

ADR Newsletter

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Leading a Multigenerational Nursing Workforce: Issues, Challenges and Strategies

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Today's nursing workforce is made up of staff and nursing leaders from four different generations. Generational diversity, including workforce differences in attitudes, beliefs, work habits, and expectations, has proven challenging for nursing leaders. Developing the skill to view generational differences through a different lens will allow the leader to flex their leadership style, enhance quality and productivity, reduce conflict, and maximize the contributions of all staff.

Generational gaps have always been a part of our world, bringing with them the potential for areas of disagreement. Today's workforce presents unique leadership challenges as staff and nursing leaders from four generations work together on nursing teams.

Nursing leaders should anticipate that the

nursing workforce will be age-diverse for many years to come. Although four different generations in the workforce can present leadership challenges, the diversity can also add richness and strength to the team if all staff members are valued for their contributions. In today's highly competitive health care market, organizations and leaders that effectively manage their age-diverse workforce will enjoy a competitive edge. This article provides an overview of the generations and presents strategies that nursing leaders can use to coach and motivate, communicate with, and reduce conflict for each generation of nurses.

The four distinct generations in today's workforce include the Veteran generation, the Baby Boomers, Generation X, and the Millennials sometimes described as generation Y. The generational characteristics of each part-

ner and their work-related characteristics are:

The Veterans (1925-1945) value the lessons of history. When facing new challenges, they look to the past for insight into what has worked and what has not. Organizational loyalty is important to this generation, and they feel seniority is important to advance in one's career. They tend to be respectful of authority, supportive of hierarchy, and disciplined in their work habits. Although as a group the Veterans have begun the transition to retirement, many nurses in this generation continue to work in all levels of nursing organizations.

The Baby Boomer (1946-1964) generation is the largest group in the nursing workforce and currently occupies many nursing leadership positions. Baby Boomers are known for their strong work ethic, and work has been a

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Leading a Multigenerational Nursing Workforce: Issues, Challenges and Strategies Continued

defining part of both their self worth and their evaluation of others. Significant numbers of Baby Boomer nurses will be eligible to retire beginning 2010 and nursing shortages on a very large scale are projected unless work is redesigned to retain this group in the workplace.

Generation X (1963-1980) is significantly smaller than the Baby Boomers. During the 1990s, the profession of nursing had significant problems attracting Generation X members who saw nursing as not offering the career growth and entrepreneurial opportunities available in other jobs. However, many Generation Xers have now entered nursing as a second career.

The Millennial Generation (1980-2000) is often compared to the Veterans in their values. A higher level of interest in nursing among this generation has been noted and applications to nursing programs significantly increased as they entered college. At present, this is the smallest group in the nursing workforce but the numbers of Millennials is growing.

Leadership Strategies—It is recommended that nurse leaders conduct a generational inventory of their work units that looks at the nursing team's generational mix, age profile, and the generational issues on the team. It is important that every employee is held to the same work expectations, organizational policies, and procedures; yet nurse leaders should also consider individual employee needs and generational differences. Accommodating generational preferences in areas such as coaching and motivating, communicating, and resolving conflicts will help to promote an environment of retention.

Coaching and Motivating—Different generations have had different experiences in their family and educational settings. Although every member of a generational partner is unique, these experiences in general create partner preferences about how a generation wants to be coached and motivated by those who lead them. Veteran nurses are comfortable with a traditional, one-on-one coaching style and formal instructions on how to improve their performance. They value seniority and experience in coaching relationships. The personal touches, such as hand written notes, plaques, and pictures with the Chief Nursing Officer or Chief Executive Officer, are important in giving veteran nurses recognition. Baby Boomer nurses enjoy collegiality and participation and prefer being coached in peer-to-peer situations. Generation X staff prefer a more equal coaching environment in which they have opportunities to demonstrate their own expertise in the learning environment and in which they do not feel micromanaged. Millennial nurses expect more coaching and mentoring than any other generation in the workforce.

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REMEMBER

Conflict Resolution Day

October 16, 2008



Conflict Resolution Day was created by the Association for Conflict Resolution (ACR) to:

Promote awareness of mediation, arbitration, conciliation and other creative, peaceful means of resolving conflict in schools, families, businesses, communities, governments and the legal system;

Recognize the significant contributions of those that resolve conflict peacefully; and

Encourage celebrations by individuals and organizations around the world.

Conflict Resolution Day is celebrated every year on the third Thursday of October.

Leading a Multigenerational Nursing Workforce: Issues, Challenges and Strategies—Continued

Communication—Utilizing communication strategies that will work effectively with different generations is a challenge for many nursing leaders. Sensitivity to communication differences and preferences across generations can help bridge gaps and create unique solutions that appeal to each generational belief system. It is also important to assure that communication is understood, so as to reduce the risk of errors that come with communication failures.

Veteran nurses are comfortable with communication systems that are inclusive and build trust. Face-to-face or written communication will be more effective than communication that involves the use of technology. Baby Boomers prefer communication that is open, direct, and less formal. Generation X is the first generation to have television as part of their daily lives; communication that involves technology appeals to them. Millennials have grown up with instant messaging and cellular phones, which is their preferred method of communication.

Conflict Resolution—Differences in generational values, behaviors, and attitudes have the potential to create significant conflict in the workplace. Two major sources of conflict in today's nursing environment are the perceived differences in work ethics among generations and the use of technology. Both Generation X and Millennial nurses respect the achievements of their Baby Boomer leaders but seek work-life balance and are less likely to accept overtime or schedule changes to accommodate the needs of their work units. Veteran and Baby Boomer nursing leaders frustrate Generation X and Millennial staff if they resist technology advancements or if they don't become competent with the technology available in the work.

Unresolved conflict on the nursing team can lead to a loss of productive time, errors, staff turnover, and decreased patient satisfaction. Staff education about differences in generational attitudes and values is an important initial step. Ground rules that reinforce the importance of respect and tolerance for all generations are key to promoting an atmosphere in which all viewpoints are considered legitimate. Highlighting mutual team goals and keeping patient care as the focal point will promote effective conflict resolution.

A generational model proposal involves reframing the traditional look at generational differences in a way which focuses on contributions of each partner, thereby reducing conflict in the workplace. Veteran nurses should be valued for the wisdom and organizational history that they bring to nursing teams. Baby Boomer nurses should be valued for their clinical and organizational experience. Generation X nurses should be valued for their innovative ideas and creative approaches to unit issues and problems. Millennial nurses should be valued for their understanding of technology and insights as to how it can be used in practice.

Understanding how to maximize the talents of each individual nursing staff member by addressing both their individual and generational needs is critical to good leadership. When each generation is appreciated for the strengths they bring to the team, generational diversity will lead to a synergy that brings the team to a much higher level of performance.

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Dear Mediator:

I am attempting to schedule mediation for a workplace dispute between an applicant for Federal employment and an agency official. However, the agency official's supervisor believes that this individual should not participate in the mediation because the individual has no settlement authority. What do you advise in this situation?

Answer:

If the agency official, specifically a Human Resources (HR) Specialist, is knowledgeable of the issue and can share perspectives on what occurred in the situation, this could go a long way toward resolving the issue. However, when it gets to a possible settlement, the HR Specialist may be limited in what he/she can do unless he/she can speak to someone in advance and have some parameters to discuss. The HR Specialist could also take a break to meet with someone to discuss different options. The person with settlement authority should be in the room or available to the HR Specialist.

As a last measure, if the HR Specialist's supervisor still has reservations about the HR Specialist's participate in a mediation session, another option to consider is the third party mediation, whereby the flow of information and communication is conducted entirely through facilitation with no joint discussions.

Leading a Multigenerational Nursing Workforce: Issues, Challenges and Strategies—Conclusion

Facilitating the growth and development of staff is an important nursing leadership function. Yet in the presence of a diverse workforce, this is not an easy task. The following is a summary of recommendations for nursing leaders who are leading a multigenerational workforce that will enable the workforce to thrive and to meet tomorrow's health care challenges:

- ◆ Seek to understand each generational group and accommodate generational differences in attitudes, values, and behaviors.
- ◆ Develop sensitive styles to effectively coach and motivate all members of the health care team.
- ◆ Promote the resolution of generational conflict in order to build effective work teams.
- ◆ Capitalize on generation differences, using these differences to enhance the work of the entire team.

The dismay many nurse leaders express in terms of the changes they see in the workforce today is beside the point in today's competitive recruitment market. Leadership strategies that have worked well for a less age-diverse nursing workforce may not be as effective in today's environment. Rather learning to flex one's style will be critical for both leadership and organizational success.



Workplace ADR Program

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**Mediation: A Solution to Workplace
Disputes**

The Workplace ADR Program solicits articles for VA's quarterly ADR newsletter. The purpose of the newsletter is to communicate information relating to the use of ADR in workplace disputes and serve as a resource for those interested in learning more about ADR and its application within VA. We invite you to submit ideas and articles for the newsletter through your respective administrations: VHA to Roberto Rojo (10A2E), VBA to Johnny Logan (20M42), NCA to Nicole Maldon (40A), VACO staff offices to your VACO ADR Liaison, and labor organizations to your ADR Council Representative. We are looking for ideas and articles on ADR-related topics, noteworthy activities, initiatives, accomplishments, best practices, or other items designed to educate and inform VA employees and managers on ADR and its benefits in addressing workplace disputes. We hope the VA community will find the newsletters a useful resource for obtaining interesting and helpful information representing ADR activity throughout VA. For more information, visit our website below.



The Role of the Representative

Submitted by Tracey Therit

Representatives can play an important role in the ADR process. The parties choose whether to bring a representative to an ADR session. This opportunity exists for both employee and management participants. However, sometimes management will not include a representative if the employee does not have one and vice versa. Also, to avoid potential conflicts of interest, the representative is typically not a party or witness to the dispute.

The representative is an individual who can offer advice, counsel, and support to the party during the ADR process. Just like actors in a movie, the party plays a lead role and the representative a supporting

role in the process. Representatives are often less involved during the sharing perspective and issue development stages and more involved during options generation/problem solving. The representative can speak and be involved in the process as long as it is productive. However, we should always remember that the focus is on the parties and their ability to resolve their dispute with the assistance of the neutral and representatives as needed. Representatives should not put their own interests above the parties nor should they let their personal feelings

towards a participant negatively influence the process.

In caucus, representatives may be particularly helpful in being an agent of reality with the party. As a neutral, there are some things that you can not say or do that the representative can; *i.e.*, offer opinions, evaluate the merits of the dispute, make judgments about the value of a particular proposal, etc. Ultimately, representatives can have a seat at the ADR table, and it is important that everyone know in advance of their participation and that the role is clearly defined.