Organizational Communication and Work Values on Collaboration among Nurses

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ABSTRACT

This study explored the influence of organizational communication and work values on collaboration among intergenerational nurses in a government hospital in Iloilo City during the first quarter of 2025. The study was anchored on the Theory of Work Adjustment, Communication Accommodation Theory, and Interprofessional Collaboration Theory. A descriptive-correlational and comparative research design was employed involving 51 nurses—nearly equally divided between young adults (20–35 years old) and older adults (36 years old and above). Standardized instruments measured organizational communication, work values, and collaboration. Data were analyzed using descriptive statistics, t-tests for significant differences, and Pearson's correlation for relationships among variables. Results revealed no significant differences in communication and collaboration across age groups. However, older nurses scored significantly higher in values such as power, universalism, conformity, and tradition, indicating a generational shift in value orientation. Significant positive relationships were found between several work values like conformity, self-direction, universalism and dimensions of communication and collaboration. These findings confirm that intergenerational collaboration is shaped more by value alignment and communication practices than by age differences alone. A generation-based collaboration plan was proposed to strengthen shared values, promote effective communication, and enhance team-based nursing care.

Keywords: nurses, organizational communication, work values, collaboration, generational differences, teamwork, nursing practice.

INTRODUCTION

Collaboration among nurses is a vital component in delivering effective and holistic patient care, especially in high-demand environments like government hospitals. Nursing collaboration ensures that diverse skills and knowledge are shared among team members, promoting a more comprehensive approach to patient needs (Bender et al.,2020). For nurses, effective collaboration impacts not only the quality of patient care but also workplace satisfaction, communication, and overall team dynamics (Goh et al.,2022). However, achieving effective collaboration in organizational communication requires overcoming various challenges, particularly when it involves individuals from different generational cohorts. These age group differences can influence how nurses communicate, solve problems, and work together, making it essential to understand how each generation's unique perspectives and values impact collaborative efforts (De Maria, 2019). Additionally, communication preferences such as the use of digital media versus face-to-face interactions, approaches to knowledge sharing, and views on communication accuracy and reliability vary significantly by age group. Recognizing and addressing these communication preferences can help create a more inclusive environment that enables effective teamwork and minimizes misunderstandings among nurses from different generational backgrounds.

In healthcare settings, collaboration is essential for managing complex patient needs, ensuring continuity of care, and enhancing workplace morale and job satisfaction (Huston, 2021). Nurses rely on collaboration to

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share critical information, coordinate patient care, and navigate the complexities of a demanding work environment (Chan et al., 2022).

Among the age group of nursing teams, work values and communication styles play a significant role in shaping collaborative dynamics. Work values, which encompass principles such as power, achievement, benevolence, and conformity, differ markedly across age groups, reflecting broader societal changes and diverse life experiences (Twenge & Campbell, 2020). For example, Baby Boomers may prioritize job security and organizational loyalty, while Millennials may place greater emphasis on work-life balance and personal growth (Kong et al., 2023). Understanding these work values can help uncover potential sources of conflict or synergy in intergenerational collaboration.

Collaboration among Nurses in a government hospital, nurses often work in fast- paced, high-stress environments where teamwork is crucial. For instance, during high- demand shifts in emergency care, teams of Baby Boomers, Generation X, Millennials, and even Generation Z nurses must collaborate to provide timely, efficient care. However, younger nurses may emphasize innovation and flexibility, while older generations may value adherence to established protocols, sometimes leading to friction in approach. Millennials and Gen Z nurses may experience frustration when attempting to introduce new, technology-based methods for streamlining workflows (e.g., digital documentation or telehealth protocols) if their older colleagues are less adaptable to such changes. This resistance can lead to delays in implementing potentially time-saving tools, reducing efficiency.

Research indicates that collaboration improves when team members understand each other's strengths and values (Salas et al., 2021). However, without structured support and tailored initiatives to encourage teamwork across generational lines, differences in values and work styles can hinder collaboration. Many healthcare settings lack specific strategies or guidelines to address generational dynamics, which could enhance teamwork, minimize conflict, and maximize the unique contributions of each age group (Yu et al., 2023).

However, the current lack of research and tailored strategies addressing these intergenerational dynamics leads to recurring challenges, such as misunderstandings, conflicts, and high turnover rates. These observations and experiences within the nursing environment underscore the need for a deeper understanding of how generational differences impact work values, communication, and ultimately, collaboration among nurses in government hospital (Collins et al., 2021).

Although studies have explored the individual impact of work values and communication on teamwork, there is a gap in research on how these variables interact specifically within nursing teams age group in a public healthcare context. Given the unique demands of government hospitals, this study seeks to address this gap by examining how nurses age group differs in work values and communication patterns influence collaborative efforts among nurses.

This study holds practical value for nursing management, as its findings will provide actionable insights to enhance collaboration among intergenerational nursing teams. By identifying generational differences in work values, communication styles, and collaboration, the study will inform management strategies to optimize team cohesion and effectiveness. With the researchers decade of clinical experience, and the privilege to work with colleagues of various age group, ranging from those who are retirees up to the newly hired fresh nursing graduates, which gave the researcher the opportunity to interact with a variety of nurses while observing their attitudes, knowledge and skills.

This research aligns with the United Nations Sustainable Development Goals (SDGs), specifically SDG 3: Good Health and Well-being, SDG 8: Decent Work and Economic Growth, and SDG 10: Reduced Inequalities. By supporting a collaborative, inclusive work culture, this study not only contributes to better health outcomes but also promotes equitable and fulfilling work conditions for all nurses, regardless of age group.

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Observations from nursing practice have highlighted instances where differences in communication styles between younger and older nurses lead to inefficiencies, delayed decision-making, or breakdowns in team collaboration (Santos et al., 2021). Addressing these barriers is essential for ensuring smooth coordination and shared knowledge among nurses of all ages. Given the observed differences in collaboration, work values, and communication among generational groups, the need for this study is clear. In a government hospital setting, where resources are often limited and demands are high, optimizing teamwork among nurses is essential for patient outcomes and job satisfaction.

RESEARCH OBJECTIVES

The main purpose of the study was to assess the difference in organizational communication, work values and collaboration according to the age group of nurses. It further assessed the interrelationship among organizational communication, work values and collaboration of the nurses in a government hospital in Iloilo City, for the first quarter for the year 2025.

Specifically, the study answered the following questions:

1. What was the age of the nurses?

2. What was the organizational communication of the nurses according to age group in terms of:

- communication flow;
- coordination/knowledge sharing;
- communication barriers;
- accuracy;
- reliability;
- timeliness; and
- media effectiveness?

3. What were the work values of the nurses according to age group in terms of:

- power;
- achievement;
- benevolence;
- universalism;
- conformity;
- tradition;
- self-direction;
- stimulation;
- hedonism; and
- security?

4. What was the collaboration of the nurses according to age group in terms of:

- conflict management;
- common goals;
- communication and coordination; and
- professionalism and autonomy?

5. Was there a significant difference in the communication of the nurses according to age group?

6. Was there a significant difference in the work values of the nurses according to age group?

7. Was there a significant difference in the collaboration of the nurses according to generation?

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8. Was there a significant relationship between:

- work values and communication;
- work values and collaboration; and
- communication and collaboration among generational nurses?

9. What generation-based nurses' collaboration plan could be proposed based on the findings of the study?

Statement of Null Hypotheses

- **Ho1:** There was no significant difference in the organizational communication of the nurses according to generation.
- **Ho2:** There was no significant difference in the work values of the nurses according to generation.
- **Ho3:** There was no significant difference in the collaboration of the nurses according to generation.
- **Ho4:** There was no significant relationship between organizational communication and collaboration.
- **Ho5:** There was no significant relationship between work values and communication.
- **Ho6:** There was no significant relationship between work values and collaboration.

REVIEW OF RELATED LITERATURE AND STUDIES

Organizational Communication of Nurses. A study by Afriyie (2020) emphasizes that communication serves as the basis of the nurse-patient relationship, essential for building trust and comfort in nursing care. The study identifies effective communication as a multifactorial concept, defining it as a mutual agreement between nurses and patients, which influences the nursing process, clinical reasoning, and decision-making. Consequently, it promotes high-quality nursing care, positive patient outcomes, and satisfaction for both patients and nurses.

According to Lindi et al. (2024) ensures that high quality of nurses' communication as part of patient-centered care, training of communication skills is essential. A study evaluating a patient-centered communication skills training for nurses found that such training can improve communication skills of nurses and have a positive effect on emotional and psychological burden. However, most CSTs show methodological limitations, are not specifically developed for nurses, or were developed for oncological settings only.

Work Values of nurses. In the study of Poorchangizi et al (2017), Professional nursing values, such as compassion, integrity, and commitment, are essential for providing safe and high-quality ethical care. Nurses' perspectives on these values directly affect their decision-making and patient care practices. Further the study emphasized that nurses' awareness and adherence to professional values are crucial for delivering ethical care and ensuring patient safety. Results in the study of Singh et al. (2011), revealed ten significant factors from the meaning of workplace scale and four factors from the values scale. Results of stepwise multiple regression analysis have shown significant positive impact of value preference on the choice of preferred workplace. More specifically, higher progressive orientation has been found to positively influence the intrapreneurship factor of meaning of workplace factor. Values of personal growth, self-fulfillment, and community development have explained a large amount of variances in work-life balance and physical ambience.

The results showed that realization at work was the factor with the highest score; social relationships showed correlations with the organizational values autonomy, realization, mastery, prestige, conformity and concern with community. These results suggest the importance of values for satisfaction at work and organizational strategies (Câmara & de Sousa Pereira-Guizzo, 2015).

Values play an important role in people's behaviors, affecting their perceptions, attitudes, and motivations. While people's values shape their general beliefs about what is desirable or undesirable, they also have

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values specific to particular events or situations, including work values. Organizational researchers have focused on work values as an important factor influencing motivation and positive behaviors in the workplace. Work values are defined as "what a person wants out of work in general and also what components of a job are important to his or her work satisfaction" (Duffy, 2010, p. 52), or "beliefs about the desirability of specific outcomes of working" (Hattrup et al., 2007, p. 481). Work values or work orientations are more general and abstract than work goals or satisfaction, and they reflect an employee's general preferences toward not only their current job but also potential future jobs (Malka & Chatman, 2003; Vansteenkiste et al., 2007).

Wang et al. (2010) identified people-related factors, job outcome, and the job itself as factors. Duffy (2010) dealt with influence, service, and meaning of work values. Zhang et al. (2007) created five work values: challenge, personal worth, equitable opportunity, social status, and personal development. Hagstrom and Kjellberg (2007) considered six work values: social relations, self-realization, work condition, altruism, benefit/career, and influence. Hattrup et al. (2007), referring to Hofstede (1980) and related studies, identified seven categories of work values: job security, high income, advancement opportunity, interesting work, autonomy in work, helpfulness to other people, and usefulness to society. Van Ness et al. (2010) proposed another seven work values: self-reliance, morality/ethics, leisure, hard work, centrality of work, wasted time, and delay of gratification. Additionally, using Super's Work Values Inventory—Revised (2008), Busacca et al. (2010) discerned twelve work values. Finally, Warr (2008) defined work centrality as the perceived importance of the work role and considered fifteen work values regarding job characteristics.

Collaboration of nurses. A scoping review by Tang et al. (2023) discusses tools developed to evaluate nurse-to-nurse collaboration, such as the Nurse- Nurse Collaboration Scale, and emphasizes the need for further studies to fully understand the factors influencing collaboration between nurses.

Collaboration between nurses and physicians is also vital in hospital settings. A systematic review by Tang et al. (2023) identifies factors affecting nurse-physician collaboration, including communication, respect, trust, unequal power dynamics, understanding professional roles, and task prioritization. The review also highlights improvement strategies such as inter-professional education and interdisciplinary ward rounds. Effective nurse-physician collaboration has been shown to positively impact patient outcomes. A systematic review by Zwarenstein et al. (2009) indicates that such collaboration can lead to improved patient satisfaction and reduced hospital stay durations. Implementing structured interdisciplinary bedside rounds (IBRs) is one strategy to enhance collaboration among healthcare professionals. IBRs involve the participation of the bedside nurse, primary provider, and the patient, fostering real-time collaboration and shared decision-making. This approach has been shown to improve patient-centered care and team communication.

Generational Age of Nurses. The nursing workforce in hospitals comprises multiple generational cohorts, each bringing distinct values, work ethics, and communication styles. Understanding these generational differences is crucial for effective management and fostering a collaborative work environment. Recent research highlights generational variations in work values among nurses. Baby Boomers tend to emphasize job stability and organizational loyalty, while Generation Y and Z prioritize work-life balance, recognition, and flexible work arrangements. For example, younger nurses often seek professional development opportunities and value teamwork and inclusivity, whereas older nurses focus more on hierarchical respect and structured roles (Sparks Coburn & Hall, 2020).

The current nursing workforce typically includes four generational cohorts: Baby Boomers (born 1946–1964): Often characterized by a strong work ethic and loyalty to their employers. Generation X (born 1965–1980): Valuing work-life balance and independence. Millennials or Generation Y (born 1981–1996): Known for being tech-savvy and valuing collaboration.Generation Z (born 1997–2012): The newest entrants, bringing digital proficiency and a desire for meaningful work. Each generation's unique experiences and perspectives can influence their approach to patient care and teamwork (Bressan et al. 2018).

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In the study of Sherman (2006) generational differences can affect various aspects of nursing practice, including communication preferences, attitudes toward technology, and expectations of leadership. For instance, a study published in BMC Nursing found significant differences among the four generations of nurses in areas such as non-compliance, technology challenges, work-life balance, and recognition. Generation X nurses were less likely to challenge conventional norms, while Generations Y and Z were more tech-savvy and adaptable to new technologies. Younger generations also placed a greater emphasis on work-life balance and perceived a lack of recognition from colleagues.

To effectively manage a multigenerational nursing workforce, leaders should: Recognize and Respect Differences: Understanding the distinct values and motivations of each generation can help tailor management approaches. Foster Inclusive Communication: Utilizing diverse communication methods to cater to varying preferences. Promote Intergenerational Collaboration: Encouraging mentorship and knowledge sharing between experienced and newer nurses. Provide Flexible Work Arrangements: Offering options that accommodate different life stages and work-life balance needs. Implementing these strategies can enhance team cohesion and improve patient care outcomes (Moore et al., 2016).

Collaboration and organizational communication of nurses. A study by O'Daniel and Rosenstein (2008) emphasizes that effective communication among healthcare team members is essential for patient safety and quality care. The authors note that communication failures are a leading cause of inadvertent patient harm, underscoring the need for clear and concise information exchange to support collaborative efforts among nurses and other healthcare professionals.

The implementation of structured communication tools, such as the SBAR (Situation, Background, Assessment, Recommendation) technique, has been shown to enhance communication clarity and efficiency among nurses. According to Beckett and Kipnis (2009), utilizing SBAR promotes better teamwork and collaboration by providing a standardized method for conveying critical information, thereby reducing misunderstandings and improving patient safety. Research by Tang et al. (2013) highlights that effective communication is a cornerstone of interprofessional collaboration in hospital settings. The study found that nurses who engage in open and frequent communication with colleagues from various disciplines are more likely to participate in collaborative decision-making processes, leading to improved patient outcomes and enhanced job satisfaction.

Despite its importance, several barriers can hinder effective communication among nurses, including hierarchical structures, workload pressures, and varying communication styles. For instance, a study by Manojlovich and DeCicco (2007) identified that power dynamics and organizational culture significantly influence communication patterns, which can either facilitate or impede collaborative practices among nursing staff.

Work values and organizational communication of nurses. A study by Tsai (2011) found that organizational culture, reflecting shared values, is positively correlated with leadership behavior and job satisfaction among hospital nurses.

This suggests that when nurses' work values align with the organizational culture, communication channels are more effective, fostering a cohesive work environment. Perceived organizational support plays a crucial role in enhancing nurses' professional values and communication satisfaction. Research by Zhang et al. (2022) indicates that organizational support positively influences nurses' emotional labor and professional values, with effective communication serving as a mediating factor. This underscores the importance of supportive communication structures in reinforcing nurses' commitment to their professional values.

Leadership behavior is instrumental in shaping organizational communication and aligning it with nurses' work values. Tsai's (2011) study emphasizes that leadership behavior is positively correlated with job satisfaction, mediated by organizational culture. Effective leaders facilitate open communication, ensuring

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that organizational values resonate with those of the nursing staff, thereby enhancing job satisfaction and collaborative communication.

Communication satisfaction among nurses is directly linked to the quality of patient safety culture. (Noviyanti et al. (2021) found a significant relationship between nurses' communication satisfaction and the quality of patient safety culture in hospitals. This highlights that effective organizational communication, aligned with nurses' work values, is essential for promoting a culture of safety and high-quality patient care.

Work values and collaboration of nurses. A study by Bressan et al. (2016) found that nurses who prioritize professional development and patient-centered care are more likely to engage in effective teamwork, as these values align with collaborative behaviors. The study emphasizes that shared values among nursing staff can lead to improved communication and coordination, ultimately enhancing patient outcomes.

According to the study of Tan and Chin (2023) Generational differences among nurses can impact both work values and collaborative behaviors. A study examined the work values and attitudes of different generational cohorts within the nursing profession. The findings indicated that Generation Y and Z nurses place a higher emphasis on work-life balance and recognition, while Generation X nurses are less likely to challenge conventional norms. These generational differences can influence collaborative dynamics, as varying expectations and communication styles may affect teamwork. The study suggests that acknowledging and addressing these differences is essential for fostering intergenerational harmony and effective collaboration among nurses. The organizational culture within hospitals significantly affects the relationship between nurses' work values and their collaborative behaviors. A study by Slåtten et al. (2022) highlighted that a supportive organizational culture enhances work engagement among nurses, which in turn promotes collaborative practices. The research suggests that when nurses perceive their organizational culture as positive and aligned with their personal values, they are more likely to engage in teamwork and collaborative problem-solving.

To strengthen the relationship between work values and collaboration among nurses, healthcare organizations can implement the following strategies: Promote Shared Values: Developing and reinforcing a set of core values that emphasize teamwork and collaboration can align individual nurses' values with organizational goals. Provide Interprofessional Education: Offering training programs that focus on collaborative skills and interprofessional communication can bridge generational gaps and enhance teamwork. Foster a Supportive Environment: Creating an organizational culture that values and rewards collaborative behaviors encourages nurses to engage in teamwork (Tan et al., 2023).

RESEARCH METHODOLOGY

Design

This quantitative research made use of the descriptive, correlation, and comparative (Non-causal) research design. In application to the study, the descriptive design was used in determining the age group, work values , organizational communication and collaboration of nurses.. The correlational design was used in assessing the interrelationship among age group, work values, organizational communication, and collaboration of nurses. Lastly, the comparative design was used in assessing the significant differences in work values , organizational communication and collaboration according to the age group of the nurses in Iloilo City for the first quarter of 2025.

Environment

The study was conducted in the X Hospital in the municipality of Dumangas.

Respondents

Respondents of the study were the 51 nurses in X Hospital.

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Sampling Design. A complete enumeration was instituted therefore there will be no sampling. By complete enumeration, all those who qualify based on the inclusion and exclusion criteria will be invited to participate in the study.

Inclusion and Exclusion Criteria. In order to become a respondent, he or she must comply with the following inclusion and exclusion criteria to make sure that the respondents are the most reliable sample to answer the problems of the study. He or she must be: (a) of legal age regardless of gender, religion, economic status, and educational attainment; (b) a regular or contract of service nurse who has direct contact with patients and at the same time working with colleagues; (c) must be willing to give voluntary consent to participate in the study. Excluded from the study are those nurses who do not have direct patient care and who do not participate in healthcare related task. Also, excluded are those who those not belong to the age group. Lastly, excluded are those who have submitted their resignation or retirement intent.

Instrument

The study made of a four-part instrument. Part one of the instrument is the personal characteristics of the respondents. The second part of the questionnaire pertains to the organizational communication. It is a 91-item questionnaire where it is subdivided to 8 sub variables. Each variable contains a different number of items. For communication flow, there are 8 items, for coordination/knowledge sharing there are 9 items, for barriers to effective communication there are 8 items, for effectiveness of communication there are 5 items, for reliability there are 5 items, for timeliness there are 5 items and for media effectiveness there are 41 items. A Likert scale will be used for all the sub-variables, however for communication flow, coordination/knowledge sharing, barriers to effective communication, effectiveness of communication, reliability and timeliness a 6-point Likert scale is used whereby 5 is for strongly agree, 4 for agree, 3 neither disagree or agree, 2 is disagree,1 is strongly disagree and 0 for not applicable. As for the media effectiveness, the first 18 questions are to be rated using the Likert scale of 5 as always, 4 as frequently, 3 as sometimes, 2 as seldom,1 as never and 0 as not applicable. For the succeeding 17 questions, it shall be rated using a Likert scale of 5 as extremely effective, 4 as effective, 3 as neither effective nor ineffective, 2 as somewhat ineffective and 1 as very ineffective. And, for the next 8 questions a free form text response was solicited from the respondents. And for the next 4 questions, a Likert scale of 5 as always, 4 as very often, 3 as sometimes, 2 as seldom and 1 as never were used to rate the questions. Lastly for the last 4 questions, a Likert scale of 5 as critical, 4 as important, 3 as somewhat important, 2 as slightly important and 1 as not important were used to rate the questions. Parametric scores and interpretation for this variable is similar with the score and interpretation used for the teamwork attitudes.

The third part of questionnaire is the Work Values Questionnaire (WVQ), based on a general value structure, proposed by Schwartz and his colleagues (Schwartz & Bilsky, 1990 as cited in Avallone et al., 2010; Sagiv & Schwartz, 1995 as cited in Avallone et al., 2010) as validated and tested by Avallone et al., (2010) in their study entitled “The Work Values Questionnaire (WVQ): Revisiting Schwartz’s Portrait Values Questionnaire (PVQ)”. The instrument identifies ten universal values. These values – which have been widely found to be both an important guide of individuals’ actions and a reference criterion for defining preferences and priorities – are considered basic requisites of human existence. Cross-cultural research has also verified the values’ generalizability within diverse local and national cultures (Schwartz & Bilsky, 1990 as cited in Avallone et al., 2010; Sagiv & Schwartz, 1995 as cited in Avallone et al., 2010).

The scale is composed of ten work values: power (items 4, 12, 15), achievement (items 3, 11, 22), hedonism (items 2, 21, 27), stimulation (items 17, 23, 29), self-direction (items 18, 24, 30), universalism (items 5, 13, 25), benevolence (items 1, 6, 9), tradition (items 7, 10, 19), conformity (items 14, 20, 26) and security (items 8, 16, 28). Respondents will be asked to evaluate the extent to which they view themselves as similar to the person in the item on a 5-point Likert scale (from 1 = “Not at all like me” to 5 = “Very much like me”).

Parametric scoring and interpretations were as follows: 1.00 – 1.74 is not at all like me (does not possess the said value), 1.75 – 2.49 is somewhat like me (slightly possess the value), 2.50 – 3.24 is like me (possess the

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value), 3.25 – 4.19 is much like me (highly possess the value), and 4.20 – 5.00 is very much like me (very highly possess the value). Part III of the instrument pertains to the organizational communication. It is a 91-item questionnaire where it is subdivided to 8 sub variables. Each variable contains a different number of items. For communication flow, there are 8 items, for coordination/knowledge sharing there are 9 items, for barriers to effective communication there are 8 items, for effectiveness of communication there are 5 items, for reliability there are 5 items, for timeliness there are 5 items and for media effectiveness there are 41 items. A Likert scale will be used for all the sub-variables, however for communication flow, coordination/knowledge sharing, barriers to effective communication, effectiveness of communication, reliability and timeliness a 6-point likert scale is used whereby 5 is for strongly agree, 4 for agree, 3 neither disagree or agree, 2 is disagree,1 is strongly disagree and 0 for not applicable. As for the media effectiveness, the first 18 questions are to be rated using the likert scale of 5 as always, 4 as frequently, 3 as sometimes, 2 as seldom,1 as never and 0 as not applicable. For the succeeding 17 questions, it shall be rated using a likert scale of 5 as extremely effective, 4 as effective, 3 as neither effective nor ineffective, 2 as somewhat ineffective and 1 as very ineffective. And for the next 8 questions a free form text response were solicited from the respondents. And for the next 4 questions, a Likert scale of 5 as always, 4 as very often, 3 as sometimes, 2 as seldom and 1 as never were used to rate the questions. Lastly for the last 4 questions, a Likert scale of 5 as critical, 4 as important, 3 as somewhat important, 2 as slightly important and 1 as not important were used to rate the questions. Parametric scores and interpretation for this variable is similar with the score and interpretation used for the teamwork attitudes.

Part four of the instrument is the Nurse eNurse Collaboration Behavior Scale (NNCBS) developed by Chunli Liao et al (2014). The 46-item Nurse eNurse Collaboration Scale was developed using a process of item design, refinement, and testing for both reliability and validity. The overall Cronbach's a coefficient of the scale was 0.929. The item-total correlation values were overall high, ranging from 0.427 to 0.751. For the entire scale, the r values of the test and retest reliability correlations were 0.764.

The subscales are: (1) Conflict Management - 5 items, (2) Common goals—3 items , (3) Communication and Coordination—7 items, and (4) Professionalism and autonomy— 8 items. In scoring the NNCBS, respondents show their general degree of concurrence with things on a 5-point rating scale that extents from (1) "Never" to (2) "Once in a while" to (3) "At times" to (4) "More often than not" to (5) "Consistently". Parametric scores and interpretations are as follows: 1.00 – 1.80 is very poor, 1.81 – 2.60 is poor, 2.61 – 3.40 is fair, 3.41– 4.20 is good, and 4.21 – 5.00 is very good.

Data Gathering Procedures

Formal permissions were then obtained from key institutional authorities, including the Dean of the College of Allied Health Sciences, the Chief Academic Officer, and the Chief of the hospital where the study was to be conducted. Following the approval phase, the research design underwent a presentation before a panel of experts during a scheduled design hearing. The researcher incorporated all recommended revisions and suggestions to enhance the study's methodological rigor. After final revisions, the research manuscript was submitted to the Institutional Ethics Review Committee for ethical clearance. Only upon issuance of an Ethical Clearance Certificate and Notice to Proceed did the actual data collection begin. Upon receipt of the notice to proceed, the recruitment of respondents commenced. The sampling frame was based on a verified list of hospital nurses obtained from the Nursing Service Office. Using purposive sampling, respondents were selected based on their eligibility according to classifications. Face-to-face intercept recruitment was employed as the primary data collection method. Participation was solicited during periods that did not disrupt patient care or interfere with nursing duties preferably during break times, before the start of shifts, or after duty hours. The purpose of the study was clearly explained to each participant, and informed consent was obtained prior to the administration of the survey instrument. Confidentiality and voluntary participation were emphasized throughout the process. After all responses were collected, the data were encoded and organized using Microsoft Excel for initial processing. These datasets were then analyzed using appropriate statistical tools based on the research objectives and hypotheses. Descriptive and inferential statistical

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techniques were applied, and the findings were systematically arranged in tables with corresponding interpretations. The discussion of results included implications for practice, supported by current literature and related studies to ensure scholarly validity. Upon completion of data analysis, all physical copies of the accomplished questionnaires were securely destroyed through shredding to maintain participant confidentiality and adhere to data privacy protocols. Electronic data files were password-protected and will be retained for a limited period (as stated in the consent form) before being permanently deleted. To conclude the process, a research dissemination plan was formulated. This included the presentation of findings to relevant hospital administrators and submission for academic and professional presentations or publication, as applicable.

Statistical Treatment of Data

Descriptive and inferential statistical techniques were employed to analyze the data. The following statistical tools were utilized: Frequency Distribution and Simple Percentage. This was used in determining the generational age of the nurses. Means Score. This was used in determining the work values, organizational communication and collaboration of the nurses. Standard Deviation. Is a summary measure of the differences of each observation from the organizational communication, work values and collaboration of nurses. T test. This was used in assessing the significant difference in the work values, organizational communication and collaboration of the nurses. Pearson r. This was used in assessing the interrelationship among work values, organizational communication and collaboration of the generational nurses.

Ethical Considerations

The study was approved by the University of the Visayas-Institution Review Board.

Presentation, Analysis, And Interpretation Of Data

Table 1 Age Groups of the Nurses

Age groups	f	%
20 – 35 years old	26	50.98
36 years old and above	25	49.02

Note: n=51

The table shows that there was an almost equal number of respondents from both age groups. Just over half of them were belonging to the 20 to 35 year old age group while the remaining almost half were belonging to the 36 years old and above.

Table 2 Organizational Communication of the Nurses

	Young Adult (n=26)			Older adult (n=25)			Overall (n=51)		
Area of Evaluation	Mean score	SD	Interpretation	Mean score	SD	Interpretation	Mean score	SD	Interpretation
Communication Flow	3.80	0.563	Good	3.72	0.557	Good	3.76	0.556	Good
Coordination/Knowledge Sharing	3.72	0.499	Good	3.87	0.431	Good	3.79	0.468	Good
Barriers to Effective Communication	3.62	0.416	Good	3.59	0.450	Good	3.61	0.429	Agree
Effectiveness of Communication	3.60	0.738	Good	3.62	0.598	Good	3.61	0.666	Good
Reliability	3.70	0.572	Good	3.56	0.608	Good	3.63	0.588	Good

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Timeliness	3.10	0.443	Fair	3.08	0.516	Fair	3.09	0.476	Fair
Grand mean	3.59	0.394	Good	3.57	0.371	Good	3.58	0.379	Good

Note: n=51.

Legend: A score of 0 is not applicable, 1.00 – 1.80 is very poor (strongly disagree), 1.81 – 2.60 is poor (agree), 2.61 – 3.40 is fair (neither agree nor disagree), 3.41– 4.20 is good (agree), and 4.21 – 5.00 is very good (strongly disagree).

The results of the study revealed that the overall perception of organizational communication among intergenerational nurses was rated as "good," with a grand mean of 3.58. This suggests that both young adult nurses (aged 20–35) and older adult nurses (aged 36 and above) experience satisfactory communication within the hospital setting. Across dimensions communication flow, coordination and knowledge sharing, communication barriers, accuracy, reliability, and timeliness there was general agreement on the effectiveness of workplace communication. Notably, both generations felt comfortable sharing ideas with their managers and colleagues, and they strongly agreed that information was often shared informally among coworkers, promoting a culture of collaboration. Coordination and knowledge sharing were also positively rated, reflecting strong teamwork and a willingness to disseminate important information within and across departments.

Despite these strengths, the lowest-rated dimension was timeliness, with both age groups reporting only a "fair" level of satisfaction. This suggests a lag in the prompt delivery of organization-wide announcements or updates, which may impede swift decision-making, particularly in dynamic clinical environments. This finding is consistent with Jiang et al. (2022), who emphasized that while communication tools and team structures are essential, delays in message delivery can disrupt care coordination and lower engagement. Furthermore, younger nurses perceived slightly more barriers, such as needing to go through hierarchical structures and encountering informal cliques, which may reflect generational differences in communication expectations and access to leadership.

These findings align with the Communication Accommodation Theory by Giles (1973), which posits that generational cohorts may adapt communication behaviors based on perceived social distance. In practice, older nurses may be more accustomed to formal, top-down communication, while younger nurses may expect more open and responsive channels. Supporting this, Gonzalez-Mulé et al. (2020) noted that generational differences in communication preferences do not always equate to differences in communication effectiveness, especially when a shared professional culture exists. The findings also support the idea that shared subcultures such as nurses working in the same locality or hospital may help bridge generational communication gaps, as observed by Holmes et al. (2020).

Ultimately, the study highlights the importance of fostering communication systems that are responsive to the expectations of all age groups. While overall communication was effective, institutions should consider improving timeliness and reducing perceived barriers, especially for younger staff. Doing so can enhance information flow, build trust, and further support a collaborative and generationally inclusive healthcare environment.

To gain a deeper understanding of the nurses' communication experiences, it is essential to examine the individual dimensions of organizational communication. By exploring the aspects of communication flow, coordination and knowledge sharing, communication barriers, accuracy, reliability, and timeliness, the study provides a more nuanced view of how each generational group perceives and navigates workplace communication. The following sections present a detailed discussion of each dimension, highlighting specific trends, differences, and implications that can inform targeted improvements in intergenerational communication strategies.

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Communication Flow. Both age groups had a good rating on this dimension but the older group had a higher score compared to the younger group. Supporting this finding, both age groups agreed that most of the information they received on a daily basis comes from their manager. They also agree that they felt comfortable sharing ideas directly with members of top-management, most of the daily communication they received came in the form of "directives" from top-management, they felt comfortable sharing ideas with their manager, and the company frequently holds "town-hall" meetings to pass along information.

However, the younger age group agreed that in the organization, their ideas were frequently passed on to top-management and in the organization, the lines of communication are "open" all the way to top executives while the older age group neither agreed nor disagreed to such statements. Also, the younger age group strongly agreed that most of the information they received on a daily basis come from their co-workers while the older group only agreed.

Overall, the communication flow was good with both age groups agreeing to all items except on the item on most of the information they received on a daily basis came from their co-workers where they strongly agreed.

The results indicate that both age groups rated the communication flow positively, but the older group rated it higher. This suggests that the organization effectively communicates with both groups, though there may be a slight generational difference in how they perceive the flow. Older employees may feel more comfortable with the hierarchical communication system, while younger employees may value the openness of communication, as evidenced by their stronger agreement that their ideas are passed to top management. This generational difference could reflect differing expectations regarding openness and direct access to decision-makers. The organization could explore ways to facilitate better communication between age groups to bridge this gap, perhaps through more integrated channels of information dissemination. Both age groups rated coordination and knowledge sharing highly, highlighting that there is a strong culture of information sharing within teams and departments.

This suggests that the company has established effective practices for promoting collaboration and ensuring that crucial information is disseminated. The perceived reliability of communication, especially the consistency of information from managers, is supported by research from Eisenberg and Goodall (1997), who highlight the importance of consistent and reliable communication in fostering trust within organizations. Similarly, studies on organizational trust (Mayer et al., 1995) suggest that when employees feel they can trust the information they receive, their performance and satisfaction improve.

Coordination/Knowledge Sharing. This was rated as good for both age groups. Both age groups strongly agreed that their co-workers and them readily share important information that was critical to their success. Both age groups also agreed that in the organization, important information was a scarce resource, that in most situations, they received the information they needed to effectively perform their jobs, that they received most of the information they needed through informal channels, and that their department readily shares important information with other departments.

Further, both age groups agreed that other departments readily share important information with their department, that most of the group meetings they attended were informative and worthwhile, and most of the interdepartmental meetings they attend were useful for obtaining the information they needed to do their jobs. Both age groups neither agreed nor disagreed that the information that was shared by employees in other departments is often biased and reflects their own personal interests. Overall, this was rated a good with the same statements being strongly agreed, agreed, and neither agreed nor disagreed.

Coordination and knowledge sharing are essential to organizational the organization could explore ways to facilitate better communication between age groups to bridge this gap, perhaps through more integrated channels of information dissemination. Both age groups rated coordination and knowledge sharing highly, highlighting that there is a strong culture of information sharing within teams and departments. This suggests

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that the company has established effective practices for promoting collaboration and ensuring that crucial information is disseminated.

However, there could be a focus on enhancing cross-generational knowledge transfer, especially between more experienced workers and younger employees, which could be furthered by mentoring programs or collaborative platforms. The company should continue to foster informal channels of communication but also ensure that important information flows efficiently between departments to success, as highlighted by Davenport and Prusak (1998), who argue that the effective sharing of knowledge within teams and across departments leads to innovation and improved decision-making. A study by Alavi and Leidner (2001) also underscores the importance of organizational culture in fostering knowledge sharing, which resonates with the positive responses from both age groups in this study.

Barriers to Effective Communication. For both age groups this was rated as good with the younger age group having a higher score over the older age group. They both agreed that in order to share ideas/information with top-management I must go through my manager, in most departments, there tend to be one or two people that hoard important information, and in the organization, there appear to be cliques of individuals who control the flow of important information.

Further, the younger age group agreed that top executives often seem hesitant to communicate news about the organization to lower level employees and that most of the information they received on a daily basis was passed down through the "grapevine" while the older age group neither agreed nor disagreed to these statements. On the contrary the younger age group neither agreed nor disagreed that the organization appeared committed to keeping the channels of communication "open" and that the organization encourages the sharing of information between departments while the older age group agreed to these statements. However, both age groups neither agreed nor disagreed that there were too many "gatekeepers" in the organization that hinder the flow of important information.

A significant difference between the two age groups was observed regarding the barriers to communication, with the younger group reporting more obstacles, including “grapevine” communication and reluctance by top executives to communicate openly. The younger employees also identified departmental cliques and gatekeepers as significant barriers. This highlights potential areas for improvement, particularly in terms of increasing transparency and ensuring that communication flows smoothly at all levels, particularly with top management. The organization might benefit from fostering a more open and inclusive communication environment, where information is less likely to be controlled by informal networks or “gatekeepers.” The presence of barriers like “gatekeepers” and informal communication channels, as reported by the younger group, is consistent with research by Cross et al. (2001), which points out that knowledge sharing can be impeded by organizational silos, gatekeeping, and cliques. This issue also ties into the findings of Gupta and Govindarajan (2000), who note that information hoarding can significantly hinder communication flow, leading to inefficiencies.

Effectiveness of Communication. For both age groups this was rated as good with the older age group having a higher score over the younger age group. They both agreed that most of the information they received on a daily basis was detailed and accurate, most of the information they receive from their manager was detailed and accurate, and most of the information they received from their co-workers was detailed and accurate. Also, they agreed that communication from other departments was typically detailed and accurate and that most of the information passed down from top-management was detailed and accurate.

Both groups rated the effectiveness of communication positively, though the older group rated it higher. This indicates that, while the organization’s communication is generally detailed and accurate, there may still be room for improvement, particularly in addressing any perceived discrepancies in how younger employees view the accuracy and completeness of information. This suggests that training for management on how to communicate effectively with diverse age groups may enhance overall communication satisfaction and effectiveness. The high ratings for communication effectiveness align with the work of Hackman and

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Oldham (1976), who suggest that clear and effective communication is crucial for job satisfaction and performance. Furthermore, Zorn et al. (2000) found that organizational communication that is accurate and detailed fosters trust and collaboration among employees, supporting the high effectiveness ratings in both groups.

Reliability. This was rated as good for both age groups, with the younger age group having a higher rating compared to the older age group. Both age groups agreed that the directives that came from top-management were clear and consistent, it was rare for one of their co-workers to pass along unreliable information, they felt comfortable passing along information that they received from their manager to their co-workers, and the information they received from other departments was consistently reliable. However, the younger age group agreed that their co-workers and they rarely receive unreliable information from their manager while the older age group neither agree nor disagree. However, as an overall rating they neither agree nor agree.

The younger group rated reliability higher than the older group, particularly with respect to the information received from their manager. This suggests that younger employees might feel more confident about the consistency of information they receive from their supervisors, whereas older employees may perceive slight inconsistencies in communication from managers. This difference might signal the need for clearer and more consistent messaging from management to avoid misunderstandings or a perceived lack of reliability. The perceived reliability of communication, especially the consistency of information from managers, is supported by research from Eisenberg and Goodall (1997), who highlight the importance of consistent and reliable communication in fostering trust within organizations. Similarly, studies on organizational trust (Mayer et al., 1995) suggest that when employees feel they can trust the information they receive, their performance and satisfaction improve.

Timeliness. For both age groups, this was rated as fair with the younger age group has a higher score over the older age group**.** Supporting this finding, both age groups agreed that they received the information they needed to perform their job in a timely manner. Both age groups neither agreed nor disagreed that they were often delayed in their jobs because they did not have the information they needed, the organization released company news in a timely manner, they usually hear company news months after the event had happened, and it seemed they were always the last to find out what was happening in the organization.

Table 3 Work Values of the Nurses

	Young Adult (n=26)			Older adult (n=25)			Overall (n=51)		
Work Values	Mean score	SD	Interpretation	Mean score	SD	Interpretation	Mean score	SD	Interpretation
Power	3.82	0.518	Highly possess the value	4.15	0.545	Highly possess the value	3.98	0.551	Highly possess the value
Achievement	3.86	0.444	Highly possess the value	3.97	0.439	Highly possess the value	3.92	0.441	Highly possess the value
Hedonism	3.92	0.474	Highly possess the value	3.99	0.642	Highly possess the value	3.95	0.558	High possess the value
Stimulation	4.05	0.548	Highly possess the value	4.24	0.513	Very highly possess the value	4.14	0.534	Highly possess the value
Self-direction	4.21	0.534	Very highly possess the value	4.23	0.533	Very highly possess the value	4.22	0.528	Very highly possess the value
Universalism	3.85	0.536	Highly possess the value	4.17	0.562	Highly possess the value	4.01	0.568	Much like me
Benevolence	3.82	0.473	Highly possess the value	3.97	0.552	Highly possess the value	3.90	0.514	Highly possess the value

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Tradition	4.12	0.541	Highly possess the value	4.40	0.420	Very highly possess the value	4.26	0.501	Very highly possess the value
Conformity	4.06	0.452	Highly possess the value	4.40	0.518	Highly possess the value	4.23	0.510	Very highly possess the value
Security	3.86	0.591	Highly possess the value	4.05	0.559	Highly possess the value	3.95	0.578	Highly possess the value
Grand mean	3.96	0.313	Highly possess the value	4.16	0.341	Highly possess the value	4.05	0.339	Highly possess the value

Note: n=51.

Legend: A score of 1.00 – 1.74 is not at all like me (does not possess the said value), 1.75 – 2.49 is somewhat like me (slightly possess the value), 2.50 – 3.24 is like me (possess the value), 3.25 – 4.19 is much like me (highly possess the value), and 4.20 – 5.00 is very much like me (very highly possess the value).

The findings revealed that both age groups young adults and older adults highly possessed work values, as reflected in the overall grand mean of 4.05, with older adults slightly scoring higher (M = 4.16) than younger nurses (M = 3.96). These scores fall under the interpretation of “highly possess the value”, indicating that nurses across generations strongly identify with core professional and personal values in their practice. The dimensions that received the highest individual mean scores across groups included self- direction, security, benevolence, and tradition, suggesting a consistent preference for safety, personal growth, moral responsibility, and respect for workplace norms.

The implication of these findings underscores a stable and value-driven nursing workforce where ethical behavior, continuous learning, and social responsibility remain central to professional identity. Such consistency across age groups reflects a shared organizational culture, especially in government healthcare settings, where standardization and institutional ethos reinforce value internalization. This finding is consistent with the work of Koivula and Sillanpää (2020), who noted that nurses’ adherence to core work values contributes to better interprofessional relationships, resilience, and long-term retention, regardless of generational affiliation.

In practice, these results reflect the everyday realities observed in the hospital setting. For instance, nurses across age groups show strong commitment to patient safety (linked to security), mentorship (linked to benevolence), and adherence to protocol (linked to tradition and conformity). Senior nurses, for example, often emphasize maintaining legacy practices and serve as moral anchors for younger staff, while younger nurses are more dynamic in pursuing self-direction and learning opportunities. This balance supports workforce sustainability, especially in high-demand settings.

Interestingly, while both groups scored similarly across most values, older nurses showed notably higher means in tradition (M = 4.40), conformity (M = 4.40), and universalism (M = 4.17), pointing to their stronger alignment with structured systems and societal well-being. This aligns with Inglehart’s Generational Theory (2018), which posits that older professionals often gravitate toward collectivist and stability-based values. Meanwhile, younger nurses leaned more toward stimulation and autonomy, although still rating these values as "highly possessed," echoing the shift observed in millennial and Gen Z professionals who seek meaningful and engaging work environments (Valentine & Godkin, 2022).

The shared high valuation of achievement, power, and hedonism across both generations indicates that performance, influence, and work enjoyment are not necessarily generationally bound, but rather a reflection of evolving professional identities. This suggests the need for value-based organizational strategies that celebrate both the wisdom of experience and the energy of innovation.

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Ultimately, the results support a values-based leadership model that recognizes generational strengths and uses them to foster collaboration, motivation, and engagement. Hospitals and health administrators can use this insight to create tailored programs that reinforce shared values, encourage open value expression, and bridge subtle generational gaps thereby improving patient care and organizational outcomes.

To gain deeper insights into how each generation prioritizes specific work values, the following section presents a breakdown of the findings across the ten dimensions evaluated in the study: power, achievement, benevolence, universalism, conformity, tradition, self-direction, stimulation, hedonism, and security.

Power. Both age groups highly possessed this value. They believed that it is very much like them to have ambition and be career oriented. However, both age groups believed that it is much like them to have ambition and be career oriented. Also, the younger age group believed that it is like them to avoid expressing one's ideas if his/her boss or colleagues might criticize them while it was much like them for the older age group.

Both age groups highly valued ambition and career orientation. The younger age group, however, seems to experience a level of insecurity, avoiding the expression of ideas if they anticipate criticism. This suggests that while ambition is shared, there might be differences in how comfortably each group expresses their views or stands up for their ideas. The organization might consider creating a more supportive environment where employees of all ages feel safe expressing their ideas, reducing fears of criticism. Leadership development programs, particularly for younger employees, could help build confidence in idea sharing without fear of negative consequences. According to Schwartz (1994), power is often associated with ambition and career orientation, which are both values shared by younger and older generations in this study. The younger generation's hesitation to voice ideas due to fear of criticism with the findings of Tannen (1994), who suggested that younger workers may sometimes avoid conflict in hierarchical structures.

Achievement. Both age groups highly possessed this value. They believed that it is very much like them to be open to forgiving a colleague who behaved incorrectly towards him/her and to learn different aspects of his/her work and acquire new competences. They further believe that it is like them to avoid expressing one's ideas if his/her boss or colleagues might criticize them.

Both age groups strongly value forgiveness, learning, and acquiring new competencies. However, they also share a reluctance to express ideas if faced with criticism. This reflects a potential barrier to innovation or creativity within the organization, where employees may hesitate to take risks. Organizations could create spaces where employees feel comfortable presenting ideas, regardless of criticism. This may involve leadership encouraging more constructive feedback and fostering a growth mindset. The shared emphasis on achievement, learning, and career growth is supported by Herzberg's Two-Factor Theory (1959), which identifies achievement as a key motivator for employee satisfaction. Additionally, the avoidance of criticism can be related to studies on psychological safety (Edmondson, 1999), where employees are less likely to engage in idea sharing if they fear negative consequences.

Hedonism. Both age groups highly possessed this value. They believed that it is very much like them to be interested in his/her work, be curious and attempt to more deeply understand every situation and to find pleasant and entertaining occasions within the workplace. They further believe that it is like them to be the person in charge and tell others what to do.

Both age groups possess high levels of hedonism, particularly regarding curiosity about their work and enjoying their time in the workplace. However, the desire for control (e.g., wanting to be in charge) could indicate a need for autonomy. The company could work towards offering more autonomy to employees, particularly in their roles, and ensuring that their work is not only interesting but also enjoyable. This might involve empowering employees with more decision-making responsibilities and fostering a more creative, flexible working environment. The importance of enjoying work and being curious aligns with intrinsic motivation theory (Deci & Ryan, 1985), which suggests that when employees are intrinsically motivated,

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they are more likely to perform well and find joy in their work. The desire to be in charge, as reported by both age groups, corresponds with the need for autonomy in the workplace (Hackman & Oldham, 1976).

Stimulation. The older age group believed that they very highly possessed this value of stimulation while the younger age group believed that they highly possess the value. Both age groups believed that it is very much like them to work for an organization where employees' rights are protected and that it was much like them to not contradict his/her head or older colleagues. However, the older age group believed that it is much like them to propose new ideas and express one's creativity within the workplace while the younger age group believed this is be much like them.

The older age group rated the value of stimulation higher, emphasizing the desire for creative expression and proposing new ideas. Younger employees, while still valuing this, appear to be less expressive in this regard. This difference could suggest that the organization might benefit from encouraging younger employees to express creativity and innovation without fear of rejection. Providing platforms for both age groups to share their ideas could help align this value across the organization. The emphasis on stimulation and creativity, especially in the older group, is consistent with the findings of Amabile (1996), who found that employees who feel empowered to be creative tend to show higher levels of engagement and job satisfaction.

The difference in how the two groups perceive creativity reflects generational differences in workplace expectations, as noted in studies by Twenge et al. (2010). Both groups highly value self-direction and autonomy, with a preference for challenging objectives and respect for safety norms. The slight inclination towards traditional values in both groups suggests that while employees appreciate challenges and change, they also value stability and adherence to established norms. This may imply that organizations should balance offering new challenges and opportunities for innovation while maintaining stability in processes and structures.

Self-direction. Both age groups very highly possessed this value. They believed that it is very much like them to seek out challenging objectives at work and to know that on the job site, safety norms and regulations concerning the prevention of accidents are respected, However, for both age group they believed that it is much like them to work while remaining loyal to traditions and without adhering to continuous changes.

Both groups highly value self-direction and autonomy, with a preference for challenging objectives and respect for safety norms. The slight inclination towards traditional values in both groups suggests that while employees appreciate challenges and change, they also value stability and adherence to established norms. This may imply that organizations should balance offering new challenges and opportunities for innovation while maintaining stability in processes and structures. The importance placed on self- direction is supported by autonomy theories (Deci & Ryan, 1985), which suggest that employees who have more control over their work tend to be more satisfied and productive. The slight inclination toward tradition highlights the value of maintaining stability while pursuing personal growth.

Universalism. Both age groups highly possessed this value. They believed that it is much like them to organize others' work. However, the younger age group believed that it much like them to do things in a traditional manner and use the customs learned while the older age group believed this to be very much like them and as an overall rating this was rated as much like them. Further, the younger age group believed that it is much like them to select a job which consents one to enjoy him/herself and life while the older age group believed it to be very much like them and as overall rating, this was believed to be very much like them.

The high value placed on universalism, including the respect for others' work and personal values, is supported by Schwartz's (1992) theory of human values, where universalism represents a concern for others and the broader community. This value contributes to creating a more inclusive and respectful work culture.

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Benevolence. Both age groups highly possessed this value. They believed that it is very much like them to be successful at work. They also believed that it is much like them to assume a leadership position and have decision-making authority and to dedicate attention to and listen to colleagues he/she does not esteem very much.

The findings suggest that both age groups value benevolence, which aligns with their belief in being successful at work, assuming leadership roles, and engaging with colleagues even if they do not hold them in high regard. This indicates that individuals who prioritize benevolence tend to integrate values of compassion and fairness into their professional life, influencing their work behaviors and leadership styles.

Recent studies support this by showing that benevolent leadership fosters positive workplace dynamics, encouraging inclusivity and collaboration. For example, a study by Hu et al. (2023) found that benevolent leadership contributes to higher employee well- being and job satisfaction, especially when leaders demonstrate empathy and respect for diverse opinions. Similarly, research by Schyns and Schilling (2023) underscores how benevolent leaders, who actively listen and support all colleagues, even those they disagree with, are perceived as more trustworthy and effective. This suggests that a benevolent approach to leadership not only benefits interpersonal relations but also enhances overall workplace productivity and harmony.

Tradition. The younger age group highly possessed this value while the older age group possessed this very highly. Both age groups believed that it is very much like them to be attentive to colleagues' needs and emotional states and to be available when colleagues require his/her help. Also, both age groups believed that it is much like them to have stimulating work activities even if unexpected organizational changes are involved.

While both age groups value tradition, the older group places a higher emphasis on it. This suggests that older employees may feel more comfortable with established processes and values, while younger employees may be more open to change. The organization can promote a sense of continuity and stability for the older group while also encouraging younger employees to contribute to evolving traditions, thus fostering a balance between stability and innovation. The older age group's higher value of tradition can be explained by generational value theory (Inglehart, 2008), which suggests that older generations tend to place more importance on traditions, stability, and conventional ways of working, while younger generations are more open to change.

Conformity. The younger age group highly possessed this value while the older age group possessed this very highly. Both age groups believed that it is very much like them to respect customs, rather than express his/her ideas, However, the younger age group believed that it is much like them to know how to manage repetitive changes at work while the older age group believed it to be very much like them. As an overall rating, they believed that it was very much like them. Lastly, both age groups believed that it is very much like them to have a job which is fun and makes him/her feel good.

Both groups value conformity, with a strong respect for customs and managing repetitive changes. The younger group's preference for managing changes could point to their adaptability, while the older group's stronger attachment to tradition may reflect a preference for more established ways of working. The organization could consider creating processes that provide stability while allowing room for innovation, helping both groups manage change more effectively. Conformity as a value is strongly associated with socialization theories (Schein, 1990), where individuals tend to align with organizational norms and values. The younger group's ability to manage change reflects their adaptability, a characteristic often associated with younger generations in dynamic work environments (Twenge et al., 2010).

Security. Both age groups highly possessed this value. They believed that it is very much like them to respect colleagues' work and make an effort to understand their point of view even if he/she does not share it and to have a guaranteed and stable work position. However, they believed that it is like them to adapt oneself to organizational requests, even if they go against his/her principals. Overall, both age groups highly

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possessed the work values. Both groups place high importance on job security, emphasizing the need for stability in their work positions.

This suggests that any changes in the organization, particularly layoffs or restructuring, should be communicated transparently to avoid fear or insecurity among employees. Building a culture that prioritizes long-term employment stability, while also offering opportunities for growth and change, can help maintain employee satisfaction. Job security is a critical value for both groups, and is widely acknowledged in the literature as a fundamental aspect of employee satisfaction and organizational commitment (Greenhalgh & Rosenblatt, 1984). The desire for stability reflects the broader importance of psychological safety in the workplace, as emphasized by studies on employee well-being and organizational loyalty (Kahn, 1990).

Table 4 Collaboration of the Nurses

	Young Adult (n=26)			Older adult (n=25)			Overall (n=51)		
Dimensions	Mean score	SD	Interpretation	Mean score	SD	Interpretation	Mean score	SD	Interpretation
Conflict management									
Factor mean	3.92	0.638	Good	3.98	0.719	Good	4.10	1.265	Good
Common Goals									
Factor mean	4.14	0.667	Good	4.25	0.669	Good	4.20	0.664	Very Good
Communication and Coordination									
Factor mean	4.39	0.527	Very good	4.42	0.550	Very good	4.40	0.533	Very good
Professionalism and autonomy									
Factor mean	4.30	0.472	Very good	4.30	0.480	Very good	4.30	0.471	Very good
Grand mean	4.18	0.458	good	4.24	0.505	Very good	4.25	0.549	Very good

Legend: A score of 1.00 – 1.80 is very poor (never), 1.81 – 2.60 is poor)once in a while), 2.61 – 3.40 is fair (at times), 3.41– 4.20 is good (more often than not), and 4.21 – 5.00 is very good (consistently).

The overall results on nurse collaboration revealed a very good rating across all dimensions, indicating that collaboration among nurses regardless of generational differences was consistently practiced and deeply embedded in the hospital's work culture. This included conflict management, shared goal-setting, communication and coordination, and professionalism and autonomy, with mean scores generally above 4.20. These findings suggest a strong collaborative environment driven by mutual respect, shared responsibility, and effective teamwork.

The high collaboration rating aligns with recent studies emphasizing the importance of interprofessional teamwork and shared decision-making in improving healthcare outcomes (Hughes et al., 2022; Costa et al., 2021). Notably, professionalism and autonomy received consistently high ratings from both younger and older nurses, reflecting confidence in their roles and decision-making authority. In practice, this translates to nurses being more proactive in patient care planning and safety compliance, especially in time- sensitive or critical care scenarios—an observation evident during daily shift reports or emergency responses, where nurses seamlessly support each other's tasks and decisions regardless of age.

Moreover, the study supports the assertion by D'Amour et al. (2005) that collaboration thrives when professional roles are respected, and communication is open and consistent. With both age groups showing consistent ratings in conflict resolution and shared goals, it demonstrates how institutional culture and established norms help unify a multi-generational workforce. The consistency of these findings suggests that

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the hospital's protocols and training systems such as regular interdisciplinary rounds, shift huddles, and standardized communication tools have effectively promoted collaboration.

These findings affirm the value of fostering a workplace culture that promotes respect, shared values, and role clarity, which, according to Lee et al. (2020), are central to sustaining high levels of collaborative performance among healthcare teams. Observationally, the collegial atmosphere during nurse endorsements and patient rounds at the study site reflects these strengths, where both younger and older nurses interact with professionalism, attentiveness, and a unified focus on patient well-being.

To further understand the strengths and nuances of nurse collaboration across generations, the following section provides a detailed discussion of each dimension conflict management, common goals, communication and coordination, and professionalism and autonomy highlighting how these elements contribute to the overall collaborative environment observed in the hospital setting.

Conflict Management. This was rated as good for both age groups and as an overall rating it was also good. Supporting the findings, more often than not, nurses believed that in the event of a disagreement or conflict, everyone's feelings and points-of-view were considered in order to arrive at the best possible solution and in the event of a disagreement or conflict, all nurses worked together to arrive at the best possible solution to the problem. Further, more often than not they believed that all nurses reached an agreement on the best possible solution to the disagreement or conflict at hand, all nurses tried to avoid conflict, and that any conflicts or disagreements among nurses were resolved quickly and peacefully.

Both age groups rated conflict management as good, with an emphasis on resolving conflicts quickly, considering everyone's feelings, and working collaboratively to reach agreements. This suggests a positive work culture focused on teamwork and problem- solving. The organization can capitalize on this by reinforcing and promoting collaborative conflict-resolution training, especially in high-stress situations like patient care. Training programs could encourage nurses to further improve these skills and help foster an environment where conflicts are seen as opportunities for improvement rather than sources of tension. Regular workshops on conflict management could help improve communication skills, ensuring that nurses feel equipped to handle disagreements effectively. Encourage a culture of feedback where concerns are addressed before they escalate into conflicts, emphasizing collaboration. Thomas-Kilmann Conflict Mode Instrument (1974) emphasizes the importance of collaboration as an effective conflict management strategy. Studies on nursing conflict management also show that resolving conflicts collaboratively improves team dynamics and patient care (Chen et al., 2016).

Common Goals. This was rated as good for the younger age group while it was rated as very good by the older age group. As an overall rating, this was rated as good. Supporting this finding, both age groups consistently believed that all nurses reached an agreement regarding the patient's safety goals. More often than not both age groups believed that group discussion meetings were held to solve issues regarding patient care, all nurses reached an agreement regarding specific goals for the patient's pain management.

The younger age group rated common goals as good, while the older age group rated it as very good. This reflects that the older age group may have a more cohesive understanding of shared objectives, especially related to patient safety. Both groups did believe in the importance of group discussions and shared goals for patient care, which suggests that fostering common objectives is vital for nursing teams. Strengthening collaborative goal-setting practices, particularly for younger nurses, could help them develop a clearer understanding of the team's collective mission. Incorporating more team- building exercises could help unify nurses' approach to common goals like patient safety and pain management. Studies on shared decision-making in healthcare show that shared goals improve patient care outcomes (Lindh et al., 2014). Additionally, having clear common goals is a critical element of effective teamwork in nursing (Baker et al., 2006).

Communication and Coordination. For both age groups this was rated as very good. They consistently believed that all nurses spoke directly and objectively to each other regarding the patient's care, the action

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among nurses is carried out regularly in emergency situation, and that in the event that a patient distrusts or expresses doubts regarding specific nursing practices, nurses attempted to respond to the patient in a respectable and consistent manner to quickly resolve the situation. Consistently, they also believed that the nursesshared information with patients about the nursing protocol that was either on going or already done, the nurses shared information regarding any changes in current treatment plans for the patient, the nurses shared information with each other regarding a patient's reaction to descriptions of his/her disease status and treatment methods, and that when a nurse took charge of a patient suffering from much more serious disease or took more workload, the other nurses helped her. Both age groups rated communication and coordination very highly, indicating strong teamwork and a high level of information sharing about patient care. Effective communication in nursing is essential for providing high-quality care and ensuring patient safety, particularly in emergency situations. This finding suggests that both age groups are highly attuned to their colleagues' and patients' needs, which is critical for maintaining high standards of patient care. Maintaining open lines of communication through regular briefings and team huddles, especially during shift changes, can ensure that critical patient information is passed on seamlessly. Further emphasis can be placed on communication strategies in emergency situations, ensuring that new nurses are trained to communicate effectively under pressure. Effective communication is a cornerstone of quality healthcare, and research shows that better communication between healthcare professionals correlates with fewer medical errors (Manser, 2009). Patient safety outcomes are significantly improved when nurses have a high level of communication and coordination (O'Daniel & Rosenstein, 2008).

Professionalism and Autonomy. For both groups this was rated as very good. Supporting the findings, both age groups consistently believed that their ideas regarding the goals and direction of patient care are respected and considered. However, the younger age group consistently believed that nurses avoid the use of procedures that violate aseptic principles whereas among older age groups they do not consistently believe so but only more often than not. As an overall rating this was consistently believed by both groups. More often than not, both age groups believed they had inputs regarding their desired shift. However, the older age group consistently believed that they made decisions about how to do with their work while the younger age group believed it to be more often than not. As an overall rating both age groups rated it as more often than not. Also, both age groups believed that more often than not they had influence on what happened during their patient's care. Consistently, both age groups believed that the nurses adequately understand the treatments and drugs they were providing or each patient, they stay closely attuned to the progress of their patient's condition and are always prepared to adapt to unforeseen changers, and that nurses avoid the use of procedures that compromise patient safety.

Table 5 Differences in Communication of the Nurses according to Age Classification

Variables	Mean scores	t value	df	p value	Decision	Interpretation
Young adult	3.59	.149	49	.882	Failed to reject Ho	Not significant
Older adult	3.57					

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

The table shows that, the overall communication, both age groups did not differ. There was no significant difference as evidenced by the p values which were greater than the significant value of .05. This values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. No age group was better over the other in terms of communication flow, coordination/knowledge sharing, communication barriers, accuracy, reliability, timeliness, and overall communication. The commonality among the two age brackets are due to the fact that closeness of age range are affected also by the subculture and upbringing of the nurses, wherein these set of nurses were residents of one municipality and has shared beliefs and values as individual and as a nurse. The findings suggest that age does not significantly influence communication effectiveness, which challenges assumptions that generational differences impact communication styles and efficiency in professional settings. This is consistent with recent studies indicating

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that, while individuals may experience differences in communication preferences, these differences do not necessarily translate into disparities in communication quality or outcomes (Gonzalez-Mulé et al., 2020). Furthermore, the lack of significant age- related differences aligns with research suggesting that team dynamics, communication tools, and organizational culture have a more substantial impact on communication effectiveness than age alone (Jiang et al., 2022). Organizations can focus on fostering effective communication strategies and tools that benefit all employees, regardless of age.

Table 6 Differences in Work Values of the Nurses according to Age Classification

Variables	Mean scores	t value	df	p value	Decision	Interpretation
Power						
Young adult	3.82	-2.194	49	.033	Reject Ho	Significant
Older adult	4.15					
Achievement						
Young adult	3.86	-.931	49	.356	Failed to reject Ho	Not significant
Older adult	3.97					
Benevolence						
Young adult	3.92	-1.061	49	.249	Failed to reject Ho	Not significant
Older adult	3.97					
Universalism						
Young adult	3.85	-2.135	49	.038	Reject Ho	Significant
Older adult	4.17					
Conformity						
Young adult	4.06	-2.469	49	.017	Reject Ho	Significant
Older adult	4.40					
Tradition						
Young adult	4.12	-2.085	49	.042	Reject Ho	Significant
Older adult	4.40					
Self-direction						
Young adult	4.21	-.148	49	.887	Failed to reject Ho	Not significant
Older adult	4.23					
Stimulation						
Young adult	4.05	-1.273	49	.209	Failed to reject Ho	Not significant
Older adult	4.24					
Hedonism						
Young adult	3.92	-.402	49	.689	Failed to reject Ho	Not significant
Older adult	3.99					
Security						
Young adult	3.86	-1.208	49	..233	Failed to reject Ho	Not significant
Older adult	4.25					
Overall work values						
Young adult	3.96	-2.190	49	.033	Reject Ho	Significant
Older adult	4.16					

Legend: Significant if p value is ≤ .05.

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The table shows that p values for the independent variables of power, universalism, conformity, tradition, and overall work values were lesser than the significant value of .05. These values were interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, there were significant differences in power, universalism, conformity, tradition, and overall work values according to age groups. Basing on the mean scores of both groups, the older age groups had better power, universalism, conformity, tradition, and overall work values over the younger age group. However, the p values for the independent variables of achievement, benevolence, self-direction, stimulation, hedonism, and security were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. Thus, there were no significant differences in achievement, benevolence, self-direction, stimulation, hedonism, and security. No age group is better over the other in terms of achievement, benevolence, self-direction, stimulation, hedonism, and security.

The study revealed a statistically significant difference in the overall work values of nurses according to age classification, with older nurses exhibiting higher scores. This suggests that older generations of nurses tend to value organizational stability, structure, and adherence to long-standing norms more than their younger counterparts. Such generational distinctions align with the assertion of Inglehart and Welzel (2021), who explained that value systems become more preservation-oriented with age due to greater exposure to institutionalized environments. These results imply that as nurses mature professionally, they increasingly internalize values that promote continuity, hierarchical respect, and long-term commitment to organizational goals. This can be seen in practice in many hospital settings, where senior nurses often act as informal role models and uphold policies with a strong sense of duty and consistency. In specific areas where significant differences were found, the higher mean scores among older nurses indicate a stronger inclination toward values associated with deference to institutional norms and collective cohesion. These values are often reflected in clinical environments where senior staff ensure that care protocols are followed strictly and that the workplace maintains a sense of order and professionalism. This observation is supported by Al Yahyaei and Al Mahrouqi (2020), who found that older healthcare professionals in structured hospital systems tend to emphasize duty, obedience, and cohesion more than their younger colleagues. From an experiential standpoint, this was observed during staff huddles and shift endorsements, where senior nurses often led by example in reinforcing adherence to rules, ensuring teamwork, and discouraging non- conformity that could disrupt workflow.

The implications of these findings are multifaceted. First, nursing leadership should be mindful of these generational value differences when designing professional development programs. Initiatives aimed at promoting shared values must be inclusive—celebrating the institutional loyalty of older staff while empowering younger nurses to contribute innovative ideas. This balance is essential to foster a cohesive and productive intergenerational workforce. Second, mentorship programs that pair senior and junior nurses can facilitate value transmission and bridge understanding gaps, enhancing teamwork. As noted by Hofmeyer et al. (2022), value alignment between generations significantly improves collaboration, job satisfaction, and retention in clinical teams. Lastly, policy-makers in healthcare settings may consider incorporating value-awareness workshops into continuing professional education to ensure alignment between personal values and institutional expectations across generations.

Table 7 Differences in Collaboration of the Nurses according to Age Classification

Variables	Mean scores	t value	df	p value	Decision	Interpretation
Young adult	4.18	-.410	49	.683	Failed to reject Ho	Not significant
Older adult	4.23					

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

The table shows that, the overall collaboration, both age groups did not differ. There was no significant difference as evidenced by the p values which were greater than the significant value of .05. These values

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were interpreted as not significant which led to the decision of failing to reject the null hypothesis. No age group was better over the other in terms of conflict management, common goals, communication and coordination, professionalism and autonomy, and overall collaboration. This suggests that age may not be a significant factor in shaping collaborative practices in healthcare settings. It is important for organizations to focus on fostering collaboration through training and policies that emphasize teamwork, communication, and professional development, rather than relying on age-based expectations. Given the rise in diverse, multi-generational teams in healthcare, interventions that promote intergenerational cooperation could enhance collaboration without needing to account for age differences. Recent studies have also found that age does not necessarily predict team collaboration in healthcare. For instance, a study by Holmes et al. (2020) showed that factors such as communication skills and team dynamics were more influential than age in determining effective collaboration. Similarly, Smith et al. (2022) highlighted that promoting a culture of inclusivity and professionalism across all age groups can significantly improve overall team performance in healthcare environments. These findings align with the current study, emphasizing that effective collaboration is achievable regardless of age. The common ground ha a positive outcome in terms of communication, resulting to mutual yet maintaining professional relationship among nurses. The fact that they speak common connotations lead to an open communication to the nurses of the entire service organization of our hospital.

Table 8 Relationship between Work Values and Communication

Variables	r value	p value	Decision	Interpretation
power	.194	.172	Failed to reject Ho	Not significant
achievement	.272	.054	Failed to reject Ho	Not significant
benevolence	-.008	.955	Failed to reject Ho	Not significant
universalism	.323	.021	Reject Ho	Significant
conformity	.429	.002	Reject Ho	Significant
tradition	.336	.016	Reject Ho	Significant
self-direction	.102	.477	Failed to reject Ho	Not significant
stimulation	.125	.382	Failed to reject Ho	Not significant
hedonism	.241	.088	Failed to reject Ho	Not significant
security	-.003	.982	Failed to reject Ho	Not significant
overall work values	.309	.027	Reject Ho	Significant

Legend: Significant if p value is $\leq$ .05. Dependent variable: Communication. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

The findings of the study revealed a statistically significant relationship between overall work values and several dimensions of organizational communication, specifically communication flow, coordination and knowledge sharing, accuracy, and overall communication. This indicates that nurses who strongly adhere to their work values tend to experience better communication in their workplace, particularly in how information flows across the hierarchy, how knowledge is shared among departments and teams, and how accurate and clear the transmitted information is.

The moderate positive correlation between work values and coordination/knowledge sharing and accuracy implies that value-oriented nurses are more likely to foster an environment that encourages transparency, reliability, and mutual learning. This is especially evident in clinical practice where nurses with a strong sense of professionalism and integrity are often observed to facilitate collaborative rounds, ensure accurate handovers, and promote interdepartmental communication—practices critical for patient safety and continuity of care. These findings align with recent studies by Gómez- ubio et al. (2021) and Sun et al.

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(2022), which emphasized that healthcare professionals' values significantly shape their communication behaviors and influence teamwork efficiency.

On the other hand, no significant relationships were found between work values and dimensions such as communication barriers, reliability, and timeliness. These results suggest that while personal values may shape proactive communication and openness, systemic or structural elements—such as organizational hierarchy, rigid protocols, or communication tools—might have a greater influence on perceived barriers or delays. This interpretation is consistent with the work of Roussel and Thomas (2020), who highlighted that institutional communication challenges are more often a function of organizational design than of individual dispositions.

From a practical standpoint, the findings underscore the need for value-based interventions in nursing leadership. Hospital administrators may consider integrating work value assessments into training and development programs to align communication practices with the core values of the nursing staff. Moreover, promoting a values-driven culture could lead to more responsive and transparent communication systems, fostering greater trust and cooperation across generational cohorts. As observed in many healthcare teams, senior nurses who model values such as honesty and respect often become informal communicators and mentors, facilitating the transmission of both technical knowledge and professional norms to younger colleagues.

In conclusion, enhancing organizational communication requires more than just improving technical systems—it necessitates fostering strong personal and professional values among nurses. Doing so not only improves how information flows within the hospital but also strengthens the collaborative culture necessary for high-quality patient care.

Table 9 Relationship between Work Values and Collaboration

Variables	r value	p value	Decision	Interpretation
power	.423	.002	Reject Ho	Significant
achievement	.221	.120	Failed to reject Ho	Not significant
hedonism	.500	.000	Reject Ho	Significant
stimulation	.313	.025	Reject Ho	Significant
self-direction	.363	.009	Reject Ho	Significant
universalism	-.084	.556	Failed to reject Ho	Not significant
benevolence	.358	.010	Reject Ho	Significant
tradition	.633	.000	Reject Ho	Significant
conformity	.367	.008	Reject Ho	Significant
security	.640	.000	Reject Ho	Significant
overall work values	.423	.002	Reject Ho	Significant

Legend: Significant if p value is ≤ .05. Dependent variable: Collaboration. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

The overall findings of the study revealed a significant positive relationship between nurses' work values and their collaboration practices, affirming that the stronger the alignment of individual work values with collective team principles, the better the collaboration outcomes. This supports the premise that values such as self-direction, tradition, conformity, and security are foundational in shaping cooperative behavior in healthcare teams. These findings echo the assertions of Kim and Kim (2021), who emphasized that value congruence within teams enhances synergy, job performance, and collaborative efficacy in nursing practice.

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Additionally, the study of Aquino and Peña (2022) concluded that shared values among healthcare workers led to better communication, reduced conflict, and improved patient outcomes.

Specifically, the dimension of conflict management showed significant associations with self-direction, universalism, tradition, and conformity. This indicates that nurses who value autonomy, inclusivity, respect for traditions, and adherence to norms are more adept at resolving conflicts. This aligns with observations in hospital units where older nurses, often guided by these values, mediate disputes effectively and mentor younger staff in managing disagreements. These findings are consistent with Wang et al. (2020), who found that higher self-direction and tradition orientation in nurses correlated with constructive conflict resolution behaviors.

In terms of common goals, stimulation, self-direction, universalism, and conformity were positively associated. These suggest that nurses who seek stimulating work and autonomy also align more with shared team objectives. From experience, younger nurses often show creativity and initiative in unit planning, which enhances goal alignment when guided by structured mentorship from seasoned staff. As reported by Fernández et al. (2019), collaborative goal setting is reinforced by intrinsic motivation and respect for common practices, particularly in intergenerational teams.

For communication barriers, significant relationships emerged with hedonism, stimulation, conformity, and security. While it may seem counterintuitive, nurses who value enjoyment (hedonism) and security may avoid confrontational communication, instead finding adaptable ways to navigate institutional constraints. This reflects observed behaviors in practice where nurses prioritize harmonious working relationships over assertiveness, especially in hierarchical settings. This is supported by Santos and Ramirez (2021), who noted that communication styles in healthcare often adjust based on the perceived risk to professional stability and personal comfort.

Communication and coordination, another critical dimension, had a significant correlation only with universalism. Nurses who uphold values of inclusivity and empathy demonstrate better information-sharing behaviors. In actual clinical practice, this is seen when empathetic nurses proactively update peers about patient care changes, improving continuity. This reflects the work of Morales et al. (2020), who highlighted that nurses with a universalistic orientation tend to bridge interprofessional gaps through effective coordination.

In the area of professionalism and autonomy, hedonism, stimulation, self- direction, universalism, and conformity all had significant correlations. These findings affirm that a mix of enjoyment in one's role, creativity, independence, respect for norms, and inclusivity cultivates high standards of practice. Nurse leaders who encourage autonomy and value-based leadership often witness higher accountability and job satisfaction. A study by Liu and Chien (2023) emphasized that fostering professional autonomy through value-oriented engagement leads to enhanced clinical judgment and job fulfillment.

Finally, the overall collaboration score was significantly related to a broad range of work values including power, hedonism, stimulation, self-direction, benevolence, tradition, conformity, and security. This multidimensional influence shows that effective collaboration in healthcare is not shaped by a singular value but by a holistic integration of leadership, interpersonal care, personal growth, structure, and safety. These findings mirror real hospital dynamics, where the most collaborative teams blend diverse strengths assertiveness from those valuing power, compassion from benevolent staff, and reliability from those prioritizing security. The study by Gao and Zhang (2021) reinforced this by concluding that diversified value systems, when aligned within an inclusive work culture, enhance interprofessional teamwork and resilience.

In summary, the significant relationships between work values and collaboration reflect the essential role of value alignment in fostering cohesive, high- functioning nursing teams. These findings highlight the need for value-based training, mentorship programs, and culturally sensitive leadership to sustain collaborative excellence in healthcare settings.

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Table 10 Relationship between Communication and Collaboration

Variables	r value	p value	Decision	Interpretation
Communication vs. Collaboration	.299	.033	Reject Ho	Significant

Legend: Significant if p value is ≤ .05. Dependent variable: Collaboration. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

The findings of the study demonstrate a meaningful link between communication and collaboration among nurses across generations. Specifically, coordination and knowledge sharing, effective communication, accuracy, and overall communication were significantly associated with enhanced collaboration. These dimensions are critical in the hospital setting where multidisciplinary teamwork, shift transitions, and coordinated patient care rely heavily on information exchange. Effective communication was also a strong predictor of collaboration. Nurses who perceived communication as constructive, timely, and well-received were more likely to engage in collaborative practices. Wu et al. (2022) found that the quality of communication directly influences trust and psychological safety, which are essential for collaboration, especially in high-stress environments such as hospitals. Observationally, wards with structured communication protocols (e.g., SBAR) report smoother handovers and fewer misunderstandings. These results imply that to strengthen collaboration, hospital administrators should invest in improving communication mechanisms, especially those that emphasize clarity, shared knowledge, and responsiveness. Training on intergenerational communication, use of standard communication tools, and leadership practices that promote openness can bridge generational gaps and elevate collaborative practice across all nursing levels.

CONCLUSION AND RECOMMENDATIONS

Conclusion

In conclusion, generational age differences among nurses did not significantly impact communication and collaboration within the hospital. Both younger and older nurses exhibited strong competencies in communication flow, coordination, and teamwork, reinforced by shared professional values and a cohesive organizational culture. While older nurses rated higher in certain traditional values, core work values like achievement, self- direction, and benevolence were consistently upheld across age groups, indicating a unified and ethically grounded workforce. Collaboration was rated very positively across generations, with generational diversity enhancing rather than hindering teamwork— blending the adaptability and innovation of younger nurses with the mentorship and decision-making of their older counterparts.

The findings affirm key theoretical frameworks. The Theory of Work Adjustment (Dawis, England, & Lofquist, 1964) supports the alignment of individual and organizational values as a basis for job satisfaction and performance, which was evident in the nurses' value congruence. Communication Accommodation Theory (Giles, 1973) is reflected in the adaptive communication styles observed across generations, fostering mutual understanding. Additionally, the study aligns with the Interprofessional Collaboration Theory (D'Amour, 2005), highlighting shared goals, mutual respect, and autonomy as foundations of effective collaboration. Together, these insights underscore the importance of cultivating a values-driven, inclusive, and communicative environment to sustain intergenerational collaboration and quality patient care.

Recommendations

Based on the findings the following are recommended

Practice To support research utilization, a special intergenerational collaboration meeting should be organized within the hospital. During this session, findings related to communication, work values, and

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collaboration among nurses should be presented to the nursing staff. The objective is to foster a deeper understanding of generational strengths and areas of improvement. This initiative may also include introducing a generation-based collaboration enhancement plan, encouraging nurse leaders to adopt strategies that are responsive to both younger and older nurses. Other healthcare institutions may also adapt the plan, as deemed relevant to their workforce.

Policy The findings suggest the need for institutional policies that promote intergenerational equity and engagement. It is recommended that the nursing management develop policies that support inclusive decision-making, open communication channels, and mentorship programs between senior and junior nurses. Policies should also encourage regular interdisciplinary huddles and structured communication practices to minimize generational barriers. This aligns with the hospital's commitment to professional harmony and quality patient care.

Education The study underscores the importance of incorporating generational dynamics in the professional development of nurses. Educational programs should include modules on communication styles across age groups, generational work values, and strategies for effective collaboration. These insights may be embedded in orientation programs, in-service training, and leadership courses. The findings also serve as relevant reference material for faculty in nursing and healthcare administration when discussing topics such as interpersonal skills, organizational behavior, and team dynamics.

Research To comply with the principles of dissemination, this study should be submitted for publication in a peer-reviewed local or international nursing or healthcare journal. Additionally, it may be presented in research fora or professional congresses to contribute to the ongoing dialogue on workforce dynamics. Future research can expand on these findings by exploring the following recommended titles:

a. Generational Differences in Leadership Preferences and Collaborative Behavior Among Nurses;
b. A Comparative Study on Digital Communication Preferences Among Multi- generational Healthcare Workers; and
c. Predictors of Effective Intergenerational Team Performance in

Nurse's Collaboration Plan

Rationale

The presence of both younger (20–35 years old) and older (36 years old and above) nurses in the hospital workforce creates a diverse yet potentially cohesive environment. The findings of the study revealed no significant differences in communication and collaboration between age groups, indicating a strong foundation of mutual respect and professionalism. However, generational differences in specific work values such as conformity, tradition, and stimulation highlight the need for tailored strategies to align these values in a collaborative framework. Moreover, younger nurses exhibited slightly lower perceptions of access to leadership and autonomy in decision-making, while older nurses emphasized structure and adherence to norms. To harness the strengths of each generation and minimize gaps, this plan aims to promote inclusive communication, intergenerational mentorship, shared decision- making, and value integration. Enhancing collaboration through age-sensitive strategies will improve workplace synergy, team effectiveness, and ultimately, patient care outcomes.

General Objective

To develop and implement a generation-based collaboration plan that enhances communication, teamwork, and professional integration among nurses across age groups in the hospital setting.

Specific Objectives

a. To align generational work values by facilitating discussions that foster mutual understanding, respect, and integration of differing perspectives.

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b. To enhance communication effectiveness between generational groups through structured, inclusive, and age-sensitive communication training.
c. To promote equitable professional autonomy by establishing reverse mentorship models that empower both junior and senior
d. To improve the timeliness and consistency of information flow by integrating communication tools preferred across age
e. To strengthen collaborative nursing practices through team-based rounds and shared decision-making involving both younger and older nurses.

Area of Concern	Specific Objectives	Activities	Persons Responsible	Resources	Time Frame	Success Indicators
Need to Increase Value Alignment Across age groups	Foster mutual understanding and integration of differing generational work values.	Conduct generational values mapping workshop and guided dialogue sessions.	HR, Nursing Director, Unit Heads	Workshop kits, generational profiles	First Quarter of the year	Increased shared value scores in post-activity survey
Need to Sustain Effective Communication Practices	Reinforce current good communication practices while improving inter-age group flow.	Implement quarterly intergenerational communication refresher training.	Nurse Educators, Nurse Supervisors	Training materials, evaluation tools	Q1–Q4	Sustained "Good" rating in communication audits
Need to Enhance Professional Autonomy for Younger Nurses	Empower younger nurses in decision- making while reinforcing senior mentorship.	Launch "Mentor-Up" Program: junior-senior nurse mentorship pairs.	Unit Managers, Senior Nurses	Mentorship framework, time logs	Q2–Q3	Improved self-reported autonomy among junior nurses
Need to Improve Timeliness of Organizational Communication	Address delays in announcements and streamline info sharing across all age groups.	Develop standardized digital bulletin boards and shift-report templates.	IT Team, Nurse-in-Charge	Bulletin board platform, report templates	Q2 of the year	Reduced delay complaints in quarterly staff feedback
Need to Sustain High Collaboration Ratings	Maintain strong collaboration culture across all age cohorts in clinical settings.	Continue monthly interdisciplinary huddles and nursing case reviews.	All Nursing Staff, Department Chairs	Huddle calendar, case forms	Monthly	Consistent "Very Good" collaboration ratings
Need to Increase Inclusivity in Common Goal Setting	Encourage diverse generational participation in care planning and evaluation processes.	Rotate leadership roles during patient goal- setting meetings.	Team Leaders, Nurse Coordinators	Rotation schedule, meeting guides	Q2–Q4	Balanced age representation in planning sessions
Need to Address Communication Barriers Among Younger Nurses	Identify and reduce perceived information gatekeeping and cliques.	Conduct safe space dialogues and establish direct feedback channels.	HR, Nurse Managers	Feedback boxes, facilitator guide	Q2 of the year	Decrease in reported barriers in communication assessments

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