

Generational differences among newly licensed registered nurses

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Responses of 2369 newly licensed registered nurses from 3 generational cohorts—Baby Boomers, Generation X, and Generation Y—were studied to identify differences in their characteristics, work-related experiences, and attitudes. These responses revealed significant differences among generations in: job satisfaction, organizational commitment, work motivation, work-to-family conflict, family-to-work conflict, distributive justice, promotional opportunities, supervisory support, mentor support, procedural justice, and perceptions of local job opportunities. Health organizations and their leaders need to anticipate intergenerational differences among newly licensed nurses and should provide for supportive working environments that recognize those differences. Orientation and residency programs for newly licensed nurses should be tailored to the varying needs of different generations. Future research should focus on evaluating the effectiveness of orientation and residency programs with regard to different generations so that these programs can be tailored to meet the varying needs of newly licensed nurses at the start of their careers.

INTRODUCTION

The nursing workforce in the United States faces several concurrent challenges, not the least of which is a significant shortage that is expected to continue to grow over the next several years.¹⁻⁴ At the same time, nurses and their employers must contend with the challenges posed by several generations, each with its own

distinct characteristics and values, working together within the same organizations.

The literature and popular media generally divide the US population into 4 generations. Although various sources define these generations according to slightly different dates, usually the *Silent Generation* (also referred to as “Veterans” or the “Mature Generation”) includes people born between 1925 and 1945; *Baby Boomers* include those who were born between 1946 and 1964; *Generation X* includes people born between 1965 and 1979; and *Generation Y* includes those born after 1980.⁵⁻⁷

Currently the nursing workforce includes members of all 4 generations. Age-related data from the 2004 National Sample Survey of Registered Nurses (NSSRN) indicated that approximately 8.7% of RNs belonged to the Silent Generation, 61.4% were Baby Boomers, 26.3% belonged to Generation X, and 2.5% belonged to Generation Y.⁸ This generational mix has important implications for the nursing shortage. Several authors have pointed to the coexistence of different generations in the workforce as a source of workplace conflict, often contributing to decreased job satisfaction and impeding retention.⁹⁻¹¹ Furthermore, the impending retirements of an aging nursing workforce coupled with the reluctance of many young people to choose nursing as a profession threatens to exacerbate the nursing shortage.^{12,13} Recruitment strategies that may have been effective in the past may not be effective for younger generations.

On the other hand, a sustained partnership among different generations is an important element of achieving an effective and supportive nursing work environment.¹⁴ As nurses of different generations work together, fully understanding the differences among generations has been suggested as one way to improve nurse retention and to optimize effective organizational outcomes.¹⁴⁻¹⁶

An important feature of the contemporary nursing workforce is that individuals enter nursing at a wide range of ages. A growing number of nurses enter the profession in their late 20s or early 30s,¹⁷ a trend centered among graduates of associate degree programs.¹⁸ Newly licensed nurses include members of all 4 generations; recent nursing school graduates may be in their early 20s or in their 60s. In the sample used for the present study,

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about 28% of newly licensed nurses are 25 years old and younger and 18.4% are older than 40.¹⁹ Identifying the experiences, job satisfaction, and attitudes of newly licensed nurses is critical to developing effective recruitment and retention strategies, a theme explored in previous articles.²⁰⁻²² The purpose of the present study was to identify and describe generational differences among newly licensed RNs as a necessary step toward establishing and maintaining supportive multigenerational nursing workplace environments. Specifically, we sought to address what differences in characteristics, workplace experiences, and work-related attitudes exist between newly licensed registered nurses (RNs) who belong to the Baby Boomer Generation, Generation X, and Generation Y.

REVIEW OF THE LITERATURE

Certain characteristics have been attributed to each generation, particularly in the popular business literature.^{23,24} The Silent Generation's values have been shaped by the Great Depression and World War II.^{5,6} Members of this generation are described as conservative, circumspect, loyal to organizations and authority, and often reluctant to use advanced technology.^{5,6,25}

Baby Boomers are described as idealistic, hard-working and dedicated, and valuing promotions, position, and titles.⁶ Stuenkel et al suggests that work takes precedence over family for many Baby Boomers. Members of this generation currently occupy most of the leadership roles in nursing.^{9,26} Members of Generation X are described as seeking balance between work and family or leisure.²⁴ The literature suggests that they are likely to be realistic, team-oriented, have advanced technological skills, prefer working independently, and seek a working environment in which they can apply their ability and expertise.^{6,7,25} In particular, Generation Xers' confidence in technology can contribute to their work productivity.²⁷ Generation X nurses generally want to have professional, knowledgeable, and experienced mentors and they expect prompt feedback regarding their performance.^{25,28}

Members of Generation X are often viewed as not sharing Baby Boomers' emphasis on career and loyalty to their employers. Some authors have suggested that this is in part because many Generation Xers have observed Baby Boomer parents lose their jobs, despite hard work, because of downsizing and restructuring.^{10,29} Members of Generation X often consider Baby Boomers to be domineering, whereas Baby Boomers often regard Generation X as a "wild generation" without a sense of social commitment.³⁰

Members of Generation Y are characterized as dynamic, confident, straightforward, and opinionated.^{6,23,27,31,32} They remain close to their families³³ and, in fact, some managers report that Generation Yers' parents often seek to remain actively involved in their working lives. Members of Generation Y have

grown up using computers and cellular phones—they are sometimes referred to as the "Linked Generation"—and they expect ready access to electronic communication and up-to-date technology.³³

A significant body of literature highlights the importance of the nursing work environment in retaining professional nurses.³⁴⁻³⁸ Several studies focus on the impact of the nursing work environment on different generational cohorts. These include some studies that focus on the characteristics or needs of specific generational groups. Several authors have identified problems facing older (primarily Baby Boomer) nurses in the workplace, particularly in regard to physical stress and to the family-work conflict created by the need to care for aging parents. Suggested steps to help encourage greater retention of older nurses have included availability of shorter work shifts and flexible scheduling.³⁹⁻⁴¹ At the other end of the generational spectrum, Olson interviewed 12 Generation Y nurses about their experiences at 3 months, 6 months, and 1 year after entering practice. Common themes included a lack of familiarity with the acute care, creating a barrier to their transition into practice, a fear of making mistakes, and a desire for a nurturing workplace that provides continuous feedback on their performance.⁴²

In intergenerational comparisons, members of different generations of RNs reported different levels of satisfaction with their work. Wilson et al examined data collected from 6 541 RNs in Ontario, Canada who responded to the 2003 Ontario Nurses Survey,⁴³ while Widger et al examined responses of both RNs and registered practical nurses (a total of 8 207) who responded to the survey. They found that Baby Boomers were more satisfied with their jobs than was Generation X or Y.⁷

Nurses from different generations have been noted to hold differing workplace values and priorities. Examining generational differences among 98 RNs, Apostolidis and Polifroni found that Baby Boomers reported autonomy as the most important aspect of job satisfaction, whereas Generation X reported professional status as the most important aspect.³⁰ Hu et al, comparing members of the Silent Generation and Baby Boomers with members of Generations X and Y among 42 RNs, 16 nurse technicians, and 4 nursing secretaries found that Silent Generation and Baby Boomer nurses valued considerate and honest feedback from supervisors. Whereas members of Generations X and Y indicated that they wanted to have continuous rewards, immediate feedback regarding their performance, and the freedom to choose where and when to work.²⁵

There appears to be generational differences in nurses' workplace experiences, as well. In a study of 272 RNs in one acute care hospital, Stuenkel et al, using the Moos Work Environment Scale, found Generation Xers rated their environment more highly than Baby Boomers in regard to supervisor support, autonomy, task orientation, and innovation.¹⁴ Hu et al found that members of the 2 older generations expressed significantly more difficulties

using computers and greater anxiety about retirement than did members of the younger generations.²⁵ Some authors have found differences in nurses' reported levels of workplace stress and burnout. In a study of 694 RNs, Santos et al reported higher stress levels (subscale: role overload, role insufficiency, role ambiguity, and role boundary) for Baby Boomer nurses than for Silent Generation nurses and Generation X nurses. The self-sufficient attitudes and behaviors of Generation X were not present in Baby Boomers.⁴⁴ Among nurses responding to the Ontario Nurse Survey, Generation Y included more nurses with high levels of burnout in the areas of emotional exhaustion and depersonalization, whereas Baby Boomers had the lowest percentage of nurses with low levels of burnout.^{7,43}

Although the literature on generational differences in nursing tends to confirm the existence of different expectations, attitudes, and experiences, most of this literature is based on small studies, often limited to a single institution. Studies of responses to the Ontario Nurses Survey are a notable exception, although whether its findings are readily applicable to the US nursing workforce is unknown.

Previous articles have examined some of the experiences and attitudes of new nurses. These include analyses of data collected from respondents to a large-scale survey of newly licensed RNs (NLRNs), defined as those who had received their first or basic RN license by taking and passing the National Council Licensure Examination (NCLEX) between 6 and 18 months before completing the survey.^{21,45}

Thus, some studies indicate some generational differences among nurses in terms of satisfaction, stress, and perceptions of the work environment, whereas other studies describe the experiences of NLRNs during their 6 to 18 months of practice using data collected as part of a large-scale longitudinal study. However, because NLRNs include individuals of a wide range of ages, the current literature is of limited value in seeking to understand generational differences among nurses. In nursing, age is not generally a reliable proxy for experience. Burnout in a Baby Boomer nurse cannot be assumed to be the result of long years of experience, for example, because that nurse may have been practicing for 30 years or for 6 months. Although Generation Y nurses, simply by virtue of their youth, are likely to include a greater proportion of new nurses, many already have several years of experience.

No previous research has specifically examined generational differences among NLRNs. Identifying and understanding these differences may contribute to developing more effective strategies for increasing retention and improving nurses' work environments, particularly for new nurses. Examining these differences may also improve working environments for more experienced nurses, by helping to decrease generational conflict, improving integration of new nurses into the workplace, and identifying generation-sensitive reten-

tion strategies that are broadly applicable to nurses of all experience levels.

METHODS

Sample

This study of generational differences among NLRNs was performed using data from an ongoing, longitudinal study of NLRNs' work experiences and job choices. The methods used for that study have been previously described in detail.^{21,45} In 2006, for the study's first wave, a 16-page survey was mailed to a randomly selected sample of NLRNs nested within 51 randomly selected Metropolitan Statistical Areas (MSAs) and nine rural areas (a total of 60 sites) located in 34 states and the District of Columbia.

Surveys were sent to 14 512 nurses. Multiple follow-up mailings were subsequently sent to nonresponders; 8611 (59.3%) returned their surveys. Among respondents, 4 506 did not meet our criteria for NLRNs, resulting in 4 105 total eligible respondents, of whom 104 declined to participate further. Of the remaining 4 001 RN respondents, the length of time worked (a critical variable for our analyses) for 361 could not be determined. Another 223 respondents were foreign-educated RNs who graduated in or before 2001. We assumed that these respondents had worked as RNs in their home countries and thus should not be considered as newly licensed. Data on foreign education and/or date of graduation were missing from another 36 surveys. Responses from these three categories of respondents were eliminated, leaving a sample of 3 380 NLRNs, or 39.3% of the total number of responses initially received.

The second wave of data collection began at Year 2 of the study. Surveys were sent to all 3380 valid Wave 1 respondents. Of these, 940 did not return their surveys and 29 declined to participate further. Another 176 did not meet the study criteria (their academic program was outside of the United States and/or they graduated before 2001). Of the 2 395 respondents who completed and returned a valid Wave 2 survey, only 26 were members of the Silent Generation (ie, born in 1945 or earlier) which made it too small a number to include in our analysis. Another 5 had missing data and were excluded from the sample; our analytic sample thus consisted of 2 364 members of the Baby Boomer and X and Y generations (69.9% of the Wave 1 sample).

Measures

Brewer and Kovner's model²⁰⁻²² was used to examine work attitudes, attributes, and demographics, as well as job satisfaction, organizational commitment, search, and intent to stay. For this sample, most scales had adequate to excellent reliability, with Cronbach's alpha scores of .80 or greater, except for promotional opportunities, autonomy, and variety, which had alphas of .70 or higher. Intent to stay was measured as a total score on a 4-item Likert-like scale, for which values ranged

from 4 to 20. Information about the scales is reported in detail elsewhere.^{21,22} The work attitude scales are listed in Table 1.

The number of items on each scale varied from 3 to 8. To decrease response fatigue, the number of items in some of the scales was decreased from the original. In addition, the survey was pilot tested to clarify wording on demographic and work attribute questions.

In all, there were 22 multi-item measures of respondents' attitudes, mood, and perceptions in the Wave 1 survey. Eighteen measures* assessed work attitudes, 2[†] assessed employee affectivity (the degree to which an employee's mood is positive or negative), and an additional 2[‡] assessed perceptions of the job market. (Definitions for all of these measures are provided in Table 1). These measures have been linked to employees' job satisfaction, organizational commitment, search behavior, intent to leave, and turnover.⁴⁶ Their use in studying NLRNs has been described previously.^{15,21} In the Wave 2 survey, respondents were asked whether their employment status had changed from the previous year. If it had, respondents were asked whether they were currently working as an RN.

Missing values were handled by imputation, mean substitution, and listwise deletion: If more than 50% of the items in each scale had a reported value, we substituted the mean of those items for the missing values. Imputed values were used for missing wage data.

FINDINGS

Of the 2364 nurses in the sample, 251 (10.5%) were Baby Boomers, 1643 (68.8%) were members of Generation X, and 465 (19.4%) were members of Generation Y. The three generational groups were compared using descriptive analyses, analysis of variance, and chi square analysis. Individual differences were tested using Bonferroni analysis. Continuous variables of work-related attitudes are listed in Table 1.

There were several areas in which no significant differences were found between the generations. There were no statistically significant differences in intention to stay or job-search behavior. Approximately two-thirds of respondents in each cohort were employed in the same position as the previous year. A majority of all three groups had previous experience in a health care job. There were no differences between the generations in the rates of injuries suffered or voluntary overtime worked. There were no statistically significant differences in the domains of job variety, autonomy,

quantitative workload, organizational constraints, non-local job opportunities, and collegial physician–RN relations.

However, our findings revealed significant differences among generations in a number of areas: job satisfaction, organizational commitment, work motivation, work-to-family conflict, family-to-work conflict, distributive justice, promotional opportunities, supervisory support, mentor support, procedural justice, and local job opportunities. There were also some significant demographic differences between the cohorts.

Baby Boomers. Newly licensed Baby Boomer nurses were 83% white and non-Hispanic. Notably, a much higher percentage—14.3%—of Baby Boomers were male compared with 9.5% of Generation X and 3.4% of Generation Y respondents ($p < 0.001$). Most Baby Boomers (75.8%) already had a college degree before completing nursing school.

Although a large majority of all respondents had completed a formal orientation to their first nursing positions, a higher percentage (9.6%) of Baby Boomers (versus 5.9% of Generation X and 4.2% of Generation Y; $p = 0.027$) reported that they did not have such an orientation. At the time of the survey, a higher percentage of Baby Boomers (slightly under 14% as opposed to 8.4% of Generation X RNs and 3% of Generation Y RNs; $p = 0.002$) were working in jobs other than as staff nurses. A much lower percentage worked in intensive care units (ICUs) (5.1% of Baby Boomers, compared with 16% of Generation X and 20.5% of Generation Y; $p < 0.001$). Baby Boomers also reported higher work motivation than Generation X or Y (see Table 1), as well as the least negative affectivity.

Generation X. Generation X included the smallest percentage of White, non-Hispanic nurses (80.3%); 16.0% worked in ICU (a lower percentage than Generation Y's 20.5%, but notably higher than Baby Boomers' 5.1%). About one quarter of Generation X (24.7%, compared with 3.6% and 8.8% for Baby Boomers and Generation Y, respectively; $p \leq 0.000$) respondents had children younger than 6 years old at home, which is not surprising given the age of this cohort. Consistent with this finding, Generation X rated higher in work-to-family conflict (the degree to which an employee's job interferes with family life), and higher family-to-work conflict (the degree to which an employee's family life interferes with work) than the other groups. This is congruent with previous findings that Generation X has a harder time balancing work and family issues than older generations.^{14,28,47} (However, it should be noted that these differences, while statistically significant, were relatively small.) Newly licensed Generation X RNs reported the most perceived local job opportunities. They rated lower scores on distributive justice, indicating that newly licensed Generation X nurses believe that they are not reasonably rewarded considering their responsibilities.

*Job satisfaction, organizational commitment, work motivation, intention to stay, job-search behaviors, job variety, autonomy, quantitative workload, organizational constraints, work-to-family conflict, family-to-work conflict, distributive justice, procedural justice, promotional opportunities, work-group cohesion, collegial physician–RN relations, supervisory support, and mentor support.

[†]Negative affectivity and positive affectivity.

[‡]Local job opportunities and nonlocal job opportunities.

Table 1. Work Attitudes

Variable (definition)	Baby Boomer	Generation X	Generation Y	p-value
Job satisfaction (employee's affective reaction to the job without reference to any job aspect) ⁵²	5.03 (1.57) [†]	5.2 (1.55)	5.36 (1.44) [†]	.019
Organizational commitment (employees' loyalty to employers) ⁴⁶	3.74 (0.77) [†]	3.77 (0.79)*	3.91 (0.74)* [†]	.002
Intentions to stay (degree to which an employee has a positive attitude about voluntarily leaving the employ of an organization) ⁴⁶	3.46 (0.98)	3.4 (0.96)	3.42 (0.92)	.676
Job search (degree to which employees are looking for other jobs) ⁴⁶	2.78 (0.46)	2.83 (0.44)	2.83 (0.44)	.287
Work-to-family conflict (degree to which an employee's job interferes with family life) ⁵³	3.15 (1.32) [‡]	3.41 (1.27) [‡]	3.29 (1.17)	.005
Family-to-work conflict (degree to which an employee's family life interferes with work) ⁵³	1.63 (0.85)	1.73 (0.86)	1.5 (0.65)	.000
Distributive justice (degree to which employees' rewards are related to their performance) ⁵⁴	2.96 (0.96) [‡]	2.81 (0.91)* [‡]	2.94 (0.81)*	.004
Procedural justice (degree to which employees are involved in decision making) ⁵⁵	3.2 (0.78) [†]	3.26 (0.76)*	3.42 (0.71)* [†]	.000
Supervisory support (degree to which supervisor supports and encourages employee) ⁵⁴	3.6 (0.96)	3.49 (0.99)*	3.64 (0.91)*	.008
Mentor support (adequacy of access to professional sponsorship, protectorship, or professional benefactorship) ⁵⁴	3.02 (0.93) [†]	2.98 (0.83)*	3.23 (0.75)* [†]	.000
Work group cohesion (degree to which colleagues work well together) ⁵⁴	3.9 (0.83) [†]	3.99(0.81)*	4.15 (0.73)* [†]	.000
Job variety (degree to which job performance is repetitive) ⁵⁴	3.3 (0.74)	3.35 (0.72)	3.41 (0.68)	.115
Autonomy (degree to which employees control their job performance) ⁵⁴	3.7 (0.77)	3.8 (0.73)	3.77(0.67)	.158
Collegial MD-RN relations (quality of the relationship between nurses and physicians) ⁵⁶	2.86 (0.62)	2.86 (0.61)	2.88 (0.61)	.819
Work motivation (degree to which work is central to an employee's life) ⁵⁷	2.19 (0.75) ^{†‡}	2.07 (0.7) [‡]	2.03 (0.71) [†]	.013
Quantitative workload (amount of work required to perform a job) ⁵⁸	4.14 (1.17)	4.11 (1.04)	4.09 (0.99)	.841
Organizational constraints (degree to which aspects of the work situation interfere with job performance) ⁵⁹	2.55(0.96)	2.47 (0.88)	2.41 (0.85)	.118
Promotional opportunities (degree to which career structures within an organization are available to its employees) ⁵⁴	3.25 (0.84) [†]	3.3 (0.83)*	3.4 (0.77)* [†]	.022
Affectivity				
Negative affectivity (degree to which the employee's mood is negative) ⁵⁹	2.35 (0.8) [§]	2.66 (0.86) [§]	2.77 (0.87) [§]	.000
Positive affectivity (degree to which the employee's mood is positive) ⁵⁹	3.63 (0.76)	3.58 (0.68)	3.55 (0.65)	.273
Job opportunities				
Nonlocal job opportunities (perceived likelihood of obtaining jobs in nonlocal area at least as good as the current job) ⁴⁶	3.56 (1.3)	3.56 (1.29)	3.53 (1.34)	.927

Table 1. Continued

Variable (definition)	Baby Boomer	Generation X	Generation Y	p-value
Local job opportunity (perceived likelihood of obtaining jobs in local area at least as good as the current job) ⁴⁶	3.31 (1.23)	3.38 (1.25)*	3.12 (1.22)*	.000
N.S., not significant.				
*Generation X different from Generation Y.				
†Generation Y different from Baby Boomer.				
‡Baby Boomer different from Generation X				
§All three group significance.				

Generation Y. Members of Generation Y included the largest percentage of white, non-Hispanic RNs (87.9%) and the lowest percentage of male RNs (3.4%). A majority (67.3%) of members of Generation Y had graduated from a baccalaureate nursing program compared with 34.3% of Generation X and 18.1% of Baby Boomers. About one quarter (25.5%) of Generation Y respondents had completed a formal internship or residency (in contrast to 14.4% of Baby Boomers and 21.6% of Generation Xers; $p = 0.006$). Two-fifths (40.9%) of Generation Y members had worked as paid externs while in school compared with only 26.3% of Baby Boomers and 28.4% of Generation Xers ($p < 0.000$). As noted previously, Generation Y RNs were more likely to be working in an ICU. They were also the most likely to be working 12-hour shifts and to be working night shifts—40.6% of Generation Y compared with 25.4% of Baby Boomers and 37.1% of Generation X ($p < 0.001$).

Generation Y reported greater organizational commitment than Generation X and Baby Boomers. Generation Y respondents also reported the highest perception of workgroup cohesion, promotional opportunities, mentor support, supervisor support, and procedural justice.

DISCUSSION

These results confirm previous findings of generational differences among RNs in terms of work values and job satisfaction. They underscore the significance of these differences with regard to NLRNs.

Orientation is a key part of new nurses' adaption to their organizations and their socialization into the profession. In this study, Baby Boomers were slightly less likely to have had a formal orientation. They were also less likely to have gone through an internship or paid externship. (Perhaps explained, in part, by the fact that a smaller percentage of Baby Boomers had graduated from baccalaureate programs.) However, Baby

Boomers were also more likely to work in positions other than staff RN more specifically, to hold head nurse positions during their first year of practice. These findings call for further investigation. They may reflect expectations by some employers that Baby Boomers, by virtue of their age and work experience before entering nursing, are less in need of formal orientation and are better prepared to move rapidly into management positions. Although newly licensed Baby Boomer RNs' maturity and experience may prepare them to adapt and to take on leadership roles sooner, they should not be pressed into prematurely taking on new responsibilities as new graduate nurses. Understanding the rapid advancement of newly licensed Baby Boomer nurses will require an additional study, including the evaluation of these nurses' experiences in assuming leadership positions soon after graduation.

Notably, newly licensed Generation Y nurses, and to a lesser extent, Generation X nurses, were much more likely than Baby Boomers to work in an ICU. This is consistent with observations that Generation X and Y seek greater levels of excitement in their work; it may also reflect the younger generations' greater comfort levels with technology. Generation X and Y nurses were also more likely than Baby Boomers to work 10- or 12-hour shifts. This likely reflects differences in work settings (ie, ICUs vs. other units), but it may also reflect a preference by many Baby Boomers for shorter, less taxing shift lengths.

Gender differences among newly licensed nurses of different age groups were notable and significant: 14.5% of newly licensed Baby Boomer RNs and 9.5% of Generation X NLRNs were male, in contrast to 3.4% of Generation Y. The reasons for these differences are not entirely clear. However, the stability and relatively high pay of RN jobs may be attractive to men in the Baby Boomer generation (and, to a lesser extent, Generation X) who have worked in and perhaps been displaced from their positions in other industries. A

decision to enter nursing at a later age may also suggest that a perceived stigma against men in nursing⁴⁷ is less of a factor for men in their 30s and 40s who are considering nursing as a career than it is for younger men.

Notably, this study's findings of Generation Y's greater level of organizational commitment is incongruent with previous studies.^{30,43,48,49,50} At the same time, members of Generation Y also expressed the highest levels of negative affectivity. There were no statistically significant differences in positive affectivity.

Implications

Each generation's characteristics are reflected in their nursing work environments in terms of performance, adaptation to organizations, work ethics, and vision about the organization and service.²³ The literature suggests interventions to reduce generational conflict in nursing and promote a positive work environment. Such measures include assessing each unit's generational mix, acknowledging generational differences, understanding differing expectations, and building on the strengths of different cohorts (for example, Generation Y's skills in technology and electronic communications) while emphasizing common goals.^{9,33} Management styles should take into account differences in values and attitudes among new nurses of different generations. In particular, Baby Boomers' management styles need to be modified to recognize the values of work styles of nurses who belong to Generations X and Y.^{29,51}

Orientation is a critical opportunity for introducing strategies for reducing generational conflict. It is also important that this experience be tailored to the needs of the different generations. For example, Baby Boomers may need additional training in the use of the organization's information and ordering systems, perhaps structured over a longer period of time. Of course, none of this is possible if new nurses do not receive an orientation. The fact that 5.9% of the nurses in this study reported that they had not received an orientation in their first nursing position (including 9.6% of Baby Boomers) is a source of concern and bears further investigation. Along the same lines, the fact that 13.6% of Baby Boomers in this sample had moved into head nurse positions soon after entering their first nursing positions calls for further study to examine whether these nurses are stepping into head nurse positions before they are prepared to do so, or if their maturity and experience enable them to move into promotive positions more rapidly.

At the organizational level, nursing leaders, from chief nurse executives to unit-level managers, need to anticipate generational differences and provide a positive environment for new nurses of all generations to develop and demonstrate their abilities. This environment can encourage staff nurses to understand and respect coworkers of all generational groups, recognizing not only areas of generational difference, but also a commitment to common goals, including the delivery of safe,

high-quality patient care in a supportive and collegial environment. Of course, differences among RNs may also be tied to factors in addition to generational cohort, such as national origin, race and ethnicity, education level, and other factors that were not examined in this study but that must also be addressed in developing supportive practice environments.

Despite ongoing efforts to assure a successful transition for nurses entering the profession and a growing awareness of the need to manage intergenerational differences in nursing, there has been surprisingly little attention paid to the intersection of these concerns—ie, to addressing the varying needs of new nurses of different generations. Our study identified some of the generational differences among newly licensed nurses. As nursing organizations continue to develop, implement, and evaluate orientations and residency programs for newly licensed nurses, it will be important to study the effectiveness of these programs among nurses from different generations. Such efforts, in turn, can provide a much needed evidence base for tailoring programs that can support nurses at the start of their careers and encourage their ongoing commitment to remain in the profession.

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Correction

Because of an error on the part of Elsevier, essential information was omitted from the article, "Nurses transforming health care using genetics and genomics,"

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