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**Multigenerational Conflict**

## Addressing Multigenerational Conflict: Mutual Respect and Carefronting as Strategy

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### Abstract

This article addresses the challenges faced by nurses as they work with nurses from a variety of generational cohorts. First a brief overview of the characteristics of the four generational cohorts in today's workforce is provided. Next the importance of each nurse using respect and carefronting to address generational conflict is discussed. Finally the role of nursing leadership in promoting respect and carefronting is noted.

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If professional nurses are unwilling to assume shared accountability in work environments consistent with the values of the profession...should we assert that caring is the essence of nursing?

The pervasiveness of multigenerational conflict in the nursing workforce is the focus of papers published and sessions presented at professional conferences.

Lieberman's (2004) comprehensive literature review using conflict perspectives. Management literature in nursing and other fields considers the perspective of the manager's responsibility in dealing with the conflict. Managers, such as nurses, also have a responsibility to learn to work cooperatively with different generational cohorts than their own. The challenge to move between professional staff nurses and managers has been issued (Kupperschmidt, 1994) professional nurses are unwilling to assume shared accountability for their actions consistent with the values of the profession, i.e., environments that are supportive with colleagues, should they continue to assert that caring is the essence of nursing. Kupperschmidt (1994) argues that professional nurses must care enough about their patients and their generational colleagues, and themselves to carefront disrespectful behaviors of other nurses.

In this article, examples of conflict between the four generations comprising the nursing workforce, along with characteristics and selected strengths each generation is described. Additional literature addressing these characteristics are cited in the management literature and elsewhere. Next it is argued that treating the individual nurse's ethical responsibility. Carefronting, a mode of conflict resolution professional nurses care enough about themselves and their patients to carefront behavior face-to-face (Kupperschmidt, 1994), is presented as a strategy for resolving conflict among professionals who pride themselves on being members of a profession. However, a brief review of literature addressing conflict in the nursing workforce is provided.

### **Conflict in the Nursing Workforce**

Manion and Bartholomew (2004) conceptualized effective intergenerational relationships in a community, noting that the desire for a sense of community at work, a sense of belonging, and being addressed gracefully, is universal. Yet far too often this graceful addressing is lacking in the general workforce including the health care workforce. This lack of peer relationships has been noted as a factor in nurse burnout (Garrett & Mullen, 2002). Fundner (2002/2003) reported that innumerable examples of disrespectful behaviors are ubiquitous and insidious in their erosion of productive collaborative relationships among hospital workers. They pointed out it would be naïve to think that hospitals would have any better track record than other complex organizations. The author reviewed the literature of incivility, defined as a violation of workplace norms, asserting that the literature indicates incivility pervades workplaces, in particular in health care organizations.

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Research specifically connects conflict in the workplace with nurse

Research specifically connects conflict in the workplace with nurse retention. Supportive, unpleasant, and uncooperative peers and co-workers are cited as factors that reduce the ability to find joy in their work (Manion, 2003). Anthony et al. (2005) found that mutual support one another, and resolve conflicts are critical factors in staff nurse retention. Normandin, O'Brien, Clary, and Krukow (2003) reported that employee cooperation are listed among the most favorable reasons why nurses stay in their organizations. Townsend-Rocchiccoli (2003) presented a moving paper addressing the challenges of nursing. They asserted that nurses' intrinsic or existential need to be recognized by their professional colleagues frequently is not being met; professional nurses need to be recognized and respect as well as recognition by patients for the specific skills they bring to the profession. The cited lack of respect for the gift of self as a cause of the exodus of nurses is discussed.

Researchers who have explored workplace stress specifically related to reported connections between generational conflict and workplace stress. Santos et al. (2003) noted marked differences between Boomer and Generation X nurses' attitudes and behaviors. Boomers are angrier, perceived arrogance, lack of commitment, and slacker attitude. However, they did not agree with the Boomers' perceptions of their behaviors. They are self-reliant rather than arrogant and that their commitment to the job was greater than that of the Boomer RNs (Santos & Cox). In another study, it was reported that difficult peer relationships, described as lack of acceptance, made the transition into the RN role more difficult (Casey, Fink, Krugman, & Probst, 2005) reported that the novice nurses in their study also described a lack of professional respect and support. Although a recent national survey of nurses is improving relationships between RNs (Ulrich, Buerhaus, Donelan, & Neuman, 2002) generational conflict is still alive and well among the four generations in the nursing workforce. Lancaster and Stillman (2002) noted that this generational conflict is painfully funny, or just plain painful. In nursing, it is painful and cries for change.

### Differences Between Generational Cohorts

Perhaps one of the earliest documented cases of generational conflict is found in the Bible, 1 Kings 12, of the *Holy Bible*. In this situation, Rehoboam, the young King of Israel, asked his elders (men of his father's generation) and took the advice of young men. The young men's advice led to generational conflict that split the nation of Israel. More recently, lyrics of the song "In the Living Years" have portrayed movingly a major cause of generational conflict as differences in values formed during childhood that shape a generation's adult values and behaviors. The lyrics from this Song (See Figure) are especially pertinent to nursing. For example, noting that talking in defense is like talking in a different language which is hard to understand and lasts.

Figure. Selected Lyrics from *In the Living Years*

***In the Living Years*** (Selected Lyrics)\*

Every generation blames the one before  
 When all their frustrations come beating on your door.  
 I know that I'm a prisoner to all my father held so dear  
 I wish I could have told him in the living years.  
 Crumpled bits of paper filled with imperfect thoughts  
 Stilted conversations, I'm afraid that's all we've got.  
 You say you just don't see it, he says it's perfect sense  
 You just can't get agreement in this perfect tense.  
 We all talk a different language, talking in defense  
 So we open up a quarrel between the present and the past  
 We only sacrifice the future; it's the bitterness that lasts

\*Compact Disc cover, Mike and the Mechanics. Atlantic Recording Corporation

The four generations of professional RNs in today's workforce have been described below. The birth years for the different generations used in this study are based on the years used by Strauss and Howe (1991); the term professional is used to describe nurses (RNs) who are professionals; and the title descriptors for the four generations: Boomer, Generation X, and Net Generation Nurses, are based upon their attitudes, behaviors, and interaction with multi-generational nurses.

### **Dismayed Traditional Professional RNs (Birth Years pre 1944)**

Traditional colleagues were raised primarily in a Judeo-Christian culture that valued moral truth and extolled the virtue of the Protestant Work Ethic. Thus, they had a strong commitment to organizations and a "bosses"™ (Hu, Herrick, & Hodgson, 1991). Members of the Traditional Generation entered the profession to make a difference in people's™ lives, and many viewed nursing as a calling (Kupperschmidt, 2000). Although educated predominantly in hospitals, Traditional generation RNs embrace the Nightingale Pledge and thus are seen as professionals. Strengths they bring to the workplace include their belief in the job, and working together (Kupperschmidt, 2000; Strauss & Howe, 1991). They are struggling with, the perceived lack of professionalism among younger nurses'™ dress, behavior, and what they, as traditional nurses, perceive as lower values. Traditional RNs are also discouraged by the age-related demeanors their colleagues make about their fellow Traditional colleagues, as individuals in the Traditional RNs are dismayed by the lack of attention to their ergonomics and respect for their cumulative wisdom, wisdom they will take with them into retirement. They occur earlier than expected if their needs are not addressed (Cyr, 2005).

### **Disappointed Baby Boomer Professional RNs (Birth Years 1944 -1960)**

Baby Boomers are credited with challenging and changing many of the values of the generation. They redefined family and childhood and embraced value of the free economy and spirit of free agency (Holtz, 1995; Russell, 1997). Their parents followed Spock's™ advice and raised them to be independent, critical thinkers. Traditional generation RNs embrace the sense of professionalism, viewing nursing as a career worth closely tied to their work ethic (Kupperschmidt, 2000). They are not available for mid-level management positions; lack of attention to their needs. Generation X and Net Generation colleagues'™ age-related demeanors are perceived as a lack of professionalism by these younger colleagues (Ulrich, 2005). Generation nurses perceive they are carrying the greatest share of the burden (Santos & Cox, 2000); and they are experiencing high levels of role overload and interpersonal strain (Santos et al., 2003). Although they are disappointed that organizations are not evolving into the kind of professional environment they need to, work (Cyr, 2005), they maintain their strengths as process-oriented problem solvers and mentors (Kupperschmidt, 2000; Ulrich et al., 2005).

### **Disillusioned Generation X Professional RNs (Birth Years 1961-1980)**

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Many Generation X nurses first work experiences occurred during the recession...Thus they learned there is no such thing as job security.

Generation X members are described as Baby Boomers'™ children who were raised in a culture of debris: divorce and dual-career parents resulting in Latch Key Kid experiences (Strauss, 1993). Generation X RNs were raised in an anti-child culture where the focus was on the child (Holtz, 1995; Howe & Strauss, 1993; Kupperschmidt, 1998). Many of them were raised by their parents, who had sacrificed time with their children to advance their careers in their later years (Holtz, 1995; Howe & Strauss, 1993). Zemke, Raines, and Axelrod (1996) state that employees'™ first job experiences significantly impact their values and attitudes in the workplace, including the nature of the work itself and relations with colleagues. Generation X nurses first work experiences occurred during a period of

reorganization and restructuring of health care organizations. Thus, things like job security. They have concluded that long term commitment, paying dues, and to hierarchical reverence are to be avoided. Rather than maintaining marketability is the key to personal success ([Bradford & F Kupperschmidt, 1998](#); [Tulgan 1995](#)). Strengths Generation X colleagues bring their techno-competence, multi-tasking, and ability to work well alone ([1993](#); [Kupperschmidt, 1998](#)). Generation X RNs are disillusioned by their colleagues' perceived unwillingness to become technologically competent and comments about them as individuals and about their generation ([Tulgan 1995](#)) organizations that are not evolving into the kind of professional environment they want to work ([Bradford & Raines, 1992](#); [Howe & Strauss, 1993](#); [Swearingen &](#)

### Disengaging Net Generation Professional RNs (Birth Years 1981-2000)

...many of today's health care organizations may not be the kind of environment in which the Net Generation RNs expect and desire to work.

Net Generation colleagues were raised enmeshed in digital technology from nursery school. They were raised in the "Era of the Child" when it was common to protect children chauffeured by Soccer Moms ([Howe & Strauss, 2000](#)) and adopted the philosophy of moral relativism and consider truth as relative. They perceive nursing as an occupation rather than a profession as literature is. The impending nursing shortage consistently refers to available *jobs* in nursing. The strengths professional RNs bring to the workplace comprise their techno-competence, multi-tasking, and ability to work well alone ([Howe & Strauss, 2000](#)) and collective action ([Howe & Strauss, 2000](#); [Tapscott, 1998](#)). Net Generation nurses may be disengaging from nursing because of Boomer and Generation X colleagues' negative attitudes, media reports about nursing in acute care settings and nurses leaving nursing ([Shaver & Lacey, 2000](#)) and the technology ([Kupperschmidt, 2001](#)). Thus, many of today's health care organizations are not the kind of environment in which the Net Generation RNs expect and

### The Challenge

It is important to stress that professional RNs do not have to abandon their own generational values, but they do have to recognize, allow, and integrate the values of others.

Much more could be and has been said about each generation. It is important to avoid stereotypes of individuals. Gerke ([2001](#)) has asserted that the health care industry needs a huge overhaul to successfully use the strengths of professional nurses from diverse generations. Gerke ([2001](#)), and Duchscher and Cowin ([2004](#)), emphasize all staff learning about colleagues' differences and dialoguing about them. Determined values and expectations are being played out in their organizations. Gerke emphasized that colleagues' workplace behaviors legitimately derive from their values, and has tied strengths and values together in a humorous example of how work gets done. Traditional colleagues value hard work and respect for authority. They value team work. Generation X Nurses value self-reliance and Net Gen

achievement. In the workplace, a Traditional nurse might say, "Do it my way." A Boomer nurse might say, "Let's get together and reach a consensus." Generation X staff nurses might say they will do it themselves; and Net Generation nurses do not care who does it as long as the work gets done. It is important to strive to adopt colleagues' generational values; but they do have to respect these different values. Lancaster and Stillman (2002) referred to these differences as idiosyncrasies whereas Kalisch and Begeny (2005) referred to the differences as idiosyncrasies. Stillman (2002) asserted that professionals must be aware of and allow for idiosyncrasies and respect colleagues' generationally influenced styles for effective teamwork.

### The Role of Respect in Multigenerational Relationships

It is the contention of this author that mutual respect could reduce miscommunication among professional nurses in the workplace. Although no research studies were found that show a direct, positive correlation between generational lack of respect and work performance, literature and anecdotal reports are available to support this contention.

If treating each other with mutual respect was a mandate from the American Nurses Association, nursing would figure out an effective way to meet the mandate.

DeLellis (2000) stressed the important role of respect in professional relationships. She developed an integrated typology addressing various aspects of the concept. In a later work (2004) she contended the need to be respected is universal among human beings. She discussed respect as a key element in bringing good into human life. They discussed respect as a set of behaviors, values, and perceptions and built the case for respect as the foundation for employee relations. DeLellis and Sauer proposed that respectful communication includes respect as active listening; respect as assertive speech; respect as avoiding conflict; and respect during conflict.

DeLellis (2004) studied respect in various work settings including health care. She found that 79% of those surveyed felt workplace respect was lacking in the United States. She stated that respect was a serious problem. Regarding respect in hospitals, respondents believed that the quality of life for hospital employees, including nurses, would improve if employees respected each other as much as they do their patients. Ulrich et al., (2004) defined the concept comprised of four key elements: attention, deference, valuing, and respect. They expressed concern over the dearth of studies addressing staff nurses' perceptions of respect. However, they acknowledged the considerable number of anecdotal comments regarding respect, adding that these comments are made because mutual respect is essential for working relationships among a multi-generational nursing workforce.

Because of this author's interest in generational issues, colleagues' experiences of disrespectful treatment. For example, Traditional and Boomer colleagues might be disrespected with remarks such as, "These old bitches don't know how to use technology." Boomer colleagues have difficulty understanding that "it's all relative" relativism, because someone (a Boomer colleague) finds the word "bitch" mean a Net Generation colleague finds it offensive, as evidenced by a Net Generation saying, regarding this word, "It is really no big deal." Younger staff nurses and older faculty are disrespectful when they make remarks such as "You're on the grade and don't care about the content nor how they get the grade." Net Generation nurses have offended Boomers by saying, "Boomers take forever

want to process and process, and Boomer colleagues have reported need to carefully weigh all the facts and achieve consensus, by openly take this long to make a decision!

This author has also heard both undergraduate and graduate students. Net Generation students, describe how the different generations perceive. Both generations have described maintaining eye contact, paying attention, thank you, and using titles such as Mr. and Mrs.), as respectful behavior. speaker, gossiping, not paying attention, rolling one's eyes when do not responding to telephone calls and e-mail messages were described these generations.

If treating each other with mutual respect was a mandate from a regulatory figure out an effective way to meet the mandate. Yet, in essence, nursing mandate clearly stated in the American Nurses Association's [Code of Association \[ANA\], 2001](#)). The *Code of Ethics*, Provision 1, states that nursing relationships practice with respect for the inherent dignity, worth, and

### **Carefronting Disrespect as Strategy**

This section will begin with a description of Augsburger's Model of Kupperschmidt's adaptation of carefronting for nursing will be presented.

### **Augsburger's Model of Carefronting**

Flowing from his years of experience as a family therapist, Augsburger carefronting to describe a model of communication. He asserted that to confront, is the key to effective relationships and the way to communicate interpersonal relationships and work-related situations. Augsburger helped by noting that conflict itself is natural and normal. It is the way people through conflicted situations that influence their relationships. He asserted that disrespectful comments or behaviors is self-defeating because the relationship communication. He added that for carefronting to occur, both parties how they feel and what they value; they need to know that the other person to understand them. Augsburger acknowledged that carefronting, i.e. receiving the carefronting, requires courage. He asserted that failure to one's real feelings and viewpoints is not kindness; rather it is a (1973, p. 25). Augsburger explained that when a person is angered by become the creative force which enables the person to carefront the difference. Carefronting disrespectful behavior comprises negotiating difference ways.

Augsburger (1981) has continued to develop carefronting by integrating. The main thesis of this work is that when people forgive each other, they genuinely and be fully present with each other. As Augsburger has explained anger, blaming, and avoidance; it comes to terms with the past and all allowing right and just relationships to evolve.

### **Kupperschmidt's Adaptation of Carefronting**

Although Augsburger's model of carefronting was published more remains relevant and pertinent today. In a 1994 publication, Kupperschmidt nursing, noting that carefronting means caring enough about one's caring, self-asserting, responsible manner. She pointed out that carefronting failure to confront as dishonest communication, a form of communication importance of relationships and goals. Kupperschmidt noted that carefronting communication because in carefronting one states what should be stated

treated with respect) and what needs to be/should be stated (You and I should treat each other with respect); and it refuses to confuse the "should" with the "is". In an article Kupperschmidt provided examples of ways to carefront, questioning strategies that allow colleagues to save face when being carefronted, self-embodies forgiveness, a complex process of restoring caring and valuing relationships engendered by previous disrespectful behavior, and focusing on the

Professional nurses must learn to carefront in order to become the caring professional nurses they purport to be.

Professional nurses of all generations must acknowledge they are currently being hurt and/or hurt by disrespectful treatment at the hands of another professional nurse. Professional nurses must learn to carefront in order to become the caring professional nurses they purport to be. Provision 1.5 of the *Code of Ethics* (ANA, 2001), page 9, states that the profession of nursing is to be conducted with respect and maintain a commitment to resolving conflicts with colleagues. Every professional nurse has an ethical duty to resolve workplace conflicts. Educators should assist individual nurses to embrace this ethical imperative and learn to resolve conflicts.

Several scholars have identified how carefronting can strengthen relationships between nurses. DeMarco (1998) asserted that caring enough to confront in the workplace is an imperative for nurses. She shared findings from two studies in which nurses who did not confront nursing colleagues' unacceptable behaviors because they were afraid of confronting colleagues would damage the relationships and engendered a culture of fear to provide needed assistance and refusing to offer collegial help. In 2005, Patterson, Grenny, McMillan, and Switzler expressed their belief that if nurses will find ways to support one another and care about each other to be direct and confront, professional relationships and mutual respect will be heightened. Thus carefronting holds great promise as a strategy for representing various generational cohorts come to understand each other.

Recently Patterson, Grenny, McMillan, and Switzler (2005) endorsed carefronting similar to carefronting, in conflict situations when the stakes are high. They stated we need to start with the heart by asking the following three questions:

- What do I want for me out of this relationship?
- What do I want for others out of this relationship?
- What do I want for the relationship?

They explained that professional nurses' answer to these questions is the key to their ability to work together to provide safe patient care in an environment of mutual respect. Patterson et al. added that confrontation involves holding someone accountable face-to-face, in situations involving disrespect.

### **Nursing Management's Responsibility for a Respectful Environment**

The ANA Code of Ethics notes it is the responsibility of both individual nurses and nursing management to facilitate an environment of respect. Provision 6 of the Code of Ethics states that administrators are responsible for setting standards and managing the workplace so that each employee is treated fairly and is able to practice in an environment of mutual respect. The provision of quality health care consistent with the values of the profession and the enforcement of a zero tolerance policy for disrespectful behavior clear expectation that the nurse in all professional relationships practice



Respondents reported that the most frequent source of abuse v

Rowe and Sherlock (2005) conducted a study to identify the types and nurses experienced. Respondents reported that the most frequent source of abuse was disrespectful behavior. Rowe and Sherlock noted that this disrespectful behavior increased job dissatisfaction. They decried the fact that nurses have been taught to simply point out that disrespect in the form of verbal abuse is quite costly to the hospital, and the patients. They charged managers and administrators for disrespectful behavior.

Managers can adapt cultural diversity educational offerings to address generational differences. Kopperschmidt (2000) described an array of generationally savvy management strategies within the ACORN business model. Strategies within this acronym include: Addressing differences; Creating workplace choices; Operating from a theoretically sound management style; Respecting employees' competence and initiative. Laschinger (2004), and Laschinger and Finegan (2005), noted that when managers provide access to information, support and resources, and opportunity for development, they are respected.

In a short article directed toward managers, Sanford (2005) presented a model for a toxic work environment that was allowed to continue for years. She described a toxic work environment that was allowed to continue for years because nurses (staff and managers) refused to confront the disrespectful behavior. Sanford asserted that allowing Mary's behavior to continue provided nurses permission to be disrespectful. She stressed the importance of nurses becoming competent in confrontation skill, thereby setting the

### Summary

In summary, each generation of professional nurses brings different gifts, strengths and values to the workplace. It is a professional responsibility to address these differences regarding these differences in strengths and values, and to use them to the benefit of the profession (Kalisch & Begeny, 2005). Selected questions for professional nurses to identify and effectively use colleagues' generationally influenced strengths are listed in [Table 1](#). If all professional nurses assume their ethical responsibility to confront disrespectful behavior, their practice will be consistent with the nursing profession's values. Assuming this responsibility will create environments conducive to the development of and workplaces having a minimum of multigenerational disrespect are

### Table: Valuing and Using Nursing Colleagues' Strengths: Questions

*Questions to ask Traditional Colleagues to value and use their strengths:*  
Where does the Unit need to better manage resource consumption?  
Which tasks/jobs require close attention to time lines and details?  
How can we best use their traditional thinking?

*Questions to ask Baby Boomer Colleagues to value and use their strengths:*  
Where can we most effectively use team members with strengths in

Which issues require consensus building?  
Which issues require a process orientation?

*Questions to ask Generation X Colleagues to value and use their strengths*  
Which jobs call for an entrepreneurial spirit?  
Where do we need a technologically skilled colleagues?  
How can trouble-shooting skills be more effectively valued and used?

*Questions to ask Net Generation Colleagues to value and use their strengths*  
How can we best value and use culturally sensitive viewpoints?  
How can we best incorporate new technology skills?  
How can colleagues become comfortable and competent within a virtual environment?

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## References

- American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. American Nurses Association.
- Anthony, M., Standing, T., Glick, J., Duffy, M., Paschall, F., et al. (2005). Retention of nurses. *Journal of Nursing Administration*, 35, 146-155.
- Augsburger, D. (1973). *Caring enough to confront*. Glendale, CA: Regal Books.
- Augsburger, D. (1981). *Caring enough to forgive*. Ventura, CA: Regal Books.
- Bradford, L., & Raines, C. (1992). *Twentysomethings*. New York: Master Books.
- Bernstein, M., & Fundner, R. (2002/2003). House of healing, house of conflict: A new perspective on disrespectful behaviour among hospital workers. *Hospital & Health Administration*, 77(4), 12-18.
- Casey, K., Fink, R., Krugman, M., & Propst, J. (2004). The graduate nurse's perspective. *Administration*, 34, 303-311.
- Cyr, J. (2005). Retaining older hospital nurses and delaying their retirement. *Administration*, 35, 563-567.
- DeLellis, A. (2000). Clarifying the concept of respect: Implications for leadership studies. *Leadership Studies*, 7, 35-49.
- DeLellis, A., & Sauer, R. (2004). Respect as ethical foundation for communication relations. *Laboratory Medicine*, 35, 262-266.
- DeMarco, R. (1998). Caring to confront in the workplace: An ethical perspective. *Outlook*, 46, 130-135.

- DeMarco, R., & Roberts, S. (2003). Negative behaviors in nursing. *American Journal of Nursing*, 103, 113-116.
- DeMeglio, K., Padula, C., Piatek, C., Sorber, S., Barrett, A., & Ducharme, J. (2003). Nurse satisfaction. *Journal of Nursing Administration*, 35, 110-119.
- Duchscher, J., & Cowin, L. (2004). Multi-generational nurses in the workforce. *Nursing Administration Quarterly*, 34, 493-501.
- Garrett D., & McDaniel, A. (2001). A new look at nurse burnout. *Journal of Nursing Administration*, 1, 91-96.
- Gerke, M. (2001). Understanding and leading the quad matrix: Four generations in the workplace. *Seminars for Nurse Managers*, 9, 173-181.
- Holtz, G. (1995). *Welcome to the jungle: The why behind Generation X*. New York: Bantam.
- Howe, N., & Strauss, W. (1993). *13th Gen: Abort, Retry, Ignore, Fail?* New York: Basic Books.
- Howe, N., & Strauss, W. (2000) *Millennials rising*. New York: Vintage Books.
- Hu, J., Herrick, C., & Hodgkin, K. (2004). Managing the multi-generational workforce. *Healthcare Manager*, 23, 334-340.
- Hutton, S. (2006). Workplace incivility: State of the science. *Journal of Nursing Administration*, 6, 27.
- Kalisch, B., & Begeny, S. (2005) Improving nursing unit teamwork. *Journal of Nursing Administration*, 35, 550-556.
- Kupperschmidt, B. (1994). Carefronting: caring enough to confront. *Journal of Nursing Administration*, 4, 36-43.
- Kupperschmidt, B. (1998). Understanding Generation X employees. *Journal of Nursing Administration*, 28, 36-43.
- Kupperschmidt, B. (2000). Multi-generation employees: Strategies for success. *Care Manager*, 19, 65-76.
- Kupperschmidt, B. (2001). Understanding Net Generation employees. *Journal of Nursing Administration*, 31, 570-574.
- Kupperschmidt, B. (2004). Making a case for shared accountability. *Journal of Nursing Administration*, 34, 114-116.
- Lancaster, L., & Stillman, D. (2002). *When generations collide*. New York: HarperCollins.
- Laschinger, H., (2004). Hospital nurses' perceptions of respect and dignity. *Journal of Nursing Administration*, 34, 354-364.
- Laschinger, H., & Finegan, J. (2005). Using empowerment to build trust: A strategy for addressing the nursing shortage. *Nursing Economic\$, 23, 6*
- Letvak, S. (2002). Retaining the older nurse. *Journal of Nursing Administration*, 2, 10-14.
- Manion, J. (2003). Joy at work? *Journal of Nursing Administration*, 33, 65-68.
- Manion, J., & Bartholomew, K. (2004). Community in the workplace. *Journal of Nursing Administration*, 34, 46-53.
- Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2005). *Crucial conversations*. New York: HarperCollins.

Rowe, M., & Sherlock, H. (2005). Stress and verbal abuse in nursing: Do young? *Journal of Nursing Management*, 13, 242-248.

Russell, C. (1997). *The master trend*. New York: Plenum Press.

Sanford, K. (2005). Becoming competent in confrontation. *Nursing Ma*

Santos, S., & Cox, K. (2000). Workplace adjustment and intergeneratio  
matures, boomers, and Xers. *Nursing Economic\$, 18*, 7-13.

Santo, S., Carroll, C., Cox, K., Teasley, S., Simon, S., Bainbridge, L., et al  
bearing the burden of care. *Journal of Nursing Administration, 33*, 243-2

Shaver, K., & Lacey, L. (2003). Job and career satisfaction among staff r  
*Administration, 33*, 166-172.

Strachota, E., Normandin, P., Oâ™Brien, N., Clary, M., & Krukow, B. (2  
leave or change employment status. *Journal of Nursing Administration*

Strauss, W., & Howe, N. (1991). *Generations*. New York: Quill William M

Sumner, J., & Townsend-Rocchiccioli, J. (2003). Why are nurses leaving  
*Administration Quarterly, 27*, 164-171.

Swearingen, S., & Liberman, A. (2004). Nursing generations: An expan  
conflict and its resolution. *Health Care Manager. 23*, 54-64.

Tapscott, D. (1998). *Growing up digital*. New York: McGraw- Hill.

Tulgan, B. (1995). *Managing Generation X: How to bring out the best in*  
Merritt Publishing.

Ulrich, B. (2001). Successfully managing multi-generational workforce  
*9, 147-153*.

Ulrich, B., Buerhaus, P., Donelan, K. Norman, L., & Dittus, R. (2005). H  
environment. *Journal of Nursing Administration, 35*, 389-396.

Zemke, R., Raines, C., & Filipczak, B. (2000). *Generations at work*. New  
Association.

---

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Article published May 31, 2006

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