

KEYWORDS: GENERATIONAL DIVERSITY, BULLYING, CONFLICT RESOLUTION, AUTHENTIC LEADERSHIP, COLLABORATION, MENTORING

EMBRACING GENERATIONAL DIVERSITY: REDUCING AND MANAGING WORKPLACE CONFLICT

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ABSTRACT

The phrase “Nurses Eat Their Young” is an expression that is all too familiar within the nursing profession. Intergenerational differences can exacerbate pre-existing tendencies to put new nurses through their paces or orientate them using ‘trial by fire methods’ that were experienced by older nurses experienced when beginning their careers.¹ With four generations present in the workplace, and widely different approaches to work ethics, it is important to gain an understanding of these differences and to learn how to work efficiently and effectively together. Embracing and valuing each generation for its strengths and recognizing generational diversities in the workplace will help create a dynamic, rich, engaging, and fulfilling work environment in which all nurses feel valued and supported by their team. Nurse managers and leaders have a pivotal role in creating professional workplaces that attract and retain staff. They do so by defining the culture of the nursing unit, and the organization as a whole, through modeling behaviour that communicates, to the

entire team, what is considered acceptable behaviour and displays zero tolerance for bullying. Effective mentoring can also cultivate understanding of generational differences in nursing while facilitating productive learning and fostering effective working relationships.

INTRODUCTION

In today's clinical nursing environment there are four generations of nurses working together. This creates new and unique challenges for managers, educators, and organizations. Nurses from the generations (labelled as veterans, baby boomers, generation X, and millennials) have their own distinctive worldviews, values, and ideas that result in divergent generational perspectives regarding work ethics, differing attitudes relating to authority, and varied expectations on what makes for a successful workplace.² These differing views play a pivotal role in creating generational tension and misunderstanding within the nursing clinical practice setting.²

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When viewing generations as a whole there are certain generalized trends – it is not the author’s intention to imply that there are no exceptions to these rules. But they have been shown to apply to the significant majority of these generations as a result of their shared experiences.

Veterans are generalized as hardworking, cautious, and willing to sacrifice for the common good. They value loyalty and expect the same in return. Baby boomers are considered to value collegiality and life-long learning. Their work ethic is measured in the amount of hours worked and they expect rewards for working hard. Generation X generally desire a positive work environment that fosters independence to learn. They value control, flexibility, and freedom at work. Millennials are considered to be goal-oriented and expect to be coached and mentored in the workplace. They value self-development and require feedback on their performance. Job satisfaction is a requirement otherwise they will leave to find it elsewhere. Weston³ elaborates that when “different generations work closely together tension may occur as the different generational perspectives result in misinterpretations and misunderstanding”.

The potential for intergenerational conflict is especially heightened in the perioperative environment. In this demanding, complex, and stressful, workplace interpersonal conflicts can arise, between nurses, as a result of differences in opinions, work ethics, values, beliefs, interests, and goals. Sullivan and Decker⁴ report that conflict between generational cohorts can cause instability within the group functioning. Generational gaps can make it difficult for nurses to work together. Nurses from similar generations tend to clump together and form cliques. The older generations have an expectation of being respected and looked up to by the younger generation while the younger nurses expect to be treated as equals.⁵

Teamwork in the perioperative setting is a necessity for high-quality patient

outcomes and safety as well as for reducing professional burn-out, staffing shortages, and nurses leaving the profession. An unhappy work environment causes unnecessary stress and can compromise patient safety. There is an assumption that nursing is considered a profession that is highly at risk for bullying where the experienced nurse is most often the perpetrator and the novice nurse is the most likely victim. Hence the reference to “nurses eating their young”. This phrase relates to situations where older more experienced nurses do not welcome new grads or speak disparagingly about generations other than their own. It is when ideas are dismissed on the basis of age or experience. This perceived image of the profession is believed to be due to years of tolerance, within the healthcare system, of nurse-on-nurse violence as well as tolerance by nurses themselves that has led to bullying behaviour being passed down from one generation of nurses to the next.⁶ Perioperative settings with cultures that tolerate and/or normalize bullying behavior compromise teambuilding and relationships. The end results are difficulty retaining new generations of nurses and unsafe patient care.

The purpose of this article is to explore ways to manage issues related to generational diversity within the clinical setting through the use of tools such as conflict resolution and mentoring. The article will analyse a conflict scenario in the perioperative setting. The author uses the Conflict Process Model which provides a framework for exploring how, and why, conflicts occur while working to find effective strategies for conflict resolution in order to minimize, or resolve, the controversy with the least amount of negative consequences.⁴

WHEN CONFLICT OCCURS... A CASE STUDY

Nancy, a longstanding perioperative nurse in the Operating Room with over twenty-five years’ experience, is well respected by her colleagues as a champion of work ethics, her virtues of working hard for work’s sake and for

the good of the patients, as well as her vast experience and knowledge base. Julie is a newly graduated nurse who has practiced as a perioperative nurse for about two years. She is an eager learner and is highly focused on goal achievement. Julie learns best from reflective observation along with hands-on experiences and is not ashamed to ask for guidance and feedback in the spirit of improving her skills. She values authentic and personalized evaluations, from her peers, based on her job performance as a way to achieve her specific learning and development goals. Due to her inquisitive nature, and her tendency to demand quick responses and results, Julie's peers have often described her as being disrespectful towards senior colleagues and a non-collaborative team member.

Nancy and Julie have been assigned to the General Surgery theatre for the day. A patient having an Abdominal Perineal Resection is the first scheduled case and begins at 07:30. Julie drove to work that morning excited about the opportunity to learn a new procedure. She loves scrubbing in for Laparotomies but has yet to scrub in on such a complex procedure. Julie would really like the opportunity to scrub in and learn a new skill. Last evening, Julie reviewed her notes on the procedure and searched evidence-based literature, on the internet, on topics ranging from perioperative patient care considerations to patient transfer to the postoperative care unit. As she turned in to the parking lot, Julie was ready to begin her day.

As Julie entered the OR at 07:15, she found Nancy reviewing the procedure setup and a scrub nurse was in the process of organizing the back table. Nancy, the senior RN for the day, glanced at the clock when Julie entered the theatre exactly at the start of the day shift and was silently annoyed. Julie promptly approached Nancy and informed her of her expectations for the day including her rationale for wanting to scrub in on the Abdominal Perineal Resection. Nancy informed Julie that the surgeon was quite difficult to work with and that the procedure would be

daunting for her level of expertise. Nancy added that everything had to go smoothly otherwise the surgeon would become angry and uncooperative. Nancy suggested that in order to ensure that everything went efficiently, Julie should remain circulating where Nancy could be close by to help her. Julie, feeling exasperated, replied, "I've worked with difficult surgeons before and it is no big deal."

Julie, without consulting Nancy, departed for the patient waiting area to perform the patient pre-operative assessment and left the room setup for Nancy to complete. When Julie returned to the theatre, Nancy and the scrub nurse were preparing to begin counting the instruments and sponges. Nancy stated to Julie that she could do the count while she finished gathering the positioning devices needed and checked on the blood availability. While Nancy was gone Julie completed the count with the scrub nurse and then began to rearrange the room setup to match her own expectations. When Nancy returned and realized what Julie had done she was outraged and wanted to confront her. She decided, however, to wait until the patient was anaesthetised.

Once the patient was brought into the room Julie quickly volunteered to help administer the anaesthesia. Julie asked Nancy to go and locate the two stapling devices that were missing from the setup. Nancy, trying to regain control of the theatre as the senior RN, did not respond to Julie and remained adamantly in position to assist during induction. After induction Nancy began positioning the patient while Julie remained in the periphery of the theatre. Nancy felt overcome by anger that she was doing all the work while Julie stood by observing. Once the case was in progress Nancy felt it necessary to address Julie regarding her conduct as she considered it unprofessional and unbecoming of a perioperative nurse. As a nurse who typically performs her duties by the book Nancy was not accustomed to Julie's ideas and approaches. Julie responded that she resented Nancy for not trusting her

The Conflict Process Model is a framework that follows a generalized format for examining conflict.

abilities and appreciating her contributions as a valuable team member. Both Nancy and Julie ended the procedure frustrated and angry.

Conflict Process Model

The Conflict Process Model is a framework that follows a generalized format for examining conflict. The model assists in explaining how and why conflict occur and ultimately examines ways to minimize or resolve conflict with the least amount of negative aftermath.⁴ Conflict and its resolution follow a specific process starting with certain pre-existing conditions known as antecedent conditions.

Antecedent conditions, such as incompatible goals and differences in values and beliefs, can drive a situation toward conflict. Perceived or felt conflict occurs when the concerned parties are influenced by their feelings and perceptions about the situation. Conflict behaviours are exhibited most often when individuals misunderstand another person's perspective, intent, or perception of the situation. Conflict is then either resolved, suppressed, or persists in remaining unresolved. Sullivan and Decker⁴ propose that conflict resolution is achieved when all individuals reach a mutually agreed-upon solution and commit themselves to executing the agreement. A positive outcome is achieved when both parties display new and improved attitudes and feelings, toward each other and the situation, and both see themselves as winners.

The Significance of Antecedent Conditions to the Case Study

Sullivan and Decker⁴ remark on the correlation between antecedent conditions and increases in conflict. Generational diversity can present itself in the work environment through differences in attitudes, beliefs, and values. Generational cohorts have their own collective personality traits that stem from their lived experiences and the perspectives of their eras.⁶ Based on these unique behaviour traits it can be expected that, when individuals from

divergent generations come together at work, conflict will often arise due to misunderstandings and misinterpretations of their diverse viewpoints, work expectations, and professional goals.³

Nancy: Baby Boomer Generation

Nancy belongs to the Baby Boomer Generation, a large generational cohort that was influenced by the post-World War II economic prosperity and opportunities, great technological changes, and societal values that emphasized freedom and the "me" generation.^{3,7} Nancy was raised in a traditional nuclear family in which she was doted on by her parents not to mention by schools and society as a whole.³ The Baby Boomer generation is one of extreme optimism. Nancy's generation, in Canada, was influenced by "Trudeaumania", the rise of Quebec nationalism, the October Crisis, protest marches, the Women's Liberation Movement, the Space Program, and the Cold War which all promoted their beliefs that they had the power to change the World.^{6,7}

Nancy draws personal fulfillment, and a sense of self-worth, from her work performance and her chosen profession. She values creativity, risk-taking, and working independently, however her generation has adapted slowly to the new era of information technology.^{3,8} Weston³ remarked how the Baby Boomer Generation is generally mistrustful of corporate ideology and is prone toward questioning those in authority. Nancy has worked at the same institution for many years and she values job security. It would not be unusual for Nancy to work long hours which can result in sacrificing family and leisure time. The Baby Boomers are extremely competitive as a result of the large numbers in their workforce and this usually results in their willingness to do whatever is required to complete the job.⁶

Julie: Millennial Generation

Julie grew-up during a period of prosperity and one with a new emphasis

Figure 1.

*Intergenerational Conflict in the OR.*

on family values with an emphasis on the importance and protection of children that differs significantly from that of previous generations.⁸ Julie experienced a highly structured and scheduled life, as a result of both her parents working, that included daycare, preschool, and after-school programs.³ As a consequence of Julie's parents being older, and having fewer children, they endeavoured to be actively involved in her daily life through mentoring, teaching, and acting as advocates for her well-being.³ Clausen et al.⁶ elaborated that Millennials respect, admire, and look-up to their parents and associate close family relationships with happiness and a sanctuary against the

difficulties they may encounter in life. Julie is an optimist in terms of her future, values working hard to perform her job well, and considers learning as a lifelong priority. Julie is extremely confident with technology as she has not known a time without internet, cell phones, and text messaging, and this results in an expectation of immediate information and feedback.⁸

Julie values a team-based, collaborative, and supportive work environment and appreciates collective actions over completion.⁶ Julie is adept at multitasking, craves stimulation, and requires challenges to avoid becoming bored. She is a self-starter who takes responsibility for her own successes requiring immediate feedback and recognition as well as structure, guidance, and extensive orientations to eliminate being confronted with situations where she feels unprepared and, therefore, uncomfortable.⁸ The Millennial Generation does not generally have loyalty to the specific organization they work for and will most likely change jobs or careers many times during their lives.⁶ Julie strives to achieve balance between her work and family life and desires flexibility with her work schedule to plan for activities or unexpected events that may arise in her personal life. It is very important to Julie that she is heard, and not just seen, by her peers as well as that she achieve a sense of belonging among all her co-workers. Julie is very tech-savvy which leads to her inquisitiveness and questioning of assumptions which can be perceived, by some, as rebellion.

Understanding Intergenerational Conflict

Nancy and Julie will both experience perceived conflict as they become fully aware that there is a conflict of perspectives between them. A perceived conflict arises from misunderstandings and frustrations resulting from a lack of understanding of the other party's true position or goals.⁴ A felt conflict is the personalization or internalization of differences between parties that cause conflict and which give rise to stress,

Figure 2.



By: J. Porteous

Communicating Perceived and Felt Conflict.

anxiety, and negative feelings between Nancy and Julie.⁴ The negative feelings between Nancy and Julie may lead to mistrust, hostility, and fear which can manifest in behaviours of open aggression, apathy, or withdrawal depending on the stance that each individual takes on the issue.⁴

Nancy, who was taught to respect and listen to her elders, would perceive Julie's voiced assertions, thirst for knowledge, and contributions of advice in delegation of tasks as impertinent, insubordinate, disrespectful, and demonstrating a lack of appreciation for Nancy's work experience. This triggers Nancy to feel, as the senior nurse in the OR, affronted

and devalued. Julie, having conversely continually experienced her voice and contributions being expected and appreciated, believes that speaking-up is an important way to be part of an effective and collaborative team. Additionally, Julie feels that Nancy is too set in her ways, inflexible to new ideas, and task-orientated rather than results-oriented.²

Nancy was annoyed when Julie entered the OR exactly at the change of the day shift. Nancy, who is willing to work long hours, believes this is a way to make significant contributions to her work-performance, and she considers her work ethics to be superior to Julie's. Nancy regards Julie as being unreliable, having a lack of dedication to the nursing profession, naive, immature, over-assertive, and care-free.² Nancy perceives Julie's assertiveness, in expressing her expectation to scrub-in, by changing the room set-up, and in instructing the senior nurses on duties to perform, as being overconfident in her abilities. Nancy also found it challenging to confront Julie as result of her lack of interest in other view-points and her perceived insolent and defiant response to a senior nurse.

Julie felt that Nancy conveyed a pessimistic attitude toward the younger generation and that, because of her age, her abilities were being mistrusted. Julie sensed that Nancy views her as being lazy and lacking ambition and commitment in her work ethics. Julie felt that she had been very committed by doing pre-shift research and that it was justifiable to speak up in defense of her values, beliefs, and professional goals as a means of establishing appropriate training and professional development.

Problem-Solving Using Collaboration

Conflict is a natural phenomenon that exists in every organization. When conflict is confronted, and managed effectively, it can result in numerous positive outcomes. Conflict management works best when the parties involved in a disagreement can work through, and

Conflict management may require managers to serve as a mediator to the situation.

come to an understanding about, the issue on their own through a process that allows them to work together in a mutually respectful manner that ultimately improves their relationship.⁴ An authentic leader, who embraces the resolution of conflict through collaboration, with a focus on a win-win outcome, is facilitating the ideal method to use in working out the disputes and problems that are important to those like Nancy and Julie. The choice to exercise collaboration in dealing with conflict may take more time and energy but the long-term benefits are worth the effort.⁴

Collaboration would allow Nancy and Julie to cooperate and focus on solving the problem in a manner that meets both of their needs through consensus while maintaining a long-term productive relationship. Sullivan and Decker⁴ propose that “true consensus occurs when the problem is fully explored, the needs and goals of the involved parties are understood, and a solution that meets these needs is agreed upon”. Conflict resolution that results in a “win-win” solution for Nancy and Julie, where both their values and goals are respected, will heighten a growth of their knowledge, understanding, and respect for each other as well as encourage them to feel good about their decisions and remain committed to their own action plan.

With the intention of further improving collaboration and preserving harmony in the perioperative setting, the manager should promote a “team” focus and communicate to both Nancy and Julie that cooperation and mutual respect towards all members of the OR team is essential to successful patient outcomes and employee satisfaction. The many challenges confronting managers include avoiding stereotyping the different generations, appreciating the unique contributions from each generation, encouraging mutual respect for generational diversity, and drawing on the differences from each generation to enhance teamwork in the workplace.⁴ Clausing et al.⁶ acknowledge that when authentic leaders promote teambuilding

and unity among their staff members, they create an environment that fosters opportunities to share ideas and experiences as well as to recognize and appreciate the diversity of perspectives held by teammates from different generations. Attri et al⁹ also suggests that team work facilitates the development of friendship bonds that positively strengthen relationships among colleagues and eliminating barriers associated with intergenerational perception and acceptance.

Conflict management may require managers to serve as a mediator to the situation. An authentic leader’s role as the mediator in supporting constructive conflict resolution includes a commitment to support all involved to expand their power base. This power base would include knowledge, skills, expertise, and experiences from their personal lives and professional practice. By looking for solutions that expand this for both individuals it enables individuals to recognize their own, and others, strengths, resources, and abilities as tools to making positive changes as well as taking ownership of finding ways to respond and resolve the conflict.⁴ This empowerment builds morale and improves productivity while enabling those to act in a way that affects the changes necessary to ensure a positive patient-centred environment.

Empowerment increases the ability of Nancy and Julie to successfully resolve their conflict on their own as they establish new ways of communicating, acting, and perceiving their situation. Through empowerment, Nancy and Julie will move from a position of feeling like a “victim” to a state of being able to create a new way to respond to a difficult situation, while retaining what they feel is important, by expressing their concerns, perspectives, feelings, and ideas in a way that will be heard, understood, and listened to. By allowing Nancy and Julie to resolve their conflict this practice might impart developmental experiences and improve their ability to resolve conflict situations in the future.⁴

Perioperative nurses from all generations need to understand and work together as a way of not only cultivate harmony but most importantly providing the best care to patients. Effective communication between team members is key to diffusing any conflict.⁴ Sensitivity to communication differences and preferences across generations can help bridge gaps and create unique solutions that appeal to each generational belief system. It is important that communication is understood so as to reduce the risks of errors and misunderstandings that come with communication failures. The manager, as mediator, must determine whether Nancy and Julie are willing to work together cooperatively for the attainment of mutual goals that would be acceptable to all. Nancy and Julie were encouraged to discuss their individual concerns and perceptions of the conflict, as well as given the chance to share their side of the story in a respectful environment. This provided the manager with a better understanding of the situation and demonstrated to both parties her impartiality towards the conflict. Once both viewpoints had been shared Nancy and Julie took an open, insightful, look at their conflict situation and identified how it could be viewed differently and addressed. By working together to find a mutually satisfying solution, Nancy and Julie will learn about the others commitment to a solution and will work towards achieving a positive working relationship that will help them attain personal and professional satisfaction, reduce stress, and improve interpersonal communication.

Nancy and Julie both identified that they have very different working styles, communication abilities, and approaches towards patient care which has resulted in the on-going deterioration of their working relationship. They have learned that the misconceptions about their values and work ethics were a major source of friction between them on that particular day and possibly on many others.² Nancy and Julie agreed that understanding and appreciating generational differences would be vital

to decreasing the conflict that has transpired between them. They proposed that their hospital's Perioperative Nurse Educator explore the topic of generational diversity with the entire staff during weekly educational sessions.²

Promoting awareness of generational diversity can initiate conversations among colleagues on this topic, help to eliminate preconceived beliefs and opinions about each generation, and reduce the potential for conflict while fostering mutual respect between staff of all generations.²

Through open discussions as a group, the perioperative team can begin the process of exploring and identifying their expectations, as well as stereotypes and judgements that exist towards the different generations. The team can discuss their needs and preferences and learn from one another while building on the strengths of each generational group by recognizing the inherent potential of a mixed-generational perioperative team.

Mentorship to Embrace Intergenerational Diversity

Mentorship is another valuable strategy that cultivates and creates a healthy organizational culture from which all team members can benefit. The presence of positive role models and mentorship in the perioperative setting provides value and strengthens the workplace by improving team morale, sharing experiences, and creating a workplace where bullying is no longer accepted. Mentorship in the perioperative setting helps foster strong team relationships by reinforcing the concept that different generations bring different strengths into the workplace therefore reducing tolerance for any form of horizontal violence towards team members.¹⁵

Mentorship allows perioperative nurses to become authentic leaders and positive role models who demonstrate skills and qualities that emulate the practice of safe, competent, compassionate patient care as well as a ways to provide a

supportive and therapeutic environment for patients, their families, and colleagues.¹⁰ The Canadian Nurses Association (CNA)¹¹ recommends that nurses make every effort to appreciate their peers and take ownership of mentoring roles in order to provide a culture of acceptance by modeling professional and respectful behaviour toward their fellow nurses and other healthcare professionals. Operating Room Nurses Association of Canada (ORNAC)¹² in its Perioperative Registered Nurses Scope of Practice, states that “The perioperative registered nurse assists in promoting, supporting, and developing competencies in others by mentoring and precepting colleagues and students.”

Mentorship builds an emotional and reciprocal relationship in which the experienced nurse teaches, guides, nurtures, and serves as a positive role model for the less experienced nurse. This reciprocal relationship strengthens the nurse to nurse bond by promoting a culture of acceptance. A mentoring culture encompasses both an emotional and transitional relationship in which the different generations of nurses engage in genuine caring and mutual respect for one another. The open communication facilitates the decline of intergenerational misunderstandings and misinterpretations by exposing nurses to the other generation's perspective and strengths.² Mentoring cultivates a healthy work environment in the operating rooms where professionalism and collegiality are fostered, bullying behaviors are minimized, job satisfaction and nurse retention are enhanced, and nursing recruitment is strengthened through the creation and perpetuation of a positive, inviting culture that combines the best qualities of each generation.^{1,8}

The development of a successful mentorship program in the perioperative environment requires transformational leaders who support a mentoring culture. Authentic leaders who recognise and appreciate each generation of nurses' differences in point of views and values, including their perceptions of their work environment, will play a

Figure 3.



By: J. Porteous

Conflict Resolution a Win-Win Solution.

pivotal role in assisting these generations to better understand and appreciate each other.¹⁴ Nancy, with her superior clinical knowledge and extensive clinical experience, is well-positioned to act as mentor to Julie. The mentoring relationship may be able to help Nancy and Julie build a collegial and respectful relationship that facilitates continuous in-depth advice sharing as well as enabling them to effectively discuss workplace issues and their corresponding emotions. The goal of pairing Nancy and Julie in a mentoring partnership would be to mitigate hostile communication, emotional fatigue, and burnout.

Nancy and Julie begin by establishing an agreement regarding the terms of their mentoring relationship. They both agree that their relationship will be based on confidentiality, respect, honesty, as well as a shared commitment to learning. Nancy encourages Julie to be open and honest about her feelings and concerns and she expresses that she hopes she can

provide Julie with both support and empathy. Nancy and Julie agree to meet on a monthly-basis, or according to their needs, they agree to communication, between face to face meetings, by mobile phone and email. As the mentoring relationship develops Nancy will endeavour to provide opportunities for Julie to use her innovativeness and independence as she takes on new tasks in her perioperative roles. She will also provide Julie with constructive feedback and reinforcement by participating in regular open discussions, in addition to helping Julie work through difficult situations. Nancy can, in addition, help Julie feel valued and respected by helping her feel welcome in the workplace while embracing the ways she demonstrates her enthusiasm and work ethic.

Both Nancy and Julie can learn and grow from their mentoring relationship and this will encourage an atmosphere of team building. Julie can learn to value Nancy's experiences and professionalism as she gains knowledge and comes to know Nancy's insights regarding work performance, patient encounters, and the feelings she has dealt with throughout her career. Nancy's role as a mentor will enable Julie to develop confidence in her skills, provide opportunities for professional growth, and assist in providing Julie with career direction. The reciprocal benefits of mentorship will offer Nancy the feeling of pride and satisfaction in helping a colleague establish her career and reach her desired goals. Julie, who highly values teamwork and enjoys working with advanced technologies, can make an excellent reverse mentor for Nancy. Nancy can learn to appreciate the technological expertise that Julie has to offer as she serves as a resource in this area and is able to demonstrate the benefits. This concept of reverse mentoring can foster strong team building relationships in the perioperative setting because it reinforces that different generations bring different strengths to the workplace.¹⁵

The strengths that each generation brings to the workplace can help bridge the generational gap within the perioperative environment by creating a

win-win situation for all parties involved and for the patients. Mentorship in perioperative nursing promotes the idea that perioperative nurses engage in lifelong learning and significantly contribute toward the personal and professional development of the nursing profession as a whole by sharing their expertise with new generations.

CONCLUSION

Conflict is common in the perioperative setting due to its unique, complex, and stressful environment. Successful conflict resolution is an important component of teamwork and contributes to safe patient care, job satisfaction, and nursing retention. The ultimate challenge confronting nursing leadership is how to create a work environment in which all generations of nurses learn to understand one another's point of views and values in order to work together and thrive. Generational conflict must be discussed, understood, and resolved effectively so that a culture of openness and appreciation prospers in the nursing workplace environment.

The successful resolution of conflict requires mutual respect among all team members, active listening, good communication skills, adherence to the issue, recognition of differences, and acknowledgement of the emotional aspects of the conflict. Collaboration, a "win-win" strategy, focuses on consensus between the parties on achieving their goals for a positive resolution. Although it can be most time-consuming it, in return, increases the possibility of sustainable change within the workplace environment.

Mentoring is a valuable strategy that inspires different generations of perioperative nurses to share their expertise with colleagues, provide positive feedback, and encourages an atmosphere of teambuilding. Building a successful mentorship program in the perioperative environment fosters stronger team relationships by highlighting that each generation of nurses brings different strengths and

diversities into the workplace. In doing this it can reduce and prevent conflict and provide an environment to nurture and strengthen the workforce of the future.

When satisfactorily resolved conflict can transcend generational issues and become a catalyst for positive change that can be therapeutic for all parties involved, including the important component of good patient care.

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