

Communication Patterns, Styles and Skills among Intergenerational Nurses in a Government Hospital

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ABSTRACT

Existing literature often focuses on communication outcomes without fully comparing communication behaviors across generational groups, creating a gap that this study aimed to address. This study utilized a quantitative-descriptive comparative research design to determine the levels of communication patterns, communication styles, and communication skills among intergenerational nurses and to assess whether significant differences existed according to generation. The study was conducted among 205 nurses in a tertiary government hospital using adopted and validated questionnaires. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to describe respondents and communication variables, while Analysis of Variance (ANOVA) was employed to test differences among groups. Findings revealed that nurses demonstrated very high levels of communication patterns and communication skills, with assertive communication identified as the dominant style. Furthermore, no significant differences were found in communication patterns, communication skills, and communication styles across generational groups, indicating that nurses generally followed shared communication practices regardless of age category. The study concluded that communication among intergenerational nurses is shaped more by professional standards and workplace culture than by generational differences. Based on the findings, an Intergenerational Communication Enhancement Plan was proposed to sustain effective communication and strengthen collaboration among nurses.

Keywords: intergenerational nurses, communication patterns, communication skills, communication styles, nursing communication, hospital setting

INTRODUCTION

Nurses serve as the central link between patients, physicians, and the healthcare system, making communication a critical responsibility that ensures coordination, minimizes errors, and supports patient safety. Communication in nursing includes patterns, styles, and skills, which together determine how information is transmitted, expressed, and understood in clinical settings (O'Hagan et al., 2021; Henderson et al., 2022; Ranjan et al., 2021). These dimensions are interconnected, as patterns define the flow of communication, styles influence the approach, and skills ensure effectiveness. Research shows that strong communication across these areas is associated with better teamwork, fewer medical errors, and improved patient safety (Shaw et al., 2023).

The importance of communication becomes more evident in intergenerational nursing teams composed of Baby Boomers, Generation X, Millennials, and Generation Z, each with different communication preferences and work values (Cahill & Sedrak, 2022). While this diversity enhances collaboration, it may also lead to miscommunication, particularly when younger nurses prefer technology-mediated communication and older nurses rely on structured, face-to-face interactions (Squires et al., 2023; Sanches et al., 2024). Studies highlight those generational differences influence communication behaviors, teamwork, and patient outcomes, emphasizing the need to assess communication patterns, styles, and skills across generations to identify gaps and improve collaboration (Lee & Lee, 2023; Lee et al., 2024; Cha et al., 2025; Nolte et al., 2023).

In the government hospital setting, intergenerational communication gaps have been observed to affect workflow efficiency, coordination of care, and patient safety, particularly during endorsements and urgent care situations. Real-world observations show that differences in communication approaches can lead to delays, duplication of

tasks, and fragmented information exchange, while structured and skillful communication improves care transitions and prevents errors. Despite these realities, a methodological gap exists, as limited studies simultaneously examine communication patterns, styles, and skills among intergenerational nurses in public hospitals. This study aims to address this gap by assessing these communication dimensions to inform targeted interventions that enhance teamwork and patient safety, aligned with SDG 3 and SDG 8. The researcher's extensive clinical experience further strengthens the study's relevance and supports the development of practical, evidence-based communication strategies.

Research Questions

This study aimed to compare the communication patterns, styles, and skills among intergenerational nurses in a government hospital in Surigao City during the first quarter of 2026.

The study specifically answered the following queries:

1. What was the generational age of the nurses?
2. What was the level of communication patterns demonstrated by intergenerational nurses?
3. What was the communication styles of the intergenerational nurses in terms of:
 - 3.1 assertive;
 - 3.2 passive;
 - 3.3 aggressive; and
 - 3.4 passive-aggressive?
4. What was the level of communication skills among intergenerational nurses in terms of:
 - 4.1 active listening;
 - 4.2 clarity and information delivery;
 - 4.3 interpersonal and conflict managerial skills; and
 - 4.4 empathy and framework use?
5. Was there a significant difference in the communication patterns according to generation?
6. Was there a significant difference in the communication styles according to generation?
7. Was there a significant difference in the level of communication skills according to generation?
8. What intergenerational communication enhancement plan can be proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: There was no significant difference in the communication patterns according to generation.

H₀₂: There was no significant difference in the level of communication styles according to generations.

H₀₃: There was no significant difference in the level of communication styles according to generations.

REVIEW OF RELATED LITERATURE AND STUDIES

Communication Patterns among nurses. Communication is central to nursing practice, supporting coordination, patient safety, and teamwork through effective information exchange (Noviyanti et al., 2022; Alsabri et al., 2022). Communication patterns reflect how nurses routinely interact through formal methods such as handovers and documentation and informal channels like quick discussions and digital messaging (Cakir et al., 2021; Noviyanti et al., 2022). When these patterns are clear and structured, they enable seamless collaboration and improved patient outcomes (Eliasz et al., 2023; Noviyanti et al., 2022). Studies emphasize that timely and consistent communication, including standardized handovers and feedback, reduces errors and strengthens cooperation, while frequent and open communication fosters a culture of safety (O'Hagan et al., 2021; Shaw et al., 2023). However, communication patterns are influenced by factors such as workload, organizational culture, and generational differences, which may create gaps if not properly managed (Khalid et al., 2022).

Generational diversity adds complexity to nursing communication, as different age groups exhibit varying preferences and interaction styles. Younger nurses often rely on technology-mediated communication, while older nurses prefer structured and verbal approaches, which may lead to misunderstandings if unaddressed (Squires et al., 2023; Nolte et al., 2023). Communication is also shaped by unspoken norms, trust, and professional relationships, where efficient exchanges are common in fast-paced settings but may cause breakdowns when trust is lacking (Squires et al., 2023). Despite these differences, studies show that communication can evolve through shared experience, with younger nurses learning thoroughness from seniors and experienced nurses adapting to digital communication, ultimately strengthening teamwork when supported by the organization (Sanches et al., 2024). Overall, effective communication patterns serve as the foundation of trust, respect, and teamwork in hospitals, while inconsistencies and unresolved generational differences may lead to errors, stress, and poor coordination (Nolte et al., 2023).

Communication Styles among nurses. Communication style plays a crucial role in nursing practice as it shapes how nurses express thoughts, interact with others, and contribute to teamwork and patient safety. It is influenced by factors such as upbringing, education, organizational culture, and generational background, making it important to recognize differences to ensure clear and accurate care. Studies show that nurses demonstrate varying communication styles ranging from assertive and cooperative to passive or indirect, each affecting team dynamics differently (Henderson et al., 2022). Assertive communication promotes respectful interaction, effective decision-making, and teamwork, while passive or aggressive styles may lead to misunderstandings and workplace tension. Generational differences further influence communication styles, with younger nurses favoring open and technology-assisted communication, while older nurses prefer structured and face-to-face approaches, which may result in miscommunication if not addressed (Squires et al., 2023).

Research also highlights that communication styles evolve based on age and experience, with senior nurses often using formal and hierarchical communication and younger nurses preferring open exchanges and prompt feedback (Lee & Lee, 2023). Adaptability in communication is therefore essential in ensuring effective interaction in healthcare settings. Additionally, communication styles influence workplace climate, as open and supportive communication fosters trust and teamwork, while dismissive communication can lead to stress and reduced morale (Nolte et al., 2023). Different generations exhibit distinct communication preferences, such as directive styles among Baby Boomers, independent communication among Generation X, collaborative dialogue among Millennials, and digital communication among Generation Z (Cahill & Sedrak, 2022). Overall, communication style is both an individual trait and a professional competency that can be developed to enhance collaboration, prevent errors, and improve patient care, emphasizing the importance of adapting to generational differences in nursing practice.

Communication skills among nurses. Communication skills are a fundamental competency in nursing, encompassing not only speaking and listening but also empathy, clarity, precision, and professionalism in interactions with patients, families, and healthcare teams. These skills are essential for ensuring patient safety, effective teamwork, and compassionate care. Studies show that strong communication skills enable nurses to integrate clinical expertise with emotional awareness, reduce patient anxiety, build trust, and improve adherence to treatment (Ranjan et al., 2021). Structured communication tools such as SBAR enhance the accuracy and

completeness of handovers, while clear information exchange and collaboration minimize errors and support coordinated care. Additionally, training, mentorship, and supportive leadership contribute to the development of these skills, which directly improve patient outcomes and promote safer hospital environments (Cha et al., 2025).

Effective communication skills also play a vital role in teamwork, conflict resolution, and job satisfaction, while poor communication may lead to confusion, stress, and reduced performance (Shaw et al., 2023). In intergenerational nursing teams, communication skills help bridge differences in communication preferences, as older nurses often favor formal approaches while younger nurses prefer fast, technology-based communication, though both value clarity and respect (Khalid et al., 2022). Emotional intelligence further strengthens communication by enabling nurses to manage relationships, resolve conflicts, and collaborate effectively (Sanches et al., 2024; Lee et al., 2024). Each generation contributes unique communication strengths, and when these are recognized and developed, they enhance patient safety, teamwork, and overall quality of care. Thus, communication skills serve as a critical link between clinical competence and compassionate practice, transforming diversity into an advantage in intergenerational nursing teams.

Differences in communication patterns among intergenerational nurses. Modern hospitals are increasingly multigenerational workplaces where nurses from Baby Boomers to Generation Z work together, bringing diverse communication preferences that can both enhance collaboration and create challenges in maintaining consistent communication. Generational backgrounds influence how nurses communicate and interpret information, with senior nurses preferring structured, face-to-face interactions and younger nurses favoring fast, technology-based exchanges (Khalid et al., 2022). These differences reflect varying professional socialization, as older nurses tend to use hierarchical communication while younger nurses prefer open and collaborative approaches, which may lead to misunderstandings if not properly managed (Lee et al., 2024). Communication habits are also shaped by technological confidence, where younger nurses efficiently use digital tools but may miss contextual cues, while older nurses excel in verbal communication but may struggle with electronic systems (Squires et al., 2023). Miscommunication often arises from differences in interpretation rather than intent, affecting teamwork and morale (Nolte et al., 2023), but can be addressed through shared experience, open dialogue, and organizational support that allow nurses to adapt their communication approaches (Sanches et al., 2024). Leadership plays a key role in bridging these generational gaps by promoting mentoring, feedback, and inclusive communication practices, ultimately strengthening teamwork, improving coordination, and enhancing patient outcomes (Cahill et al., 2022).

Differences in communication styles among intergenerational nurses. Communication style is a critical factor in nursing that shapes relationships, teamwork, and the quality of patient care, influencing how nurses express themselves, accept feedback, and manage challenging situations (Lee & Lee, 2023; Pawlak et al., 2022; Tussing et al., 2024). In a multigenerational workforce composed of Baby Boomers, Generation X, Millennials, and Generation Z, variations in communication style are evident and may lead to misunderstandings if not properly addressed (Sanches et al., 2024; Abujaber et al., 2024). These styles are often shaped by generational background, where older nurses tend to use structured, directive, and formal communication, while younger nurses prefer open, collaborative, and informal exchanges (Henderson et al., 2022; Cahill & Sedrak, 2022). Although all generations value respect and cooperation, differences in communication preferences such as face-to-face versus digital communication may result in misinterpretations without awareness and adaptability (Lee & Lee, 2023). Communication styles also influence the emotional climate of teams, where differences in emotional expression can either strengthen trust or create tension (Nolte et al., 2023). Effective collaboration therefore requires adaptability, mutual respect, and leadership that balances assertiveness and empathy to support intergenerational teamwork (Squires et al., 2023). When these diverse styles are recognized and integrated, they contribute to stronger nurse relationships and more holistic, patient-centered care (Sanches et al., 2024).

Differences in communication skills among intergenerational nurses. Communication skills form the foundation of effective nursing practice, linking clinical competence with compassionate care and including abilities such as active listening, clear articulation, empathy, and teamwork (Lee & Lee, 2023; Tan & Chin, 2023). These skills are particularly important in multigenerational hospital settings where differences in educational background, technological familiarity, workplace culture, and professional values influence how nurses communicate and collaborate (Sanches et al., 2024; Abujaber et al., 2024; ShiftMed Insights, 2024). While both traditional and digital communication approaches can be effective, mismatched expectations may

lead to misunderstandings and tension among nurses (Bowman & Meier, 2025). Studies show that older nurses excel in detailed and accurate handovers, while younger nurses demonstrate strong collaboration and active listening, suggesting that combining these strengths can enhance communication (Cha et al., 2025). Generational differences are also evident in conflict resolution and emotional expression, where older nurses favor structured dialogue and professionalism, and younger nurses prefer open discussion and empathy (Lee et al., 2024; Nolte et al., 2023). Confidence and adaptability further shape communication competence, with senior nurses more confident in face-to-face interactions and younger nurses more skilled in digital communication (Cahill & Sedrak, 2022). Hospitals that promote intergenerational communication initiatives show improved collaboration and reduced misunderstandings, highlighting that integrating generational strengths supports teamwork and quality patient care (Sanchez et al., 2024).

RESEARCH METHODOLOGY

Design. The study employed a quantitative-descriptive comparative research design. In this study, the descriptive design was used to identify and describe the demographic characteristics of the nurse-respondents and to determine their levels of communication patterns, communication styles, and communication skills. The comparative design was applied to analyze significant differences in these communication dimensions among intergenerational nurses in a government hospital.

Environment. This study was conducted in a Level 2 government hospital located in Surigao del Norte, Philippines.

Respondents. The respondents of this study were the 205 staff nurses in the hospital.

Sampling Design. This study employed stratified random sampling. In this study, the nurse population was stratified according to generational age group, namely Baby Boomers, Generation X, Millennials, and Generation Z.

Inclusion Criteria and Exclusion Criteria. The study included registered nurses who were currently assigned in the hospital, regardless of employment status, whether permanent, contractual, or job order, provided they had at least three months of continuous service in their current area of assignment to ensure adequate exposure to hospital routines, intergenerational interactions, and communication practices. Respondents were drawn from clinical and clinically supporting areas such as general wards, specialty units, intensive care units, operating and recovery rooms, the emergency department, and outpatient units, where regular communication and collaboration among nurses and other healthcare personnel took place. Nurses who were on official leave during the data collection period, those who declined participation, or those who submitted incomplete questionnaires after one courteous reminder were excluded from the final analysis.

Instrument. The study made use of a four-part instrument adapted from existing, validated tools relevant to communication in nursing, with each part assessing specific aspects of communication behavior among intergenerational nurses. Part I determined the generational age of nurses for classification and comparison across groups. Part II measured communication patterns using an adapted instrument from Bharathi and Jothirajan (2024), consisting of ten items rated on a five-point Likert scale (1 = Never to 5 = Always), focusing on structured communication behaviors such as handovers, documentation, coordination, and message verification; scores were averaged and interpreted from very low to very high, with a reported Cronbach's alpha of 0.88.

Part III assessed communication skills using the Communication Skills Questionnaire by Tork et al. (2019), adapted into ten items rated on a five-point Likert scale, covering active listening, clarity, interpersonal and conflict management, and empathy, with mean scores interpreted as low, moderate, or high communication skill and a reliability coefficient of 0.91. Part IV measured communication styles based on the Communication Styles Inventory (CSI) by Richmond and McCroskey (1985), adapted by Amano et al. (2021), consisting of twelve items rated on a five-point Likert scale, categorizing assertive, aggressive, passive, and passive-aggressive styles; scores were computed per subscale, interpreted from very low to very high use, with the dominant style identified based on the highest mean, and reliability ranging from 0.76 to 0.89.

Data Gathering Procedures. At the beginning, this research began with the submission of three different research titles for approval, followed by the selection of an advisor and the processing of transmittal letters to seek approval from the Dean of the College of Allied Health Sciences, the Chief of the hospital, and the Ethics Committee. The study underwent ethical review, and a design hearing with an expert panel was conducted to ensure technical and ethical soundness before ethical approval was processed. Once a notice to proceed was issued, recruitment began, and the researcher personally distributed questionnaires to nurses through face-to-face intercept methods and online gathering, allowing completion before shifts, during breaks, or after shifts in private areas. Completed questionnaires were checked for completeness and returned when incomplete until all nurses were recruited. All collected information was compiled in Microsoft Excel and sent to the statistician for analysis, with results presented in tables along with interpretations, implications, and supporting studies. After manuscript completion, the study was presented for final defense before the same panel of experts, and all completed questionnaires were destroyed or shredded after the final defense.

Statistical Treatment of Data. Frequency distribution and simple percentage were used to present the demographic profile of the respondents in terms of age, sex, generation group, educational attainment, position or rank, unit or area of assignment, employment status, and years of service, while mean and standard deviation were used to determine the levels of communication patterns, communication styles, and communication skills of the respondents, with the mean indicating the overall level of each variable and the standard deviation showing the degree of variation in their responses; analysis of variance (ANOVA) was used to determine whether there were significant differences in the communication patterns, styles, and skills of nurses when grouped according to their demographic characteristics, and the chi-square test of independence was used to determine whether there was a significant association between categorical variables, particularly in examining the relationship between generational group and selected communication variables, helping identify whether differences observed among groups were statistically significant.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, And Interpretation Of Data

Table 1 Generational Age of the Respondents

Profile	<i>f</i>	%
Age		
Generation Z	55	26.80
Generation Y	128	62.40
Generation X	19	9.30
Baby Boomers	3	1.50

Note. *n*=205.

As shown in Table 1 the nursing workforce in the study setting was largely composed of younger to middle-aged nurses, particularly those belonging to Generation Y followed by Generation Z, with only a small portion coming from older generations, indicating that the hospital environment was mainly driven by early to mid-career nurses, a pattern consistent with trends where younger cohorts dominate frontline nursing staff as older nurses transition to retirement or less demanding roles; similar findings were reported where Generation Y represented the largest proportion and influenced workplace dynamics and communication practices (Koh et al., 2023), and where hospital settings tend to have younger personnel as older nurses exit bedside practice (National Academies of Sciences, Engineering, and Medicine, 2021), alongside ongoing demographic shifts following

pandemic-related workforce losses (Smiley et al., 2025). This dominance reflects a generational transition influenced by retirement, migration, and reliance on newly licensed nurses, particularly in Philippine government hospitals, resulting in communication patterns shaped by younger cohorts while late adult nurses continue to provide institutional knowledge and mentorship, aligning with literature on generational turnover (Koh et al., 2023; Smiley et al., 2025). The predominance of younger nurses supports adaptability to technology, digital communication, and evidence-based practices, but also presents challenges such as gaps in clinical expertise, decision-making, and mentorship, especially in high-acuity settings; generational differences in communication preferences and work approaches may also lead to misunderstandings if unmanaged. Thus, while a younger workforce brings adaptability and innovation, it may become unfavorable without adequate support, and in the Philippine context, balance through mentorship, structured systems, and leadership is essential to ensure effective intergenerational collaboration and optimal patient care.

Table 2 Level of Communication Pattern

Dimensions	Mean score	SD	Interpretation
1. I share patient updates with colleagues during handover in a structured sequence.	4.64	.662	Always
2. I use written tools (e.g., logbooks, charts, messaging apps) to follow up on tasks.	4.72	.615	Always
3. I confirm understanding by paraphrasing what my colleague said.	4.30	.763	Always
4. I escalate concerns using the chain of command when needed.	4.45	.723	Always
5. I seek clarification immediately when orders are unclear.	4.73	.621	Always
6. I coordinate care by aligning tasks and timelines with my team.	4.69	.640	Always
7. I document critical information promptly after interventions.	4.63	.677	Always
8. I adapt my handover content based on the receiver's role (e.g., new staff vs senior).	4.48	.704	Always
9. I proactively inform allied departments (e.g., pharmacy, lab) to avoid delays.	4.57	.635	Always
10. I close the loop by verifying that my message was received and acted upon.	4.57	.680	Always
Grand mean	4.58	.557	Very high

Note: $n=205$.

Legend: 4.21 – 5.00 Very high (always); 3.41 – 4.20 High (often); 2.61 – 3.40 Moderate (sometimes); 1.81 – 2.60 Low (rarely); 1.00 – 1.80 Very low (never).

The results in Table 2 shows that nurses consistently demonstrated a very high level of communication pattern in their daily work (grand mean = 4.58), indicating that communication practices in the hospital are well established, structured, and routinely applied, with nurses commonly following organized handover processes, using written and digital tools, clarifying unclear instructions, coordinating tasks, and ensuring proper documentation and confirmation of information, reflecting a clinical environment where communication is embedded in the workflow and supported by a shared culture of accountability. The highest mean scores were observed in seeking clarification when orders are unclear (4.73) and using written tools to follow up on tasks

(4.72), while confirming understanding through paraphrasing (4.30), although still “always,” was relatively lower, suggesting an area for improvement; these findings are supported by studies showing that structured communication improves clarity, safety, and teamwork (Yang et al., 2022; Chandrawati et al., 2025; Evaluation of Patient Handover Compliance, 2025). Observations in the hospital further reflect systematic endorsements, proactive clarification of orders, timely coordination, and proper escalation of concerns, although challenges such as rushed handovers during peak hours and generational differences in communication preferences were noted; overall, the findings imply that existing policies and systems effectively promote structured communication, highlighting the need to sustain these practices through supervision, mentorship, and continuous monitoring to ensure consistency, bridge generational differences, and maintain patient safety and teamwork in the Philippine hospital context.

Table 3 Level Communication Skills

Dimensions	Mean score	SD	Interpretation
1. I maintain appropriate eye contact when speaking with patients and colleagues.	4.54	0.744	Always
2. I listen actively without interrupting.	4.60	0.705	Always
3. I ask open-ended questions to gather complete information.	4.49	0.783	Always
Factor mean	4.54	0.645	Very high
1. I tailor my language to the patient’s level of understanding.	4.63	0.746	Always
2. I provide clear explanations of procedures and rationales.	4.55	0.763	Always
3. I check back to ensure the receiver understood my message.	4.59	0.747	Always
Factor mean	4.59	0.696	Very high
1. I manage difficult conversations calmly and respectfully.	4.48	0.758	Always
2. I give constructive feedback focused on behavior, not the person.	4.40	0.776	Always
Factor mean	4.44	0.715	Very high
1. I demonstrate empathy in verbal and non-verbal responses.	4.43	0.799	Always
2. I use SBAR or similar frameworks to organize critical information.	4.08	0.813	Often
Factor mean	4.26	0.744	Very high
Grand mean	4.46	0.623	Very high

Note: $n=205$.

Legend: 4.21 – 5.00 Very high (always); 3.41 – 4.20 High (often); 2.61 – 3.40 Moderate (sometimes); 1.81 – 2.60 Low (rarely); 1.00 – 1.80 Very low (never).

The findings in Table 3 presents that nurses demonstrated a very high level of communication skills across dimensions including active listening, empathy and respect, clarity and explanation, adaptability, management of difficult conversations, and use of structured communication tools, with a grand mean of 4.46, indicating that communication is actively practiced in day-to-day nursing interactions and reflects a professional communication climate grounded in respect, attentiveness, adaptability, and patient-centered care; the highest

scores were noted in adaptability in communication (4.63) and active listening (4.60), while the use of structured communication tools such as SBAR (4.08) was slightly lower, suggesting that formal frameworks are not as consistently applied. These findings are supported by studies emphasizing that strong communication skills, including empathy, listening, and clarity, improve patient satisfaction, trust, and safety (Karo et al., 2024; Pazar et al., 2024), and that structured communication enhances confidence and collaboration (Yun et al., 2023). Observations in the hospital confirmed that nurses consistently demonstrated empathy, attentiveness, and clarity in patient and team interactions, although communication became more concise and less structured during high workload situations, indicating that communication skills remain strong but may be influenced by clinical demands; overall, the findings imply that while interpersonal communication is highly developed, strengthening the consistent use of structured tools, sustaining mentorship across generations, and maintaining supportive supervision are essential to preserve communication quality, patient safety, teamwork, and satisfaction in the hospital setting.

Table 4 Communication Styles

Communication Styles	%	<i>f</i>
Assertive	136	66.34
Passive	21	10.24
Aggressive	1	0.49
Assertive and Passive	6	2.93
Assertive, Passive, and Aggressive	1	0.49
Assertive, Passive, Aggressive, and Passive-Aggressive	15	7.32
Assertive and Aggressive	8	3.90
Assertive, Aggressive, and Passive-Aggressive	1	0.49
Passive and Aggressive	16	7.80

Note: *n*=205.

Table 4 findings show that assertive communication was the dominant style among intergenerational nurses, with 66.34% of respondents demonstrating this approach, followed by passive communication (10.24%), minimal aggressive communication (0.49%), no cases of purely passive-aggressive communication, and the presence of mixed or combined styles, indicating that some nurses adapt different communication approaches depending on the situation; this reflects a generally healthy communication environment where nurses are able to express themselves clearly and respectfully while maintaining consideration for others, with assertive communication linked to professional confidence, patient advocacy, accountability, and teamwork. The findings are consistent with evidence that assertiveness strengthens speaking-up behaviors, collaboration, and patient safety culture, while the presence of mixed styles reflects situational adaptation in complex and high-pressure clinical settings where communication may shift based on hierarchy, urgency, and emotional climate; observations in practice confirmed that nurses commonly demonstrate assertiveness during handovers, patient advocacy, and multidisciplinary discussions, although passive tendencies may occur among younger nurses in hierarchical situations and more directive communication may emerge during emergencies. Overall, the findings imply that while assertive communication predominates and supports a respectful and collaborative environment, the presence of passive, aggressive, and mixed styles highlights the need for continuous communication development, leadership support, mentorship, and psychological safety to sustain effective communication, teamwork, and high-quality patient care.

Table 5 Differences in Level of Communication Pattern according to Generation

Groups	Mean score	F	df	<i>p</i> value	Decision	Interpretation
Generation Z	4.47	1.645	204	.180	Failed to reject Ho	Not significant
Generation Y	4.62					
Generation X	4.66					
Baby Boomers	4.17					

Legend: Significant if *p* value is $\leq .05$.

Table 5 presents that no statistically significant difference was observed in the level of communication pattern across generational groups ($p = .180$), indicating that although nurses belonged to different generational cohorts, their communication patterns were generally similar and likely influenced more by professional standards, institutional policies, and established clinical protocols than by generational affiliation; despite slight variations in mean scores Generation X (4.66), Generation Y (4.62), Generation Z (4.47), and Baby Boomers (4.17) all groups demonstrated a very high level of communication pattern, with the lower mean among Baby Boomers possibly influenced by smaller sample size rather than meaningful disparity. This finding is supported by literature showing that structured workplace systems and professional norms reduce generational differences in clinical communication (Stanley, 2022), and that standardized handover protocols, documentation guidelines, and escalation procedures maintain consistency across age groups (Labrague et al., 2021), with organizational culture and leadership reinforcement being stronger determinants than generational identity (Kupperschmidt et al., 2023). In practice, communication follows standardized routines such as structured handovers, documentation, and chain-of-command procedures, especially in high-acuity situations where adherence to protocols takes precedence over personal preferences, suggesting that hospital systems effectively standardize communication behaviors; thus, the findings imply that maintaining unified communication systems, reinforcing structured practices, and promoting intergenerational collaboration through mentorship and continuous training are essential to sustain consistent and coordinated patient care across multigenerational nursing teams.

Table 6 Differences in Level of Communication Skills

Groups	Mean score	F	df	<i>p</i> value	Decision	Interpretation
Generation Z	3.99	1.513	204	.212	Failed to reject Ho	Not significant
Generation Y	4.34					
Generation X	4.50					
Baby Boomers	4.54					

Legend: Significant if *p* value is $\leq .05$.

Table 6 findings show that no statistically significant difference was found in the level of communication skills according to generation ($p = .212$), indicating that communication skills were generally consistent across age groups and that nurses, regardless of generation, demonstrated similar abilities in listening, explaining procedures, clarifying information, managing conversations, and interacting effectively with patients and colleagues; although slight variations in mean scores were observed—Generation Z (3.99), Generation Y (4.34), Generation X (4.50), and Baby Boomers (4.54)—these were not statistically significant, suggesting that communication competence is influenced more by professional training, clinical exposure, shared workplace standards, and organizational culture than by generational identity. This finding is supported by studies showing that while generational groups may differ in communication preferences, their actual performance remains

similar due to standardized expectations and teamwork requirements (Lee & Yi, 2024; Tan & Chin, 2023), and that communication competence is strengthened through continuous interaction and professional development (Lee et al., 2023); in practice, nurses across generations consistently demonstrate effective communication during patient education, endorsements, multidisciplinary collaboration, and high-pressure situations, implying that maintaining shared standards, continuous training, mentorship, and psychological safety are essential to sustain strong and uniform communication skills that support safe and effective patient care.

Table 7 Differences in Communication Styles

Groups	Mean score	F	df	<i>p</i> value	Decision	Interpretation
Generation Z	2.56	.354	204	.786	Failed to reject Ho	Not significant
Generation Y	2.37					
Generation X	2.74					
Baby Boomers	3.67					

Legend: Significant if *p* value is $\leq .05$.

Table 7 presents that there was no statistically significant association between generation and communication style among nurses ($p = .786$), indicating that communication styles did not significantly vary across generational groups and that patterns remained generally similar regardless of whether nurses belonged to Generation Z, Generation Y, Generation X, or Baby Boomers, suggesting that communication style in the hospital setting is influenced more by shared professional responsibilities, workplace expectations, and institutional culture than by generational membership. This finding is consistent with literature showing that while generational differences in communication preferences exist, actual workplace behavior converges due to standardized training and organizational culture, with nurses adapting their communication to align with team norms, patient safety standards, and leadership expectations; in clinical practice, communication style is adjusted based on context such as assertive and structured communication during handovers, clear and professional interaction in multidisciplinary meetings, and direct communication during emergencies rather than generation. The findings imply that nursing management should focus on strengthening a unified communication culture through collective training, reinforcement of professional values, mentorship, and promotion of psychological safety, as organizational systems and teamwork expectations effectively bridge generational diversity and sustain respectful, collaborative, and patient-centered communication in clinical practice.

CONCLUSION AND RECOMMENDATIONS

Conclusion. The study concluded that there were no significant differences in communication pattern, communication skills, and communication styles among nurses when grouped according to generation. This indicates that intergenerational nurses generally communicate in a similar and consistent manner within the hospital setting. The findings suggest that effective communication among nurses is influenced more by shared professional standards, workplace routines, teamwork, and clinical expectations than by generational differences. Thus, a unified communication culture exists in the hospital, which supports collaboration, patient safety, and quality nursing care. Based on these findings, an Intergenerational Communication Sustainability Plan is proposed to help maintain and strengthen effective communication practices among nurses.

Recommendations. Based on the findings, the recommendations emphasize the implementation of an Intergenerational Communication Sustainability Plan by nursing management to sustain consistent communication practices guided by shared professional standards, through promoting clear endorsement processes, respectful interactions, mentorship between senior and junior nurses, and regular feedback mechanisms, as well as integrating communication strengthening activities into staff development, unit meetings, and performance monitoring to support teamwork, patient safety, and quality care, which may also be adapted by other healthcare institutions; in nursing education, the findings may be integrated into courses on

communication, leadership, teamwork, and professional relationships, and used as reference material for teaching clinical communication, research methodology, data analysis, and ethical practices; in nursing policy, healthcare institutions are encouraged to strengthen policies that promote effective and professional communication through standardized handover protocols, communication skills enhancement, mentoring systems, and intergenerational collaboration, and to incorporate communication initiatives into operational plans, quality improvement, and patient safety programs; and in nursing research, the study may be published and presented for wider dissemination, with future studies recommended to validate findings using larger samples, apply mixed-method approaches, and explore lived experiences and communication challenges among intergenerational nurses in clinical practice.

Intergenerational Communication Sustainability Plan

Rationale

Intergenerational communication supports teamwork, patient safety, and quality nursing care, where nurses from different generations bring varied communication preferences and experiences; findings showed very high communication patterns and skills, dominant assertive communication, and no significant generational differences, indicating a shared professional communication culture, but minor challenges may arise during high-pressure situations and hierarchical interactions, thus a plan is proposed to sustain and strengthen communication through guidance, mentoring, and communication-focused activities.

General Objective

To sustain and strengthen effective communication patterns, communication skills, and positive communication styles among intergenerational nurse.

Specific Objectives

Specifically, this sustainability plan aims to:

- a. Sustain the very high level of communication patterns among intergenerational nurses;
- b. Strengthen communication skills to ensure clarity, empathy, and collaboration in patient care;
- c. Promote consistent use of assertive and respectful communication styles across generations; and
- d. Enhance intergenerational understanding and teamwork to maintain effective communication practices.

Areas of Concern	Specific Objectives	Key Activities	Persons Responsible	Time Frame	Success Indicators
Sustain very high communication patterns	To sustain effective communication patterns across generations	Practice structured handover, clarify orders, maintain documentation; refresher training, standardized protocols, communication audits	Staff Nurses, Nurse Supervisor, Chief Nurse	3rd Quarter 2026 onwards	Sustained very high communication pattern, positive feedback
Strengthen communication skills	To improve communication skills in listening, empathy, and clarity	Active listening, reflective communication, peer feedback; workshops, simulations, mentoring	Staff Nurses, Nurse Educator, Nurse Supervisor	3rd Quarter 2026 onwards	Improved confidence, maintained high communication skills

Presence of mixed communication styles	To promote assertive and respectful communication	Practice respectful expression, constructive feedback; seminars, role-playing, mentorship	Staff Nurses, Nurse Supervisor, HR	3rd Quarter 2026 onwards	Increased assertive communication, reduced conflicts
Strengthen intergenerational collaboration	To enhance teamwork and understanding across generations	Collaborative decision-making, sharing experiences; team-building, case conferences, recognition programs	Staff Nurses, Nurse Managers, Hospital Administrators	3rd Quarter 2026 onwards	Improved teamwork, positive intergenerational relationships

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