](#); [Kupperschmidt, 2006](#); [Sherman, 2006](#); [Skiba & Barton, 2006](#); [Stevenson et al., 2006](#); [Weston, 2006](#)). These articles provided an overview of generations in the workforce at the time, which included the Silent Generation, Baby Boomers, Gen X and Millennials. Each article in the series focused on a different topic related to the prevalent generational image of the time, with a focus on significance to the profession of nursing. Topics at that time included creation of great workplaces and educational environments despite generational differences; strategies to build teams across all generations; approaches to lead different generations in the workforce; and overcoming barriers and differences across generations.

There is a renewed call to assure a high-quality, harmonious work culture for nurses

In the years since that 2006 OJIN topic, the generational landscape has changed. The Silent Generation, aged 79-96 in 2024, have aged out of most workplaces and has been replaced by the Gen Z group, born after 1996 ([Parker & Igielnik, 2020](#)). Baby Boomers are still in the workforce, as are Gen Xers (born 1965-1980) and Millennials (born 1980-1996). The youngest generation in 2006 - the Millennials - now has an additional 15 years of nursing experience and has replaced the Baby Boomers as the largest generation in the nursing workforce ([Keith et al., 2021](#)).

Over the past 15 years...all of the generations have aged and grown in experiences.

Over the past 15 years, the nursing workforce has encountered many internal and external challenges in health systems, and all of the generations have aged and grown in experiences. In addition to the yet unknown outcomes associated with the world-wide COVID-19 pandemic, nurses have experienced challenges including, but not limited to: 1) new healthcare payment models and movement from fee-for-service reimbursement to value-based healthcare; 2) advancement of the electronic record and the ability to use data, information and technology for decision-making and quality assessment; and 3) renewed

attention to diversity and inclusion. Thus, there is a need for new insight on nursing and its generations, exacerbated by the COVID-19 pandemic and the resulting challenges with recruitment and retention of nurses. There is a renewed call to assure a high-quality, harmonious work culture for nurses.

Although there seems to be a general sense among nurses that overcoming generational differences will solve aspects of workforce disharmony, it is worth mentioning that there is not a robust body of evidence to support the categorization of generations. There is not consistent meaning of generational definitions, and use of them in a research agenda (Rudolph et al., 2021). Others consider that generational labels are inaccurate and are easily inappropriately applied, leading to unproductive stereotypes (Lupou et al., 2010). A lifespan development perspective is recommended as an alternative to categorizing nurses by a generational framework. A lifespan development approach focuses on individual growth and development based on experience, rather than labels that may be a tool for stereotyping (Rudolph et al., 2021). Yet both the generational categories and life stages or lifespan development approaches provide insight into how nurses get along in the workplace.

A lifespan development approach focuses on individual growth and development based on experience, rather than labels that may be a tool for stereotyping.

The purpose of this article is to provide an update of generational differences in the nursing workforce and integrate developmental stages associated with the ages of each generational cohort. Combining generational cohort models with life stages can offer nurses a deeper understanding of how age and life experiences shape the nursing workforce. Finally, the article will conclude with three ideas derived from Stephen Covey's (1989) fifth habit and adapted to recommend individual strategies nurses can take to improve intergenerational harmony and create a preferred nursing culture for the future. Through a deeper understanding of the nuances associated with age and experience, readers are asked to consider setting aside stereotypical differences associated with age group affiliation and learn new respect for the unique contributions of individual nurses regardless of a group-norm.

Background

The culture of the nursing workforce is a major factor in recruitment and retention of nurses, quality patient outcomes, and a healthy and effective healthcare workplace (Anthony, 2006). One aspect of nursing work culture that is often avoided is ageism. Ageism is discrimination based on age and has the potential to exacerbate workforce shortages and limit the use of experiences and expertise within the profession (Kagan & Melendez-Torres, 2015). Ageism is typically considered as a biased response to older adults. For instance, this author has heard younger nurses and nursing students accuse older nurses of inability to manage technology and to change to meet current demands of the rapidly evolving healthcare system. I have also heard older nurses accuse younger nurses of being incompetent, lazy and poorly trained. These are both examples of ageism, or bias associated with a nurse's age.

...benefits are associated with a workplace that incorporates nurses with a variety of ages and experiences.

Yet, benefits are associated with a workplace that incorporates nurses with a variety of ages and experiences. Research has shown that intergenerational exchanges of competencies create a competitive factor for improving quality, and enrich experiences of all workers (Lupou et al., 2010). Identifying common behaviors and values across generations, rather than stereotyping and ageism, creates new strategies to improve work cultures (Hisel, 2020). Older nurses bring past experiences and possibilities for mentoring; new nurses can bring competencies associated with informatics, such as using digital information and evidence to advance nursing practice.

The Pew Research Center has become a leader in identifying attitudes and differences across generational groups (Pew Research Center, 2011). Pew Center studies consider a population living in the United States of America (USA), several of which are included in the upcoming discussion. This article reflects intergenerational perspectives from an American perspective, yet some aspects may be common to readers in other countries across the globe.

In 2019, the Pew Research Center identified the youngest generation as Generation Z (Dimcock, 2019). Other generations identified by Pew are identified in the Table. The Silent Generation, born between 1928 and 1945, and the Greatest Generation born before that have mostly aged out of the healthcare workforce so are not discussed in this article. Pew researchers have identified that the differences between generations largely relate to different experiences associated by members of that generation in their formative years, such as the emergence of technology for communication, world and national events, and societal influences (Taylor & Gao, 2014; Parker & Igielnik, 2020).

Table. Nursing's Generations, Birth Years and Ages as of 2024, and Life Stages

...there is a need for new insight on nursing and its generations, exacerbated by the COVID-19 pandemic...

The culture of the nursing workforce is a major factor in recruitment and retention of nurses, quality patient outcomes, and a healthy and effective healthcare workplace.

...differences between generations largely relate to different experiences associated by members of that generation in their formative years...

Generation	Ages as of 2024 (Birth Years)	Ages and Life Stages
Gen Z	12-27 (1997-2012)	18-29 Early Adulthood Intimacy vs. Isolation
Millennial	28-43 (1981-1996)	29-48 Middle Adulthood Generativity vs. Stagnation
Gen X	44-59 (1965-1980)	48-78 Later Adulthood Integrity vs. despair
Baby Boomers	60-78 (1946-1964)	
Greatest (Silent)	79-96 (1928-1945)	78 + Older Adulthood

While generations have shared experiences based on influences during certain years and time periods, Erikson's Theory of Life Stages also provides insight associated with nuances associated with generations at their present stage of life. For the purposes of this article, the following stages of life associated with adulthood ([Marcia, 2015](#)) are addressed, including young adulthood (age 18 to 29), middle adulthood (age 29-48), later adulthood (48-78) and older adulthood (over age 78). These life stages are closely associated with Pew Research Center's identified generational cohorts ([Dimcock, 2019](#)).

A Review of Generations in the Nursing Workforce

...Erikson's Theory of Life Stages also provides insight associated with nuances associated with generations at their present stage of life

.In the USA, a common way to categorize cohorts in nursing is to identify years of birth and assign a generational cohort label such as Gen Z or Millennial ([Weston, 2006](#)). A generational cohort model also assigns characteristics associated with experiences. Generational cohorts are associated with the birth years of cohort members and consider events that occurred during their formative years, such as wars, technological advancements and economic conditions and their personalities, values, and beliefs ([Moore et al., 2016](#)). For instance, the Silent Generation, or

Veterans Generation, grew up during the years of the depression in the 1930s. Characteristics associated with this generation include financial and social conservatism, patriotic loyalty, and value for hard work ([Weston, 2006](#)).

Negative outcomes from failure to address generational differences in the workplace may include incivility and lateral violence, unnecessary stress, errors in work outcomes, and stereotyping ([Moore et al., 2016](#)). Yet by understanding the uniqueness of each cohort, a deeper appreciation can develop among nurses to improve relationships that enhance teamwork and work culture ([Moore et al., 2016](#)). Ideally this will then improve patient outcomes and the quality of nursing care. This section will discuss the four cohorts that make up the majority of the nursing workforce ([Keith et al., 2021](#)).

...by understanding the uniqueness of each cohort, a deeper appreciation can develop among nurses to improve relationships...

...Gen Zers grew up with the use of mobile devices, easy access to Wi-Fi and therefore constant connectivity to peers and others.

Generation Z

Generation Z, or Gen Z, includes nurses born after 1996 with no end date yet determined ([Parker & Igielnik, 2020](#)). In 2024, this population was 14 to 27 years old ([Parker & Igielnik, 2020](#)). This cohort is the most racially and ethnically diverse of all generations. In fact, 48% of this group are ethnic minorities and one of four Gen Zers is Hispanic ([Parker & Igielnik, 2020](#)). With the launch of the smartphone in 2007, Gen Zers grew up with the use of mobile devices, easy access to Wi-Fi

and therefore constant connectivity to peers and others. They also developed an expectation for on-demand entertainment and communication ([Seemiller & Grace, 2019](#)).

Politically, Gen Z members tend to believe that the government should do more to address social problems and have a liberal attitude and openness to gay marriage and gender identity; two-thirds attribute climate change to human causes ([Parker & Igielnik, 2020](#)). They have high rates of anxiety and depression and feel pressure to get good grades ([Parker &](#)

[Igielnik, 2020](#)). Over 50% of this generation had a member of their family lose their job due to COVID-19. Fifty-nine percent (59%) of Gen Zers were in college while they were aged 18 - 20. ([Parker & Igielnik, 2020](#)).

Gen Z nurses and healthcare workers appreciate a cultural fit in the workplace and want to work for employers that live their mission, including attention to diversity and equity goals ([American Hospital Association \[AHA\], 2022](#)). Because Gen Z employees may be skeptical that others will honor all to their values, it may be important for employers and older employees to do more than just talk about their values but also demonstrate authenticity through actions and deeds ([Sherman, 2022](#)).

Millennials

The Millennial generation, born between the years 1981 and 1996 and aged between 28-43 in 2024, now represent the largest generational cohort in the nursing workforce ([Keith et al., 2021](#)). Largely born into smaller families, their mothers were older and parents had more time to spend with children. Therefore, parents of Millennials strove to be actively involved as assertive advocates for their child's well-being; interestingly, 70% of fathers watched the delivery of their children ([Weston, 2006](#)). In Millennials' younger years, childcare, preschool and after school programs proliferated. As a result, the lives of this generational cohort were highly structured with many activities, including music and organized sports ([Weston, 2006](#)). Millennials are often accused of constant need for positive reinforcement and lack of resilience when they do not achieve top billing. It was not uncommon for parents and other community leaders to award participation trophies to all Millennial youngsters, even if they did not do well or come in first place ([Duffy, 2021](#)). Millennials saw the expansion of the internet.

Politically, Millennials believe that government should do more than private agencies to help address social problems and 56% believe that global climate is warmer because of human activity. Socially they accept divergent values and prefer a healthy work-life balance. About 40% of them had a family member who lost a job in the pandemic. Fifty-three percent of millennials were in college when they were of the normal college age (18-20 year) ([Fry, 2020](#)). All of these attributes have helped to shape attitudes of Millennials.

The Millennial generation had a surprising interest in the profession of nursing. This interest is perhaps because of economic uncertainty and earnings instability common in the 2000s when they were choosing careers ([Auerbach et al., 2017](#)). Because this generation is so large, it has a significant impact on the nursing workforce. An extensive literature review uncovered 13 studies associated with Millennial nurses' intent to stay with their employer ([Keith et al., 2021](#)).

The Millennial generation had a surprising interest in the profession of nursing.

The integrated review identified seven expectations of work associated with retention of Millennial nurses. Those expectations included a desire for strong leadership; advancement opportunities; alignment of organizational and personal values; good coworker relationships; healthy work-life balance; recognition, and cutting-edge technology ([Keith et al., 2021](#)). Recommendations to retain Millennial nurses and healthcare workers include tailoring schedules to meet career goals and creating a career lattice for them to move in many directions and have exposure to a variety of opportunities ([AHA, 2022](#)).

Gen Xers

Gen Xers were born between the years 1965-1980 and in 2024, they were 44-59 years old. The Gen X generation is known as the "middle child" of generations since it is in between two larger generational cohorts, Millennials and Baby Boomers ([Taylor & Gao, 2014](#)). Gen Xers were born in a time of fewer childbirths than in the later generation of Millennials (3.4 million births per year versus 3.9 births per year) ([Fry, 2020](#)).

Gen Xers were the first generation to use personal computers.

Gen Xers were the first generation to use personal computers. They are self-reliant, question rules and authority, and value independence ([Lupou et al., 2010](#)). Many in this cohort lived in two-career families with parents who were from the Baby Boomer generation. A single parent raised 40% of the children in this generation. Two-career families and single parent families led to the development of latchkey programs (i.e., programs that provide childcare after school when parents are working) ([Weston, 2006](#)). Members of this generation became assertive and equal participants in family discussions, a difference from the "seen and not heard" approach common in previous generations. Parents, who often divided attention between careers and family responsibilities and perhaps felt guilt for not spending quality time with their children, gave their Gen X children stuff rather than time ([Weston, 2006](#)).

Politically, 48% of Gen Xers believe that climate change is due to human causes. Thirty-six percent (36%) had family members who lost jobs in the pandemic. Forty-four percent (44%) of Gen Xers were in college between the ages of 18-20, resulting in a higher number of people in this generation with formal education than in both the Millennial and Gen Z generations ([Fry, 2020](#)).

As Gen Xers grew up, many became resourceful and skilled at self-management. They watched their parents work hard to get ahead and many now reject that approach for work-life balance. They prefer being free agents rather than sacrificing themselves to employers who can terminate them at any time. This may seem disloyal, yet this generational cohort believes that loyalty works both ways; both employer and worker must share a similar purpose to achieve loyalty ([Fry, 2020](#)).

In the mid-1980s, about the time when Gen Xers were graduating from high school, young women considering a career after college were choosing option such as business, law and medicine over female-dominated careers such as nursing and teaching (Staiger et al., 2000). Enrollment in all basic nursing programs decreased and the overall number of nurses under the age of 30 decreased during this time (Buerhaus et al., 2000). The fewer numbers of younger Gen Xer (and Baby Boomer) nurses may be related to the current shortage of nurses and nurse faculty (Buerhaus et al., 2017). The small number of older nurses in today's workforce may offer challenges to teach and mentor Millennial and Gen Z nurses.

Baby Boomers

The Baby Boomer generation began in 1946, at the end of World War II, and continued until about 1964. In 2024, members of the Baby Boom generation are aged 60-78 (Ery, 2020). Baby Boomers are still in the nursing workforce, yet their numbers peaked in 2008 at 1.26 million, after which nurses in this cohort begin to retire in large numbers (Buerhaus et al., 2017). With anecdotal reports of the number of retirements and resignations in recent years and increases since the pandemic, it is unclear how many Baby Boomers remain in the nursing workforce.

The major technology advancement in the formative years of Baby Boomers was television (TV) (Weston, 2006). Watching regularly scheduled TV shows with commercials was a favorite pastime. Baby Boomers look to the future with optimism and feel committed to making contributions for a preferred future. Typically, Baby Boomers felt free to follow their own pathway, exhibited a lack of conformity, and questioned the status quo and authority (Weston, 2006).

The major technology advancement in the formative years of Baby Boomers was television.

Baby Boomer nurses offer wisdom from years of experience and provide diversity of thought needed for mentoring...

In response to climate change, only 38% of baby boomers attribute global warming to human activity compared to 48% or higher in younger generations. Only 25% of baby boomers identified that a family member lost a job during the pandemic (Parker & Igielnik, 2020). Although their numbers are declining, each member of this cohort is needed in the nursing workforce. Baby Boomer nurses offer wisdom from years of experience and provide diversity of thought needed for mentoring and for the delivery of high-quality nursing care.

In sum, a review of differences across these cohorts provides deeper understanding of generational nuances, and new insight for improving work relationships and team formation. This brief look at generational cohorts summarizes what was happening during youth to young adulthood for each generation, and how circumstances during those years shaped their work habits, relationships and life expectations. The unique experiences of each generational cohort during youth and early adulthood and factors associated with typical life stages and maturation provide context for expectations about actions associated with persons of a given age. Life stages and normal patterns of maturation can also be important to inform harmonious work environments. The next section will consider life stages.

Theory of Life Stages

Benner Model of Skill Acquisition

Benner (2001) was an American nursing theorist who identified aspects associated with how nurses build expertise in stages over their careers. She explored life stages of nurses and associated them with a nurse's level of experience. Benner suggested that nurses begin their careers as novices. Over time and with experiences, they become experts (Benner, 2001).

Benner's Model of Skill Acquisition suggests that as nurses gain experience, competence in clinical practice, and knowledge, and acquire skills to perform nursing care, they evolve through five stages of skill acquisition culminating in the stage of "expert" (McEwen, 2014). Typically, novices are new graduates, most aged from 22 to 25 years. According to the model (Benner, 2001), these new graduate nurses are considered "novices." Benner posited that as the younger, less experienced nurses gain additional practical experience, they advance in nursing skills and knowledge. Benner's Model provides a start to uncovering differences in generations in the nursing workforce based on age and experience.

Erikson Eight Stages of Development

Erikson (1966) identified stages of development from infancy through later years to identify development of normal interpersonal characteristics across the lifespan (Marcia, 2015). At each stage, two developmental tasks were identified. Erikson theorized that the achievement of those tasks associated with a given stage affected personal abilities and competence at the next stage. A person is affected by accomplishing the task and addressing the conflict in one stage, and then moving to the next. If the task and conflict are not fully actualized, an individual will be affected negatively in subsequent life stages (Chen et al., 2021). Erikson's Eight Stages of Development focused on five stages associated with childhood - from infancy to adolescence - then three stages associated with early adulthood to death (Marcia, 2015). This article focuses on the stages associated with adulthood.

Life Tasks of Adults

Aspects associated with life tasks at different ages of adults include goals related to parenting and family responsibilities ([Lendon, 2017](#); [Slater, 2003](#); [Wepfer et al., 2015](#)). In fact, family life stages may be more meaningful than the biological age of a nurse or healthcare worker. For example, nurses with school-aged children most likely have more personal, non-work demands than nurses without children or nurses with children in college. Nurses who are parents of preschoolers are typically aged 20 or older and parents of primary school-aged children span ages of 25 or older; parents with children older than 12 are 30 or older and adults with grown children are typically age 55 or older ([Webfer et al., 2015](#)). Nurses with young children may have less flexibility with work schedules, less opportunity to work overtime, and added need for short-term sick leave to meet the health needs of their children.

Young adult years (age 19-40) and early middle adults (age 40-55) have heightened time and energy demands from both work and non-work settings. Interestingly, personal and professional demands differ by gender in the workplace. Research has demonstrated that women had more personal demands as parents of preschoolers and primary school age children than men; men were found to have higher work demands during these life stages ([Webfer et al., 2015](#)).

In fact, family life stages may be more meaningful than the biological age of a nurse or healthcare worker.

New graduates of nursing programs are typically in their early 20s. Erikson's ([1966](#)) theory contends that all 20-year-olds, despite their generational cohort, have or had similar tasks and conflicts associated with this age ([Marcia, 2015](#)). Therefore, Gen Z nurses will have similar challenges entering the nursing workforce as their Baby Boomer predecessors had decades before when they entered the nursing field. Although the generation associated with individuals influences their perspectives and behavior, an examination of life stages associated with an individual provides an additional layer of understanding. The next section offers descriptions of life stages associated with adulthood for the age groups in the current nursing workforce.

Life Stages of Adults

Young Adult. Typically, new nurses starting in the workforce are recent college graduates and are in the young adult age group. Experts vary on the age range of this stage. For instance, Sacco ([2013](#)) noted that young adulthood starts at age 18 and continues until age 29, while sources indicate that it ends at age 35 ([Demerouti et al., 2012](#); [Ehiobuche, 2013](#)). Recent research in neuroscience has suggested that adult brain development is not fully complete until the age of 25 to 29, suggesting that before age 25, young adults have additional opportunities to develop brain functions for carrying out goal-directed plans, inhibiting unwanted or inappropriate behavior, and conforming to new or different conditions ([Arain et al., 2013](#); [Knežević, 2018](#)). Perhaps there is opportunity to shape brain development of new graduates before young nurses turn 25 years old, thereby helping them develop a solid foundation for future success in nursing. Formal and informal mentoring, coaching, and establishment of targeted benefits would serve to support younger nurses until the prefrontal cortex fully matures sometime between the ages of 25- 29 ([Arain et al., 2013](#)).

Formal and informal mentoring, coaching, and establishment of targeted benefits would serve to support younger nurses...

In the young adult stage, the primary life stage tasks are associated with finding a mate or affiliating with friends; the challenge is avoiding isolation ([Demerouti et al., 2012](#)). Early adulthood is a time for young employees to develop their capabilities at work ([Demerouti et al., 2012](#)). Yet, work demands compete with personal and home demands associated with marriage and beginning a family. At this point in the life of an early adult nurse or other healthcare worker, life stage challenges may be related to high demands in work roles and establishing themselves as a competent nurse. Concurrently, the early adult nurse may have high demands of a personal nature in establishing friendships, finding a mate, and perhaps starting a family ([Ehiobuche, 2013](#)). The young adult nurse may have insufficient resources such as time and money at this stage of life ([Demerouti et al., 2012](#)).

Middle Adult. Middle adulthood comes after young adulthood, yet the years of this stage are also not certain among theorists. Erikson ([1966](#); [Marcia, 2015](#)) suggested that middle adulthood occurs between the ages of 35-65 while others suggest that middle adulthood is between the years 29-48 ([Demerouti et al., 2012](#); [Sacco, 2013](#)). Erikson ([1966](#)) defined middle adulthood as the time period where the task was to generate life meaning and avoid stagnation. The task of middle adults may be to be in charge of their life and activities, perhaps as a leader in the workplace, and to avoid self-absorption ([Ehiobuche, 2013](#)).

This stage may find the middle adult with high work demands, average home demands, and a high level of resources ([Demerouti et al., 2012](#)). At some point in the middle adult stage, persons may be concerned with leaving their legacy to the next generation ([Chen et al., 2021](#)). Slater ([2003](#)) suggested that additional life challenges during this stage of life may include unmet career goals, lack of expected work productivity, and unmet expectations related to parenting, including feeling no longer needed in their children's lives. Self-absorption may occur at this stage, particularly when middle adults are without children in the family ([Slater, 2003](#)).

This stage may find the middle adult with high work demands, average home demands, and a high level of resources.

Mature Adults. Mature adults, aged 65 and up, are typically out of the nursing workforce; yet in 2020, nurses aged 65 and beyond account for 19% of the licensed registered nurse (RN) population (Smiley et al., 2021). Mature adults are in the life stage associated with integrity versus despair (Erikson, 1966) with challenges associated with feeling needed and getting along with communities and families; their personal search for meaning; and using wisdom gained from their life experiences to preserve the culture (Slater, 2003).

Mature adults may serve as excellent mentors for working-age nurses.

Mature adults may be parents of middle-aged adults and perhaps younger adults. Although mature adults may be out of the workforce, they may take on responsibilities to care for grandchildren or great-grandchildren. Mature adults make good volunteers, and it is common to hear them say that they are even busier in this life stage than when they were working as a paid employee. Mature adults may serve as excellent mentors for working-age nurses.

Implications for Nursing

Experiences are gathered over time; individuals gain additional experience with each new opportunity and with ongoing reinforcement of practices that work. Each generational cohort has had shared experiences, or common experiences that were characteristic of society values, events, and culture during their formative years and in their experiences with subsequent life advancements. The shared experiences associated with the time period led to a gestalt that characterizes that generation (Urlick et al., 2017).

Each generational cohort has had shared experiences, or common experiences that were characteristic of society values, events, and culture during their formative years...

A good example of generational differences is related to personal communication.

Evidence shows that the common experiences of a generation's formative years influenced that generation's approach to work, use of technology, formal knowledge development through higher education, political perspectives, and emotional responses. A good example of generational differences is related to personal communication. Baby Boomers grew up with personal communication with one person at a time, often by telephone. Later generations have learned to conduct personal communication with digital devices allowing communication with one person or many people simultaneously, or even asynchronously at another time.

Life stages are also associated with common experiences. People at certain ages share common life patterns and tasks for goal attainment (Svetina, 2014). Experiences that occur at a particular age do not depend on experiences related to society or what was going on in the world during a certain time. Therefore, life stages provide insight into similarities across all cohorts.

...life stages provide insight into similarities across all cohorts.

This section will consider implications for the nursing profession drawn from this knowledge of experiences across generations and life stages. Knowledge regarding similarities and differences in experiences may influence readers to reframe potential age biases and develop new actions and attitudes to improve relationships among the whole nursing workforces. Borrowing from Stephen Covey's fifth habit to "seek first to understand, then to be understood," (1989, p. 235) our discussion will now explore opportunities to avoid stereotypes, listen, and shift the focus to improve relationships among groups. This habit may serve as a strong foundation to get along and create harmony among all generations and groups.

Avoid Stereotypes

Stereotyping negates the uniqueness of each person and may overemphasize characteristics of generations that have little meaning for nurses to provide care in today's healthcare environment. Stereotypes may provide negative assumptions; by stereotyping nurses run the risk of perpetuating old stories and negative reactions to members of a certain generational cohort or age group. Making assumptions about a person's generational group limits the opportunity to ask questions and learn more about another's unique frame of reference.

Although treating each person as an individual may be time consuming, knowledge of the unique characteristics of individual nurses is preferred to a one-size-fits all approach. While characteristics of certain cohorts provides knowledge to identify nuances for deeper relationships, it should not be assumed that all members of that generation or all nurses at that life stage have similar characteristics. For instance, a Gen Xer may be a new graduate at age 50 and have few similar life goals as others in the same generation or life stage. Furthermore, a young Millennial nurse may not have children and have little in common with other Millennials in the life stage of raising children and balancing work and family life.

Making assumptions about a person's generational group limits the opportunity to ask questions and learn more about another's unique frame of reference.

Regardless of the approach to recognizing a generation or life stage, it is important to avoid stereotyping in nursing and to focus on creating relationship of mutual respect. Avoiding stereotypes and reaching mutual respect is aided by listening, discussed below.

Listen

Listening and seeking to understand another person takes time and effort.

The use of Stephen Covey's (1989) habit of seeking first to understand before being understood incorporates the act of listening. By listening, a nurse gains insight into another's unique characteristics and can learn when common attributes of the generation and life stage are present, and what sets apart a given nurse from others. Through listening a nurse learns about the other person and comes to understand the person's priorities, needs, and values. Listening and seeking to understand another person takes time and effort. Such energy is essential to set aside judgements and the natural tendency to interpret and give advice from our own experience.

Having conversations with fellow nurses and listening to understand individual perspectives is difficult when nurses are busy with patient care activities. Nurses may never leave the floor for a meal or other dedicated time for conversation with colleagues. Yet listening to seek understanding helps avoid stereotypes and uninformed biases. Listening creates the deeper understanding needed to develop the mutual respect so essential to teamwork and trust, and thus has the potential to improve patient care.

Having conversations with fellow nurses and listening to understand individual perspectives is difficult when nurses are busy with patient care activities.

There is probably no one-size-fits all recommendation to get along with every co-worker. Yet, the commonalities revealed in the review of generational cohorts and life stages suggests possibilities for new ways to seek feedback on ideas and to think about future options in nursing care. In the age of virtual communication, it is difficult to have authentic face-to-face conversations. Time for such conversations may be limited or not available.

Listening in someone's real or virtual presence, with a chance to question that individual for clarification, is preferable to making assumptions based on what was read in a publication or assumed from a previous comment on generational differences. For instance, rather than assuming that all nurses want to work 12-hour shifts, it may be that there are many who would prefer an 8-hour shift schedule, or a schedule where they could pick up a child from day care by the 6:00 PM closing time. Might there be a young parent or group of parents who want to work shorter shifts due to challenges with childcare? Before making assumptions that every person fits neatly into one way of operating because of a certain age, seek feedback and test assumptions about what you think you know about a group or individual. But first, listen.

Shift the Focus

A review of literature associated with generational models and of theories related to life stages directs nurses to shift to alternatives from what may be commonly perceived in today's nursing workforce. A graduate student in one of my classes recently commented that she saw new nurses having many challenges in the current nursing workplace and that she thought those challenges might be generational. It is easier to see after reviewing Erikson's (1966) model that new graduates may be naïve and inexperienced in nursing, and most new graduates are also young adults with fewer life experiences. Meanwhile, older nurses in middle adulthood or older life stages are interested in transcending beyond their own selves and are interested in creating something new; or they are interested in their own integrity and fully accepting themselves (Demerouti et al., 2012). It is intuitive to recognize that aspects associated with generational differences may create friction between age cohorts, yet perhaps a shift is needed to consider that what may be commonly thought of, as "generational" behaviors are actually associated with life stage.

The challenges recognized by the graduate student were likely related to the new graduates' life stage and their quest to appear confident and self-assured even though new in the work environment. New graduates may be working to establish relationships as a part of their young adulthood and act in ways that meet their life stage rather than related to factors associated with their generation. By shifting the focus, the ubiquitous characteristics of generations does not become a stereotype.

A shift is also needed to consider the individual rather than a cohort of people.

A shift is also needed to consider the individual rather than a cohort of people. Rather than treating each generational or age group as a population, shift focus to consider the individual as a unique being before assigning that person's attitudes and actions to a group. Each person is unique and may or may not bear similarities to their assigned generational or life stage cohort. In particular, the nurse on the edge of a generational cohort or life stage may have similarities to the cohort above and behind. The single nurse may meet the life stage associated with leaving their legacy earlier than the parent who has an automatic perspective of legacy derived from parenthood. To treat all nurses by their assigned group rather than as individuals precludes a nurse-centered approach and opportunities may be missed. Just as nurses are encouraged to honor the unique experiences of each patient to provide patient-centered care, employers and fellow nurses should respect and treat each nurse as an individual.

There may be a way to consider common attributes typically experienced by groups in the nursing population as a benefit rather than a drawback. For example, new graduate nurses at the beginning of their career and in young adulthood may have a level of energy and new insight about evidence-based practice that can be valuable to older nurses. Perhaps they will

bring questions to keep more experienced nurses on their toes. Maybe their naiveté in the work environment will incite needed changes to improve patient care.

Nurses at the end of their career are interested in leaving their legacy; they may serve as an excellent source of wisdom for younger nurses. Positive aspects from the other end of the experience meter, gained from nurses with additional life experience, may include incorporation of traditional forms of communication rather versus impersonal digital communications (e.g., using texts). There are times when a phone call or in-person conversation is more appropriate or more efficient than multiple texts. Wisdom from experiences with phones and in-person conversations with physicians may help older nurses role model these skills for younger generations to achieve effective communication.

In short, finding common ground amongst all nurses allows for new energy and wisdom from across the cohorts. Shifting the focus from predictable outcomes associated with expected patterns of behavior to positive attributes and a shared intent can facilitate new possibilities.

No one should think that their perceptions and experiences are the same as others.

A statement often attributed to George Bernard Shaw is that youth is wasted on the young, meaning that those in younger generations lack appreciation of their energy, youthful appearance, and physical ability, and thus do not maximize the potential associated with their vitality. Others have said that with age comes

wisdom and that older people should appreciate their experiences and use them to advance their own interests and the good of others. Such thinking calls for yet another shift, a shift from focus on others to a focus on self. Nurses might consider how they benefit the work culture and focus on their strengths to build improved relationships across the team. No one should think that their perceptions and experiences are the same as others. Shifting the focus from other people or groups of people to self leads to improved self-knowledge and greater authenticity. Self-knowledge is required to expand emotional intelligence, a personal leadership skill shown to improve interpersonal relationships across the generations and help individuals be happier and more successful ([Smith et al., 2009](#)). Persons who understand their own emotions gain insight and ability about how to relate to others and build stronger relationships.

In short, finding common ground amongst all nurses allows for new energy and wisdom from across the cohorts.

Conclusion

In summary, we can better understand individuals by appreciating generational and life stage nuances. By evaluating common experiences, a deeper understanding of the human condition and associated factors can emerge. Such knowledge improves interrelationships across generations, and it is intuitive to think that this will also improve work culture. An employer has much to gain by honoring all generations and life stages of employees, whether they are in one of the larger age groups or at the age of those soon to retire. Benefits of collegiality across generations will accrue among individuals who are a part of a mutually respectful and collaborative work environment. Perhaps the most significant benefit occurs when all nurses and healthcare workers collaborate with the goal to improve healthcare delivery. By working across the generations and life stages, nurses can co-create harmony in the workplace and improve the work culture to provide the best care for the patients we serve.

An employer has much to gain by honoring all generations and life stages of employees...

Author

Jean Scholz Mellum, PhD, RN, NEA-BC, CPHQ

Email: jscholzmellum@capital.edu

ORCID ID: 0000-0003-2270-4888

Jean Scholz Mellum has a passion for the nursing workforce. Her background advocating for nurses and the profession of nursing at the Ohio Nurses Association and at the Ohio Hospital Association has provided her with a deep understanding of the complexities associated with supply and demand for registered nurses and the healthcare workforce. As a Robert Wood Johnson Nurse Executive Fellow, Jean spearheaded a statewide effort called FutureThink aimed at developing long-term strategies to attract and retain nurses and healthcare professionals in the hospital environment. Jean has led other nursing initiatives in Colorado and Ohio and is currently an associate professor at Capital University in Columbus, OH where she teaches in the school of nursing and the MBA program. Jean received a BSN at Ohio Wesleyan University, an MS from The Ohio State University and a PhD in Nursing Research from the University of Cincinnati.

References

American Hospital Association (2022). *Health care talent scan*. <https://www.aha.org/aha-talent-scan>

Anthony, M., (May 31, 2006). The multigenerational workforce: Boomers and Xers and Nets, Oh MY!. *OJIN: The Online Journal of Issues in Nursing*, 11(20). <https://doi.org/10.3912/OJIN.Vol11No02ManOS>

Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., Sandhu, R., & Sharma, S. (2013). Maturation of the adolescent brain. *Neuropsychiatric Disease and Treatment*, 9, 449–461. <https://doi.org/10.2147/NDT.S39776>

Auerbach, D. I., Buerhaus, P. I., & Staiger, D. O. (2017). Millennials almost twice as likely to be registered nurses as baby boomers were. *Health Affairs*, 36(10), 1804-1807. <https://doi.org/10.1377/hlthaff.2017.0386>

Benner, P. E. (2001). *From novice to expert: Excellence and power in clinical nursing practice* (Commemorative ed.). Prentice Hall.

Buerhaus, P. I., Skinner, L. E., Auerbach, D. I., & Staiger, D. O. (2017). Four challenges facing the nursing workforce in the United States. *Journal of Nursing Regulation*, 8(2), 40-46. [https://doi.org/10.1016/S2155-8256\(17\)30097-2](https://doi.org/10.1016/S2155-8256(17)30097-2)

Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Policy responses to an aging registered nurse workforce, *Nursing*, 18(6), 278.

Chen, P., Ho, W., Lo, C., & Yeh, T. (2021). Predicting ego integrity using prior ego development stages for older adults in the community. *International Journal of Environmental Research and Public Health*, 18(18) <https://doi.org/10.3390/ijerph18189490>

Covey, S. R. (1989). *The seven habits of highly effective people*. New York, NY: Simon & Shuster.

Demerouti, E., Peeters, M. C., & van der Heijden, B. I. (2012). Work–family interface from a life and career stage perspective: The role of demands and resources. *International Journal of Psychology*, 47(4), 241-258. <https://doi.org/10.1080/00207594.2012.699055>

Dimcock, (2019, January 17). Defining generations: Where Millennials end and Generation Z begins. <https://www.pewresearch.org/fact-tank/2019/01/17/where-millennials-end-and-generation-z-begins/>

Duffy, B. (2021, October 22) The Bunk of generational talk. *Supplement to the Wall Street Journal*. <https://www.wsj.com/articles/the-bunk-of-generational-talk-11634914564>

Ehiobuche, C. (2013). Connectedness of Erikson's Theory to leadership development. *Leadership & Organizational Management Journal*, 2013(1).

Erikson, E. H. (1966). Eight ages of man. *International Journal of Psychiatry*, 2(3), 281–300.

Fry, R. (April 28, 2020). Millennials overtake Baby Boomers as America's largest generation. *Pew Research Center*. <https://www.pewresearch.org/fact-tank/2020/04/28/millennials-overtake-baby-boomers-as-americas-largest-generation/>

Hisel, M. E. (2020). Measuring work engagement in a multigenerational nursing workforce. *Journal of Nursing Management*, 28(2), 294–305. <https://doi.org/10.1111/jonm.12921>

Kagan, S. H., & Melendez-Torres, G. J. (2015). Ageism in nursing. *Journal of Nursing Management*, 23(5), 644-650. <https://doi.org/10.1111/jonm.12191>

Keith, A. C., Warshawsky, N., & Talbert, S. (2021). Factors that influence millennial generation nurses' intention to stay: an integrated literature review. *JONA: The Journal of Nursing Administration*, 51(4), 220-226. <https://doi.org/10.1097/NNA.0000000000001001>

Knežević, M. (2018). When Do We Become Adults? Review of Theory, Research and Recent Advances from an Interdisciplinary Perspective. *Psihologijske Teme/Psychological Topics*, 27(2), 267–289.

Kupperschmidt, B., (May 31, 2006). Addressing Multigenerational Conflict: Mutual Respect and Carefronting as Strategy. *OJIN: The Online Journal of Issues in Nursing*, 11(2), Manuscript 3. <https://doi.org/10.3912/OJIN.Vol11No02Man03>

Lendon, J. P. (2017). A decade of love and hate: Trajectories of intergenerational ambivalence experienced by two cohorts of older parents and adult children. *Journal of Family Issues*, 38(3), 336-357. <https://doi.org/10.1177/0192513X166347>

Lupou, R., Dorobanțu, A., & Fiore, F. (2010). A new lifelong learning model based on intergenerational exchange: Premises and foreseen benefits. *Procedia-Social and Behavioral Sciences*, 2(2), 2761-2765. <https://doi.org/10.1016/j.sbspro.2010.03.411>

Marcia, J. E. (2015). Erikson, Erik Homburger (1902–94). *International Encyclopedia of the Social & Behavioral Sciences* (Second Edition), <https://doi.org/10.1016/B978-0-08-097086-8.61031-0>

McEwen, M. (2014). Introduction to middle range nursing theories. In M. McEwen & E. Wills (Eds.), *Theoretical Basis for Nursing*. (pp. 213-228). Wolters Kluwer. <https://dl.uswr.ac.ir/bitstream/Hannan/141162/1/9781496351203.pdf>

Moore, J., Everly, M., Bauer, R., (May 31, 2016). Multigenerational challenges: Team-building for positive clinical workforce outcomes. *OJIN: The Online Journal of Issues in Nursing*, 21(2), Manuscript 3. <https://doi.org/10.3912/OJIN.Vol21No02Man03>

- Parker, K. & Igielnik, R. (2020, May 14). *On the cusp of adulthood and facing an uncertain future: What we know about Gen Z so far*. Pew Research Center. <https://www.pewresearch.org/social-trends/2020/05/14/on-the-cusp-of-adulthood-and-facing-an-uncertain-future-what-we-know-about-gen-z-so-far-2/>
- Pew Research Center. (2011, November 3). *The Generation Gap and the 2012 Election*. <https://www.pewresearch.org/politics/2011/11/03/the-generation-gap-and-the-2012-election-3/>
- Rudolph, C. W., Rauvola, R. S., Costanza, D. P., & Zacher, H. (2021). Generations and generational differences: Debunking myths in organizational science and practice and paving new paths forward. *Journal of Business & Psychology*, 36(6), 945-967. <https://doi.org/10.1007/s10869-020-09715-2>
- Sacco, R. (2013). Re-envisaging the eight developmental stages of Erik Erikson: The Fibonacci Life-Chart Method (FLCM). *Journal of Educational and Developmental Psychology*;3, (1). <https://doi.org/10.5539/jedp.v3n1p140>
- Seemiller, C., & Grace, M. (2019). *Generation Z: A century in the making*. Routledge.
- Sherman, R. (January 3, 2022). *Flipping the Script on how we talk about values*. Emerging Leader Blog. <https://emergingrleader.com/flipping-the-script-on-how-we-talk-about-values/>
- Sherman, R., (May 31, 2006). Leading a multigenerational nursing workforce: Issues, challenges and strategies. *OJIN: The Online Journal of Issues in Nursing*, 11(2), Manuscript 2. <https://doi.org/10.3912/OJIN.Vol11No02Man02>
- Skiba, D. J., & Barton, A. J. (2006). Adapting your teaching to accommodate the net generation of learners. *OJIN: The Online Journal of Issues in Nursing*, 11(2), 15. <https://doi.org/10.3912/OJIN.Vol11No02Man04>
- Slater, C. L. (2003). Generativity versus stagnation: An elaboration of Erikson's adult stage of human development. *Journal of Adult Development*, 10(1), 53. <https://doi.org/10.1023/A:1020790820868>
- Smiley, R. A., Ruttinger, C., Oliveira, C. M., Hudson, L. R., Allgeyer, R., Reneau, K. A., Silvestra, J. H., & Alexander, M. (2021). The 2020 national nursing workforce survey. *Journal of Nursing Regulation*, 12(1), S1-S96. [https://doi.org/10.1016/S2155-8256\(21\)00027-2](https://doi.org/10.1016/S2155-8256(21)00027-2)
- Smith, K. B., Profetto-McGrath, J., & Cummings, G. G. (2009). Emotional intelligence and nursing: An integrative literature review. *International Journal of Nursing Studies*, 46(12), 1624-1636. <https://doi.org/10.1016/j.ijnurstu.2009.05.024>
- Staiger, D. O., Auerbach, D. I., & Buerhaus, P. I. (2000). Expanding career opportunities for women and the declining interest in nursing as a career. *Nursing Economics*, 18(5), 230-236.
- Stevenson, K., Randle, J., & Grayling, I., (May 31, 2006). Inter-Group Conflict in Health Care: UK Students' Experiences of Bullying and the Need for Organisational Solutions. *OJIN: The Online Journal of Issues in Nursing*, 11(2), Manuscript 5. <https://doi.org/10.3912/OJIN.Vol11No02Man05>
- Svetina, M. (2014). Resilience in the context of Erikson's theory of human development. *Current Psychology*, 33(3), 393-404. <https://doi.org/10.1007/s12144-014-9218-5>
- Taylor, P., & Gao, G. (June 15, 2014). *Generation X: America's neglected 'middle child'*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2014/06/05/generation-x-americas-neglected-middle-child/>
- Urick, M. J., Hollensbe, E. C., & Fairhurst, G. T. (2017). Differences in understanding generation in the workforce. *Journal of Intergenerational Relationships*, 15(3), 221-240. <https://doi.org/10.1080/15350770.2017.1329583>
- Wepfer, A. G., Brauchli, R., Jenny, G. J., Hämmig, O., & Bauer, G. F. (2015). The experience of work-life balance across family-life stages in Switzerland: A cross-sectional questionnaire-based study. *BMC Public Health*, 15(1), 1-11. <https://doi.org/10.1186/s12889-015-2584-6>
- Weston, M., (May 31, 2006). Integrating Generational Perspectives in Nursing. *OJIN: The Online Journal of Issues in Nursing*, 11(2), Manuscript 1. <https://doi.org/10.3912/OJIN.Vol11No02Man01>

Citation: Scholz Mellum, J., (May 10, 2024) "Generational Harmony in Nursing" *OJIN: The Online Journal of Issues in Nursing* Vol. 29, No. 2.

Related Articles

ARTICLE May 31, 2006

[The Multigenerational Workforce: Boomers and Xers and Nets, Oh MY! References](#)

ARTICLE October 31, 2007

[Why Emotions Matter: Age, Agitation, and Burnout Among Registered Nurses](#)

Rebecca J. Erickson, PhD ; Wendy J. C. Grove, PhD

ARTICLE

[Nurses' Generational Differences of Burnout and Turnover Risk](#)

Dana Rutledge; Sara Douville; Elizabeth Winokur

ARTICLE May 31, 2006

[Integrating Generational Perspectives in Nursing](#)

Marla J. Weston, MS, RN

ARTICLE May 31, 2006

[Addressing Multigenerational Conflict: Mutual Respect and Carefronting as Strategy](#)

Betty R. Kupperschmidt, EdD, RN, CNAA

ARTICLE May 31, 2006

[Inter-Group Conflict in Health Care: UK Students' Experiences of Bullying and the Need for Organisational Solutions](#)

Keith Stevenson PhD, MA (Psych), MA (Ed), Cert Ed. ; Jacqueline Randle, PhD, MSc, BA, PGDip, ILTM ; Ian Grayling, BA (Hons) PGDip (Training Management)

ARTICLE May 31, 2006

[Adapting Your Teaching to Accommodate the Net Generation of Learners](#)

Diane J. Skiba, PhD, FAAN, FACMI ; Amy J. Barton, PhD, RN

ARTICLE May 31, 2006

[Leading a Multigenerational Nursing Workforce: Issues, Challenges and Strategies](#)

Rose O. Sherman, EdD, RN, CNAA

ARTICLE August 08, 2008

[The Integration of Technology into Nursing Curricula: Supporting Faculty via the Technology Fellowship Program](#)

Lawrette Axley, PhD, RN, CNE