

Nurses' Generational Differences Related to the Workplace and Leadership

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DOI: [10.36348/sjnhc.2023.v06i08.003](https://doi.org/10.36348/sjnhc.2023.v06i08.003)

Received: 01.06.2023 | Accepted: 09.07.2023 | Published: 19.08.2023

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Abstract

Background: Nurses form a professional major group among healthcare providers. Within recent years, providing a system of healthcare delivery that is of high-quality has been a considerable challenge. To reach that level of quality, an efficient level of job satisfaction among the nurses must be fulfilled. **Aim:** The purpose of this study was to compare nurses at King Faisal Specialist Hospital and Research Centre in terms of gender, age, and level of education in order to determine how these factors influenced the nurses' views of the workplace-related dimensions, nursing productivity, and the leadership practices of their managers. **Methods:** It was a cross-sectional study. Between July 1, 2022 and February 28, 2023, researchers at King Faisal Specialist Hospital and Research Centre in Riyadh, Saudi Arabia, gathered the necessary data. Socio-demographic variables such as gender, education level, age, and employment status were gathered via a self-administered anonymous computerised questionnaire. The second section of the survey was the 28-item McCloskey/Mueller Satisfaction Scale, which was broken down into 8 categories. The SPSS 24 program was used to examine the data. **Results:** Of the total respondents, 82% were females mostly within the middle age category between 26-41 years old, with the majority of the participants (N=84) belonging to Generation Z and A. Furthermore, there were no significant associations detected regarding educational level. On the other hand, there was a significant association between gender and control and responsibility and a significant association between age and scheduling. Also, there was significant association between work schedule and interaction opportunities. **Conclusion:** This research has significance for the hospital management and nurse educators as well as managers, prompting them to reconsider their management competences in order to establish effective techniques for managing a multigenerational workforce.

Keywords: Leadership, Nurses, Generational differences, Multigenerational Nursing, Workforce, Saudi Arabia.

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INTRODUCTION

Background of the Study:

Nurses are a large and important subset of the medical community. Presently, it is a major problem trying to maintain a high-quality healthcare delivery system. This high standard can only be attained if the nurses feel happy in their work.

By helping to attain the so-called "Millennium Development Goals," they play a crucial part in enhancing the quality of the national healthcare system (Francis, 2013). Despite the fact that they are the ones responsible for the care of patients throughout their hospital stay, nurses are often the least valued members of healthcare teams.

The role of frontline nurses in guaranteeing optimal efficiency and high standards of care has come under increased scrutiny in the past decade. First-line nurse managers have the most challenging job of any

nurse leader since they are closest to the patients that they are responsible for. They are tasked with balancing the demands of frontline workers with those of the company as a whole, as well as doing administrative and clinical tasks. Yet there are a lack of studies focusing on frontline nurses, in contrast to studies focusing on nurse managers and directors (Widar *et al.*, 2021; Warshawsky, 2020).

Past studies on the capabilities of first-line nurse managers have varied in terms of both depth and breadth. Most were limited to a particular kind of competency such as caring, informatics, evidence-based practice competencies, critical communication competencies, and staff retention competencies.

The top, middle, and entry-level nurse leaders are all represented in other studies. Some researchers have suggested that the skills necessary for success in the different tiers of management may vary

considerably. As a result, there is no universal set of skills required of nurse leaders.

Several factors affect the management styles of frontline nurses, according to a review of related studies by the current study team. Organisational factors such as human resource and data management systems, role factors including demand and role preparation, skill components including collaboration and communication skills, and individual qualities including professional and personal accountability are all examples of such factors. The studies by Garca *et al.*, (2020) and Waxman *et al.*, (2017) provide additional proof.

The existing literature provides a wide catalogue of competency dimensions and standards such as the nurse manager competencies defined by the American Organization of Nurse Executives (AONE) and the competency inventories developed by other scholars. Yet critics have pointed out that the most fundamental aspects determining the managerial effectiveness of first-line nurse supervisors remain unknown and unproven. The effects of the different generations of nurse managers on an organisation's efficiency have been called into question by certain academics. The current nursing workforce consists of four generations, as shown by a large amount of research (Liou *et al.*, 2021; Gunawan *et al.*, 2020; Gunawan *et al.*, 2018): Baby Boomers (1946–1964), Generation X (1965–1980), Millennials (1981–2000), and Generation Z (a child of the 2000s). Over the centuries, the expected appearance, worldviews, and professional interests of nurses have changed in response to the social, economic, political, and cultural challenges of their time. As a result, frontline nurses of different generations are likely to have varying management styles and conceptions of what makes a good manager. Leaders in the frontline nursing profession have a significant role in ensuring the continued success of their teams and organisations, so it is essential that they possess the skills necessary to do so. Several studies back up this claim (Pawlak *et al.*, 2022; Stevanin *et al.*, 2018).

Patriarchy runs deep in Saudi Arabian culture, and males there are held to a strict set of standards when it comes to how they treat women. Before 1969, females could not attend public schools and women could not hold jobs that earned a living wage. To a greater or lesser extent, women's access to higher education has been recognised and protected for some time. However, most of the funding for this has gone to "safe" professions like teaching. Saudi women have aggressively sought employment despite only a minor loosening of Saudi cultural standards, and funding for women to be nurses has only been pushed in recent decades (Dols *et al.*, 2019).

Since nurses have recently grown less motivated for a number of unknowable reasons, there is

a persistent risk of attrition (Kumar *et al.*, 2013a). Many issues, including shift work, the public perception of nurses, and poor pay, contribute to the shortage of competent applicants for nursing jobs.

Goals and Objectives of the Research:

The purpose of this study was to examine gender, age, and level of education disparities in relation to the nurses' views on workplace-related characteristics, nursing productivity, and management practices at King Faisal Specialist Hospital and Research Center.

Hypothesis:

The research hypotheses are:

H01: There are no significant correlations between age, gender, and level of education of the nurses working at King Faisal Specialist Hospital and Research Center and their perceptions and opinions about workplace issues, productivity, and their managers' leadership styles.

H02: There are no statistically significant differences between nurses at King Faisal Specialist Hospital and Research Center based on their gender, age, level of education, or generation when it comes to their perceptions and opinions about workplace issues, productivity, and their managers' ways of leading.

Significance of the Research:

Nurses: They represent a substantial human healthcare resource for any given healthcare system. In hospitals, they are the first line of defence for patients with complex needs. With that in mind, the efficiency of nurses is an important consideration.

Nursing Discipline: To put it simply, a discipline is a field of study in which practitioners share a shared understanding of the field's significance. The scope and nature of an investigation are defined by the discipline's approach to the phenomenon being studied (Newman *et al.*, 1990; Donaldson & Crowley, 1978).

The professional discipline's attention is driven by the shared views concerning societal commitment, the responsibility for improving the discipline's body of knowledge, and the anticipated services of the field (Newman *et al.*, 1990).

As nursing works toward creating its own body of knowledge, it becomes increasingly important to focus on gaining an all-encompassing understanding of the involved phenomena from a nursing perspective (Donaldson & Crowley, 1978).

Furthermore, nurses bring their values to the workplace where they influence their attitudes, objectives, and output. This theory is also consistent with Benner's contention that each individual contributes to a given circumstance with their own unique set of experiences, perspectives, and

worldviews, all of which play a part in the creation of new meaning.

This way of thinking is analogous to the widely held belief that nurses bring with them to the workplace a set of values that are both generational and professional, and that these values will prove useful to the nurses as they engage in the process of meaning creation. Insight into the nurses' actions and the creation of plans to bring their performance goals into line with their values could result from a better understanding of their core beliefs (Bryczynski, 2002).

Productivity: The effectiveness of the healthcare system as a whole may be affected by the efficiency of the nurses. Increased productivity among nurses helps to reduce hospital-acquired infections, keeps staff turnover low, and maximises the effectiveness of the nursing profession as a whole.

Theoretical Knowledge: It is imperative that advances be made in the field of nursing science so then the profession can advance. Many phenomena relevant to nursing practice necessitates the application of scientific knowledge. Therefore, it is crucial for nurses to understand phenomena like values, turnover, and the environment from a scientific perspective consistent with nursing practice.

According to Chinn and Kramer, there are two primary components that are indispensable to the development of nursing theory and knowledge: values and resources. Values and resources have three basic sources: individuals, occupations, and communities. The values of the different generations of workers and employees will be examined in this study. The field of nursing will hopefully benefit greatly from more data on the generational and occupational values of its practitioners (Chinn & Kramer, 2004).

Nursing Practice: The goal of nursing practice is to improve the quality of care while also achieving the practice requirements imposed by the governing authorities. Meanwhile, the nursing shortage is a significant hurdle to achieving these objectives.

As a result, examining the interaction between the work environment, the nurses' values, and turnover is critical for addressing the nursing shortage problem from a more social viewpoint that emphasises the social side of the work environment. It is critical to understand the nurses' attitudes regarding their nurse supervisors' style of leadership and the work environment.

This information might assist the nurse managers in determining areas that need to be modified in their interactions with nursing workers, as well as areas which should be improved in the care delivery atmosphere. More significantly, nurses from various ages arrive at work with varied attitudes and expectations. As a result, the nurse leader should

recognise these principles and try to unite the nurses as a team.

Moreover, the nurse manager must create a proper work atmosphere which benefits from and values the contributions of individual nurses. The availability of factual data on the influence of study factors on the nurses' turnover may aid in the development of more targeted treatments based on the beliefs of every age cohort. More significantly, the research findings will aid in the discovery of values relevant to each age cohort which will improve knowledge and minimise the gap between the age cohorts. Clearly defining the relative value variations across the age cohorts is critical since several research have found that certain generations have unfavourable sentiments about their peers from various other age cohorts.

Level of Satisfaction among Healthcare Providers:

The nurses' productivity enhances the level of satisfaction of physicians, nurses, and patients. Nevertheless, the nurses' productivity is the main challenge faced by hospitals' managers who strive to increase the healthcare services' quality and, simultaneously, reducing the costs of the healthcare services (Borhani *et al.*, 2016).

Limitations of the Study:

This study followed the convenience sampling technique which limited the generalisation of results to the studied sample. Also, the sample was taken from only one hospital, thus the study results cannot be generalised to other countries nor other organisations within other regions in the same country.

Moreover, other variables must have been considered which may act as confounders and may affect the study factors. Such as, for example, the working experience and working units within the hospitals. Therefore, future studies should take these variables into consideration when studying the same topic.

Definition of Terms:

Work Engagement: This is a concept that refers to a state of good, pleasurable, affective-motivational work-related wellbeing (Leiter & Bakker, 2010).

Productivity: Generally, this is defined as the ratio of inputs and outputs. It's an estimate of efficiency through which the employees, as well as other resources such as equipment, are changed according to the services. Within the nursing healthcare services, the productivity aim relates to achieving the necessary nursing care level, which is affordable, appropriate as well as acceptable to the patients, physicians, and nurses.

Job Satisfaction: This relates to how much employees appreciate their employment. It also describes people's attitudes and sentiments towards their jobs (Ahmed, *et al.*, 2013; Kumar, *et al.*, 2013b).

Generation: By fusing the ideas of generation and class, Mannheim was able to define the generations as groups of people who have lived throughout the same era and who share similar experiences, values, and cultural norms. So, a generation is a cohort of people who share the same birth year group, age, and life experiences across a crucial formative period in society. It's not a necessary part of biology but something created by society.

According to Strauss and Howe, a cohort is "the sum of all individuals who share a common ancestry, a common historical context, and, by extension, a common set of values" (Strauss & Howe, 1997).

The Generation of Veterans: Nursing professionals born between 1925 and 1945 are part of the "traditionalist," "War," and "Silent" generations. Permanent positions and strict organisational structures are important to them. They value a dedicated and committed staff as much as they value professionalism, respect, and the prestige of nursing. Military personnel have put in a lot of time and effort and they deserve recognition for their achievements. They are uncomfortable with change and respond best to authoritative methods of leadership such as command, direction, and control. Law and order, authority, responsibility, honour, devotion, and sacrifice are all central to their worldview (Hisel, 2020; Stutzer, 2019; MacDonnell, 2016).

The Baby Boomer Generation: Those born during this period, sometimes referred to as the Baby Boomer generation because to the high birth rate during this time (between 1946 and 1964), presently make up roughly two-thirds of the nursing workforce. Most nurses nowadays are members of the Baby Boomer generation. Some Baby Boomer nurses left the profession in 2010 due to retirement. People often comment on how hard they work. They place a premium on in-person meetings and other forms of direct conventional communication but they also use technology to facilitate more intimate forms of modern connection (Gan *et al.*, 2020; Stevanin *et al.*, 2020).

The X Generation: The birth date of people between 1965 and 1980 is quickly becoming a pillar of organisations; their expertise is well-suited to addressing problems related to quality assurance in clinical practice. Compared to the Baby Boomers, the X generation is much smaller. They value their work and personal lives equally, taking the time to make judgements. They are more prone to symptoms of burnout and are less inclined to engage in collaborative problem-solving (Leiter *et al.*, 2010; Leiter *et al.*, 2009).

The Millennial Generation: Registered nurses who were born between 1981 and 2000 are part of the Y generation, often known as the Net generation or the next generation. This generation includes the children of Baby Boomers. Because of the increases in immigrant populations, this generation now outnumbers

the Baby Boomer generation in raw numbers. Young adults today have experienced life in a society that is both ethnically and culturally diverse from birth. This generation has built its foundation on technological means of communication such as cell phones, text messages, and electronic mail. They are technologists, to be precise (Carver, 2008).

The Z Generation: They are born between mid-1990s through 2012 and are entering nursing programs and the workforce (Twenge, 2017; Seemiller, 2016).

The Alpha Generation: Because there are no further alphabets beyond Z, the next cohort's name will be made up of Greek letters, as proposed by McCrindle and his colleagues. Generation Alpha (A) is the term given to this cohort in the interim. They have been born after 2010 and are multiplying at a pace of 2.5 million each week (Cuala, 2016).

LITERATURE REVIEW AND FRAMEWORK

Related Literature and Studies:

The nursing profession nowadays is comprised of three generations: the Baby Boomers (born between 1946 and 1964), Generation X (born between 1965 and 1980), and Generation Y (born after 1980) (1981-2000). A growing body of studies have attempted to identify the characteristics of the different generations of nurses. However, certain negative preconceptions persist despite a lack of evidence for them.

Additionally, the generational features and variances among registered nurses within professional work settings are of interest to leaders and managers but have been understudied in recent research.

While studies conducted on the topic of nursing generations between 1991 and 2017 found there to be differences between the generations in terms of work attitudes, psychosocial factors, practice, and leadership, especially in acute care, none of these studies looked into the possibility of generational diversity among registered nurses regarding the essential characteristics of professional nursing.

In a previous study conducted in Pakistan, researchers found that 100% of the nurses in both the public and private sectors were dissatisfied with their jobs (Hamid *et al.*, 2014). This finding stands in stark contrast to the findings of a study conducted in Egypt by Elsherbeny *et al.*, (2018) which found that only 23%-37.14% of nurses there were satisfied with their work.

These varying rates may result from a combination of factors including but not limited to socioeconomic status, occupational characteristics, organisational resources, and associated policy research.

There is a rising demand for nurses in Saudi Arabia and the country's stringent social customs make it difficult for many women to take on nursing jobs. A person's family is both a foundational part of their identity and a vital part of the larger community. Consequently, it is important to keep the peace inside the family.

In the eyes of society at large, nurses do not make good friends and their profession is therefore frowned upon. This could be due to the long hours and frequent travel required by nurses as well as the fact that they are often required to work on weekends, holidays, and at night. Hence, Saudi nurses have limited time for their own families as a result.

In addition, women in Saudi Arabia are discouraged from entering the nursing field because the profession is traditionally seen as unsuitable for them due to the cultural norms that are against caring for patients of the opposite gender and the associated working conditions (Falatah & Conway, 2019).

Generations have been given stereotypes in popular business literature. Both the Great Depression and World War II had an impact on the values of the Silent Generation (Walker, 2007; Tulgan, 2000).

Common stereotypes about people born between the mid-1960s and early-to-mid-1980s include being conservative, reticent, loyal to authority figures, and reluctant to use cutting-edge technology. The generation known as the Baby Boomers is often described as idealistic, hardworking, and loyal with a strong emphasis on career success, recognition, and prestigious titles. Some members of the Baby Boomer generation have been blamed for putting their careers ahead of their families. The majority of today's nursing administrators belong to this generation. The literature on this topic is extensive (Walker, 2007; Hu *et al.*, 2004).

Members of Generation X are thought to be attempting to strike a balance between their personal and professional obligations. The literature suggests that these people are goal-oriented, collaborative, technically proficient, enjoy working independently, and prefer an environment that allows them to put their skills to use. Among workers, it is Generation X's faith in technology that has allowed significant improvements in efficiency.

Generation X nurses value having access to mentors who are professionals, knowledgeable, and experienced, and who provide timely feedback on their progress. Some members of the Baby Boomer generation have the impression that members of Generation X lack the same level of concern for their careers and dedication to their jobs. According to a number of authors, this is because many members of

Generation X have witnessed their Baby Boomer parents lose their jobs despite their hard work as a result of downsizing and restructuring.

Baby Boomers are sometimes viewed as controlling by members of Generation X, whereas members of Generation X are often viewed as "crazy" by Boomers. The people of Generation Y are often characterised as optimistic, self-assured, direct, and frank.

Close ties to one another's families are something they value highly. According to reports from various managers, parents from the Millennial generation are increasingly interested in staying involved in their children's careers. Members of the Generation Y want constant connectivity and the most cutting-edge gadgets because they were brought up with them. The nursing workplace has been the subject of extensive research on the topic of nurse retention.

Numerous studies have looked into how working as a nurse affects people of different ages. The characteristics or needs of people of various ages have been the focus of a few of these studies. Many authors have pointed out the difficulties experienced by older (mostly Baby Boomer) nurses in their careers such as the increased physical strain and conflicts between personal and professional responsibilities due to the need to care for ageing parents. A shorter work week and more flexible hours have both been proposed as solutions to the problem of retaining experienced nurses.

At the other end of the spectrum, Olson interviewed 12 Generation Y nurses about their experiences at 3, 6, and 12 months. Other commonalities were a desire for a supportive atmosphere that provides continual feedback on their progress, a fear of making mistakes, and a lack of familiarity with acute care, which impeded their transfer into practice (Olson, 2009).

Research conducted in the Jazan region of Saudi Arabia among primary healthcare nurses found that the nurses' inability to strike a work-life balance was a major contributor to their low job satisfaction (Almalki *et al.*, 2012). Family and work problems are experienced differently by nurses depending on their gender and marital status (Nomaguchi, 2012). A prior study conducted in Riyadh among the nurses working in facilities run by the Ministry of Health found that home-work conflicts did not cause stress for single nurses but did for married ones. Low productivity among Saudi Arabia's female nurses may be the result of their struggle to balance their work and home responsibilities.

Factors such as corporate culture and support, the length of time spent at the job, and family support

may also influence women's productivity in the workplace. Furthermore, several studies have found that the dynamics of the nurses' home lives have an impact on their work output.

When compared to other professions, nursing typically offers lower pay, fewer opportunities for advancement, and less help for working mothers. For the healthcare industry as a whole, nursing pay is seen as unfairly low and there is also a perceived lack of salary transparency. There is a widespread misconception among Saudis that nurses are illiterate drones who blindly execute the doctors' orders but attitudes are beginning to shift (Lamadah, 2014). Problems arise because many doctors also hold unfavourable views of nurses.

Males in Saudi Arabia are often afraid to enter the nursing field because of the unfavourable stereotypes perpetuated by society and the opinions of their peers. Because of Saudi Arabia's stringent gender inequality, the nursing profession is also wrongly perceived as women's employment. Perhaps it is for this reason that a growing number of Saudi nurses are seeking out careers as instructors and managers rather than remaining in the mostly clinically-oriented bedside arena.

Many studies have focused on the difficulties that male nurses confront in the field of nursing. Among the several studies focusing on male nurses, gender bias was consistently cited as the most significant obstacle they faced. Two groups of third- and fourth-year nursing students were interviewed as part of a prior study that sought to understand the perspectives of male nursing students. The findings suggest that male nursing students could benefit from a more welcoming learning environment if their instructors emphasize the contributions of male nurses in the past.

The same was true in a second study that interviewed male nursing students in their third and fourth years at two Turkish universities. The results showed that male nursing students are not receiving adequate training in primary healthcare services such as prenatal and postnatal care and family planning. They are not only not taught but also not given any opportunities to apply what they have learned.

A prior study conducted in Oman revealed a number of obstacles that limit the care given to sick children including a lack of support from the healthcare system, society, and higher education.

Furthermore, male nurses encounter gender concerns, as well as other impediments such as poor self-confidence, which can make it more challenging to provide healthcare to sick children.

The presence of family members, the social situation, the type of procedure, and the attitudes of female patients were all found to be significant in a different Hong Kong-based study of the therapeutic connections in public and private hospitals (Chan *et al.*, 2014).

Nursing research has found that the difficulties male nurses endure in school and in the workplace have far-reaching effects, such as feelings of shame and guilt when caring for female patients.

Not only are male Saudi nurses prohibited from caring for female patients but their duties are strictly limited to the treatment of male patients.

In addition, a study conducted in Egypt and Jordan compared the undergraduates' perceptions of the image of a nursing career and found that, overall, nursing students have a positive and statistically significant perception of the nursing profession in terms of the nursing profession's description, social views, advantages, and level of self-satisfaction.

It's also worth noting that there aren't many nursing schools in Saudi Arabia, despite the country's dire need for nurses to help it achieve the goals outlined in its Vision 2030 plan. Because of cultural and social preconceptions, the majority of Saudi nurse's experience low confidence and self-esteem (Chan *et al.*, 2014).

Gap of the Study:

When various generations of nurses operate together, their differences can have an impact on occupational wellbeing, performance, and productivity, as well as producing workplace disputes and contradictions (Grubb, 2016; Zemke, *et al.*, 2013).

Additionally, skilled nurse turnover rates and costs are also increased by the intergenerational inequities in healthcare settings which in turn affect cooperation, collaboration, respect, and patient safety. Studies have shown conflicting results and some preconceptions regarding generational diversity persist in the literature. For example, Baby Boomers have greater trouble with technology than Gens X and Y, while Gen Y is more difficult to engage inside the workplace than others (Weeks *et al.*, 2017; Manojlovich *et al.*, 2014; Hayes *et al.*, 2012).

Managers, administrators, and educators in the field of nursing are increasingly interested in data that can inform choices about how best to train and support a workforce that spans multiple generations. Their primary duty is to ensure that employees of all ages, both now and in the future, work in environments that promote positive mental and social health (Parry & Urwin, 2011).

Hence, there is a higher demand for research into the most effective strategies for leading across generations and what kinds of training programs could help leaders better manage teams comprised of employees from different generations.

Conceptual Framework:

There were 3 variables identified based on the literature review. The figure below is the conceptual framework of the study. The upper box contains the

demographic profile of the participants. The 2 boxes at the bottom, namely the 8 subscales and generational differences among nurses, are the other variables. A double-headed arrow is placed between them to denote that the two will be tested for their association with one another. An arrow in the demographic profile points to the double-headed arrow signifying that the demographic variables may be a factor association of the 8 subscales and generational differences among the nurses.

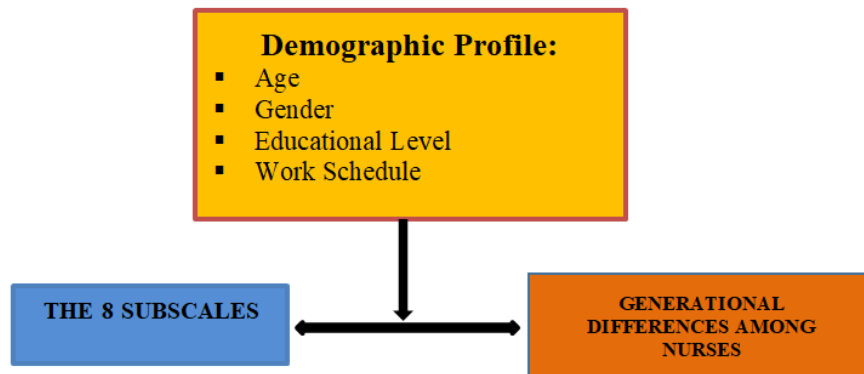


Figure 1: The Conceptual Framework of the Study

Theoretical Framework

Conceptually and theoretically, this investigation was grounded in generational theory and Kahn's engagement model. Kahn's engagement model and the concepts of generational theory provided a framework for considering the wide range of intergenerational differences in both behaviour and reported levels of participation. Both of the theories' divergent ideas stem from people's varying actions which in turn affect efficiency (Shuck & Herd, 2012; Rivera *et al.*, 2011).

Changing retirement policies around the world have resulted in a more multigenerational workforce than ever before. In his 1923 essay "The Problem of Generations," sociologist Karl Mannheim first formulated the concept of generations, which ultimately led to the development of generational theory, an all-encompassing account of the occurrence of generational age cohorts.

According to the concept, a generation consists of a set of people born within a 20-year window and who have other commonalities (such as their location of birth, upbringing, and key life events). Every generation has its own set of experiences that shape its members' sense of identity and their perspective on the world.

Workplaces can be valued differently by different generations, each of which has different preferences and career prospects in terms of management model types and leadership styles due to this peer personality, which varies across generations

and consists of a group of collective behavioural expectations and characteristics.

It is possible that ignoring age disparities in the workplace may lead to lower levels of happiness on the job and more tension and stagnation among employees. Managers and leaders play an important role in maximising each generation's contribution in the workplace and recognising what each generation provides to the workgroup through a generationally focused and adaptable leadership style.

Some authors have argued that generational theory is a useless theoretical basis for explaining and predicting the behaviour of a given age group in the workplace, despite its widespread use in management research. Other authors, on the other hand, regard it as a useful theoretical basis for doing precisely that.

The generational hypothesis argues that a person's upbringing, beliefs, and outlook on life are all influenced by the culture into which they are born. These beliefs are formed in the first decade of life through interactions with family, friends, neighbours, and significant life experiences.

In this way, the generations might be linked via shared experiences. Since Strauss and Howe's investigation into generations, many academics and management and consultancy firms have used the concept of generational attributes, cohort similarities, and age group distinctions as features and traits that impact the workplace and other aspects of life.

Although generational theory has been around for a while, there is now disagreement about whether or not it is a tried-and-true idea.

Constanza and Finkelstein claim that scholars are basing their understanding of generational differences on biases rather than hard data. In addition, according to Parry and Urwin, there is 'mixed' factual data to back up the claims that different generations have different work values, actions, and attitudes. These researchers claim that generational theory as a validated hypothesis is questionable because some research supports the presence of generational differences while other research does not.

However, Hernas and Vokic argue that generational differences should be included in work design research and that a multigenerational perspective should be used in practise and theory to gain a better understanding of workforce heterogeneity. This study took a cross-generational look at the differences in the nurse workers' enthusiasm for their employment.

Kahn's engagement framework is all about finding out how invested someone is in their work. According to Kahn, employees who are "engaged" in their work use and present all aspects of their personality, including their bodies, minds, and emotions, while carrying out their duties (Kahn, 1990).

Kahn's concept of employee engagement emphasises three factors: work that has significance, physical, mental, and emotional safety at work, and sufficient resources. In addition, according to Schaufeli, the concept of professional engagement involves not just mental but also emotional and bodily investment (Schaufeli, 2013; Kahn, 1990).

METHODS

Research Design: A cross-sectional study was conducted.

Sample of the Study:

Sampling Design:

The study was carried out in King Faisal Specialist Hospital and Research Center in Riyadh Saudi Arabia from September 1, 2022 to December 30, 2022. The participants were recruited using the convenience sampling technique.

Sample Size:

The sample size of this survey was calculated using the Taro Yamane formula with a 90% confidence interval (Yamane, 1973). According to the latest nurses' statistics in KFSHR, the total nursing staff is 2930 and a minimum of 97 is regarded as being a representative sample.

The total sample size was 143 respondents, and 6 responses were excluded because they were not

within the scope of the study (less than a year of experience), totalling 137 respondents which is statistically representative.

Inclusion Criteria:

All nurses who had been working in the King Faisal Specialist Hospital and Research Center for at least one year and who freely agreed to participate were included.

Exclusion Criteria:

Nurses who had been working in the hospital < 1 year were excluded. Also, nurses working in other hospitals within Saudi Arabia were also excluded.

Research Instruments:

The study data was collected using a self-administered anonymous electronic questionnaire formed of 2 parts, including socio-demographic characteristics as gender, age, and educational level, as well as work schedule.

The second part of the questionnaire was the internationally reliable and validated 28 Items-McCloskey/ Mueller Satisfaction Scale which included 8 subscales, specifically extrinsic rewards, scheduling, work and family balance, co-worker, opportunities for interaction, professional opportunities, praise as well as recognition, and the responsibility and control subscales. The McCloskey/ Mueller Satisfaction Scale was used for assessing the level of job satisfaction (O'Neal, 2012).

The nurses were allowed to respond on a 4-point Likert scale which ranged from 'very dissatisfied' with score (1) to 'very satisfied' with score (4) (see Table 1), with the elimination of neutral responses to encourage the respondents to make a decision on their feelings and thoughts. To meet the aim of value, the data-driven system of classification was used to classify the level of job satisfaction according to high, moderate, and low (Dagget, *et al.*, 2016).

Regarding questionnaire reliability level, the internal scales had excellent reliability, with the Cronbach's alpha score exceeding 0.9.

Table 1: The Scales Codes for the Survey Answers

Satisfaction Level	Code
Very satisfied	4
Satisfied	3
Unsatisfied	2
Very unsatisfied	1

Data Collection:

The study data was collected using a self-administered anonymous electronic questionnaire formed of two parts. The first was the socio-demographic characteristics as gender, age, as well as educational level. The second part was for the surveyor to indicate how much the nurses were satisfied with the

different aspects of the current job that the nurses were working in.

The samples were collected from different nursing settings such as from both inpatient and outpatient nurses. Since the samples were collected anonymously, there were respondents who had been working for less than one year in the hospital and this didn't meet the criteria, so they were excluded.

Data Analysis:

The SPSS 24 software was used to perform both an integrity check and the analysis of the data. Percentages and frequencies were used to generate descriptive statistics for the qualitative variables, while means and standard deviations were generated for the quantitative variables.

The satisfaction score was determined using the McCloskey/ Mueller Satisfaction Scale standards. For the purpose of logistic regression analysis, the data was categorised into two: the first was for low levels of satisfaction and the second contained high and moderate levels of satisfaction.

In addition to the Chi-square test, the Fisher exact test was utilised to compare the categorical information. For the purpose of identifying the predictors of low levels of satisfaction in the nursing profession, a binary logistic regression analysis was also conducted on the key components. A statistically significant result was deemed to have a P-value of 0.05,

and a P-value of 0.01 was thought to be extremely significant.

Ethical Considerations:

The research was carried out in conformity with the Declaration of Helsinki (2013), the ICH Harmonized Tripartite Good Clinical Practice Guidelines, the policies of RAC at KFSH&RC, and Saudi Arabian legislation.

Since no harm to the participants was anticipated, no formal consent was necessary. Due to the nature of the study (a Survey), KFSH exempted it from the requirement for written permission. A fact sheet was included with the survey.

The participants were assured that their information would be kept private and used only for research purposes on the information sheet provided at the beginning of the survey. Their completion of the survey was deemed as consent for their involvement in the study and they were all assured of their right to withdraw from the study at any time. The King Faisal Specialist Hospital and Research Center's Office of Research Affairs also gave their blessing. In addition, the research instrument employed in this study was made freely available for other researchers to use.

RESULTS

Socio-demographic Characteristics

Table 2: Socio-demographic Characteristics of the Survey Sample

Age	Education level	Female		Male		Total
		Business hours	Shifting hours	Business hours	Shifting hours	
25 years old or less	Bachelor's degree	1	17	-	2	20
26 - 41 years old	Bachelor's degree	5	46	2	11	64
	Diploma or less	1	21	-	3	25
	Master's degree	1	4	2	-	7
42 - 57 years old	Bachelor's degree	2	7	2	1	12
	Diploma or less	1	5	-	-	6
	Master's degree	-	2	-	1	3
Total		11	102	6	18	137

Of the total respondents, 82% were female mostly within the middle age category between 26-41 years old, while the top education level in the sample was a Bachelor's degree representing 70%, followed by a Diploma and Master's degree at 23% and 7% respectively. Most of the respondents were working "shifting hours" totalling to 125 (87%). Notably, everyone in the age group under 25 had acquired a Bachelor's degree.

In an effort to correlate the data more accurately, the majority of the respondent's birth years were between 2001-2023, making them Generation Z and A (N= 84), while those who were born between 1981-2000 belonged to Generation Y (N=44), and those

who were born between 1965-1980 belonged to Generation X (N=21).

To illustrate the overall level of satisfaction among KFSH&RC's nurses, the total responses for all 28 questions were calculated. The satisfaction score sum ranged from a minimum of 45 to a maximum score of 111. Rank classification for the lowest score indicated low satisfaction (satisfaction score 45-71), a medium score indicated moderate satisfaction (satisfaction score 72-84) and a high score indicated high satisfaction (satisfaction score 85-111). Specifically, 9% (13) of nurses had a low satisfaction level, 67% (92) of nurses had a moderate satisfaction

level, and 23% (32) of nurses had a high satisfaction level.

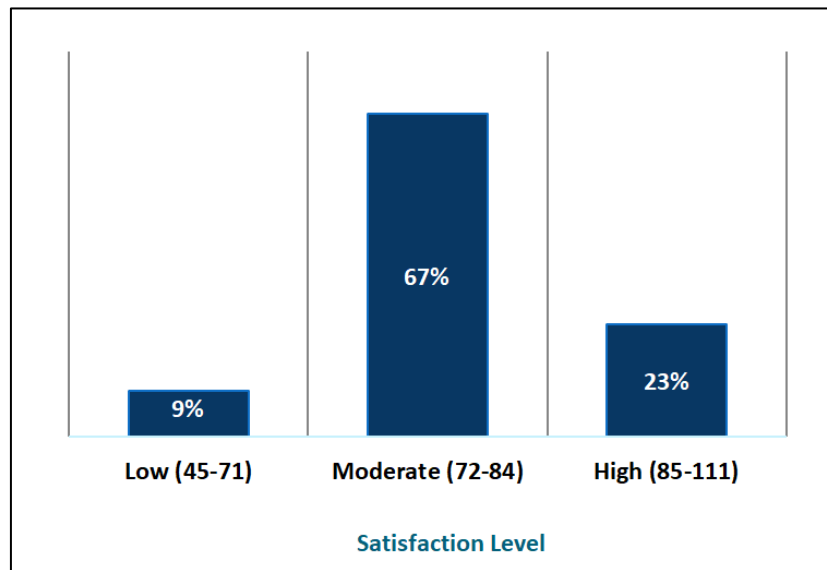


Figure 2: The Level of Management and Workplace-related Satisfaction Level among the KFSH&RC Nurses

Satisfaction Level and Socio-demographic Variables:

Next, we wanted to examine whether the satisfaction levels related to the different socio-demographic characteristics statistically differ among the 8 subscale levels covering Leadership Practices and Workplace & Productivity. Chi-square statistics were used to test the association between the categorical variables (education level, gender, age group, and work schedule) against the 8 subscale categories.

i. Education level against the Management and Workplace Subscales:

Here we test whether there is a statistical difference among the three education degrees' satisfaction levels (the maximum Chi-Square equals 21.2, and the minimum P-value = 0.37). We concluded that there is an insignificant association at the 5% significance level between education level and all sub-

scales within the Leadership Practices and Workplace & Productivity measures of the respondents, thus education level doesn't affect the satisfaction levels found among the 8 subscale variables of management and workplace.

ii. Gender against the Management and Workplace Subscales:

By analysing the outputs of the 8 Chi-square tests, only Control and responsibility was found to have a significant statistical difference between Males and Females at P-value= 0.014. This result indicates different satisfaction levels regarding the responsibilities and assignments given to male and female nurses. For example, male nurses feel that they are given better opportunities for on-the-job training, while the female nurses had more control over the conditions in the working unit.

Table 3: Summary of the Significant Subscales among the Categorical Target Variables

Biographical Variable	Significant Subscales	Significance Level
Education level	None	P> 0.37
Gender	Control and responsibility	P = 0.014
Age	Scheduling	P< 0.05
Work Schedule	Interaction opportunities	P=0.023

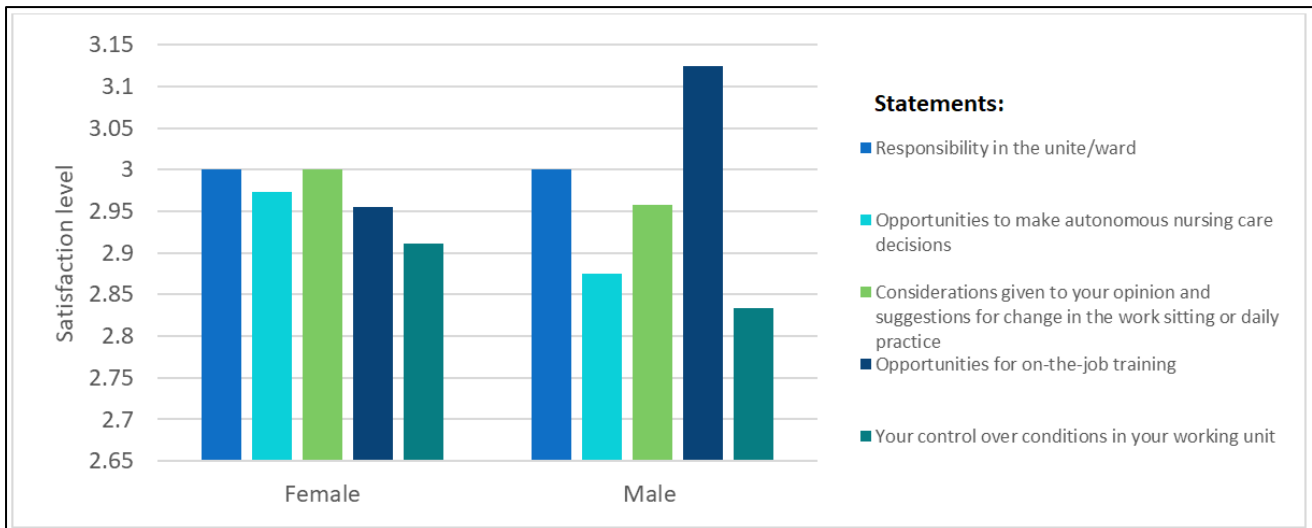


Figure 3: Control and Responsibility Satisfaction Level over Gender

iii. Age against the Management and Workplace Subscales:

When comparing the satisfaction levels of the three age groups (“25 or less”, “26-42” and “+43”), we noticed an association between scheduling among the

latter age groups’ satisfaction levels at P = 0.05. By analysing these three age groups, the lower age group was found to be less satisfied with the scheduling circumstances.

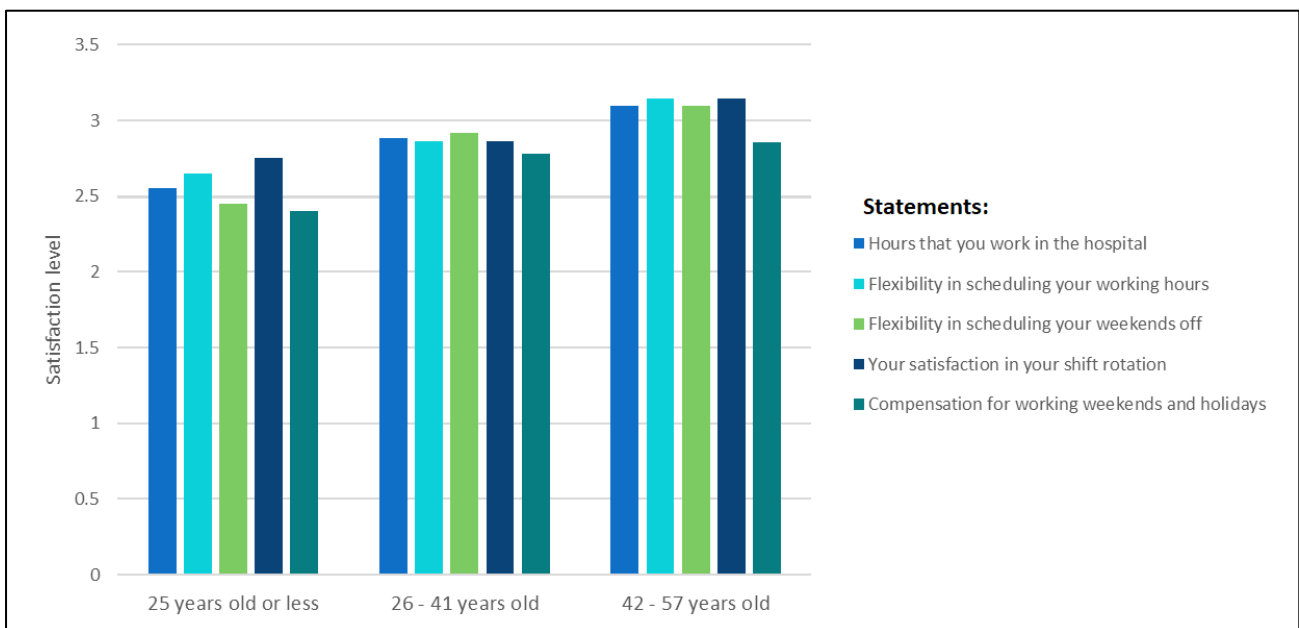


Figure 4: Scheduling Satisfaction Level over Age Groups

iv. Work Schedule against the Management and Workplace Subscales:

Of the 8 subscales, there was one significant association found with work schedule type. The two types of work schedule influence the interaction opportunities at P = 0.02. Following the analysis of the answers to four internal questions on interaction opportunities, the shifting hours’ nurses seemed to

suffer more from the availability of medical supplies and regarding opportunities for social contact with their colleagues after work. The next strongest association was with Praise and recognition with P = 0.06 just over the 5% alpha, indicating a weak relation between the two variables, therefore it was withdrawn along with the other 7 insignificant subscale variables.

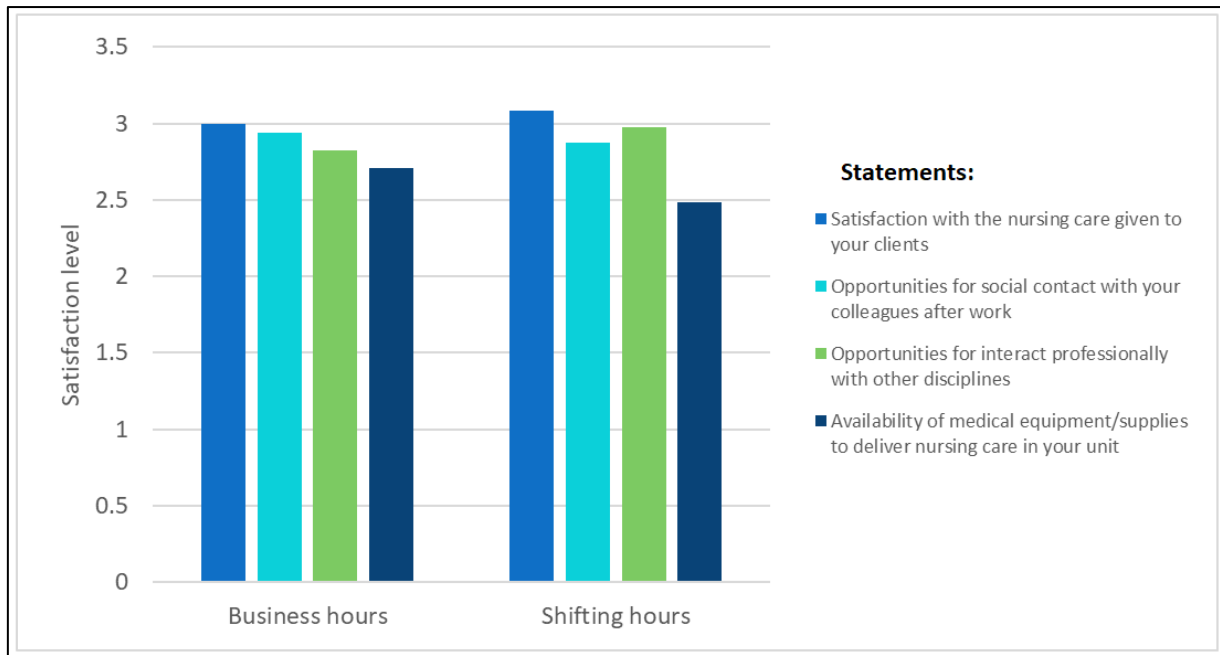


Figure 5: Interaction Opportunities between Satisfaction Level and Work Schedule Type

Collectively, there was no significant association found between educational level and the studied 8 subscales (P value >0.37). However, there was significant association between gender and control and responsibility (P value = 0.014), and a significant association between age and scheduling (p value <0.05). There was also a significant association between work schedule and interaction opportunities (P value = 0.023).

DISCUSSION AND CONCLUSION

Summary of the Findings

Of the total respondents, 82% were female, mostly within the middle age category between 26 - 41 years old, the majority of the respondent's birth years were between 2001-2023, making them Generations Z and A ($N= 84$), while those who were born between 1981-2000 belong to Generation Y ($N=44$) and those born between 1965-1980 belong to Generation Xers ($N=21$).

The top education level among the sample was a Bachelor's degree representing 70%. Most of the respondents are working "shifting hours" (87%). Also, 9% (13) of nurses had a low satisfaction level, 67% (92) of nurses felt moderate satisfaction, and 23% (32) of nurses had a high satisfaction level.

Furthermore, education level doesn't affect satisfaction level according to the 8 subscale variables on management and the workplace. However, there was a significant association between gender and control and responsibility, and a significant association between age and scheduling. Also, there was a significant association between work schedule and interaction opportunities.

Discussion:

Among the total respondents, 82% were female, mostly within the middle age category between 26 - 41 years old, while the top education level out of the sample was a Bachelor's degree, representing 70%. The majority of the respondent's birth years were between 2001 - 2023, making them Generation Z ($N= 84$), while those who were born between 1981 - 2000 belong to Generation Y ($N=44$) and those who were born between 1965-1980 belong to Generation X ($N=21$). Generation X had the lowest satisfaction level.

A nurse's birth generation does have an influence on their overall employment satisfaction. Furthermore, schedule was discovered to have a substantial association with the nurse's generation. This is consistent with Clay's prior research which indicated that the individual subcategories of scheduling as well as professional prospects had a substantial association with the nurse's birth generation as well (Clay, 2012).

Varied birth generation leads to different ages of nurse. Work schedule flexibility and prospects for professional progress are highly significant categories for each generation but, depending on the age of the nurse, they may rank differently in terms of priority.

Previous research has indicated that Generations X and Y have much lower levels of overall work satisfaction compared to Baby Boomers. This is consistent with our survey which found that Generation Z had the lowest degree of satisfaction. Our study did not contain a sample of Baby Boomers, which might have played a part in this change, but the more negative environment of the nurses' work units could have a long-term influence (Clay, 2012).

Based on our findings, we can say that 9% (13) of nurses are dissatisfied, 67% (92) are somewhat satisfied, and 23% (32) are very satisfied with their job as nurses. The investigation by Elsherbeny and El-Masry, in contrast, found that a sizable 61.8% of nurses were dissatisfied with their employment. The vast majority of our participants (67%) reported only mild happiness with our study.

While this result was in line with other studies that found there to be a higher prevalence of low job satisfaction, such as 33.5% in Ethiopia, it was lower than the results of a similar study conducted in Pakistan, which found that all of the studied nurses in the public and private sectors were dissatisfied with their jobs. For examples, see Semachew *et al.*, (2017) and Hamid *et al.*, (2014).

The 8 subscale variables for management and workplace happiness are also unaffected by the employee's degree of education. This is in line with the findings of the study by Elsherbeny and El-Masry who found no statistically significant variations in the socio-demographic characteristics between nurses who were moderately satisfied with their jobs and those who were highly satisfied (Elsherbeny & El-Masry, 2018).

In contrast, we found there to be a strong correlation between gender and authority, with female nurses holding more sway over the working conditions in the unit and male nurses believing they are afforded more opportunity for on- the-job training. This is consistent with the findings of the study by Lepisito *et al.*, which found that female nurses were more involved than their male counterparts, especially regarding the dimension of "vigour" in their work.

In addition, we found that age was significantly linked to time commitments. This is consistent with the earlier research showing a positive correlation between the nurses' job happiness and their age, years of experience in the field, and ability to make their own schedules. This has been further shown by multiple research groups (Rizany *et al.*, 2019; Leineweber *et al.*, 2016).

Interaction chances at work also have a strong correlation with the employees' work schedule. Previous research in places like Ethiopia, Italy, and Kuwait has found that monetary incentives and job satisfaction had the opposite effect on worker happiness (Semachew *et al.*, 2017; Toccaceli, 2013; Al-Enezi *et al.*, 2009).

Conclusion

Our study showed that the majority of participants (N=84) belonged to Generations Z and A (N=44), followed by belonged to Generation Y (N=44), and (N=21) Generation X (N=21). Furthermore, there was no significant association found between educational level and the 8 studied subscales.

Nevertheless, there was a significant association between gender and control and responsibility and a significant association between age and scheduling. Also, there was significant association between work schedule and interaction opportunities.

Because the generational difference between the leaders and nurses may have an impact on the workplace atmosphere, their training must be tailored to enhance the capacity to comprehend and provide thoughtful support to nursing staff with varying individual requirements.

Moreover, Gen Y leaders must deal with the growing complexity of the nurses' working teams which sometimes necessitates long operating hours; this, taken in conjunction with their attitude towards work-life balance as well as workload, may raise the distress generated by the gap between the job requirements and generational characteristics, implying the need for coaching strategies to support them.

Recommendation

To determine whether intergenerational variations are relevant at all or whether they reflect age, experience, and level of understanding within the position achieved within the nursing profession, further methodologically rigorous investigations and more comprehensive research strategies in the field, such as longitudinal studies, are warranted.

Gender differences across all age groups, cultural and national variations, and shifts in intergenerational leadership style are all areas that need further investigation in terms of their potential effects on workplace quality. In particular, the Baby Boomer generation is on the verge of retirement, marking the impending rise to power of Generation Y and the attendant need for evidence of the leadership styles that this group prefers.

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Appendices:

Questionnaire

Introduction/Information sheet:

You are invited to participate in a study entitled "Nurses' Generational Differences Related to the Workplace and Leadership in King Faisal Hospital and Research Center"

This study aims to assess the differences related to generation, gender, and education level from the perception of nurses and their opinions about workplace-related dimensions and the productivity of nursing and their managers' leadership practices in King Faisal Specialist Hospital and Research Center.

All of your answers will be treated with confidentiality and will be kept anonymous. Your participation in this study is voluntary and you may withdraw from the study at any time. This survey is likely to take less than 5 minutes of your time.

Thank you in advance for your participation.

Sincerely yours, Abdulrahman Alzuman.
Postgraduate student, Majmaah University

Socio-demographic data:

Please answer the following questions.

Age:

- 25 years old or less
- 26 – 41 years old
- 42 - 57 years old
- 58 years old or more

Education level:

- Diploma or less
- Bachelor's degree
- Master's degree
- PhD

Gender:

- Male
- Female

How long have you been working in KFSH&RC?

- Less than one year
- One year or more

What is your working schedule type?

- Business hours
- Shifting hours

Extrinsic factors

How satisfied are you with the following aspects of your current job?

Pay (salary) you receive

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Annual leave you receive from the hospital

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Sick leave you receive from the hospital

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Scheduling

How satisfied are you with the following aspects of your current job?

Hours that you work in the hospital

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Flexibility when scheduling your working hours

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Your satisfaction with your shift rotation

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Flexibility when scheduling your weekends off

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Compensation for working weekends and holidays

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Family and work balance

How satisfied are you with the following aspects of your current job?

Opportunity for part-time work (for example: instead of working 9-hour shifts, you can choose to work for 6 hours only for less pay.)

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Maternity or paternity leave time given by the hospital

Very satisfied Satisfied Unsatisfied Very unsatisfied

Co-workers

How satisfied are you with the following aspects of your current job?

Interactions with your nursing peers

Very satisfied Satisfied Unsatisfied Very unsatisfied

Interactions with the physicians you work with

Very satisfied Satisfied Unsatisfied Very unsatisfied

Interaction opportunities

How satisfied are you with the following aspects of your current job?

Availability of medical equipment/supplies to deliver nursing care in your unit

Very satisfied Satisfied Unsatisfied Very unsatisfied

Satisfaction with the nursing care given to your clients

Very satisfied Satisfied Unsatisfied Very unsatisfied

Opportunities for social contact with your colleagues after work

Very satisfied Satisfied Unsatisfied Very unsatisfied

Opportunities for interacting professionally with other disciplines

Very satisfied Satisfied Unsatisfied Very unsatisfied

Professional opportunities

How satisfied are you with the following aspects of your current job?

Opportunities for further education/degree or postgraduate study in nursing

Very satisfied Satisfied Unsatisfied Very unsatisfied

Opportunities to participate in the morning rounds

Very satisfied Satisfied Unsatisfied Very unsatisfied

Opportunities to participate in nursing research

Very satisfied Satisfied Unsatisfied Very unsatisfied

Opportunities to write and publish

Very satisfied Satisfied Unsatisfied Very unsatisfied

Praise and recognition

How satisfied are you with the following aspects of your current job?

Recognition from your head nurse

Very satisfied Satisfied Unsatisfied Very unsatisfied

Recognition for your work from your peers

Very satisfied Satisfied Unsatisfied Very unsatisfied

Encouragement and positive feedback from your head nurse

Very satisfied Satisfied Unsatisfied Very unsatisfied

Control and responsibility

How satisfied are you with the following aspects of your current job?

Opportunities to make autonomous nursing care decisions

Very satisfied Satisfied Unsatisfied Very unsatisfied

Opportunities for on-the-job training

Very satisfied Satisfied Unsatisfied Very unsatisfied

Responsibility in the unit/ward

Very satisfied Satisfied Unsatisfied Very unsatisfied

Your control over the conditions in your working unit

Very satisfied Satisfied Unsatisfied Very unsatisfied

Considerations given to your opinion and suggestions for change in the work setting or daily practice

Very satisfied Satisfied Unsatisfied Very unsatisfied

Conclusion

Overall, how much are you satisfied with your UNIT MANAGER / HEAD NURSE?

Very unsatisfied **1 2 3 4 5** Very satisfied

Overall, how much are you satisfied with your WORKPLACE?

Very unsatisfied **1 2 3 4 5** Very satisfied

What suggestions can you give to improve your current work conditions?

.....
.....
.....
.....

Table 4: Summary Statistics of the Questionnaire Variables

Item Measures	Mean	Median	Mode	Std. Deviation	Min	Max
Extrinsic rewards: Annual leave you receive from the hospital	2.9	3	3	0.6	1	4
Extrinsic rewards: Pay (salary) you receive	2.9	3	3	0.6	1	4
Extrinsic rewards: Sick leave you receive from the hospital	2.8	3	3	0.6	1	4
Scheduling: Compensation for working weekends and holidays	2.7	3	3	0.7	1	4
Scheduling: Your satisfaction with your shift rotation	2.9	3	3	0.5	1	4
Scheduling: Flexibility when scheduling your weekends off	2.9	3	3	0.5	1	4
Scheduling: Flexibility when scheduling your working hours	2.9	3	3	0.5	1	4
Scheduling: Hours that you work in the hospital	2.9	3	3	0.5	1	4
Family and work balance: Maternity or paternity leave time given by the hospital	2.5	3	3	0.8	1	4
Family and work balance: Opportunity for part-time work (For example: instead of working 9-hour shifts, you can choose to work for 6 hours only for less pay.)	2.5	3	3	0.8	1	4
Co-workers: Interactions with the physicians you work with	3.0	3	3	0.5	2	4
Co-workers: Interactions with your nursing peers	3.1	3	3	0.4	1	4
Interaction opportunities: Availability of medical equipment/supplies to deliver nursing care in your unit	2.5	3	3	0.7	2	4
Interaction opportunities: Opportunities to interact professionally with other disciplines	3.0	3	3	0.4	2	4
Interaction opportunities: Opportunities for social contact with your colleagues after work	2.9	3	3	0.5	1	4
Interaction opportunities: Satisfaction with the nursing care given to your clients	3.1	3	3	0.5	1	4
Professional opportunities: Opportunities to participate in nursing research	2.9	3	3	0.5	1	4
Professional opportunities: Opportunities to participate in the morning rounds	3.0	3	3	0.5	1	4
Professional opportunities: Opportunities to write and publish	2.9	3	3	0.5	1	4
Professional opportunities: Opportunities for further education/degree or postgraduate study in nursing	2.9	3	3	0.6	1	4
Praise and recognition: Recognition for your work from your peers	3.0	3	3	0.5	1	4
Praise and recognition: Recognition from your head nurse	3.0	3	3	0.6	1	4
Praise and recognition: Encouragement and positive feedback from your head nurse	3.0	3	3	0.6	1	4
Control and responsibility: Responsibility in the unit/ward	3.0	3	3	0.5	1	4
Control and responsibility: Your control over the conditions in your working unit	2.9	3	3	0.6	1	4
Control and responsibility: Considerations given to your opinion and suggestions for change in the work setting or daily practice	3.0	3	3	0.5	1	4
Control and responsibility: Opportunities for on-the-job training	3.0	3	3	0.6	1	4
Control and responsibility: Opportunities to make autonomous nursing care decisions	3.0	3	3	0.5	1	4
Conclusion: Overall, how much are you satisfied with your unit manager / head nurse?	4.2	4	5	0.9	1	5
Conclusion: Overall, how much are you satisfied with your WORKPLACE?	3.9	4	4	0.9	1	5

Table 5: Responses to the Suggestions Question

Suggestions	Title
Structured and clear feedback for career growth and development.	Interaction opportunities
Just let everybody do their work, it will improve the work and there will be no delays.	Management
More appreciation and allowances or increments to allow me to serve better.	Praise and recognition
More appreciation from the manager/head nurse. Also, stop the blaming system and let others shine their own way. Thank you.	Praise and recognition
Involve the nurses in the rounds more	Responsibility
Consider patient safety.	Safety
Please provide a regular schedule and confirmed weekends off every 2 weeks. Restrict overtime shifts and make them optional if needed.	Schedule
Equality in assignment rotation.	
I would love it if I had a more flexible schedule.	
When we are sick, the manager reschedules. They do not accept sick letters.	
Sometimes the patient ratio will be disrupted to meet the expected goals.	Staff
If the management can provide additional staff, that would be great.	
Increase number of nursing staff to decrease patient risk.	
Increase staff ratio and salary.	
Increase the number of staff nurses and decrease the ratio of patients to nurses.	
Increase the staff ratio, especially during the night shift.	
More staff and solve the medical supply shortage.	

Suggestions	Title
More staff nurses.	
Most units are facing shortages of staff.	
Need to minimise the nurse-patient ratio. Thank you.	
Reduce the patient to nurse ratio for better care of patients. Reduce the shift hours from 12hrs to 8hrs.	
Provide enough staff, increase their salary and recognition.	Staff praise and recognition
Improve availability of resources to be able to give better care. Remove night shift. Meetings to be done in the morning after handover, so people from the night shift can go home on time.	Staff/Management
Hospital should provide enough supplies and increase the salary as there is a large workload nowadays.	Supplies
Supplies must be complete in order to not delay care and not compromise some procedures.	
We need all supplies	
Medical supplies need to improve.	
Bring more staff and supplies.	Supplies/Staff
More staff and availability of supplies.	Supplies/Staff
The requirements are so much and somewhat IMAGINARY. High-quality medical/nursing care cannot be achieved if there is a shortage of health care staff or the number of patients is increasing. Managers are only looking at the numbers and don't really know what's going on in the unit. Shortages of medical supplies affects nursing care. Schedule is inflexible, only one day off between the shifts. I was not allowed to take annual leave or at least one week of leave.	Supplies/Staff/ Extrinsic rewards