

THE GENERATION GAP IN NURSING

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OPSOMMING

Die generasiegaping word beskryf na aanleiding van die definisie dat dit die verskille in mening tussen mense van verskillende ouderdomme is.

Die veranderde sienswyses en houdings van nuwe toetreders tot die professie word beskou aan die hand van die drie dele waaruit die verskynsel veronderstel is om te ontwikkel, naamlik

- konflik in die gesin
- die teenwoordigheid van 'n jeug sub-kultuur
- die adolessent se verhouding tot sekondêre instellings.

Daar bestaan 'n generasiegaping in verpleging wat die gevolg is van die bogenoemde faktore, maar die mening word uitgespreek dat daar in verpleging 'n ander faktor ook teenwoordig is. Dit word die tegnologiese faktor genoem.

Dit gee aanleiding tot verskille in mening tussen die groep verpleegkundiges wat lang jare diens het en op hulle ondervinding en ervaring staatmaak, en die nuwe groep wat al die geleenthede vir studie en bekendstelling met die nuutste tegnologiese ontwikkelinge het.

Die enigste manier waarop die probleme opgelos kan word is deur oop en eerlike kommunikasie, met as grondslag 'n erkenning van eiewaarde en die waardes van die ander groep.

Generation gap is one of those catch phrases that we so often use, and misuse, to excuse ourselves or to cover up for our shortcomings. It is like the *shortage of nurses* behind which we hide from all our nursing problems.

Although it is such a commonly used phrase, do we really know what it means? When you consult the Oxford Dictionary, you will find that it defines *generation gap* as: *differences of opinion between those of different generations*³

It will surprise most people that the generation gap becomes a problem only when there are differences of opinion.

THE GENERATION GAP: A MYTH OR REALITY?

Although the concept of a *generation gap* is taken for granted, and the term is quite familiar with us, there are still people, like Greta Fein, who asks the question, *Is generational conflict a myth or reality?*²

There is little doubt that it exists in nursing — if you take the time to analyse a few of our current problems.

An explanation for the generation gap is given by William Wattenberg when he writes that *Generation gap has been the catch phrase*

*used to refer to the fact that in dialogues between the present generations of adolescents and of adults it often seems to each group that the other is either not listening or not hearing*⁴

Whatever the definition or explanation you use, writers come to the same conclusion namely that it is a complex phenomenon which is supposed to consist of three parts namely:

- conflict within the family — the adolescents reject family values, probably because the teen years are filled with strife and contention between parent and child
- the presence of a *youth subculture* that emphasises conformity to the values of the peer group
- values that conflict with those of adults

- the adolescent's relationship to secondary institutions — the school or, more generally, the community.²

It is common knowledge that the so-called difficult years are those of the teenage and adolescent years. It is the time during which a child grows up and prepares to become an independent, responsible, self-reliant, self-sufficient adult. This is a difficult period for both parent and child, if both parents and children are not prepared for or do not accept that the time during which a child will unquestioningly accept the parent's decisions and leadership, is coming to a close. There are numerous ways in which the problem can be overcome if people are willing to try.

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THE GENERATION GAP IN NURSING — DOES IT EXIST?

Is there a generation gap in nursing? If we go back to the first definition namely *differences of opinion between those of different generations*³ we see it all too clearly. We must, however, take note that merely the fact we deal with different generations in nursing does not automatically create a generation gap. Nurses of different generations can be equal partners, without any problems.

It is when the *differences of opinion* occur that the problems start. In other words the generation gap exists in nursing when differences of opinion can be attributed to differences in age.

It has been stated that the generation gap is a phenomenon existing especially between adolescents and their parents. Nurses, however, do not have time to linger in an adolescent period and are age wise, far removed from the adolescent years. As a matter of fact, it is being said that the responsibilities that nursing entrusts to girls and boys at a rather tender age, are factors which ensure that they quickly become adults.

Therefore one can not say that the generation gap in nursing is linked to adolescence and being an adolescent. What one can say, is that the younger generation of nurses who enter the profession after training, are equated to adolescents in the profession. To illustrate this statement one can apply the three parts of the generation gap, namely:

- conflict within the (nursing) family — the young student nurses often reject the values of the established nursing family. We all know the well known phrase: . . . *but we have done it like this for years* . . . The new entrants question, often with reason, the methods and procedures that have been in use for ages and are not willing to accept unreliable, invalid answers;
- a factor which contributes to the above is the relationship with secondary institutions. Decades ago when nurses were trained in

the hospital by the ward sisters themselves, they were taught nursing, and no other *fancy things*.

This has changed. Student nurses are now trained at colleges and universities, where they study numerous subjects of which nursing is but one. The social influence of these institutions leads to the next part of the *generation gap* . . .



Nurses of different generations can be equal partners.



Problems start when differences of opinion occur

- the presence of a *youth sub-culture*. Nurses have noted, mentioned and complained about the differences detected in the youngsters coming into nursing nowadays. Even nurses who are approximately in the middle age group of the spectrum of nurses in service note it because they still belonged to the last of the *old school*.

They still knew discipline, were brought up by parents who did not know of, or believe in, the so-called psychological education of children. In other words, they listened when spoken to, and got a hiding if they did not.

This led them to willingly accept the discipline of the nursing world. When they started nursing there were still a few of the *old school* around for whom nursing was everything in life — and who were very jealous of the standard of nursing care being rendered in their wards. The result was that if the students did not meet their standards or demands they got their share of hell.

It was also still the time of the stiffly starched uniform which had to be ironed for hours to be presentable. A student could in any case not have breakfast or lunch before going on duty, because the uniform would be creased when she reached the ward and that was totally unacceptable. There was the endless waiting at the doors for senior students and professional nurses to pass. Sometimes a junior student never reached tea because by the time she could pass through the door, there was not enough time left for going to tea, with the result that she returned to the ward without comment and hoped for better luck next time.

Can you imagine any of these situations occurring with our bright young students and young professional nurses today? That is exactly what the generation gap is all about. New values exist today. It is the age of youth — young people everywhere are calling the tune. The saying goes round that if a professional person is not in the top job in her specific field by the time she is 30 years old, she will never reach it. Formerly you hoped to reach a coveted position at the faraway and ancient age of 40 — but those days are over.

These changes in beliefs did not happen without problems. It is natural that conflict will result if youngsters just take over and throw the proven existing values, beliefs, methods and procedures overboard. After all, the older generation is still there, much older and

wiser than 10, 20, or even 30 years ago when they were the new generation of nurses, with a contribution to make and a very important role to play.

Life provides this truth: older people are always those with the experience, the wisdom and the knowledge of how things ought to be done, and in which way it will work. It is not always the quickest way, especially not to hot-blooded youngsters, but experience usually shows that it is the proven method.

THE TECHNOLOGICAL FACTOR

Age difference alone does not constitute the generation gap in nursing. There is a much more important factor than mere age and the changes that have taken place in the community and people over a period of about thirty years. For want of a better term, the word *technological* is used to describe this factor.

What is referred to here, is the differences in background and training that is experienced in nursing and which creates a much wider generation gap than the one caused by age differences.

Nurses must never think that they are the only people who have problems in this regard. It appears in all fields of activity where the younger generation has privileges in education and the chance to develop that was out of reach or did not exist when the older generation needed them.

Carl Duerr in his book on communication in management, describes the two types of people you are faced with in any institution as *Able* and *Beta*



Able

Able he describes as: . . . *the school of hard knocks*¹ . . . person. In nursing she would be the person who became a nurse in a time when things were difficult. Training was expensive, both money and work wise, times were difficult, possibly combined with drought, depression or war and parents struggled to keep the family afloat.

In spite of the circumstances, daughters managed to become professional nurses, called staff nurses, and later when they deserved their veils, sisters. At some stage they got married perhaps, and were forced to resign because married women were not tolerated in nursing. As the children of the registered non-practising nurse grew up, and regulations became more human, she had to go back to work to help make ends meet and is now working mainly for income tax.

She is a nurse in the true sense of the word, loves her work and continues nursing, being a very good, old fashioned, hard worker with a world of experience but no qualifications to mention.

Beta is described as the person with the advanced schooling background.¹ In nursing she would be the girl for whom fate smiled all the way. She was selected to do a degree in nursing, could stay on and complete a masters degree and was involved in that fancy activity called research, and she even knows how a computer works.

She comes into the service at an age, in a post and on a salary that *Able* would have found incredible at the same age. She talks about people, theories and things applied to nursing that *Able* hasn't heard of — and does quite a good job as well.

When someone says we need more professional . . . [nurses in South Africa] . . . he's probably right. But it would be interesting to know whether he means more *Ables* or more *Betas*.¹ Partly of course there's been a historical shift in meaning which parallels what has happened in other professions. originally, a 'professional' . . . [nurse] . . . meant someone who had made a career of . . . [nursing] . . . — *Able*. But what it's coming to mean more and more is

someone who knows all the approved techniques, has read all the books, and passed all the exams and can show you her qualifications — *Beta*.¹

Now there's a lot to be said — for books and exams and approved techniques'.¹ . . . Moreover there's a lot to be said for people like *Beta*. That's why you'll find so many of them, bright as new pennies . . . on the staff. Furthermore, at the moment young *Betas* are cheaper than older *Ables*.¹

It's also a help . . . to have people around . . . with trained analytical minds, who can not only bring a systematic approach to bear, but can also formalise the processes they use, put them into words, something which can be terribly important, but which baffles many good . . . [nurses].¹ . . . an *Able* frequently needs a *Beta*, . . . simply because the latter knows the newer . . . techniques, and can understand and use the relevant jargon.¹

And perhaps it's most important to have young *Betas* around . . . just because they haven't had enough experience to have learned that it can't be done!¹

So a lot of *Beta*'s skills are useful, even essential. But on their own they are basically only qualifications . . .¹

Both are needed

What does all this mean in nursing? Technology and medicine, two of the related fields of nursing with which nurses are intensely concerned, are developing at such a rate that nursing is forced to develop at an even brisker tempo. To keep up, it is necessary to have



Beta



Beta minus Able

or



Able minus Beta

is incomplete.

people with the skills and knowledge to cope with these situations — and they are faced with situations that their older counterparts have not experienced at all.

Take for instance an intensive care unit. It developed and came into existence in this country only about fifteen years ago. Before that there was one standard way in which patients in hospitals were nursed, and that was in the wards. The pre-intensive care unit nurses coped very well with this situation. When, however, the critically ill were taken away, concentrated into a unit with specialised nurses caring for them with the help of all sorts of fancy machines, they withdrew and concentrated on caring for the remaining patients, as before. And rightly so — those patients also and still need the same level of care as before.

The fact that they do not work in the highly specialised parts of nursing does not mean that they are doing inferior work, or that they are needed to a lesser extent — as many people incorrectly seem to think.

If one thinks of the future and the way in, and the tempo at, which nursing is developing, it is perhaps just as well that these bright, inquisitive and energetic youngsters are coming into nursing. There will be much to do in a nursing world that we might not even recognise in its changed state. By the turn of the century, the nurses in the middle age group at present will be the wise, experienced, placid and on-looking older ladies, while the youngsters will have to get the things done.



Beta plus Able can meet the challenges.

It can be foreseen that they will become even more demanding in future, for children are so knowledgeable nowadays. The children of 3 and 4 years old know much more about some things than their parents and their contemporaries will ever know. Look at any primary school child's work, not to speak of secondary school, and you can not believe that they are already busy with such advanced work.

The same applies to nursing. The students of today learn things, and take them for granted, that the older generations do not know about. It is not necessary to envy them, to create atmospheres about them, or to establish a generation gap. The older nurses have the experience, they have as much knowledge as the younger nurses, in a

different sphere, and know about things the young nurses will never know.

It is not in our power to prevent development, to suit us, but it is in our power to prevent a generation gap from forming. To a large extent the way in which things develop will depend on how the older generation manages the situation.

COMMUNICATION

If you think about the situation, the only way in which generational conflict can be handled is by communication. Communication as we preach it, not as we practise it. To be successful, communication must be open and honest.

Wattenberg comments that in this generational conflict it seems to both groups that the other group is either not listening or not hearing.

If we in nursing could learn to be open and honest with ourselves as well as with members of our own or other groups, we may find that we are learning to listen and to hear, and that the others are doing the same. This willingness to co-operate depends a great deal on our self concept. In other words, realising that whatever I am doing is worthwhile, if I do it to the best of my ability. What is more, I can be proud of it, raise my head and look the world in the eyes.

Realisation of worth is accompanied by the realisation that I can not do anything on my own — I need other people to develop, grow and become an even better practitioner — and it does not matter that the other person is twenty years younger or older than myself.

Each one of us will pass through the stage of *Beta* and *Able*. *Beta minus Able* or *Able minus Beta* is incomplete. *Beta plus Able* can meet the challenges confronting professional nurses.

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