

What the Emerging Workforce Wants in Its Leaders

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Purpose: To describe desired traits as perceived by emerging and entrenched workforce members.

Design and Methods: A national sample of nursing students (n=108) and a sample of Midwestern American hospital managers (n=126) were categorized by age and asked to rank the traits desired in their leaders. Participants ranked the most desired and least desired traits of leaders. Rankings were compared between groups as well as with desired traits from leadership studies in the 1990s.

Findings: A high degree of congruency was found between emerging and entrenched health care workforce respondents. However, these findings showed little congruence with previous studies.

Conclusions: Congruence of expectations facilitates mentoring relationships, so finding no difference between the older and younger groups bodes well for the mentoring of young nurse leaders. The key implication is the challenge to recruit and retain such leaders in the nursing profession in a systematic, logical, and generation-friendly way.

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Because of the current nursing shortage, global attention is being focused on the emerging workforce. In the United States (US), the next generation of workers is the smallest entry-level pool in modern times (Bradford & Raines, 1992). The US now has 44 million “baby boomers” (persons born between 1946 and 1962) and 17 million “twenty-somethings” (born between 1963 and 1977). The global nursing community is also faced with critical workforce problems of redistribution and reinforcement of the dwindling professional nurse population. This study was focused on a generational situation in the US; however, writers have described the same type of phenomenon in young populations from other countries (Greenfeld, 1995; Padgett, 1997; Powell, 2000). How nursing competes for the best and the brightest of this reduced labor pool will influence practice and leadership for the next 40 years. The purpose of this study was to examine what the emerging workforce wants in its leaders and to determine whether those desired leadership traits are congruent with the expectations of the baby-boomer generation who will be their leadership models.

Background and Significance

The next generation of nurses, in their 20s and 30s, are members of a group called Generation X by Coupland (1992). This unflattering depiction of a generation whose major goal is financial excess and fun may be responsible for lowered

expectations of not only the educators and employers of the emerging workforce (EW), but also of the workers themselves. Tulgan (2000) identified this generation as a new breed of employees with their own agenda. Unlike their baby-boomer parents, these young adults were the original “latch-key kids” and have grown up mastering information technology and creative thinking. They are the future in nursing, if they can be recruited, employed, and retained in professional nursing.

The twenty-something generation wants to be led, not managed (Bradford & Raines, 1992). Therefore, knowing the qualities they value in leaders is important. Developing appropriate leadership strategies may contribute to successful nursing experiences in educational, organizational, and employment settings.

Empowerment is a key to effective leadership. Job satisfaction has been shown to increase when nurses are empowered (Morrison, Jones, & Fuller, 1997). Empowering new nurses with the self-confidence they need to be leaders

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is critical to future leadership. One of the most important conditions for developing nursing leaders is reinforcement of self-confidence by encouraging, coaching, and supporting new leaders as they learn their roles (Allen, 1998). Although management can be taught through textbooks and classes, leadership must be learned by real-life experiences (Kerfoot, 1998) through successes and failures. Mentoring the emerging workforce as they begin to experiment with leadership roles is an excellent way to promote leadership behaviors.

A generational conflict framework provided the basis for this study. Strauss and Howe (1991) described the cyclical nature of events over generations. They proposed that four generations exist at any time and they described the relationships among these groups. They made the assumption that intergenerational conflict is predictable. Generational conflict was documented from the time of Aristotle and Plato and down through the centuries. Early historical conflict in the US, such as the Salem witch trials (LeBeau, 1997), has been studied in a context of generational conflict. Strauss and Howe's (1991) groundbreaking work on generations showed that, although America offers the world's best example of cyclical history, other modern societies have had rhythmic cycles. Further, since World War II, these cycles have occurred with increasing frequency. Generational archetypes similar to those in the US can be found in roughly the same age brackets in Canada and Australia, throughout Western Europe, Russia, Israel, and China (Strauss & Howe, 1991). Whether the current generational differences are merely a predictable rhythmic cycle that will have little influence on emergence of new leaders is unclear.

A second assumption is that leadership can be modeled and taught. Cohen (1998) asserted that leaders are made, not born. His eight universal laws of leadership are the basis for developing leaders both inside and outside the military. A third assumption in the generational conflict framework is that some level of congruence is a desirable state between leaders of different generations. The level of congruence between leaders and learners would appear to have implications for the amount of time and effort needed in the educational process toward effective leadership in the emerging workforce.

Emerging Workforce

Many authors have described the twenty-something generation, a term coined by Bradford & Raines (1992) in their research to describe a generation about to enter the workforce. Coupland (1992) and Tulgan (1995, 2000) reported the results of thousands of interviews with young people regarding their expectations about their lives and careers. They described the emerging workforce as being comprised of complex people who are different from their baby-boomer parents. Although these descriptions indicate trends in this generation, great variations exist among the generations, and these descriptions do not fit every person in the 18-35 year-old age group.

Members of the emerging workforce grew up during a time of incredible change (Bradford & Raines, 1992). Many came

home daily to empty homes while both parents worked. Cable television became the babysitter, and these children experienced adult programming and advertising in their homes from an early age. Divorce rates doubled, creating twice the risk of parental divorce than existed in the 1960s (Kupperschmidt, 1998). Many of these children lived in single-parent homes and assumed many adult responsibilities for housework and care of siblings. Frequent moves as parents pursued career opportunities left many children without ties to any one community or group.

Tulgan's "Managing Generation X" (1995) was one of the early efforts to understand the needs of this generation at work. He interviewed over 80 members of the emerging workforce to learn more about their work experiences. He found that they wanted effective and intelligent leaders who invest time in them and provide mentoring and skills training. They wanted frequent feedback from their leaders, and they wanted to be trusted and respected for the work they performed. Tulgan asserted that many negative criticisms of this generation could be attributed to poor management and leadership experiences.

As employees, the emerging workforce wants "flexibility, training, mentoring, and money" (Reese, 1999). They are not joiners and do not become involved in professional organizations as members or leaders. Booth (1999) credited their time as children, alone and in front of a television or computer screen, as the source of their lack of people skills or team-player attitudes. She praised them for their extensive technological skills but noted their cynical attitude toward career success. Woodward (2000) related their work ethic to their baby-boomer parents' mentality for hard work. These young adults watched their parents put in extra hours on business projects at home, work weekends to get ahead, and lose jobs as companies downsized. This lack of company loyalty to employees, along with their transient lifestyle, has made job longevity something that the younger generation does not value. Balance in work life and home life is important to emerging workforce employees (Tulgan, 2000). They will work hard, get the job done, and then they want to go home. They want to have fun and balance in their lives, not the work-ethic life of their parents. Emerging workforce employees appear to have little patience with process. They tend to shun meetings and agendas, preferring instead goals, deadlines, and action.

The emerging workforce is focused on having time to invest in personal pastimes, goal-oriented activities, diverse time-limited challenges, entrepreneurial opportunities, and getting rich (Bradford & Raines, 1992). These objectives will be difficult to meet in the current health care environment. How to make a nursing career attractive to the emerging workforce is a critical issue. A logical beginning is to examine the way nursing education is delivered, the way nursing is practiced, and the way nursing leaders are mentored and developed.

Nursing Shortage and Leadership Development

Evidence indicates a current and emerging shortage of nurses in the US (U.S. General Accounting Office, 2001).

Turnover rates among hospital staff nurses have risen from 12% in 1996 to 15% in 1999 (Nursing Executive Center, 2000). The population of people over age 65 will double between 2000 and 2030 while the number of women ages 25 to 54 in the workforce will remain relatively unchanged. This cadre of young women is the traditional pool for recruitment into nursing (U.S. General Accounting Office, 2001). Current trends indicate that the nursing workforce will continue to age without a great influx of younger nurses who are eager to assume leadership positions. As the workforce decreases and the complexity of patient care increases, the focus may be more on developing skills than on assuming leadership roles.

In identifying the developmental needs of new nurse graduates, hospital leaders have traditionally focused on acquisition of skills and proficiency. This type of learning by doing helps new nurses hone their skills and target deficiencies for continuing education. However, implementing a leadership trajectory for new nurses as a systematic way to ensure continuing leadership is equally important.

Previous concerns about the nursing workforce led to descriptions of what nurses want in their leaders. The "magnet" hospital studies conducted between 1983 and 1991 (Scott, Sochalski, & Aiken, 1999) indicated these desired attributes of leaders: (a) is visionary and enthusiastic, (b) is supportive and knowledgeable, (c) maintains high standards and high staff expectations, (d) values education and professional development of all nurses within the organization, (e) upholds position of power and status within the organization, (f) is highly visible to staff nurses, (g) is responsive and maintains open lines of communication, and (h) is actively involved in state and national organizations.

Almost a decade after the initial magnet hospital studies, a 1998 study of leadership for the 21st century listed the following important leadership qualities identified by young people (Hart, 1998): (a) is able to see situations from another's point of view (94%), (b) gets along well with others (90%), (c) has high personal integrity (85%), (d) empowers and encourages others to act (79%), (e) brings people of different backgrounds together (77%), (f) sets high standards and holds people to them (75%), (g) sets directions and persuades others to follow them (61%), and (h) is popular and charismatic (27%). Nurses have a history of delineating target behaviors and characteristics desired in leaders. Continuing interest in leadership development in nursing indicates that nurses are concerned about how to attract and retain the nurse leaders of tomorrow.

A variety of methods for engaging the emerging workforce in health careers will be needed over the next decade in order to make health careers as attractive as are other career options. Young people will need support and nurturing to become tomorrow's nursing leaders. Who mentors them does make a difference. If they are mentored into a leadership style they do not admire or condone, they may seek other opportunities to lead outside nursing, such as in entrepreneurial opportunities or community-based organizational models. This study was designed to determine the traits or

characteristics emerging workforce nurses most value in their leaders.

Methods

Data were collected via a survey of young nurses and nursing students to identify the characteristics they wanted in leaders. The emerging workforce was defined as all persons, male or female, from the ages of 18 to 35. The survey was designed in three stages.

Stage 1 included 35 participants. These participants comprised a convenience sample of nurses and nursing students who met the age criteria. They were asked to list what characteristics of a leader were most important to them. After removal of redundant responses, a list of 50 characteristics was generated as the basis for further study with additional panels.

In stage 2 the original list was taken to a national group of nursing administrators ($n=42$) who meet annually for the purpose of serving as a "think tank" on nursing issues. These nurse leaders were asked to evaluate the list using a 10-point Likert scale (1="not at all important in a leader" and 10="extremely important in a leader"). The nursing leaders were also asked to add characteristics that they thought were missing from the original list. The revised list consisted of words that scored above a minimum acceptable level of 3 and included the nonredundant new words. This list of leadership characteristics formed the basis of the survey given to emerging workforce members for input. For aesthetic appeal and to facilitate description, the resulting leadership characteristics ($n=56$) were arbitrarily divided into four subcategories by the researchers: attitudes, intrinsic qualities, acquired skills, and personal.

Stage 3 was dissemination of the survey to members of the emerging and entrenched workforces. Two groups were selected because their membership was thought to reflect the two age groups under study. The emerging workforce was targeted at a conference of the National Student Nurses Association because of the likelihood of large numbers in the 18-35 years age group. The entrenched workforce target group was a meeting of mid-managers and educators in a large midwestern medical center where participants were expected to be mostly over the age of 35. The participants were asked to identify and rank the three most important characteristics and one least important characteristic in each of the four subscales.

The final survey was administered to a group of hospital and nursing administrators and managers ($n=129$) from a medical center and several universities in the midwestern region of the US. After completing the survey, participants were asked to document any missing or unclear items. This input resulted in changing four items for clarification. The survey was administered to five groups of emerging workforce members. Those groups were a community college junior and senior class, a university junior and senior class, and a national meeting of nursing students.

Differences among the rankings of these five samples in the same age groups who took the survey were tested. A Kruskal-Wallis nonparametric analysis showed differences in three characteristics, none of which were ranked in the top 10 by any of the groups. The characteristics were “non-judgmental” ($\chi^2=13.5$, $df=4$, $p=.009$), “empowering” ($\chi^2=18.9$, $df=4$, $p=.001$), and “advocate” ($\chi^2=17.4$, $df=4$, $p=.002$). None of the other 56 characteristics showed significant differences in the five emerging-workforce groups, which indicates some confidence that the instrument was reliable among different subsets of the target population.

The survey of leader characteristics was administered to two groups: a national meeting of nursing students from throughout the US and a system-wide meeting of management staff at a large midwestern medical center. Of the 300 surveys distributed to students in a large meeting, 112 were returned (37%). Of those surveys, 108 were complete. Of the 175 questionnaires distributed to hospital management team members at a large medical center, 129 were returned (74%). Returning the completed questionnaire signified agreement to be in the study. Questionnaires were considered incomplete if they did not indicate age.

Findings

The surveys were divided by age, the sole indicator used to distinguish emerging from entrenched workforces. The emerging workforce, ages 18 to 35 ($n=108$), was compared to the entrenched workforce, those over age 35 ($n=126$), regarding degree of agreement on the top 10 desired traits in leaders.

The mean age of the emerging workforce was 25.7 years (SD 4.8). The sample included 85 (79%) women and 23 (21%) men in this largely Anglo (90%) sample with 5% Hispanic and 2% African American participants. The remainder marked “other” or declined to indicate ethnicity. Of this 18 to 35-year-old group, 86 were nursing students, 1 was an educator, 16 were managers or directors, and 2 were advanced practice nurses.

The entrenched workforce sample also was represented in both groups. The average age of the entrenched workforce was 45.7 years (SD 6.5). Gender and ethnic characteristics were similar to the younger group: 87% women and 85% Anglo. No Hispanic participants were in the entrenched workforce sample. This group consisted of 11 students, 18 educators, 15 executives or administrators, 71 managers or directors, 2 advanced practice nurses, and 5 who indicated they held other positions.

Desired Leadership Traits

Table 1 shows the desired leadership traits of the emerging and the entrenched workforce participants. Respondents were asked to mark the top three choices, then to rank those three in their order of importance. They were also asked to

indicate the least desirable characteristics in their leaders. The ranked traits were given a score of 3 when listed as the most-desired trait, a score of 2 when listed as the second-most-desired trait, and a score of 1 when listed as the third-most-desired trait. The least desired characteristics (see Table 2) were given a score of 1. All of the characteristics were considered positive, so marking one as “least desirable” did not mean it was not valued or not important. It was simply an indication that of all the traits listed, it was the least important.

Table 1. Ranking of Most Desirable Traits of a Leader

Emerging workforce Age 18-35 ($n=108$)	Entrenched workforce Age >35 ($n=126$)
Honest*	Honest*
Motivates others	High integrity
Receptive to people*	Good people skills*
Positive*	Receptive to people*
Good communicator*	Good communicator*
Team player	Positive*
Good people skills*	Fair
Approachable*	Empowering
Knowledgeable	Supportive*
Supportive*	Approachable*

* indicates presence on both lists

Mann-Whitney U analysis showed no statistical difference between the two groups.

Table 2. Ranking of Least Desirable Traits of a Leader

Emerging workforce Age 18-35 ($n=108$)	Entrenched workforce Age >35 ($n=126$)
Risk taker*	Strong willed*
Good business savvy*	Cheerful*
Cheerful*	High energy*
Calm*	Calm*
High energy*	Detail oriented*
Detail oriented*	Risk taker*
Strong willed*	Friendly
Inspirational*	Good business savvy*
Visionary	Inspirational*
Sense of humor*	Available

* indicates presence on both lists

Mann-Whitney U analysis showed no statistical difference between the two groups.

“Honest” was the highest ranked characteristic of both emerging and entrenched groups. The younger group also valued leaders who motivated others, were receptive to people, had a positive outlook, and used good communication skills. They preferred a leader who was a team player with good people skills, who was approachable, knowledgeable, and supportive. The entrenched workforce group agreed with most of these characteristics. However, instead of motivating, team player, and knowledgeable, the older respondents selected the characteristics of high integrity, fair, and empowering as more important. Least desired characteristics were also similar between the two groups with eight of the characteristics

appearing on both lists (80% agreement). The two dissimilar traits identified by the younger group were “visionary” and “sense of humor,” while the older group selected “friendly and available.”

Discussion

Of the total of 56 characteristics, 7 appeared on the desired characteristics list of both the emerging and entrenched groups. An analysis of the rankings of the two groups using a Mann-Whitney U test showed no significant differences in how the characteristics were ranked between the younger and older groups. This apparent agreement between emerging and entrenched workforce groups regarding desired traits in their leaders appears to bode well for nurses as they strive to mentor and coach the emerging workforce nurses into leadership positions. Perhaps the most interesting phenomenon is the three traits that lacked congruence. Older workers tended to seek someone who had more detached and professional skills (high integrity, fair, and empowering), but two of the three characteristics selected only by the younger workers were more affirming and confidence building (motivates others and team player). The younger workers said “knowledgeable” was a desirable characteristic in their leader but the older participants did not.

The least desirable characteristics were also remarkable for their small degree of difference. The emerging workforce said vision and risk-taking were among the least important traits in their leaders. They also indicated they could do without a sense of humor as long as the person was warm and receptive. The older participants did not indicate that being friendly or available were all that important in their leaders.

These characteristics desired by the emerging workforce provide insights into who they are and what leaders they will follow. With their emphasis on entrepreneurial opportunities, short-term employment, and balance in their lives, the emerging workforce may not be attracted to health careers at all and particularly not to leadership positions in health care.

These traits differ from the traits identified in previous studies of personnel at magnet hospitals (Scott, Sochalski, & Aiken, 1999). “Visionary” was the top descriptor of a leader in the initial studies but it appears on the “least important traits” in this sample of today’s emerging workforce. “Enthusiastic,” interpreted as one who motivates others, was important to the emerging workforce; however, if it is interpreted as “high energy, inspirational, and cheerful,” those traits were among the least desired listed by this emerging workforce.

At the top of the list of preferred traits in the magnet studies were “supportive” and “knowledgeable.” They were found at the bottom of the top 10 traits desired in leaders by the emerging workforce. Valuing education, upholding a position of power, and high visibility were not found on the list of descriptors for the emerging workforce. “Being responsive to people” was not listed on the emerging workforce top 10, but being receptive to people received the third highest ranking with the younger group. Being “responsive” and “receptive” are different. A leader might

respond quickly to someone’s input, but the response may not show that the leader was particularly receptive. Being a good communicator is in the top 10 for both the magnet-hospital group and today’s workforce.

The emerging workforce members are not joiners and do not value organizational participation (Tulgan, 1995) which was valued by magnet-hospital nurses. The magnet-hospital findings were reported as common perceptions that allowed nurses to define their professional environment and practice. In this time of competition for nurses, assessing previous findings compared to findings about the desires of today’s emerging workforce is important.

A futuristic look at nurse leaders occurred just before the turn of the century when Hart (1998) described leadership qualities identified by young people as being important. These characteristics seem to complement those identified by emerging workforce nurses and nursing students who said they wanted a leader who is receptive, empowering, a good communicator, positive, approachable, and has good people skills. Of interest is the finding that integrity was indicated as valued least by the emerging workforce, although it scored high in both the 1998 study and in the small number of entrenched workforce members in the current study. Both groups said they valued honesty, but the younger group did not list integrity.

Conclusions

Developing leadership qualities in future nurse leaders remains a critical need. This study indicates what one sample of the younger generation wants in their leaders. Younger nurses reported that they want leaders who are honest. Eight of the 10 desired traits that the emerging workforce wants in a leader could be categorized as “nurturing.” These traits—motivational, receptive, positive, good communicator, team player, good people skills, approachable and supportive—all depict an environment in which younger nurses feel nurtured and supported. These priorities are consistent with previous statements that younger workers want to be led, not managed (Bradford & Raines, 1992).

This study was limited by the convenience sampling and by the size and homogeneity of the sample. More diversity in sampling is needed to determine if cultural implications influence desired characteristics in leaders. Use of ranking data and an untested survey also limit the generalizability of the findings and other important traits might be identified. Also unclear is whether having similar words, such as “honest” and “integrity,” might be confusing or might confound responses.

The next step in this research is to test which traits are desired by the emerging workforce in their managers and educators. Once the desired traits are identified, focus groups of emerging workforce nurses will be asked to identify behaviors associated with each trait. These behaviors will form the basis for best-practices models for educators and managers of younger nurses. Intervention studies can then be conducted to determine whether intergenerational sensitization

using the best-practices model will increase nurse satisfaction of new graduates and decrease their turnover rates in hospitals. Studies of nursing students might determine if retention in nursing school and satisfaction rates can be improved by using different approaches to teaching that are consistent with the traits desired by the emerging workforce.

The leadership traits desired by younger nurses and older nurses in this study were similar. No significant differences were found between the two generations. Two of the unique traits desired by the emerging workforce, a leader who motivates others and is a team player, may lend further support for a need for nurturance and mentoring. The third unique trait desired by the emerging workforce, knowledge, may offer insight into the type of leaders young nurses are seeking as they enter a complex health care environment. Awareness of the desired leadership traits and needs of the emerging workforce may enhance leadership development of the younger generation of nurses. The more critical problem may be recruiting them into a nursing career choice in the first place. Today's leaders must find ways to engage, challenge, nurture, and retain future nurse leaders.

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