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Understanding intergenerational characteristics of nurses in clinical practice Razumevanje medgeneracijskih značilnosti medicinskih sester v klinični praksi

Neža Ukmar¹, Simona Trpin^{1, *}, Mirko Prosen², Sabina Ličen²

Key words: nursing; work environment; intergenerational cooperation; quality; satisfaction

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¹ Hospital Sežana, Cankarjeva 4, 6210 Sežana, Slovenia

² University of Primorska, Faculty of Health Sciences, Polje 42, 6310 Izola, Slovenia

* Corresponding author/
Korespondenčni avtor:
simona.skerjanc@gmail.com

ABSTRACT

Introduction: In the context of globally changing and multigenerational work environments, understanding generational differences is crucial for reducing conflict and improving collaboration in nursing care. The aim of this study was to explore the intergenerational characteristics of nurses in clinical practice.

Methods: In this non-experimental, descriptive, quantitative study, a translated version of the Multidimensional Nursing Generations Questionnaire was used to assess generational differences in nursing. A convenience sample of 100 nurses working in the clinical setting was surveyed. A total of 91 respondents (91%) were women and 9 (9%) were men. The data were analysed using basic descriptive statistics and non-parametric statistical tests such as the Kruskal-Wallis test, the Mann-Whitney U test, and the one-sample Wilcoxon signed-rank test.

Results: The results of the study indicate good coordination and collaboration between individual generations of respondents, a high degree of openness to change, autonomy and confidence in decision-making, and a positive attitude towards work ($p < 0.001$). Higher scores were reported by Generation X employees, men, employees with a master's degree, and primary care employees. However, the results show no statistically significant differences between the groups in the assessment of knowledge of intergenerational characteristics among nurses ($p > 0.05$).

Discussion and conclusion: Our results indicate good intergenerational interaction and coordination among nursing professionals. The study contributes to a better understanding of the dynamics of intergenerational collaboration in nursing, which has the potential to improve working relationships and the quality of care.

IZVLEČEK

Uvod: V kontekstu globalnih sprememb in prisotnosti več generacij na delovnem mestu je razumevanje medgeneracijskih razlik ključno za zmanjšanje konfliktov in izboljšanje sodelovanja v zdravstveni negi. Namen raziskave je bil razumeti medgeneracijske značilnosti medicinskih sester v klinični praksi.

Metode: V neeksperimentalni opisni kvantitativni raziskavi je bil uporabljen v slovenski jezik preveden vprašalnik za ocenjevanje medgeneracijskih razlik v zdravstveni negi (ang. *The Multidimensional Nursing Generations Questionnaire*). V priložnostni vzorec je bilo zajetih 100 medicinskih sester, zaposlenih v kliničnem okolju. Podatki so bili analizirani z osnovno deskriptivno statistiko ter neparametričnimi statističnimi testi, kot so Kruskal-Wallisov test, Mann-Whitneyjev U-test in za en vzorec Wilcoxonov test.

Rezultati: Rezultati kažejo dobro usklajenost in sodelovanje med različnimi generacijami anketirancev, večjo odprtost do sprememb, večjo samostojnost in zaupanje v odločitve ter pozitivnejši odnos do dela ($p < 0,001$). Boljše rezultate so dosegli zaposleni iz generacije X, moški, magistri stroke in zaposleni na primarni zdravstveni dejavnosti. Rezultati so pokazali, da med skupinami ni bilo statistično pomembnih razlik pri ocenjevanju razumevanja medgeneracijskih značilnosti medicinskih sester ($p > 0,05$).

Diskusija in zaključek: Na osnovi rezultatov smo ugotovili dobro medsebojno sodelovanje in usklajenost med različnimi generacijami medicinskih sester. Raziskava prispeva k boljšemu razumevanju dinamike medgeneracijskega sodelovanja v zdravstveni negi, kar ima potencial za izboljšanje delovnih odnosov in kakovosti oskrbe.



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Introduction

A generation is a group of individuals who experience the same life stages and events within the same historical time frame (Tan & Chin, 2023). With the rapidly evolving workforce and due to global shifts in retirement regulations, modern workplaces are comprised of multigenerational employees (Stevanin et al., 2020). Differences in age, gender and socio-economic background can lead to inequalities not only between employees, but also between generations of employees. The understanding and acceptance of such differences can help to mitigate intergenerational conflict (Oliveira & Gonzalez, 2021).

Currently, the healthcare workforce consists of four generational cohorts: Baby Boom Generation (1946–1964), Generation X (1965–1980), Millennials or Generation Y (1981–2000), and Generation Z (born after 2000) (Choi et al., 2022). Alferjany & Alias (2020) argue that the Baby Boom Generation is characterised by a willingness to take on difficult challenges in order to gain material wealth and a tendency to live for the present moment. Members of this generation value leadership and are particularly interested in situation assessment. They believe that a hierarchical structure is best for the organisation, which makes it difficult for them to adapt to a more flexible working environment. Generation X has witnessed the development of information and communication technologies, including the computer, and is characterised by flexibility, self-confidence, and a willingness to accept change in the work environment. While its members try to keep up with the changing world and balance their work and personal lives, they are reluctant to take on stressful tasks and strive to simplify their work duties, which they prefer to perform independently (Eycan & Ulupinar 2023). Members of Generation Y (1981–2000) were born into an interconnected world that allows them to stay in constant contact with their friends and communities. They excel at multitasking and actively seek involvement in decision-making processes. They value team-oriented workplaces, expect to be treated with respect and seek to cultivate a positive self-image (Batista et al., 2022). Generation Z is also known as the 'sharing generation' and the 'borderless generation'. As they are digitally orientated, they bring their own expectations and technological experiences to the workplace. This generation has the highest level of education but the least amount of experience. Members of Generation Z generally lack listening and interpersonal skills, and prefer to use the World Wide Web to communicate with others (Alferny & Alias, 2020).

The values and attitudes of these generations were influenced by significant external events of their time and have had a profound and lasting impact on their lifestyles. Their beliefs and worldviews serve as distinguishing factors between generations.

This generational diversity inevitably increases the complexity of the workforce and poses challenges in the delivery of optimal health care (Tan & Chin, 2023). Health care managers frequently report the following challenges associated with managing a multigenerational workforce: higher levels of dissatisfaction among younger generations of nurses and higher staff turnover; inability to empower nurses to consistently deliver safe and quality care; and a lack of knowledge about how generations experience their work (Coburn Sparks & Hall, 2014).

Each generation has its own set of values, perceptions of authority, attitudes to work, communication styles, expectations of managers and the work environment. Such generational differences can in turn affect well-being at work, as well as work performance and productivity, and can lead to misunderstandings and conflicts between employees (Grbič, 2023). Given that generational differences impact workplace well-being, work performance, as well as treatment outcomes and patient safety, nurse managers, directors, and educators are increasingly interested in evidence-based decision-making regarding the multigenerational nursing staff (Stevanin et al., 2018).

Aims and objectives

The purpose of this study was to examine generational differences among nurses working in clinical practice. Specific objectives of the study were to explore and analyse the attitudes and social interaction styles among nurses of different generations, and to identify the factors influencing the different parameters addressed in the study (e.g. attitudes towards patient safety, openness to change, intention to leave the workplace, etc.).

To this end, we formulated the following research question: How do individual generations of nurses differ in their work environment in terms of intergenerational collaboration, openness to innovation, self-initiative, confidence in decision-making, positive attitudes towards work and collaboration, acceptance of change, and the tendency to change jobs or lower work commitment?

Methods

The study used a descriptive, non-experimental, non-exploratory empirical research method.

Description of the research instrument

The survey consisted of a two-part online questionnaire. The first part covered respondents' demographic and other data (gender, age, level of educational attainment, level of healthcare employment, length of service), while the second part focused on questions assessing generational

differences in nursing. The scale was first translated into Slovenian and then back into English using the back translation method (Behling & Law, 2000). The translation was then compared with the source text to identify any differences in the equivalence between the two. We obtained permission from the lead author to use the questionnaire and include it in the study. The questionnaire was specifically designed to investigate generational differences among nurses, focusing on differences in perceptions, attitudes and approaches based on generational affiliation and to address key areas such as intergenerational relationships, professional communication, teamwork and professional development.

The questionnaire consisted of 47 statements, which respondents answered on a five-point Likert scale (from 1 – strongly disagree to 5 – strongly agree), allowing respondents to rate each statement from 1–5. Respondents could accumulate between 47 and 235 points, with 141 points representing the median and 15 statements being reverse-coded. Scores above 141 indicated better intergenerational cooperation and harmony, a higher level of openness to innovation, initiative and confidence in decision making, and a positive attitude towards work and collaboration. Conversely, scores below 141 were associated with greater frequency of conflict, poorer intergenerational harmony, a greater reluctance to cooperation or change, and a stronger tendency to change jobs, i.e. lower level of work commitment.

The Cronbach's alpha coefficient for the Slovenian version of the questionnaire was 0.805 for the entire survey sample, indicating good reliability of the questionnaire for measuring understanding of generational differences in nursing (Field, 2018).

The description of the sample

The survey was conducted on a convenience sample of nursing staff (of both genders) at primary, secondary and tertiary levels of health care. An online questionnaire was distributed via the internet to health institutions and healthcare/nursing staff. A total of 100 respondents completed the questionnaire, of whom there were 91 women (91%) and 9 men (9%). Table 1 provides further demographic characteristics of the study participants. Respondents were aged between 20 and 66 years ($\bar{x} = 37.99$, $s = 10.39$) and had been employed in health care for 1–42 years ($\bar{x} = 14.61$, $s = 11.28$).

The description of the research procedure and data analysis

The survey was conducted using the 1KA open source online survey application. The online questionnaire was accompanied by an explanation of the objectives of the study and instructions on how to complete the

Table 1: Demographic and other characteristics of the sample

Variable	n	%
Gender		
Men	9	9
Women	91	91
Employment		
Primary level of health care	31	31
Secondary level of health care	46	46
Tertiary level of health care	23	23
Level of education		
Secondary education	39	39
Higher education	51	51
Master of Science	10	10

Legend: n – number; % – percentage

questionnaire. The questionnaire was distributed via email and Facebook using the snowball approach. The survey was open for responses throughout November 2023. The responses obtained through the survey were stored in anonymous form in a database on the 1KA.si web server, so that the anonymity of the respondents was guaranteed.

The data were exported to IBM SPSS version 29.0 (SPSS Inc., Chicago, IL, USA) for statistical analysis. Descriptive statistical analysis was used to calculate frequencies, minimum and maximum values, means, standard deviations, medians and interquartile ranges. As the data did not follow an approximately normal distribution, as confirmed by the Kolmogorov-Smirnov test ($p < 0.05$), non-parametric tests such as the Kruskal-Wallis test were used to compare groups of data. For one sample, we also used the Wilcoxon test. Statistical significance was set at $p < 0.05$.

Results

Respondents were asked to rate 46 statements on their understanding of intergenerational characteristics of nurses. Table 2 presents the descriptive statistics of the data.

The following statements received the highest ratings: "Acquiring new skills is important to me" ($\bar{x} = 4.40$, $s = 0.63$); "Work is a very important part of my life" ($\bar{x} = 4.20$, $s = 0.73$); "I really care about what I do in my workplace" ($\bar{x} = 4.39$, $s = 0.64$).

The following statements received the lowest ratings: "I feel uncomfortable working with colleagues of a different generation than mine" ($\bar{x} = 1.98$, $s = 0.97$); "I do not express opinions about care because nurses of other generations would dispute them" ($\bar{x} = 2.38$, $s = 1.29$).

The mean score of the scale assessing intergenerational cooperation, openness to innovation, self-initiative, confidence in decision making, positive attitudes towards work and cooperation, and acceptance of

Table 2: Descriptive statistics of the rated statements comprising the scale for understanding intergenerational characteristics of nurses

Variable	Min	Max	\bar{x}	s
Conflicts are hard to solve because every generation of nurses has different points of view.	1	5	3.17	1.03
Conflicts arise due to different educational levels in each generation of nurses.	1	5	2.94	1.06
Conflicts arise due to different clinical skills in each generation of nurses.	1	5	3.18	1.04
Conflicts in the workplace arise due to the presence of different points of view in each generation of nurses.	2	5	3.58	0.88
Each nursing generation gives a different priority to patients' needs.	1	5	3.37	1.03
Each nursing generation conceives nursing care in a different way.	2	5	3.61	0.93
Nurses from other generations than mine have a priori different ideas from me.	1	5	3.42	0.88
Nurses from different generations than mine do not understand that some activities are the duties of other professionals.	1	5	3.45	0.94
Nurses from different generations than mine have a submissive relationship with the physicians.	1	5	3.47	1.15
I prefer working with colleagues of my own generation.	1	5	3.38	1.07
I prefer to be mentored by a nurse of my own generation when in a new workplace.	1	5	2.85	1.01
I feel uncomfortable working with colleagues of a different generation than mine.	1	5	1.98	0.97
If I work with colleagues of my generation, integration is better.	1	5	3.29	1.04
I would prefer my nurse manager to be of my generation.	1	5	2.79	1.07
I feel limited by colleagues from other generations.	1	5	2.39	0.91
In a complex activity, I feel safer if I am supervised by a colleague of my generation.	1	5	2.70	1.06
Nursing is affected by different feelings about change between generations of nurses.	1	5	2.69	1.06
I am free to speak up if anything may negatively affect care.	1	5	3.57	1.08
I feel free to question the decisions of those with more authority than mine.	1	5	3.18	1.07
I feel free to ask questions when something does not seem right.	1	5	3.94	0.90
I do not express opinions about care because nurses of other generations would dispute them.	1	5	2.38	1.03
I often make proposals about changes related to professional practice.	1	5	3.48	0.86
If I report patient safety problems, it will not result in negative repercussions for me.	1	5	3.80	0.95
I feel embarrassed if I tell others about my doubts regarding nursing care.	1	5	2.44	0.97
I feel autonomous in determining my nursing care.	1	5	3.87	0.85
If I see a problem with care, I will mention it even if it could make a colleague's expertise look bad.	2	5	3.70	0.80
The nursing workforce works well to provide the best care for patients.	1	5	3.46	1.01
I actively participate in decisions that affect the unit where I work.	1	5	3.62	0.90
I feel part of the working group, regardless of the generation of my colleagues.	1	5	4.01	0.76
Even though the nursing workforce is a multigenerational one, in my unit we work together as a team.	1	5	3.86	0.89
In my unit, when one nurse gets busy, nurses from other generations help him/her out.	1	5	3.74	1.05
I feel like a part of my working team.	1	5	4.00	0.91
When a colleague makes a mistake I have no problems telling him/her.	1	5	3.70	0.93
I would like to acquire new skills by continuing my studies.	1	5	3.80	1.14
Building a career in nursing is important to me.	1	5	3.74	1.09
I have no problem with taking on new responsibilities in my job.	1	5	4.06	0.78
Acquiring new skills is important to me.	2	5	4.40	0.63
Acquiring a new qualification will improve my job position.	1	5	3.61	1.23
Using scientific articles to advance my knowledge improves the quality of my care.	1	5	3.76	1.03
I learn quickly how to use technological innovations.	2	5	4.12	0.60
Nursing care is personally meaningful to me.	1	5	4.12	0.85
Work is a very important part of my life.	1	5	4.20	0.73
I really care about what I do in my workplace.	1	5	4.39	0.64
If I could, I would like to change to a different job.	1	5	2.63	1.26
I often think about changing my job.	1	5	2.64	1.34
I willingly change shifts with my colleagues.	1	5	3.76	1.16

Legend: min – minimum; max – maximum; \bar{x} – mean; s – standard deviation

Table 3: Scores of the MNGQ scale by generation of respondents: the Kruskal-Wallis test

Variables		<i>n</i>	<i>Me</i>	<i>s</i>	<i>IQR</i>	χ^2 test	<i>df</i>	<i>p</i>
MNGQ scoring	Baby Boom Generation	7	158.00	13.16	12	2.519	3	0.472
	Generation X	20	161.00	16.138	21			
	Generation Y	62	159.00	13.419	15			
	Generation Z	11	157.00	31.788	50			

Legend: *n* – number; *Me* – median; *IQR* – interquartile range; *s* – standard deviation; χ^2 – Kruskal-Wallis test; *df* – degrees of freedom; *p* – statistical significance

Table 4: Scoring of the MNGQ scale according to respondents' demographic and other data

Variables		<i>Me</i>	<i>s</i>	<i>IQR</i>	U/χ^2	<i>p</i>
Gender						
	Men	160.00	13.487	6	226.500	0.486
	Women	157.00	17.070	17		
Education						
	Secondary	158.00	18.617	9	2.673	0.263
	Higher education	157.00	15.976	16		
	Master of Science	166.00	12.928	17		
Level of healthcare employment						
	Primary	160.50	20.542	18	1.857	0.395
	Secondary	161.00	16.798	18		
	Tertiary	155.00	11.731	9		

Legend: *n* – number; *Me* – median; *IQR* – interquartile range; *s* – standard deviation; χ^2 – Kruskal-Wallis test; *U*-test – Mann-Whitney test; *p* – statistical significance

change among nurses, showed a median score of 159, which was significantly above the mean score of 141. The results of the one-sample Wilcoxon test revealed statistically significant differences ($p < 0.001$) indicating that the level of these positive values among nurses was statistically significantly higher than the expected median. The high values of the test statistic (3516.500) and the standardised test statistic (7.723) further support this result, indicating a high level of intergenerational collaboration and related values among the respondents. Table 3 shows the final MNGQ questionnaire scores by nurse generation.

The results of the Kruskal-Wallis test showed no statistically significant generational differences in scores ($p = 0.472$). This indicates an absence of significant generational differences in the perceptions of intergenerational cooperation, openness to novelty, self-initiative, confidence in decision-making, positive attitudes towards work and cooperation, acceptance of change, and tendency to change jobs or lower work commitment.

However, the results show that despite the lack of statistically significant generational differences in MNGQ scores, the Baby Boom Generation reported a median score of 158, which is slightly lower than that of Generation X ($Me = 161$) but higher than that of Generation Z ($Me = 157$), suggesting that respondents' views on each topic were slightly more congruent within Generation X. At the same time, the interquartile range in Generation Z ($IQR = 50$)

is higher than that in other generations, indicating a greater diversity of responses or opinions within this generation. Generation Y, the most numerous group, scored a median of 159 and an interquartile range of 15, indicating a medium level of consensus when compared to other generations. Generation Z thus stands out with the highest interquartile range, which could be interpreted as a sign of greater diversity in views or lower levels of certainty in responses. Table 4 shows the intergenerational characteristics of nurses by respondents' demographic and other characteristics.

The results of the Mann-Whitney and Kruskal-Wallis tests revealed no significant gender differences in the understanding of intergenerational characteristics, although the median score for men ($Me = 160.00$) was slightly higher than for women ($Me = 157.00$). Compared to men ($IQR = 6$), the higher interquartile range for women ($IQR = 17$) indicates a greater diversity of opinion among female respondents.

In terms of educational attainment, the results show little variability in the median score between respondents with secondary education ($Me = 158.00$) and respondents with post-secondary education ($Me = 157.00$), with both groups having a similar interquartile range (9 and 16, respectively). In contrast, respondents with a master's degree appear to have a higher median score ($Me = 166.00$) along with a relatively low interquartile range ($IQR = 17$), which may indicate a more consistent perception of intergenerational characteristics in this group.

Nevertheless, the p -value ($p = 0.263$) does not confirm a statistically significant difference between levels of educational attainment.

When comparing the results by level of healthcare employment, the median scores differed slightly between primary ($Me = 160.50$), secondary ($Me = 161.00$) and tertiary level ($Me = 155.00$) of health care, with the highest interquartile range at the primary level ($IQR = 18$) and the lowest at the tertiary level ($IQR = 9$) of health care. While these results could indicate differences in views by work environment, a statistical analysis with a p -value of 0.395 does not confirm any statistically significant differences in this context.

Discussion

Our study shows that different generations of nurses work well together in the work environment, have a positive attitude to work, are open to innovation and change, and have no desire to change jobs. Nurses of all generations report a sense of self-initiative and make confident decisions at work.

As reported by Gordon (2017), the Baby Boom Generation values autonomy as a key contributor to job satisfaction, as it enables them to perform their work in a way that is most beneficial to patients. According to the study, members of Generation X share the same mindset, whereas Millennials show no need for autonomy as they are in a position of learning rather than decision making. Using the MNGQ, we found that our respondents reported higher levels of autonomy, coordination, and intergenerational collaboration in their work.

Tan & Chin (2023) express concern regarding the support and respect of the younger generation of nursing staff. In their study, members of Generations Y and Z as the youngest generational cohorts of nurses reported that they did not receive sufficient respect or consideration due to their age. Our study does not corroborate this finding, as our respondents expressed high levels of agreement regarding the sense of belonging to the team, regardless of generational differences, with slightly lower levels of agreement regarding their active participation in decision making. In our study, the statement "I feel uncomfortable working with colleagues of a different generation than mine" was rated lowest, while Choi et al. (2021) find that members of Generation X and Millennials prefer learning from colleagues rather than older nurses.

All four generations agreed on the importance of acquiring and learning new skills. Anselmo-Witzel et al. (2017) note that Generation-Y nurses prioritise fulfilling their inner needs for job satisfaction. Failure to meet these needs may lead them to look for other employment opportunities. Monti (2022) also points out that 79% of Millennials have a positive attitude towards nursing as a career choice, and that older

respondents, Generation X and the Baby Boom Generation, report the highest positive ratings. This is consistent with our findings, as our respondents were also not considering a career change.

In a study by Stevanin et al. (2019), neither generation reported problems with flexible schedules and swapping shifts with colleagues, with Generation Y scoring the highest and Generation X the lowest. According to the MNGQ, respondents from different generations expressed a relatively high level of agreement with the statement that they had no problem swapping shifts with their colleagues. This indicates good coordination and collaboration, which is also confirmed by other aspects of our survey.

According to a study by Oliviere & Gonzalez (2021), Generation X and Millennials show the lowest level of engagement in the workforce, as nurses from the Baby Boom Generation are already retired or close to retirement. Members of the Baby Boom Generation tend to have more energy and mental resilience at work, and see their profession as more meaningful and valuable (Batista et al., 2022). In our study, respondents rated the statement "I really care about what I do in my workplace" very highly, indicating that the nursing profession means a lot to them and that they have a positive attitude towards work. However, Tan & Chin (2023) show that there are differences in work values and attitudes. Generation X is less inclined to rebel against conventional norms and their superiors.

Generations Y and Z are the most technologically savvy generations and can adapt quickly to the use of new technologies (Tan & Chin 2023). However, our study showed no differences between generations in terms of using and learning to use new technologies, as all generations agree that they are quick to learn when it comes to technological innovations and are more open to change in different areas.

Hendricks & Cope (2013) note that younger generations are encouraged to speak up and express their opinions during their training and thus contribute to the team. This is often misunderstood, especially by older nurses working in systems where they have been taught to respect and listen to their elders and, in principle, to speak only when spoken to. The survey found that respondents were not afraid to express their opinions and were confident in their decisions. So Hee & Jeoyina (2023) found no significant communication-related generational differences, which means that they communicate with each other in similar ways. Good communication can reduce generational differences and conflicts. In our study, respondents were rather undecided about whether conflicts were mainly due to the different opinions of nurses from different generations. They expressed least agreement with the statement that this is due to the different educational backgrounds of individual generations.

Workplace behaviours and characteristics differ between generations. Organisations need to acknowledge the diverse perspectives of employees from different generations and guide and manage their staff to minimise the generational gap between them (Berkup, 2014). Generational diversity can be a valuable asset in creating a positive work environment, improving quality and productivity, and promoting better patient care (Janežič, 2022; Lorber, 2018; Lorber et al., 2015). A deeper understanding of generational differences is therefore paramount to determine whether generational characteristics are age-related or experience-related (in terms of the professional position a person has reached in their career) (Stevanin et al., 2018).

While older nurses can pass on the insights and wisdom they have gained over years of life and practice, younger nurses can bring valuable technological skills that can streamline work processes and make them more enjoyable. Nurses of every generation should have the opportunity to be learners and teachers at different times (Cardillo, 2013). Kavšak & Prosen (2021) also point out how important it is for nurses to work as members of a team – a team in which they share knowledge and experience about patient care and health (Šanc & Prosen, 2022).

Limitations of our study include the limited sample size of only 100 respondents, which calls for caution when interpreting the results. Moreover, the composition of the sample may not be gender-representative, as only a small proportion of respondents were male. Another limitation is the disproportionate representativeness of the sample, especially of the Baby Boom Generation and Generation Z. According to the NIJZ (2021), in 2020 there were 208 graduate nurses and 8 graduate health professionals from the Baby Boom Generation in Slovenia. The nursing workforce comprised a total of 150 male graduate nurses and 2113 female graduate nurses from Generation X. The majority of the nursing workforce came from Generation Y, i.e. 3838 female graduate nurses and 887 male graduate nurses from. We have no data for Generation Z. The cultural aspect of the study is also important, as the MNGQ has been translated into Slovenian, but no preliminary verification of the measurement properties of the translated questionnaire has been carried out. Although the Cronbach's alpha coefficient for the Slovenian version of the questionnaire was 0.805 for the full survey sample, indicating good reliability of the MNGQ, this may affect the interpretation of the results. For future surveys, it would be advisable to further validate the questionnaire and increase the number of respondents to ensure better representativeness and reliability of the results. Satisfaction with interprofessional cooperation of nurses of different generations should also be addressed. Future research could utilise qualitative research to gain a deeper insight into the subjective experiences and

perceptions of participants. It would be advisable to use a triangulation of methods as it combines the strengths of qualitative and quantitative approaches and generates a deeper and more comprehensive understanding. The aim of triangulation is not only to validate the results, but also to improve the overall insight into the topic under investigation (Yeasmin & Rahman, 2012).

Conclusion

The study shows good coordination and cooperation between the different generations of nurses. There were no major variations in responses that would indicate significant generational differences in terms of communication styles, work, use of technological innovations, conflicts, etc. All generations of nurses in our sample showed openness to innovation, self-initiative, confidence in their decisions, a positive attitude to work and collaboration, equal work commitment, and expressed no tendency to change jobs. In practice, good intergenerational collaboration between nurses is very important as it enables the transfer of knowledge and skills from older to younger generations and vice versa. Such collaboration has a positive impact on creating a healthy work environment, which is key high-quality nursing care. To promote intergenerational collaboration in nursing, teamwork based on understanding and respect should be encouraged. The introduction of team-building activities tailored to the specific needs of each generation could further strengthen team dynamics. Seminars and practical workshops would also be welcome, where nurses from older generations with extensive experience could pass on their knowledge to their less experienced younger colleagues.

Slovenian translation/Prevod v slovenščino

Uvod

Generacija je skupina posameznikov, ki si delijo določena življenjska obdobja in izkušnje v istem zgodovinskem časovnem okviru (Tan & Chin, 2023). Delovna sila se hitro razvija in zaradi globalnih sprememb v politiki upokojevanja današnja delovna mesta vključujejo več generacij med zaposlenimi (Stevanin et al., 2020). Raznolike značilnosti, kot so starost, spol in socialno-ekonomska raven, lahko povzročijo razlike ne le med zaposlenimi, temveč tudi med generacijami zaposlenih. Razumevanje in sprejemanje teh razlik lahko prispevata k zmanjšanju generacijskih konfliktov (Oliveira & Gonzalez, 2021).

Danes med zaposlenimi v zdravstveni negi obstajajo štiri generacije: babyboom generacija (1946–1964), generacija X (1965–1980), milenijci oziroma generacija Y (1981–2000) in generacija Z (rojeni po letu 2000)

(Choi et al., 2022). Alferjany & Alias (2020) trdita, da so se boomerji pripravljene podvreči težkim izzivom za materialno bogastvo in živijo za današnji čas. Babyboom generacija ceni vodenje, še posebej jih zanima ocenjevanje stanja. Prepričani so, da je sledenje hierarhični strukturi najboljše za organizacijo, zaradi česar se težko prilagodijo prožnejšemu delovnemu okolju. Generacija X je bila priča razvoju informacijsko-komunikacijskih tehnologij, med katere sodi računalnik, je prilagodljiva, samozavestna, v delovnem okolju zlahka sprejema spremembe in se trudi slediti spreminjajočim se razmeram v svetu. Delovno in zasebno življenje skuša uskladiti, ne želi delati na stresnih delovnih mestih, temveč želi poenostaviti svoje delo, ki ga raje opravi sama (Eycan & Ulupinar 2023). Pripadniki generacije Y (1981–2000) so se rodili v svetu omrežij, ki jim omogoča, da se lahko vedno povežejo s prijatelji in skupnostmi. Dobro obvladajo večopravnost in so pripravljene sodelovati pri sprejemanju odločitev, kolikor je le mogoče. Všeč so jim timsko usmerjena delovna mesta, pričakujejo, da bodo obravnavani spoštljivo, in želijo imeti pozitiven občutek o sebi (Batista et al., 2022). Generacija Z je znana tudi kot generacija souporabe in generacija brez meja. Ker je digitalno usmerjena, na delovno mesto prinaša svoja pričakovanja in tehnološke izkušnje. Gre za najbolj izobraženo, vendar najmanj izkušeno generacijo. Pripadniki generacije Z niso popolni poslušalci, primanjkuje jim medosebnih spretnosti. Za komuniciranje z drugimi raje uporabljajo svetovni splet (Alferny & Alias, 2020).

Izkušnje posameznikov navedenih generacij se navezujejo na nekatere sočasne pomembne zunanje dogodke, ki oblikujejo njihove vrednote in stališča. Slednja pomembno vplivajo na njihov življenjski slog in ostanejo relativno stalna skozi vse življenje. Zaradi edinstvenih vrednot, prepričan in življenjskih slogov, ki razlikujejo eno generacijo od druge, takšna generacijska raznolikost zagotovo poveča kompleksnost delovne sile in izzive pri zagotavljanju optimalne oskrbe v zdravstvu (Tan & Chin, 2023). Vodje nenehno poročajo o izzivih, povezanih z upravljanjem večgeneracijske delovne sile: mlajše generacije medicinskih sester so bolj nezadovoljne in težje zdržijo na istih delovnih mestih dlje časa; nezmožnost opolnomočenja medicinskih sester za dosledno zagotavljanje varne in kakovostne oskrbe; pomanjkanje znanja o tem, kako generacije doživljajo svoje delo (Coburn Sparks & Hall, 2014).

Vsaka generacija ima svoj sklop vrednot, pogled na avtoriteto, odnos do dela, slog komuniciranja, svoja pričakovanja do vodij in delovnega okolja. Razlike med pripadniki posameznih generacij lahko vplivajo na dobro počutje na delovnem mestu, delovno učinkovitost, produktivnost, poleg tega pa lahko povzročijo nesporazume in konflikte med zaposlenimi (Grbič, 2023). Medgeneracijske razlike vplivajo na dobro počutje na delovnem mestu, uspešnost

medicinskih sester, izide zdravljenja in varnost pacientov, zato se vodje medicinskih sester, direktorji in pedagogi vse bolj zanimajo za sprejemanje na dokazih temelječih odločitev o večgeneracijski delovni sili v zdravstveni negi (Stevanin et al., 2018).

Namen in cilji

Namen raziskave je bil preučiti generacijske razlike med medicinskimi sestrami, zaposlenimi v klinični praksi. Cilj raziskave je bil raziskati in analizirati odnose ter socialne interakcije med medicinskimi sestrami različnih generacij in identificirati dejavnike, ki vplivajo na različna področja, ki jih raziskava obravnava (na primer odnos do varnosti pacientov, odprtost za spremembe, namera o odhodu z delovnega mesta in podobno).

Na podlagi zastavljenih ciljev in namena raziskovalne naloge smo oblikovali raziskovalno vprašanje: Kako se različne generacije medicinskih sester v delovnem okolju med seboj razlikujejo v medgeneracijskem sodelovanju, odprtosti do novosti, samoiniciativnosti, samozavesti v odločitvah, pozitivnem odnosu do dela in sodelovanja, sprejemanju sprememb in težnji po menjavi delovnega mesta ali manjši zavzetosti za delo?

Metode

V raziskavi je bila uporabljena opisna eksplorativna neeksperimentalna metoda empiričnega raziskovanja.

Opis instrumenta

V raziskavi smo uporabili spletni vprašalnik, sestavljen iz dveh delov. Prvi del vprašalnika zajema demografske in druge podatke o anketirancih (spol, starost, stopnja izobrazbe, nivo zdravstvene dejavnosti, delovna doba v zdravstvu), drugi del pa se osredotoča na vprašanja o ocenjevanju generacijskih razlik v zdravstveni negi (ang. *The Multidimensional Nursing Generations Questionnaire – MNGQ*) avtorjev Stevanina et al. (2017). Lestvica je bila prevedena z uporabo metode vzvratnega prevoda (ang. *back translation*) (Behling & Law, 2000) najprej v slovenski in nato nazaj v angleški jezik. Prevod smo nato primerjali z izvirnim besedilom ter tako ugotavljali morebitne razlike glede ustreznosti zapisov. Dovoljenje za uporabo vprašalnika in njegovo vključitev v raziskavo smo pridobili pri glavnem avtorju. Vprašalnik je specifično zasnovan za preučevanje generacijskih razlik med medicinskimi sestrami, osredotoča pa se na razlike v zaznavanju, stališčih in pristopih, ki temeljijo na generacijski pripadnosti, ter obravnava ključna področja, kot so medgeneracijski odnosi, profesionalno izražanje, timsko delo in profesionalni razvoj.

Vprašalnik sestavlja 47 trditev, na katere so anketiranci odgovarjali na podlagi petstopenjske Likertove lestvice

strinjanja (od 1 – popolnoma se ne strinjam do 5 – popolnoma se strinjam), ki anketirancem omogoča, da za vsako trditev pridobijo 1–5 točk. Skupno lahko anketiranci zberejo 47–235 točk; 141 točk predstavlja srednjo vrednost. Pri tem se upošteva, da je 15 trditev obratno kodiranih. Ker točkovanje preseže 141 točk, rezultati odražajo boljše medgeneracijsko sodelovanje in usklajenost, večjo odprtost do novosti, večjo samoiniciativnost in samozavest v odločitvah ter pozitiven odnos do dela in sodelovanja. Nasprotno pa točkovne vrednosti, nižje od 141 točk, kažejo večjo prisotnost konfliktov, slabšo usklajenost med generacijami, večjo nepripravljenost za sodelovanje ali sprejemanje sprememb in močnejšo težnjo po menjavi delovnega mesta ali manjšo zavzetost za delo.

Cronbachov koeficient alfa je za slovensko različico vprašalnika pri celotnem vzorcu raziskave znašal 0,805, kar kaže na dobro zanesljivost vprašalnika za merjenje razumevanja medgeneracijskih razlik v zdravstveni negi (Field, 2018).

Opis vzorca

Anketiranje je potekalo na priložnostnem vzorcu zaposlenih v zdravstveni negi (obeh spolov) na primarnem, sekundarnem in terciarnem nivoju zdravstvene dejavnosti. Spletni vprašalnik smo posredovali v zdravstvene institucije in zaposlenim v zdravstvu in zdravstveni negi ter ga razširili s pomočjo spleta. V celoti je vprašalnik rešilo 100 anketirancev, od tega 91 (91 %) žensk in 9 (9 %) moških. Ostali demografski podatki anketirancev so prikazani v Tabeli 1. Anketiranci so stari 20–66 let ($\bar{x} = 37,99$, $s = 10,39$). Delovne dobe v zdravstvu imajo 1–42 let ($\bar{x} = 14,61$, $s = 11,28$).

Opis poteka raziskave in obdelave podatkov

Raziskava je potekala v odprtokodni aplikaciji za spletno anketiranje 1KA. Spletnemu vprašalniku je bilo dodano pojasnilo o namenu in načinu izpolnjevanja. Pošiljanje anketnega vprašalnika je potekalo po elektronskih sporočilih in družbenem omrežju Facebook po principu snežne kepe. Anketiranci so lahko sodelovali v anketi skozi celoten november 2023. Odgovori, pridobljeni z anketo, so bili shranjeni v anonimni obliki v podatkovni bazi na spletnem strežniku 1KA.si, s čimer smo zagotovili anonimnost anketirancev.

Za namene statistične analize so bili podatki izvoženi v IBM SPSS, verzija 29.0 (SPSS Inc., Chicago, IL, ZDA). Uporabili smo deskriptivno statistično analizo, ki je obsegala izračun frekvenc, najnižjih in najvišjih vrednosti, povprečij, standardnih odklonov, median in interkvartilnih razmikov. Ker podatki niso sledili približno normalni distribuciji, kar je bilo potrjeno s Kolmogorov-Smirnovim testom ($p < 0,05$), smo za primerjavo skupin podatkov uporabili

Tabela 1: Demografske in druge značilnosti vzorca

Spremenljivka	n	%
Spol		
Moški	9	9
Ženski	91	91
Zaposlitev		
Primarna raven zdravstvene dejavnosti	31	31
Sekundarna raven zdravstvene dejavnosti	46	46
Terciarna raven zdravstvene dejavnosti	23	23
Stopnja izobrazbe		
Srednješolska	39	39
Visoko-/višješolska	51	51
Magisterij stroke	10	10

Legenda: n – število; % – odstotek

neparametrične teste, kot je Kruskal-Wallisov test. Za en vzorec smo uporabili tudi Wilcoxonov test. Za statistično značilnost smo upoštevali $p < 0,05$.

Rezultati

Anketiranci so ocenjevali 46 trditev o razumevanju medgeneracijskih značilnosti medicinskih sester. Opisna statistika je predstavljena v Tabeli 2.

Rezultati naše raziskave so pokazali, da so anketiranci najvišje ocenili trditve: »Pridobivanje novih veščin mi je pomembno« ($\bar{x} = 4,40$, $s = 0,63$); »Delo je zelo pomemben del mojega življenja« ($\bar{x} = 4,20$, $s = 0,73$); »Resnično mi je mar za to, kar počnem na svojem delovnem mestu« ($\bar{x} = 4,39$, $s = 0,64$).

Najnižje so ocenili trditvi: »Ko delam s kolegi različnih generacij, se počutim nelagodno« ($\bar{x} = 1,98$, $s = 0,97$); »Ne izražam mnenj o zdravstveni negi, ker bi jih medicinske sestre iz drugih generacij izpodbijale« ($\bar{x} = 2,38$, $s = 1,29$).

Povprečna vrednost lestvice, ki ocenjuje medgeneracijsko sodelovanje, odprtost do novosti, samoiniciativnost, samozavest v odločitvah, pozitiven odnos do dela in sodelovanja ter sprejemanje sprememb med medicinskimi sestrami, je pokazala, da je mediana ocena 159, kar je znatno nad srednjo vrednostjo 141. Na podlagi Wilcoxonovega testa za en vzorec so rezultati pokazali statistično pomembne razlike ($p < 0,001$), kar kaže na to, da je raven navedenih pozitivnih vrednot pri medicinskih sestrah statistično značilno višja od pričakovane mediane. Visoka vrednost testne statistike (3516,500) in standardizirana testna statistika (7,723) dodatno podpirata to ugotovitev, kar kaže na visoko raven medgeneracijskega sodelovanja in s tem povezanih vrednot pri anketiranih medicinskih sestrah.

V nadaljevanju prikazujemo končno točkovanje vprašalnika MNGQ glede na generacije medicinskih sester (Tabela 3).

Tabela 2: Opisna statistika ocenjenih trditev lestvice za razumevanje medgeneracijskih značilnosti medicinskih sester

Spremenljivka	Min	Maks	\bar{x}	s
Konflikti so težko rešljivi, ker ima vsaka generacija medicinskih sester različna stališča.	1	5	3,17	1,03
Konflikti nastajajo zaradi različnih izobrazbenih ravni posameznih generacij.	1	5	2,94	1,06
Konflikti nastajajo zaradi različnih kliničnih veščin posameznih generacij medicinskih sester.	1	5	3,18	1,04
Konflikti na delovnem mestu nastajajo zaradi različnih mnenj različnih generacij medicinskih sester.	2	5	3,58	0,88
Vsaka generacija medicinskih sester ima različne prioritete glede potreb pacientov.	1	5	3,37	1,03
Vsaka generacija medicinskih sester razume zdravstveno nego na drugačen način.	2	5	3,61	0,93
Medicinske sestre iz drugih generacij imajo v osnovi drugačne ideje kot jaz.	1	5	3,42	0,88
Medicinske sestre iz drugih generacij ne razumejo, da so nekatere dejavnosti dolžnost drugih poklicev.	1	5	3,45	0,94
Medicinske sestre iz drugih generacij imajo podrejen odnos do zdravnikov.	1	5	3,47	1,15
Raje delam s kolegi iz moje generacije.	1	5	3,38	1,07
Na novem delovnem mestu bi imel raje mentorico iz moje generacije.	1	5	2,85	1,01
Ko delam s kolegi različnih generacij, se počutim nelagodno.	1	5	1,98	0,97
Če delam s kolegi moje generacije, je integracija boljša.	1	5	3,29	1,04
Raje bi imel nadrejenega iz moje generacije.	1	5	2,79	1,07
Počutim se omejeno s strani kolegov iz drugih generacij.	1	5	2,39	0,91
V zapleteni situaciji se počutim varneje, če me nadzira kolega iz moje generacije.	1	5	2,70	1,06
Zdravstvena nega je prizadeta zaradi različnih občutkov o spremembah med generacijami medicinskih sester.	1	5	2,69	1,06
Svobodno lahko povem svoje mnenje glede nečesa, kar bi lahko negativno vplivalo na zdravstveno nego.	1	5	3,57	1,08
Svobodno lahko dvomim o odločitvah tistih z več avtoritete, kot jo imam sam.	1	5	3,18	1,07
Svobodno lahko postavim vprašanje, če se mi nekaj ne zdi prav.	1	5	3,94	0,90
Ne izražam mnenj o zdravstveni negi, ker bi jih medicinske sestre iz drugih generacij izpodbijale.	1	5	2,38	1,03
Pogosto predlagam spremembe, povezane s strokovno prakso.	1	5	3,48	0,86
Če poročam o težavah glede pacientove varnosti, zame to ne bo imelo negativnih posledic.	1	5	3,80	0,95
Če drugim povem svoje misljenje o dvomih glede nege, se počutim nelagodno.	1	5	2,44	0,97
Pri izvajanju zdravstvene nege se počutim avtonomno.	1	5	3,87	0,85
Če opazim težavo pri negi, bom to omenil, tudi če bi to lahko slabo vplivalo na kolego strokovnost.	2	5	3,70	0,80
Delovna sila v zdravstveni negi dobro sodeluje, da lahko zagotovi najboljšo oskrbo pacientov.	1	5	3,46	1,01
Aktivno sodelujem pri odločitvah, ki vplivajo na moj oddelek.	1	5	3,62	0,90
Počutim se del delovne skupine ne glede na generacijo mojih kolegov.	1	5	4,01	0,76
Čeprav je delovna sila v zdravstveni negi sestavljena iz več generacij, v moji enoti delujemo kot ekipa.	1	5	3,86	0,89
Če je ena medicinska sestra zelo zaposlena, ji priskočijo na pomoč sestre iz drugih generacij.	1	5	3,74	1,05
Počutim se kot del svoje delovne ekipe.	1	5	4,00	0,91
Če kolega naredi napako, mu to lahko povem brez težav.	1	5	3,70	0,93
Rad bi pridobil nove veščine z nadaljevanjem študija.	1	5	3,80	1,14
Pomembno mi je, da si zgradim kariero v zdravstveni negi.	1	5	3,74	1,09
Pri svojem delu sem pripravljen prevzeti nove odgovornosti.	1	5	4,06	0,78
Pridobivanje novih veščin mi je pomembno.	2	5	4,40	0,63
Pridobivanje nove kvalifikacije bo izboljšalo moj delovni položaj.	1	5	3,61	1,23
Uporaba znanstvenih člankov za napredovanje mojega znanja izboljšuje kakovost moje nege.	1	5	3,76	1,03
Hitro se naučim uporabljati tehnološke inovacije.	2	5	4,12	0,60
Zdravstvena nega mi osebno veliko pomeni.	1	5	4,12	0,85
Delo je zelo pomemben del mojega življenja.	1	5	4,20	0,73
Resnično mi je mar za to, kar počnem na svojem delovnem mestu.	1	5	4,39	0,64
Če bi lahko, bi želel zamenjati delovno mesto.	1	5	2,63	1,26
Pogosto razmišljam o menjavi službe.	1	5	2,64	1,34
Z veseljem menjam izmene s svojimi kolegi.	1	5	3,76	1,16

Legenda: min – najnižja vrednost; max – najvišja vrednost; \bar{x} – povprečna vrednost; s – standardni odklon

Tabela 3: Točkovanje lestvice MNGQ glede na generacijo anketirancev: Kruskal-Wallisov test

Spremenljivke		<i>n</i>	<i>Me</i>	<i>s</i>	<i>IKR</i>	χ^2 test	<i>s. p.</i>	<i>p</i>
Točkovanje MNGQ	Babyboom generacija	7	158,00	13,16	12	2,519	3	0,472
	Generacija X	20	161,00	16,138	21			
	Generacija Y	62	159,00	13,419	15			
	Generacija Z	11	157,00	31,788	50			

Legenda: *n* – število; *Me* – mediana; *IKR* – interkvartilni razmik; *s* – standardni odklon; χ^2 – Kruskal-Wallisov test; *s. p.* – stopnja prostosti; *p* – statistična značilnost

Tabela 4: Točkovanje lestvice MNGQ glede na demografske in druge podatke anketirancev

Spremenljivke		<i>Me</i>	<i>s</i>	<i>IKR</i>	U/χ^2	<i>p</i>
Spol						
Moški		160,00	13,487	6	226,500	0,486
Ženski		157,00	17,070	17		
Izobrazba						
Srednješolska		158,00	18,617	9	2,673	0,263
Višje-/visokošolska		157,00	15,976	16		
Magisterij stroke		166,00	12,928	17		
Nivo zaposlitve						
Primarni		160,50	20,542	18	1,857	0,395
Sekundarni		161,00	16,798	18		
Terciarni		155,00	11,731	9		

Legenda: *n* – število; *Me* – mediana; *IKR* – interkvartilni razmik; *s* – standardni odklon; χ^2 – Kruskal-Wallisov test; *U-test* – Mann-Whitneyjev test; *p* – statistična značilnost

Rezultati Kruskal-Wallisovega testa so pokazali, da ni statistično značilnih razlik v točkovanju glede na različne generacije ($p = 0,472$). To pomeni, da med generacijami ni pomembnih razlik v zaznavanju medgeneracijskega sodelovanja, odprtosti do novosti, samoiniciativnosti, samozavesti v odločitvah, pozitivnem odnosu do dela in sodelovanja, sprejemanju sprememb in težnji po menjavi delovnega mesta ali manjši zavzetosti za delo.

Iz rezultatov pa je razvidno, da je babyboom generacija kljub odsotnosti statistično pomembnih razlik v točkovanju lestvice MNGQ med različnimi generacijami dosegla mediano 158, ki je bila nekoliko nižja v primerjavi z generacijo X ($Me = 161$), vendar višja od generacije Z ($Me = 157$), kar nakazuje na nekoliko večjo usklajenost v zaznavanju obravnavane tematike znotraj generacije X. Ob tem pa je interkvartilni razmik za generacijo Z ($IQR = 50$) višji kot pri ostalih generacijah, kar pomeni večjo raznolikost odgovorov ali mnenj znotraj te generacije. Generacija Y, ki predstavlja najštevilčnejšo skupino, je dosegla mediano 159 in interkvartilni razmik 15, kar kaže na srednjo stopnjo konsenza v primerjavi z drugimi generacijami. Generacija Z tako izstopa z najvišjim interkvartilnim razmikom, kar bi lahko interpretirali kot znak večje raznolikosti v zaznavanju ali večje negotovosti pri odgovorih.

V Tabeli 4 prikazujemo razumevanje medgeneracijskih značilnosti medicinskih sester v praksi v povezavi z

demografskimi in drugimi podatki anketirancev.

Rezultati Mann-Whitneyjevega in Kruskal-Wallisovega testa kažejo, da med spoloma ni statistično značilnih razlik v razumevanju medgeneracijskih značilnosti, čeprav je mediana ocen pri moških ($Me = 160,00$) rahlo višja kot pri ženskah ($Me = 157,00$). Višji interkvartilni razmik pri ženskah ($IQR = 17$) glede na moške ($IQR = 6$) kaže na večjo raznolikost mnenj med ženskimi anketirankami.

V okviru izobrazbe rezultati prikazujejo nizko variabilnost mediane točkovanja med srednješolsko ($Me = 158,00$) in višje-/visokošolsko izobrazbo ($Me = 157,00$), pri čemer obe skupini pokazeta podoben interkvartilni razmik (9 in 16, kot si sledi). Nasprotno pa se zdi, da magistri stroke izkazujejo višjo mediano točkovanja ($Me = 166,00$) skupaj z relativno nizkim interkvartilnim razmikom ($IQR = 17$), kar lahko nakazuje konsistentnejše zaznavanje medgeneracijskih značilnosti v tej skupini. Kljub temu p -vrednost ($p = 0,263$) ne potrjuje statistične značilnosti med različnimi izobraževalnimi ravni.

Ko analiziramo nivo zaposlitve, se mediana ocen nekoliko razlikuje glede na primarni ($Me = 160,50$), sekundarni ($Me = 161,00$) in terciarni nivo ($Me = 155,00$), z najvišjim interkvartilnim razmikom na primarnem nivoju ($IQR = 18$) in najnižjim na terciarnem ($IQR = 9$). Rezultati lahko sugerirajo razlike v zaznavanju glede na delovno okolje, vendar statistična analiza s p -vrednostjo 0,395 ne potrjuje statistično značilnih razlik.

Diskusija

Ugotovili smo, da različne generacije medicinskih sester v delovnem okolju dobro sodelujejo, imajo pozitiven odnos do dela, so odprte do novosti in sprejemanja sprememb ter nimajo težnje po menjavi delovnega mesta. Medicinske sestre iz vseh generacij se čutijo samoiniciativne in svoje odločitve na delovnem mestu sprejemajo samozavestno.

Gordon (2017) je v raziskavi razkril, da je bila za udeležence iz generacije babyboom samostojnost zelo pomembna za zagotavljanje zadovoljstva pri delu. Samostojnost je omogočala vrsto svobode, da so lahko svoje delo opravljali na način, ki je bil najbolj koristen za bolnike. Takšnega mišljenja je bila tudi generacija X, medtem ko milenijci niso imeli potrebe po avtonomiji, ker so bile medicinske sestre v tej generaciji v položaju učenja in ne odločanja. S pomočjo vprašalnika MNGQ smo ugotovili, da se naši anketiranci čutijo bolj samostojne in usklajene pri delu ter da dobro sodelujejo z različnimi generacijami.

Tan & Chin (2023) sta v ugotovitvah pokazala zaskrbljenost glede podpore in spoštovanja mlajše generacije zaposlenih v zdravstveni negi. Generaciji Y in Z, ki predstavljata najmlajšo generacijsko kohorto zaposlenih v zdravstveni negi, sta potrdili, da posamezniki zaradi svoje starosti niso deležni ustreznega spoštovanja ali upoštevanja, kar se v naši raziskavi ni potrdilo, saj so anketiranci odgovorili z visoko oceno, da se počutijo kot del delovne skupine ne glede na generacijo, ter z nekoliko nižjo oceno, da aktivno sodelujejo pri odločitvah. V naši raziskavi je bila trditev »Ko delam s kolegi različnih generacij, se počutim nelagodno« ocenjena najnižje, medtem ko so Choi et al. (2021) ugotovili, da naj bi se pripadniki generacije X in milenijci raje učili od kolegov kot od starejših vodij medicinskih sester.

Vse štiri generacije so se strinjale, da se jim zdi pridobivanje in učenje novih veščin pomembno. Anselmo-Witzel et al. (2017) ugotavljajo, da želijo medicinske sestre generacije Y izpolniti notranje občutke zadovoljstva pri delu. Če slednji niso izpolnjeni, bodo poiskale druge priložnosti za izpolnitev zadovoljstva pri delu. Monti (2022) izpostavlja še, da 79 % milenijcev pozitivno gleda na poklicno izbiro zdravstvene nege in da starejši anketiranci, generacija X in babyboomerji, izražajo najvišje pozitivne ocene. To se sklada z našimi ugotovitvami, saj tudi naši anketiranci ne razmišljajo o menjavi poklica.

Pri Stevaninu et al. (2019) ni nobena od generacij poročala o težavah s prilagodljivim urnikom in menjavo izmen s sodelavci, pri čemer je bila generacija Y ocenjena najvišje, generacija X pa najnižje. Po vprašalniku MNGQ so anketiranci iz različnih generacij ocenili trditev, da nimajo težav z menjavanjem izmen s sodelavci, z dokaj visoko oceno. To kaže na dobro usklajenost in sodelovanje, kar potrjuje tudi naša raziskava.

Po raziskavah Oliviere & Gonzaleza (2021) so generacija X in milenijci najmanj zavzeti za delo, saj so se medicinske sestre iz obdobja babybooma upokojile ali so tik pred upokojitvijo. Babyboom generacija ima pri delu več energije in duševne odpornosti, večjo koncentracijo in vključenost v dejavnosti, ki jih opravlja, ter daje svojemu poklicu večji pomen in uporabnost (Batista et al., 2022). V naši raziskavi so anketiranci trditev »Resnično mi je mar za to, kar počnem na svojem delovnem mestu« označili z zelo visoko oceno, kar kaže na to, da jim poklic medicinske sestre veliko pomeni in imajo pozitiven odnos do dela. Tan & Chin (2023) pa dokazujeta, da obstajajo razlike v delovnih vrednotah in stališčih. Za generacijo X je manj verjetno, da se bo uprla konvencionalnim normam in nadrejenim.

Generaciji Y in Z sta tehnološko najbolj podkovani generaciji in se lahko hitro prilagodita novi tehnologiji (Tan & Chin 2023). V naši raziskavi pa ni prišlo do odstopanj med generacijami glede uporabe in učenja uporabe nove tehnologije, saj se vse generacije strinjajo, da se hitro učijo uporabljati tehnološke inovacije ter so bolj odprte do sprememb na različnih področjih.

Hendricks & Cope (2013) ugotavljata, da so mlajše generacije med izobraževanjem spodbujali, naj se izpostavijo in izrazijo svoje mnenje ter tako prispevajo k ekipi. To pogosto napačno razumejo zlasti starejše medicinske sestre, ki delujejo v sistemih, kjer so bile naučene, da morajo spoštovati in poslušati starejše ter načeloma govoriti le, ko jih kdo nagovori. V raziskavi smo ugotovili, da se anketiranci ne bojijo izraziti svojega mnenja ter zaupajo v svoje odločitve. So Hee & Jeoyina (2023) nista ugotovila bistvenih razlik v vrsti komunikacije med generacijami, kar pomeni, da med seboj komunicirajo na podoben način. Dobra komunikacija lahko zmanjšuje generacijske razlike in konflikte. V naši raziskavi so bili anketiranci bolj neodločeni glede vprašanja, ali do konfliktov v največji meri prihaja zaradi različnih mnenj medicinskih sester iz različnih generacij. Najmanj se strinjajo s trditvijo, da je to posledica različne izobrazbe posameznih generacij.

Pripadniki različnih generacij na delovnem mestu kažejo različne lastnosti. Organizacije morajo prepoznati razlike v stališčih pripadnikov različnih generacij ter v skladu s prepoznanim zaposlene usmerjati in voditi, da čim bolj zmanjšajo »vrzel« med njimi (Berkup, 2014). Generacijske razlike je mogoče tudi dobro izkoristiti in uporabiti za ustvarjanje pozitivnega delovnega okolja, izboljšanje kakovosti in produktivnosti, spodbujanje boljše oskrbe pacientov (Janežič, 2022; Lorber et al., 2015; Lorber, 2018). Dodatno poznavanje generacijskih razlik je zato izjemnega pomena, saj olajša prepoznavanje, ali so generacijske značilnosti res povezane s starostjo ali z izkušnjami v povezavi s poklicnim položajem, ki ga je posameznik dosegel v svoji karieri (Stevanin et al., 2018).

Starejše medicinske sestre lahko delijo svoja spoznanja in modrosti, ki jih prinašajo le dolgoletne življenjske in delovne izkušnje. Mlajše medicinske sestre lahko podajo tehnološke nasvete, ki olajšajo in popestrijo življenje in delo. Medicinske sestre iz vsake generacije morajo imeti priložnost, da v različnih obdobjih delujejo kot učenke in učiteljice (Cardillo, 2013). Tudi Kavšak & Prosen (2021) razkrivata, kako je za medicinske sestre pomembno, da delujejo kot ekipa – tim, v katerem si med seboj delijo znanje in izkušnje o oskrbi pacienta ter njegovem zdravju (Šanc & Prosen, 2022).

Omejitev raziskave vključujejo omejeno velikost vzorca, saj je bilo v raziskavo vključenih le 100 anketirancev, zato moramo biti pri interpretaciji rezultatov previdni. Prav tako sestava vzorca morda ni reprezentativna po spolu, saj je bil le majhen delež moških anketirancev. Kot omejitev je treba izpostaviti tudi nesorazmerno reprezentativnost vzorca predvsem iz generacije babyboom in generacije Z. Po podatkih NIJZ-ja (2021) je bilo leta 2020 v Sloveniji zaposlenih 208 diplomiranih medicinskih sester in 8 diplomiranih zdravstvenikov iz generacije babyboom. Iz generacije X je bilo zaposlenih 150 diplomiranih zdravstvenikov in 2113 diplomiranih sester, največ jih je zaposlenih v generaciji Y, in sicer kar 3838 diplomiranih medicinskih sester ter 887 diplomiranih zdravstvenikov. Za generacijo Z nimamo podatkov. Pomemben je tudi vidik kulture, saj je bil vprašalnik MNGQ preveden v slovenščino, a preliminarno preverjanje merskih značilnosti prevedenega vprašalnika ni bilo izvedeno. Čeprav je Cronbachov koeficient alfa za slovensko različico vprašalnika pri celotnem vzorcu raziskave znašal 0,805, kar kaže na dobro zanesljivost vprašalnika MNGQ, lahko to vpliva na interpretacijo zaključkov. Za prihodnje raziskave bi bilo priporočljivo izvesti dodatno validacijo vprašalnika in povečati število anketirancev, s čimer bi zagotovili boljšo reprezentativnost in zanesljivost rezultatov. V raziskavo bi lahko dodali še zadovoljstvo medicinskih sester različnih generacij z medpoklicnim sodelovanjem. V prihodnjih raziskavah bi lahko uporabili kvalitativno raziskovanje, ki omogoča globlji vpogled v subjektivne izkušnje in zaznavanje udeležencev. Poleg tega bi lahko uporabili tudi triangulacijo metod. Triangulacija združuje prednosti kvalitativnega in kvantitativnega pristopa, kar omogoča poglobitev in širitev razumevanja. Cilj triangulacije ni zgolj potrditev rezultatov, temveč tudi izboljšanje celovitega vpogleda v raziskovano temo (Yeasmin & Rahman, 2012).

Zaključek

Raziskava je pokazala dobro usklajenost in sodelovanje med različnimi generacijami medicinskih sester. V odgovorih anketiranih ni bilo zaznati velikih odklonov, ki bi nakazovali, da med generacijami obstajajo velike razlike v komunikaciji, delu, uporabi

tehnoloških inovacij, konfliktih ipd. Vse generacije v našem vzorcu so odprte do novosti, samoiniciativne, samozavestne v odločitvah, pozitivne v odnosu do dela in sodelovanja, enako zavzete za delo ter ne težijo k menjavi službe. V praksi je dobro sodelovanje med različnimi generacijami medicinskih sester zelo pomembno, saj omogoča prenos znanja in veščin tako od starejših generacij k mlajšim kot tudi obratno. Takšno sodelovanje pozitivno vpliva na zdravo delovno okolje, kar je ključnega pomena za zagotavljanje kakovostne zdravstvene nege. Za krepitev medgeneracijskega sodelovanja v zdravstveni negi je treba spodbujati timsko delo, ki temelji na razumevanju in spoštovanju. Uvajanje »teambuilding« aktivnosti, prilagojenih specifičnim potrebam posameznih generacij, bi lahko dodatno okrepilo timsko dinamiko. Dobrodošli bi bili tudi seminarji in praktične delavnice, na katerih bi medicinske sestre starejših generacij z mnogimi izkušnjami prenašale znanje na manj izkušene mlajše kolegice.

Conflict of interest/Nasprotje interesov

Avtorji izjavljajo, da ni nasprotja interesov./The authors declare that no conflicts of interest exist.

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Author contributions/Prispevek avtorjev

Avtorji so raziskavo konceptualno zastavili skupaj. Prva dva avtorja sta sodelovala pri zbiranju, analizi in interpretaciji podatkov. Tretji in četrti avtor sta sodelovala pri metodološki zasnovi raziskave, analizi podatkov, opravila kritični pregled osnutka in dopolnila končno različico članka. Avtorji so prebrali in odobrili končni prispevek./The authors collaborated in the conceptualisation of the research. The first and second authors were involved in data collection, analysis and interpretation. The third and fourth authors contributed to the methodological design of the study and the statistical analysis, critically revised the draft, and finalised the paper. All authors read and approved the final version of the paper.

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