Generational differences in distress, attitudes and incivility among nurses

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Aims The first research objective was to replicate the finding of Leiter *et al.* [(2008) *Journal of Nursing Management*, **16**, 100–109.] of Generation X nurses (n = 338) reporting higher levels of distress than Baby Boomer nurses (n = 139). The second objective was to test whether Generation X nurses reported more negative social environments at work than did Baby Boomer nurses.

Background Negative social environments can influence the quality of work and the experience of distress for nurses. Generational differences in the experience of distress and collegiality have implications for the establishment of healthy workplaces, recruitment and retention.

Methods A questionnaire survey of nurses was organized by generation. Analyses of variance contrasted the scores on burnout, turnover intention, physical symptoms, supervisor incivility, coworker incivility and team civility.

Results The results confirmed the hypotheses of Generation X nurses reporting more negative experiences than did Baby Boomer nurses on all measures.

Conclusions The negative quality of social encounters at work contributes to nurses' experience of distress and suggest conflicts of values with the dominant culture of their workplaces.

Implications for Nursing Management Proactive initiatives to enhance the quality of collegiality can contribute to retention strategies. Building collegiality across generations can be especially useful.

Keywords: burnout, civility, generation, incivility, management

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Introduction and background

The nursing profession is facing a critical and growing shortage of nurses. Fewer individuals are entering the profession and there is a large portion of the workforce retiring (World Health Organization 2006). More concerning, recent statistics suggest a growing attrition rate among new nursing graduates. Recruitment and retention strategies often emphasize the importance of healthy workplace communities in supporting and sustaining the nursing workforce. Negative social environments at work, inclusive of workplace stress and

incivility, are well recognized influences on both turnover and the intention to leave the profession (Hayes *et al.* 2006, Laschinger *et al.* 2009).

Recent research suggests that workplace relationships may be influenced by generational differences between nurses (Boychuk-Duchscher & Cowin 2004). A survey of Canadian nurses identified clear differences between generations in their evaluation of worklife, which has implications for workplace relationships and social environments (Leiter *et al.* 2008). In addition, differences in generational values can impact both collegial relationships and organizational commitment. The conflict of personal values with organizational values is one of the primary drivers for burnout (Leiter & Shaughnessy 2006), and job burnout is a well-recognized cause of turnover and intent to leave. Research has also identified poor collegial relationships as an aggravating factor in burnout (Leiter & Maslach 1988, Shaufeli *et al.* 2009).

The current nursing workforce is comprised of three generational cohorts: the Baby Boomers, Generation X and the Millennials. An enhanced understanding of worklife and collegiality across the generations can aid the establishment of healthy work environments and improve retention in the nursing profession. Retention of nurses across the generations is crucial towards ensuring safe work environments and positive health outcomes for patients. The aim of the present study was to examine the experience of workplace social environments, specifically job distress and incivility, between generations of nurses.

Review of the literature

Generational theory

Generations are defined as a group of individuals who share not only a band of birth years, but for whom shared events have shaped attitudes and values (Kupperschmidt 1998, 2000). Members of a generational cohort experience particular historical or environmental events within the same timeframe and share a set of values, beliefs and expectations (Strauss & Howe 1991). Despite early exploration of intergenerational issues (Friedlander 1975), there has been heightened interest over the past decade in exploring generational differences within the workplace, especially within the fields of management and human resources (Payne & Holmes, 1998, Hill 2002, Rodriguez *et al.* 2003, Boychuk-Duchscher & Cowin 2004). It is theorized that the values, beliefs and attitudes shared by each generational cohort has implications for the multigenerational work

environment (Zemke *et al.* 2000, McNeese-Smith & Crook 2003, Hu *et al.* 2004, Lips-Wiersma & McMorland 2006). A growing body of generational literature and research has shown significant differences between the generational cohorts (Baby boomers, Generation X and Millennials/Gen Y) in relation to career aspirations and expectations (Zemke *et al.* 2000, Hill 2002, Lancaster & Stillman 2005, Hu *et al.* 2004, Eisner 2005, Hartung *et al.* 2005).

The largest cohorts in the current workforce are Generation X, born between the years 1961 and 1981 (Zemke 1999, McNeese-Smith & Crook 2003, Stuenkel *et al.* 2005), and the Baby Boomers, born between the years 1943 and 1960. The Millennial generation of nurses (born after 1981) just started entering the workforce as of 2002. The Baby Boomer cohort is often characterized as workaholics who 'live to work' (Strauss & Howe 1991). Within North America, Boomers have a history of the healthy post-war economy and a vibrant job market as they came to age in the 1970s, conditions that fostered optimism (Lancaster & Stillman 2005). Regarding work ethics, Boomers value loyalty and recognition from authority, as they drive important dimensions of their identity from their work roles (Stuenkel *et al.* 2005, Wieck 2005, Apostolidis & Polifroni 2006). This generation is known to challenge the status quo and although they adjust slowly to technological advances, they value creativity and risk taking (Strauss & Howe 1991). In nursing, Baby Boomers exemplify professionalism and value autonomy in practice (Kupperschmidt 1998, 2000).

In contrast to the Boomers, Generation X (GenXers) are more likely to have been brought up in single family or dual income homes. After-school programmes contributed to their sense of independence, with low reliance on external approval and support. Encountering computers at an earlier age, GenXers have developed the capacity to integrate information from diverse, and often non-credentialed, sources and often de-emphasize the value of classic education (Stuenkel *et al.* 2005). Individuals within Generation X are noted to be independent, confident, creative and comfortable with change and new technology. Within nursing, GenXers value the work-life balance and seek professional acknowledgement for their talents and expertise (Boychuk-Duchscher & Cowin 2004).

Multigenerational nursing work environments

Within the discipline of nursing there has been a growing body of literature describing both the multigenerational work environment (Kupperschmidt 2000,

McNeese-Smith & Crook 2003, Boychuk-Duchscher & Cowin 2004, Hu *et al.* 2004) and exploring generational differences in relation to organizational variables (Hill 2002, Lancaster & Stillman 2005, Eisner 2005, Hartung *et al.* 2005, Widger *et al.* 2008, Wilson-Keates *et al.* 2008, Zemke *et al.* 2000). Leiter *et al.* (2008) proposed that generational differences would shape nurses' evaluation of processes and values implicit in health care work. They found the organizational structure of Canadian health care to be more closely aligned with the values of Boomers than of GenXers. Furthermore, the conflict of personal and organizational values for GenX nurses was associated with a greater propensity to experience aspects of job burnout. Widger *et al.* (2008) found that the most recent generational cohort (Millennials) had lower job satisfaction scores than older cohorts. Furthermore, the Millennial cohort had the largest proportion of nurses experiencing burnout, specifically feelings of depersonalization and emotional exhaustion. Wilson-Keates *et al.* (2008) explored job satisfaction among a multigenerational sample of 6541 Registered Nurses (RNs) and found that Generation X and Millennial nurses had significantly lower job satisfaction scores than their baby Boomer counterparts. The research reported here attempts to replicate part of this previous study to assess the extent to which those findings endure across a sample of nurses from a broader geographical region. It also extends that research by adding a thorough evaluation of generational differences in nurses' experience of civility and incivility in their working relationships.

Understanding how generational differences contribute to the workplace social environment is crucial to retaining nurses in the profession. An enhanced understanding of generational differences within the context of the nursing work environment also has the potential to support healthy workplace relationships between new graduates and mid-late career nurses, which are critical towards successful socialization, indoctrination and retention of the upcoming generation of nurses. Furthermore, social support among colleagues can assist nurses in coping with the stressful nature of their work and work environment.

Distress and burnout

Job burnout is a syndrome of chronic exhaustion, cynicism and low professional efficacy (Leiter & Schaufeli 1996, Maslach *et al.* 2001). Extensive research has attributed the development of the syndrome to the management environment (Halbesleben & Buckley 2004). Two primary drivers of burnout are excessive

workload and conflicts of personal values with organizational values (Leiter & Shaughnessy 2006, Leiter *et al.* 2010). Burnout has been extensively researched within nursing and has been found to impact nurses' health and the quality of patient care (Aiken *et al.* 1994, Aiken *et al.* 2001, Laschinger & Leiter 2006), job satisfaction (Prosserl *et al.* 1999) and turnover (Fochsen *et al.* 2005).

Evidence has also mounted of an association between burnout and generational membership. Leiter *et al.* (2008) found greater exhaustion and cynicism among GenX nurses than among Baby Boomer. Cho *et al.* (2006) found that exhaustion and cynicism among newly graduated nurses, Gen X and Millennials, to be much higher than the established norms for the syndrome (Maslach *et al.* 1996). The pattern suggests that younger nurses are finding the healthcare workplace less apt to fulfil their career aspirations. Furthermore, recent statistics suggest that 35–61% of new nursing graduates may leave the profession within the first year of professional practice (Boychuk-Duchscher & Cowin 2004). One explanation of this attrition is that new graduates, as part of a younger generational cohort, may experience incongruence between the environment in which they were raised and educated and the professional setting into which they are indoctrinated (McNeese-Smith & Crook 2003).

Research is needed to identify specific mechanisms through which professional value conflicts have a distinct impact to deplete the energy of GenX nurses, leading to exhaustion, cynicism and disengagement. The quality of working relationships within hospital units is a potential mechanism that needs further exploration. Throughout the history of burnout research, poor relationships with colleagues and supervisors have been identified to aggravate both exhaustion and cynicism (Leiter & Maslach 1988, Shaufeli *et al.* 2009). A strong sense of collegiality plays a powerful role in models of organizational culture (Schein 1992).

Collegial relationships

From a positive perspective, models of stress and burnout have identified social support among work colleagues as a buffer against stress (Greenglass *et al.* 1997) and a resource to aid coping (Xanthopoulou *et al.* 2007). From a negative perspective, poor collegial relationships or workplace incivility undermines employee health, performance and well-being (Pearson *et al.* 2000, Cortina *et al.* 2001, Lim *et al.* 2008). Workplace incivility is defined as 'low intensity, deviant behaviour with ambiguous intent to harm…in violation

of workplace norms for mutual respect' (Andersson & Pearson 1999, p. 457). A consistent finding among incivility research is that even low levels of rudeness in day-to-day encounters undermine collegiality (Barling 1996, Barling *et al.* 2001, Miner-Rubino & Cortina 2004).

Both explicit instances of incivility from others at work, as well as a lack of collegiality, can potentially combine to increase nurses' vulnerability to burnout. The greater mismatch in GenX nurses' evaluation of their work settings may reflect not simply as an incompatibility of values on an abstract level, but may also result in more unpleasant social encounters in the course of doing their work. Incivility is also characterized to influence workplace culture and extend beyond individual actions. Incivility in the workplace can reach a point, when incivility replaces social norms of civility and can escalate to open disrespect and conflict (Andersson & Pearson 1999). After a process of reciprocity (Dabos & Rousseau 2004), nurses' experience of uncivil behaviour would be associated with a greater propensity to express incivility towards their colleagues. Given the importance of both supervisory and collegial relationships in nurses' experiences of burnout components, we expect both supervisory and collegial interactions to make distinct contributions.

Overview and hypotheses

The purpose of the present study was to contrast the experience of social environments between generations of nurses in the workplace. Understanding the generational experience of social environments, specifically job distress/burnout and collegiality, has implications for the establishment of healthy work environments and nurse retention. Although our sample lacks a sufficient number of Generation Y nurses to include in this analysis, we contend that the contrast between GenXers and Boomers will be relevant to issues confronting younger nurses.

The first research objective was to replicate the finding of Leiter *et al.* (2008) of Generation X nurses reporting higher levels of distress than Baby Boomer nurses. The second objective was to test whether Generation X nurses reported more negative social environments at work than did Baby Boomer nurses.

Hypothesis 1: after earlier research greater distress among GenX nurses (Leiter *et al.* 2008), we propose that GenX nurses will score more negatively on a cluster of distress indicators including exhaustion, cynicism, turnover intention and physical symptoms of stress.

Hypothesis 2: after the established link between strained working relationships and distress, among GenX nurses (Leiter & Maslach 1988), we propose that GenX nurses will score more negatively on a cluster of relationship indicators including supervisor incivility, coworker incivility and team civility.

Together, these two hypotheses consider the social context of nursing as a prime factor associated with nurses' experience of fulfilment or distress. While the causal influences between burnout and incivility exceeds the scope of this research, the hypotheses project a high level of consistency between the quality of working relationships and nurses' psychological connection with their work.

Methods

Sample and sampling procedure

Canadian nurses ($n = 522$) in three district health authorities in Nova Scotia and two hospitals in Ontario completed a survey assessing various dimensions of worklife. Participants were predominantly female ($n = 493$, 94.8%; male: $n = 27$, 5.2%, 10 did not respond), with an average age of 41.98 years (SD = 10.477). Their employment status varied, including full-time (335, 63.64%), part-time (138, 26.2%), casual (49, 9.3%) and temporary (5, 0.9%). Their professional status included Licensed Practical Nurses (LPN) (23, 4.3%) and RN (499, 95.7%). They worked in their current hospital for an average of 13.55 years (SD 10.26).

For the purpose of generational analysis, we defined Generation X as a birth date from 1963 to 1981 ($n = 338$) and Baby Boomer as a birth date from 1943 to 1958 ($n = 139$). We eliminated participants on the cusp of these two generations (with birth dates from 1959 to 1962, $n = 104$) to clarify the contrast between the two groups. The sample included too few Generation Y nurses with birth dates after 1981 ($n = 35$) to provide a balanced contrast with the other two groups.

The remaining 209 surveys were excluded because they did not fit within the Generation X or Baby Boomer age ranges.

Data collection procedures

Health care providers from five hospitals in Nova Scotia and Ontario, Canada completed questionnaires pertaining to worklife as part of a project to improve civility among colleagues. Unit managers responded to a message from their Chief Nursing Officer who invited units to participate in an intervention study examining

a method for improving collegial relationships. Any clinical unit volunteering was eligible. The data for this analysis were derived from the baseline survey for this larger study. In accordance with procedures approved by relevant ethics review panels, researchers worked with hospital personnel to distribute questionnaire packages to personnel on 41 units across the five hospitals using a modified Dillman method (Dillman 2000). Participants had an option of completing the survey online. Members of the team presented the rationale for the survey and were present on participating units across the shifts to answer questions and provide assistance upon request. Participants returned completed surveys in business-reply stamped envelopes to a research centre that was independent of the hospitals. We received 729 completed surveys from the 1600 distributed to nurses for a response rate of 45%.

Measures

All measures in the present study are established instruments developed to assess employees' perceptions of specific qualities of worklife.

Civility
The CREW Civility Scale (Osatuke *et al.* 2009) consists of eight items designed to measure the perceptions of workplace civility within a work group and across an organization (e.g. 'A spirit of cooperation and teamwork exists in my work group', 'Disputes or conflicts are resolved fairly in my work group', 'This organization does not tolerate discrimination'). The items were rated on a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. In the present study, the internal reliability was high ($\alpha = 0.88$).

Experienced incivility (supervisor and co-worker)
The 10-item Workplace Incivility Scale (Cortina *et al.* 2001) assesses the frequency of health care providers' experiences of workplace incivility including disrespectful, rude or condescending behaviours in the previous month. Using a seven-point Likert scale ranging from never to daily participants rated the extent to which they experienced each of five behaviours (e.g. 'People treat each other with respect in my work group') from their supervisor and from their coworkers. In the present study, the internal consistency was high for each dimension (supervisor: $\alpha = 0.84$, coworker: $\alpha = 0.85$).

Instigated incivility
Consistent with Blau and Andersson (2005), an additional dimension of instigated workplace incivility was

included. Using a seven-point Likert scale ranging from never to daily, participants rated their own behaviour on each of the five items (e.g. 'Ignored or excluded others from professional camaraderie'). In the present study, the internal consistency was high ($\alpha = 0.74$).

Burnout
The Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBI-GS; Maslach *et al.* 1996, Schaufeli *et al.* 1996) were used to measure burnout. Participants used a seven-point Likert scale ranging from 0 (never) to 6 (every day) to rate the extent to which they experience exhaustion and cynicism at work (e.g. 'I feel burned out from my work'). In the present study, the internal reliability for each subscale was high: exhaustion ($\alpha = 0.91$) and cynicism ($\alpha = 0.82$).

Turnover intentions
Three items were modified from the Turnover Intentions measure developed by Kelloway *et al.* (1999) and utilized to assess the intention to quit ('I plan on leaving my job within the next year', 'I have been actively looking for other jobs', and 'I want to remain in my job'). Each item was rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). In the present study, the internal consistency was ($\alpha = 0.92$).

Physical symptoms
In response to the question, 'Please tell us, using the following scale, how frequently you experience the risks listed', respondents rated the frequency of items on a seven-point scale from: 0 (never) to 6 (daily). Items included back strain, headache, repetitive strain injuries and gastro-intestinal discomfort. The average of the four items produced a single score, physical symptoms (Leiter 2005).

Data analysis

The primary research questions regarding differences between the two generations were addressed with analysis of variance with reference to power statistics. This approach places differences between the two groups in the context of each group's variability on the various measures. A MANOVA is an efficient method of contrasting two groups on a group of inter-related criterion variables (Grice & Iwasaki 2007). A MANOVA evaluates the mean difference between groups on the combined dependant variables (Tabachnick & Fidell 2007). These contrasts address the central question: the extent to which the two generational groups differed.

The analysis also examined correlations among the variables to assess the level of consistency among the constructs measured in the questionnaires.

Ethical considerations

Ethical approval was obtained through the research ethics boards at the participating sites. An information letter accompanied the survey package and detailed the purpose of the survey, measures to assure confidentiality and the right to refuse participation or withdraw at any time. As noted in the information letter, completion and submission of the survey will imply informed consent by the participant. Participants were informed that only group data would be reported in the summary report to the hospitals and unit team, as well as in the research reports. Responses to the survey were coded and stored separately from identifying information. All data were stored on a secure, password-protected computer.

Results

Table 1 displays the means and standard deviations for the measures for GenX and Boomer nurses. The MANOVA analyses examined differences between these scores. Table 2 displays the overall correlations for the constructs in the study. Examination of separate correlations for the two generations identified no meaningful differences. The measures conveyed a consistent perspective on worklife with all constructs correlated significantly with one another. The consistency among correlations indicates that the constructs relate to one another similarly across the two generations, although the two groups may differ on the levels of these constructs.

Cynicism and exhaustion are equally correlated with turnover intention, while exhaustion is more strongly correlated with physical symptoms ($z = 3.76$,

Table 1
Mean and standard deviations (SD)

	Gen X		Boomers		Total	
	Mean	SD	Mean	SD	Mean	SD
Exhaustion	3.15	1.46	2.74	1.49	3.02	1.48
Cynicism	1.90	1.31	1.69	1.32	1.84	1.32
Turnover intent	2.42	1.01	2.28	0.87	2.38	0.97
Physical symptoms	2.35	1.31	1.97	1.26	2.24	1.30
Supervisor incivility	0.71	0.92	0.50	0.80	0.65	0.89
Coworker incivility	0.91	0.83	0.69	0.90	0.84	0.86
Instigated incivility	0.57	0.55	0.49	0.52	0.54	0.54
Team civility	3.63	0.68	3.77	0.70	3.67	0.69

Table 2
Correlations for all study variables

Variable	2	3	4	5	6	7	8
Exhaustion	0.60	0.45	0.60	0.40	0.25	0.17	−0.22
Cynicism		0.47	0.43	0.39	0.33	0.33	−0.30
Turnover intent			0.37	0.36	0.19	0.17	−0.24
Physical symptoms				0.34	0.28	0.17	−0.17
Supervisor incivility					0.32	0.30	−0.27
Coworker incivility						0.53	−0.53
Instigated incivility							−0.38
Team civility							

$n = 477$; all correlations significant, $P < 0.05$.

$P < 0.001$). Exhaustion is more strongly correlated with supervisor incivility ($r = 0.40$) than with coworker incivility ($r = 0.25$) ($z = 2.71$, $P < 0.01$). Turnover intention is more strongly correlated with supervisor incivility ($r = 0.36$) than with coworker incivility ($r = 0.19$) ($z = 2.97$, $P < 0.01$). The correlations with supervisor and coworker incivility did not differ for cynicism ($z = 1.11$, NS). Team civility was more strongly correlated with coworker incivility ($r = −0.57$) than supervisor incivility ($r = −0.27$) ($z = 5.04$, $P < 0.001$). In their absolute values, coworker incivility and team civility were nearly equally correlated with other measures in the study. These findings confirm the importance of civility and incivility in relation to burnout constructs for both generations of nurses.

Generation and distress

The MANOVA for Distress variables (exhaustion, cynicism, turnover intention and physical symptoms) produced a significant main effect for generation [$F_{4,522} = 2.86$, $P = 0.023$, $\eta = 0.021$], confirming Hypothesis 1. To provide a more detailed assessment, univariate tests used a Bonferoni adjustment for four repeated tests. Exhaustion and physical symptoms reached univariate significance (0.05/4 one tailed, 0.0125; see Table 3). These findings indicate that GenX nurses report greater distress than their Boomer counterparts. While this trend is evident across all four

Table 3
Generation contrasts: univariate tests on distress variables

Variable	$F_{1,525}$	Sig.	η^2
Exhaustion	8.50	0.002	0.016
Cynicism	2.63	0.053	0.005
Turnover intent	2.56	0.055	0.005
Physical symptoms	9.55	0.001	0.018

Significance for one-tailed test for directional hypotheses.

Table 4
Generation contrasts: univariate tests on relationship variables

Variable	$F_{1,525}$	*Sig.*	η^2
Supervisor incivility	6.91	0.005	0.013
Coworker incivility	7.81	0.003	0.015
Team civility	4.70	0.016	0.009

Significance for one-tailed test for directional hypotheses.

Distress variables, the analysis identified distinct, independent differences for exhaustion and physical symptoms.

The MANOVA for Relationship variables (coworker incivility, supervisor incivility and team civility) produced a significant main effect for generation [$F_{3,519} = 3.85$, $P = 0.010$, $\eta = 0.022$], confirming Hypothesis 2. To provide a more detailed assessment, univariate tests used a Bonferoni adjustment for three repeated tests. All three measures, coworker incivility, supervisor incivility and team civility, reached univariate significance (0.05/3 one tailed, 0.017; see Table 4). These findings indicate that GenX nurses report a less civil workplace than do their Boomer counterparts. This difference is distinct and independent for all three measures of coworker incivility, supervisor incivility and team civility.

Discussion

The results provide convincing support for the proposition that breakdowns in collegiality are integral to GenX nurses' greater experience of distress in hospital environments. First, the analysis replicated the Leiter *et al.* (2008) finding of greater distress among the GenX nurses. Second and more importantly, it established that GenX nurses experienced greater incivility from coworkers and supervisors than did Boomers. Further, they experienced their workplace as having fewer qualities of civility. Together the analyses support the proposition that the quality of collegial relationships reflects the greater level of distress reported by GenX nurses in the present study and in previous research.

The greater distress of GenX nurses was evident across the cluster of distress measures that included exhaustion, cynicism, turnover intention and physical symptoms. The differences were especially strong for exhaustion and physical symptoms for which the univariate tests were significant, but were broadly evident across the cluster of distress indicators. The exhaustion aspect of burnout is most closely associated with work overload (Maslach *et al.* 2001, Laschinger *et al.* 2006,) but has also reflects the demands of conflict and incivility at work (Leiter & Maslach 1988, Wright & Cropanzano 1998). Unpleasant interactions make emotional demands on people, especially when those interactions are with people who are integral to the practice of one's profession and hopes of career advancement.

The strong pattern for physical symptoms is consistent with high exhaustion, as the symptoms tracked in the survey are those that reflect intense levels of stress. It is striking that the younger cohort in the sample reports more indicators of poor health. This pattern strengthens the argument that these symptoms reflect the stress that nurses are experiencing on the job, and not less resilience or general health. Recent research in nursing has also identified that the newer generations of nurses are significantly less satisfied with their jobs than older generational cohorts, and have the largest proportion of nurses experiencing burnout, specifically feelings of depersonalization and emotional exhaustion (Widger *et al.* 2008). Wilson-Keates *et al.* (2008) also found that Generation X and Millennial nurses' experienced significantly lower job satisfaction scores that their baby Boomer counterparts. These results emphasis the significance of understanding and addressing the variables that impact the work environment for the younger generations of nurses in order to retain them in the profession.

Cynicism and turnover both reflect withdrawal from the workplace. Cynicism is an emotional and cognitive withdrawal whereby individuals reflect less enthusiasm for the work itself as well as a diminished inclination to identify with the work. As such, cynicism is an indicator of career crises in which nurses entertain doubts about their choice of profession. When sufficiently intense, chronic cynicism about their work can prompt nurses to have doubts about nursing as a profession. This holds significant implications for new nursing graduates who already demonstrate a growing attrition rate (Aiken *et al.* 2001, Boychuk-Duchscher & Cowin 2004, Cho *et al.* 2006). Younger generational cohorts may have significantly different career socialization experiences and expectations of occupations/workplaces than previous generations. Research and anecdotal evidence suggests that there exists incongruence in expectations of both civil behaviour and expectations of social norms in the workplace between generations (Zemke *et al.* 2000, Hill 2002, Hu *et al.* 2004, Lancaster & Stillman 2005, Eisner 2005) What is deemed collegial among baby boomers may be quite different for younger generations, especially in relation to communication styles (Boychuk-Duchscher & Cowin 2004, Eisner 2005).

Turnover intentions are the most definitive withdrawal from the workplace (Leiter & Maslach 2009). Quitting a job or leaving the profession may reflect an acknowledged inability to cope with the pressures of day-to-day worklife, an intractable conflict with workplace priorities, or both. The greater inclination among younger nurses towards quitting is especially problematic for a profession that anticipates an overall shortage of point-of-care nurses and nursing leaders in the coming years.

Although both coworker and supervisor incivility have significant relationships with the distress measures, the correlations for both generations suggest that supervisor incivility has a stronger relationship with exhaustion and turnover intention. While coworker incivility is equally tied to the psychological withdrawal reflected in cynicism, it is chronic conflict with supervisors that deplete nurses' resources and motivate them to consider career changes. It is noteworthy that coworker incivility and team civility maintained fairly equal (although opposite signed) correlations with the other measures in the present study. Together, these findings indicate the relevance of both the negative and the positive qualities of working relationships in nurses' psychological connections with work.

Generational differences in expectations of collegial relationships have significant implications for nursing work environments where both affective and informational support is essential to the well-being of both the nurse and patient. The fact that GenX murses experienced greater incivility from coworkers and supervisors than Boomers holds special significance given that younger generations have demonstrated a strong need for regular reinforcement and feedback (Hu *et al.* 2004).

Limitations

The primary limitation of the present study is its reliance on a single source of self-report data. The analysis would be much stronger with independent indicators of the primary constructs in the study. Another limitation is that generational theory has been criticized for making generalizations of cohort characteristics based predominantly on age, anecdotal evidence and demographic data. Generational typologies have been criticized for oversimplifying the characteristics of each cohort, and often fail to account for variation and overlap (Raines 2008). Despite criticism, it does provide a reference point to explore life experiences including personal and professional behaviours and attitudes (Boychuk-Duchscher & Cowin 2004) and recent research has validated common features within each generation (Zemke *et al.* 2000, Hu *et al.* 2004). It is also difficult to separate a generation from cohort effects (i.e. determine if the identified differences are reflective of differences in the two group's career stage rather than a difference in generational values). Leiter *et al.* (2008) addressed this point in their analysis, confirming that generational contrasts accounted for more variance than did years of employment at the participating hospitals.

Future research

Future research should establish longitudinal databases that could follow-up participants over extended periods. It could be that to some extent the distress experienced by GenX nurses reflects their position in workplaces dominated by Boomer values. As the GenX nurses occupy more influential positions in North American healthcare, they may find the structure and processes of hospital work to be more to their liking. It would be informative to follow nurses who decided to quit their positions to explore the values that influenced both the decision to quit and their choice of subsequent position/career. This research would require a qualitative approach to identify the rationales and priorities in the career decision-making process.

Furthermore it is imperative to focus future research on the experiences of Generation Y nurses, both independently and in comparison with other generations in the workplace. As the upcoming generation of employees, expected to fill the gap created by retiring Baby Boomers, there is a growing interest in understanding the characteristics of the Millennial cohort in the workplace (Lancaster & Stillman 2005; Palese *et al.* 2006). Understanding how newer generational cohorts of nurses experience the social environment of the workplace is especially significant given the growing attrition rate of new nursing graduates.

Future qualitative research would also be beneficial to further contextualize the experiences and expectations as they relate to social environments. Further research is also warranted to further understand how collegiality and incivility are generationally defined and experienced.

Implications for practice

These findings argue for the adoption, continuation and renewal of efforts to enhance the quality of work environments in health care settings. A first step towards identifying incivility, and differences among

generations, may include encouraging open dialogue at the unit level about expectations of respectful conduct and behaviour among colleagues. A promising new approach is CREW (Civility, Respect and Engagement in the Workplace), which uses an organizational development approach at the workgroup level to develop a more supportive environment and improve the civility of collegial relationships (Leiter *et al.* 2009, Osatuke *et al.* 2009) The CREW process encourages explicit conversations about relationships, identifying problematic areas in need of solutions and positive practices to emulate them.

Strategies to promote positive work environments and collegiality must also include the development and implementation of anti-bullying policies. Such strategies not only ensure a positive work environment for mid and late career nurses but also provide a supportive environment for new graduates who already face so many challenges upon transition to practice (Boychuk-Duchscher and Cowin 2004). The Baby Boomers and GenXers are the mentors for the upcoming generation of nurses. All cohorts, novice and expert, need to feel respect and support in their work relationships. Efforts towards enhancing social interactions at work, and making the workplace more than just 'civil', have the potential to retain nurses at all stages of their career. This is especially important given that the younger generation of nurses experience greater physical symptoms as a result of job stress, which can lead to burnout and turnover. Supporting this younger cohort through the transition and the stress of their first few years of practice will be paramount to retaining them in the profession. Workplace initiatives, such as late career and new graduate mentorship programmes, are one strategy towards strengthening social interactions amongst the generations. Supportive work environments provide benefits to not only nurses but also the patients they care for and the organizations that employ them.

Conclusion

Differences between GenX and Boomer nurses reiterate earlier findings of greater distress among the GenX cohort. The present study provides further understanding of the parallel differences in their experience of workplace social encounters. The GenX nurses encountered more incivility from coworkers and from supervisors. They also found less civility in their work settings. These differences call for creative and serious initiatives to foster supportive working relationships.

Such initiatives have the potential to enhance recruitment, socialization and retention of nurses.

Although the results confirmed our hypotheses, they run contrary to ideals for improving recruitment and retention of nurses in hospital environments. The greater distress and incivility experienced by younger nurses does not seem sustainable. The findings on physical symptoms suggest that the GenX nurses report more signs of illness despite their youth. The social context variables suggest their workplaces are less welcoming than one would expect in a sector eager to recruit new professionals in anticipation of future shortages. It seems that the health care leaders have yet to develop policies and practices that support a fulfilling worklife to the day-to-day social environments of health care.

Acknowledgements

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