MILLENNIAL NURSE MANAGER PERSPECTIVES ON THEIR LEADERSHIP

ROLES IN THE HOSPITAL SETTING: A PHENOMENOLOGICAL INQUIRY

by

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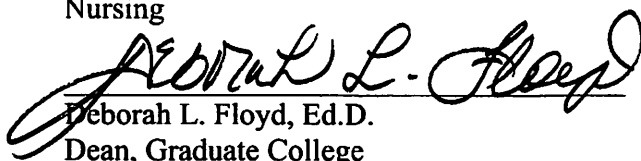Terry Eggenberger Ph.D., R.N., C.N.E.,

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To my dad and Empress Lana, for your encouragement, sense of humor, and lessons of resilience. To my in-laws for your unwavering support and patience. To my family and friends who have shared in this marathon roller coaster experience and loved me despite it all, I love you.

ABSTRACT

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The American Association of Colleges of Nursing (2016) contends meeting the

challenge to transform care will require the successful leadership development,

preparation, and role support of the next generation of nurse leaders. Despite the urgency

to transform care, meeting the challenge to lead this charge cannot be accomplished

without the successful recruitment and retention of Millennial nurses to leadership

positions. Identifying the leadership role expectations and support variables that are

important to these young managers and creating the milieus that support these views

serve to address many pressing succession planning needs.

This study explored the experience of being a Millennial nurse manager, seeking

to understand how these young nurse managers make meaning of their lived experience.

This was a qualitative interpretative phenomenological research study. Three theoretical

perspectives contributed ideologies that framed this inquiry: Ray's (1989) theory of

bureaucratic caring, generational cohort theory (Strauss & Howe, 1991), and authentic

leadership theory (Avolio & Gardner, 2005). A purposeful targeted national sample of 25 Millennial nurse managers with a minimum of one year of nurse manager experience in the role participated in audio-recorded telephone interviews. Content analysis identified seven themes: *Coming into the Role, Learning as I Go, Having the Support of My Director, Making an Impact, Helping Staff Succeed, Managing Change,* and *Trying to Stay Balanced.*

Findings from this study suggest Millennial nurse managers gauge role success and satisfaction in relation to their perceived levels of support and development and their ability to master role expectations. Additional findings suggest adequate succession planning for the nurse manager role remains challenged by the lack of formal mandated requisites for the role.

The nurse manager role as it stands varies significantly among organizational settings regarding responsibilities, mechanisms of support, number of direct reports, and span of control. Recommendations included the need to address the nurse manager role, academic requisites, and developmental variances in practice. Additionally, re-evaluating the organizational responsibility to the leadership development of these young nurse leaders is recommended to ensure their retention and success in the role.

DEDICATION

To my husband Neil, the love of my life, my better half, and my hero. For holding my hand as we build this crazy life together and your unconditional love and support through it all. For seeing my strength when I couldn't, for knowing when I didn't, and believing when I wouldn't, my heart is yours. Always.

To my children Shane and Jared, you are my greatest joy, my biggest source of inspiration to know more, do more, and be more, you are my everything. I am in awe of your positive view of the world and proud beyond words to watch you develop your strengths and carve out your individual successes.

I am forever grateful for our 'Table of Four' where even the impossible is possible.

MILLENNIAL NURSE MANAGER PERSPECTIVES ON THEIR LEADERSHIP

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CHAPTER 1. INTRODUCTION

Modern nursing practice exists within a dynamic, complex, multi-faceted environment. It is a setting that demands prepared and committed nurse managers who are able to engineer and navigate national healthcare reform priorities. For nursing, these challenges emphasize the immediate need to provide resources and support to the next generation of nurse leaders (Sherman, Saifman, Schwartz, & Schwartz, 2015; Shirey, 2009; Warshawsky, Rayens, Lake, & Havens, 2013) who are willing and able to assume these responsibilities (Dyess, Sherman, Pratt, & Chiang-Hanisko, 2013; Redman, 2006; Robinson-Walker, 2013; Sherman, 2005). So significant is the requisite for action that the Robert Wood Johnson Foundation in conjunction with the Institute of Medicine (IOM, 2010) report, *The Future of Nursing: Leading Change, Advancing Health,* stressed the essential role nurses must play in the charge to transform care. According to the American Association of Colleges of Nursing (2016), meeting the challenge to transform care will require successful leadership preparation (prior to accepting the role), development (once they are in the role), and role support of the next generation of nurse leaders. Nurse leaders at every point of care are needed to operationalize this charge. The American Organization of Nurse Executives and the American Association of Critical-Care Nurses (AONE & American Association of Critical-Care Nurses, 2015) view nurse managers as the "vital link between the administrative strategic plan and the point of care" (p. 2), making them uniquely positioned to influence change.

The demographic reality is that many nurse leaders began reaching retirement age in 2011 (American Hospital Association [AHA], 2010, 2014; PricewaterhouseCoopers [PWC], 2007). Additionally, many of the one million nurses who are projected to retire between 2025 and 2030 (American Association of Colleges of Nursing, 2017b) currently hold leadership positions (AHA, 2014; Berkowitz & Schewe, 2011; Morin, 2015; Sherman, 2006), which raises time sensitive concerns about the pipeline of nurse leaders (Griffith, 2012; Titzer, Phillips, Tooley, Hall, & Shirey, 2013; Titzer & Shirey, 2013). The need to fill these leadership roles comes at a time when Millennials are entering the workforce in record numbers (AHA, 2010). A leadership plan that supports Millennial nurses in manager roles creates the conditions to successfully meet the goal of leading and transforming care (IOM, 2010).

This perfect storm of shifting workplace demographics highlights the need to consider what the idealized leadership role looks like to the next generation of nurse leaders (Mensik & Kennedy, 2016). As the practice landscape has provided appealing growth opportunities for nurses, so must the leadership role. It is vital to understand what is important to these young nurses so that meaningful influences on the strategic design of the nurse manager role may be realized (Mesnik & Kennedy, 2016; Shirey, McDaniel, Ebright, Fisher, & Doebbeling, 2010). This demographic shift has significant repercussions for the future of care: delivery, roles, and education; as a result, innovative approaches designed to capitalize on generational strengths are seen as a potential solution (AHA, 2014). Although research on nurse leaders has focused on their preparation (Curtis, deVries, & Sheerin, 2011; Galuska, 2012; Huston, 2008), succession planning (Griffith, 2012; Redman, 2006; Robinson-Walker, 2013), and their relationship

to patient outcomes (Wong & Cummings, 2007; Wong, Cummings, & Ducharme, 2013), research linking Millennials to leader roles is noticeably absent (Chou, 2012).

Millennials who are navigating their role in the workplace are "forcing established systems…to take them seriously; to reevaluate how they do business" (Emeagwali, 2011, p. 23). As Millennials consider professional leadership trajectory options, it is essential that nurse manager succession plans strategically consider how generational values shape a leader's view of organizational culture and workplace expectations.

## Leadership Capacity

The capacity to lead effectively requires academic preparation (Yoder-Wise, Scott, Sullivan, 2013), the development and nurturing of human capital (Day, 2001; Sherman, Bishop, Eggenberger, & Karden, 2007; Titzer et al., 2013), and the organizational investment to prioritize these efforts (O'Neil, Morjikian, Cherner, Hirschkorn, & West, 2008). As Millennials begin their leadership journey, it is important to clearly articulate their role and developmental expectations. Leadership scholars Day and Dragoni (2015) have defined leader development as "the expansion of the capacity of individuals to be effective in leadership roles and processes" (p. 134). To accomplish ambitious healthcare goals, leaders must be able to bridge the requisite skills and caring values that are required to simultaneously navigate competing priorities. It is essential that nurse managers can navigate the distinct differences between organizational and relationship responsibilities. Thus, opportunities exist to develop leadership practices that view caring and organizational skills as synergistic gears in the same machine. Research suggests that leaders must be able communicators with a working knowledge of complex

healthcare environments (Denker, Sherman, Hutton-Woodland, Brunell, & Medina, 2015), further advancing the notion of capacity. Further, linking capacity to proficiency requires that leaders are skilled in personal mastery, financial and human resource management, systems thinking, caring in complex systems, and interpersonal effectiveness (Ray, 1989; Sherman et al., 2007). Similarly, Huston (2008) indicated that there are eight vital nursing leadership competencies:

- a global viewpoint,

- technology skills that augment the capacity to influence access and portability to relationships and communication,

- empirically grounded decision-making skills,

- the ability to develop an organizational culture rooted in quality and safety priorities,

- political acumen,

- team building and collaborative work skills,

- the capacity to balance role expectations and authenticity, and

- change management skills with the vision and capacity to adapt and respond in the context of chaos (p. 905).

While it is not surprising that complexity of the nurse manager role warrants the proficiency of a wide array of competencies; it remains a formidable challenge for leaders to develop the perception of "themselves as being able to lead" (Scott & Miles, 2013, p. 79). Research suggests that when the nurse's self-perceived ability to lead is nurtured; they are more likely to seek advancement in leadership roles (managers, directors, and administrators). As such, opportunities exist to explore the relationship

between leader self-concept/awareness as a mediator of effective leader development (Day & Dragoni, 2015).

An agenda of transformative change (IOM, 2010) will require the call for a renewed commitment from nurse leaders to view leadership capacity as the integration between academic and practice imperatives. Yoder-Wise (2014) suggested that planning for future capacity needs of nurse leaders requires a formal expectation (at a minimum) of graduate level academic preparation. While few would argue the evolving academic needs of nurse faculty and nurse researchers (IOM, 2010), equivalent support for the preparation of nurse leaders at the point of service remains wanting (Scott & Yoder-Wise, 2013). It is a shift in thinking that challenges the historically slow onboarding process and developmental growth of nurse leaders (Yoder-Wise, 2014). In these slow onboarding and developmental circumstances, it is acknowledged that answering the call to lead presents challenges to current models of practice; models that frequently view academic and practice leadership priorities as independent entities (American Association of Colleges of Nursing, 2016). No longer should the "leadership of complex systems and processes be learned through continuing education and programs preparing one for initial licensure" (Scott & Yoder-Wise, 2013, p. 2). As the delivery of healthcare experiences unprecedented change, it is not surprising that the role of its emerging leaders is expected to change as well (Mensik & Kennedy, 2016; Tulgan, 2011).

**Leadership Roles**

In 2010, The American Hospital Association reported "the culture of the typical hospital does not match the work expectations of Millennials" (p. 17). It is a declaration that highlights the urgent need to assess how these findings may translate to nurse

manager role expectations. As a result, leaders assessed the changing landscape of healthcare delivery and leadership requisites, identifying the complexity of nurse leader roles and their essential competencies (American Association of Colleges of Nursing, 2013). Millennials have a propensity for working in teams (AHA, 2010) and for inclusiveness (Deloitte, 2016). By crafting interprofessional team-based (American Association of Colleges of Nursing, 2013; Porter O'Grady, 2011; PWC, 2013) leadership roles that reflect the technological savvy and relationship competencies (Huston, 2008) of Millennial nurse leaders, current nurse leaders can actively contribute to meeting succession needs (Griffith, 2012) and generational expectations (AONE, 2009; Tulgan, 2011).

The American Organization of Nurse Executives in conjunction with the American Association of Critical-Care Nurses partnered to create a comprehensive account of essential nurse manager competencies (AONE & American Association of Critical-Care Nurses, 2015). The contemporary nurse manager role job description requires a technologically savvy, clinically competent, strategic manager who understands complex adaptive systems with the following interrelated proficiencies:

- financial management: creating, monitoring, and analyzing economic efficiency, budgeting, and justification;
- human resource management/leadership skills: staffing development, recruitment, and retention;
- performance improvement: identifying and promoting safety and satisfaction;
- relationship and diversity management: managing conflict and relationships, maintaining cultural and generational competence; and

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- accountability: practicing and maintaining personal and professional growth, standards of behavior, and reflective practice. (AONE & the American Association of Critical Care Nurses, 2015, pp. 1-6)

Millennial nurses cite professional growth opportunities as an important consideration when choosing employment (AHA, 2010, Dyess, Prestia, & Smith, 2016; PWC, 2012), which further emphasizes the importance of creating cultures that support their leadership ambition. By appreciating how organizations support the growth and development requisites of its newest nurse leaders the satisfaction and retention of future Millennial leaders may be more fully understood.

### Generational Lens

Generation as a cultural construct (Brink, Zondag, & Crenshaw, 2015) has sociological roots that acknowledge the influence of shared experiences and historical context on beliefs and behavior (Costanza, Badger, Fraser, Severt, & Gade, 2012). When viewed as a cultural construct, generational descriptors may be regarded as culture variables rather than stereotypes (Brink et al., 2015). Nakai (2015) suggested the purpose of generational research is to identify cohort differences, discern cohort effects, and reveal the "work-related experience of a key age cohort in the society" (p. 332). By understanding the work-related experience of nursing's newest cohort of nurse managers, a foundation for developing their leadership growth can be created.

It is well documented that the current nursing workforce is multigenerational, inherently comprised of varying perspectives, values, and priorities (Bell, 2013; Cahill & Sedrak, 2012; Lipscomb, 2010). With four distinct generations in the workplace (Veterans, Boomers, Generation X, and Millennials), organizations are challenged to

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harness the positive attributes of each specific cohort. Thus, appreciating the relationship

between generational values (Bell, 2013; Cahill & Sedrak, 2012), organizational fit

(Bretz & Judge, 1994; Cennamo & Gardner, 2008), and leadership expectations

(Andrews, 2013) has many repercussions for institutional and patient outcomes (Wong &

Cummings, 2007). The capacity to engage the generational strengths of each cohort is a

valuable commodity, particularly as demographic shifts in leadership roles are filled by

Millennials.

**Millennials**

Strauss and Howe (1991) have maintained that Millennials are protected youths

who unite into a "heroic and achieving cadre of rising adults" (p. 74), often characterized

as a civic generation (civics). Millennials as civics fulfill this branding through their

technological and organizational dominance and a lifecycle fueled by accomplishment

and driven by incentive (Strauss & Howe, 1991). Millennials born between 1980 and

2000 (also referred to as Generation Y and Gen-Y) (Zemke, Raines, & Filipczak, 2000)

share principles and beliefs that shape their collective view of the world. Although there

is an absence of consensus demarcating the exact timing of the start and end point of a

particular generational cohort (Nakai, 2015; Smola & Sutton, 2002; Zemke et al., 2000),

there are generally accepted ranges for generational membership. Millennials are the

largest, most educated, and diverse cohort on record (The Council of Economic Advisers

[CEA], 2014). The academic preparation of Millennials is an important consideration for

nursing, particularly since "the formal preparation of nurse leaders is critical for

continued progress in advancing patient safety and quality as well as promoting

innovative models of care delivery" (Scott & Yoder-Wise, 2013, p. 1). Millennial

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members pride themselves on their technological roots, community contributions, and family values (CEA, 2014). The high-tech fluency of Millennials permeates their relationships, sociability, and preferences for communication (Hershatter & Epstein, 2010). Millennials are characterized as well-educated, tolerant, and creative (CEA, 2014), making them prime candidates to successfully manage complex leadership roles.

By investing in the next generation of nurses tasked to lead transformative change, caring cultures may be created (Glembocki & Dunn, 2010). Looking ahead, it is essential to consider the ways in which the Millennial generation of leaders will shape caring practice. Opportunities exist to develop leaders that view caring and organizational priorities as synergistic gears in the same machine. In doing so, the benefits associated with contextually situated, theory-driven leadership practices expose many positive implications for contemporary practice to healthcare stakeholders.

## Connection to Caring Science

Caring in nursing often is ascribed as the essence of nursing practice (Morse, Bottorff, Neander, & Solberg, 1991; Morse, Solberg, Neander, Bottorff, & Johnson, 1990; Ray, 1989; Watson, 1985, 2008), which is a characterization that exists independent of generational expectations and value differences. Boykin, Schoenhofer, and Valentine (2014) have attested "it is the role of the caring leader to participate with people to understand their beliefs/expectations about caring, to help make those explicit, and then work together to create a culture that can value and support caring practices (p. 93). However, by denying the influence of generational perspective on leadership expectations, factors with the potential to impact the identification, recruitment, and retention of caring nurse leaders may be overlooked. Demonstrating the expectation of

nursing leadership to "create the conditions" (Boykin & Schoenhofer, 2001, p. 3) by which nurses can explicate caring is fulfilled through acknowledging the generational expectations of the Millennial nurse growing in caring. Advancing the notion of growing in caring, Williams, McDowell, and Kautz (2011) have contended "nursing leaders of today and tomorrow need to be nurtured in their caring consciousness and their leadership skill" (p. 34). As Millennial nurses fill nurse leader roles, the modeling of caring practice must transfer as well. Millennial nurses are acclimated into the culture of nurse managers by nursing leadership. The capacity for nursing leaders to model caring behaviors for its newest members must extend beyond orienting them to the role. Understanding the influence that nurse managers have on the ability to shape practice environments provides context for how modeling caring behaviors inform the leadership development of its newest nurse leaders. Retaining caring practitioners in leadership positions mandates that leader roles provide for the unique expectations of appreciation, workplace support (PricewaterhouseCoopers, 2013), and acknowledge the contributions of Millennial leaders (Sherman, 2006; Stanley, 2010). Conversely, the failure to support Millennials effectively in leadership roles predisposes them to negative feelings, disillusioned practice, and high rates of attrition (Leiter, Price, & Spence Laschinger, 2010). By understanding the experience of Millennial nurse managers, efforts to develop and retain caring practitioners in leadership roles may be realized.

## Significance of the Research Study

Insight into developing relationships and environments that support the generational values of the newest cohort of nurse managers benefits many healthcare stakeholders. Understanding the experience of nurse leaders creates the ability to

operationalize successful "socialization, indoctrination and retention" (Leiter et al., 2010, p. 972) of Millennials in manager roles. While there is research about Millennials in the workplace and as emerging leaders (characterized as nurses developing leader skills in entry-level leader roles) (Galuska, 2012; Norton, Ueltschy Murfield, & Baucus, 2014), there is no published research to date that specifically looks at the Millennial experience in nurse manager roles. Current nurse managers are uniquely positioned to provide important insight into the realities of their role and offer recommendations for practice changes (Moore, Sublett, & Leahy, 2016). It follows that "strategic mechanisms for identifying and developing high potential individuals for leadership positions, contribut[e] toward the future nursing leadership pipeline" (Titzer, Shirey, & Hauck, 2014, p. 37). Thus, meeting the complex leadership needs of contemporary practice will require understanding the expectation and support variables that are important to these Millennial nurse managers and creating the milieus that support these views.

In the absence of research that explores Millennial nurses as leaders, organizations run the risk of presuming that the organizational status quo will work for this leadership cohort. Dulin's (2008) work has suggested Millennials envision a workplace that will value their input (independent of seniority) and their creativity in reaching organizational goals. Millennials prioritize workplace support and appreciation (PWC, 2013) and expect that opportunities to advance in their role will be met with a rapid organizational response (PWC, 2012). This is a markedly different viewpoint from earlier cohorts of nurse leaders who were groomed to follow the lead of those who came before them and "paid their dues" (Christmas, 2008, p. 4). It follows that the expectation of organizational accommodations (Sherman, 2014) to the emerging workforce of

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Millennial leaders may best be understood in terms of their workplace values and expectations.

The significance of assessing and meeting Millennial expectations in the workplace extends beyond generational fluency. In 2016, the Deloitte Millennial Survey found only 28% of Millennials perceived that the complete scope of their skills and talents are used to their fullest potential. Of consequence to nursing leaders is the data suggesting a link between organizational loyalty and the development of leadership competencies (Deloitte, 2017), validating that there are important reasons to consider the leadership trajectory of Millennial workers. By focusing research on the experience of Millennial nurse managers, strategic implications for role support may be more fully understood (Cziraki, McKey, Peachey, Baxter, & Flaherty, 2014).

It is widely accepted that there is an emergent need to address the predicted critical shortage of nurse leaders, which is estimated to include upwards of 67,000 nurse manager vacancies by 2020 (Shirey, 2006). As efforts to meet the supply and demand needs of a leadership pipeline are formulated, insight from the largest generational workforce in history (Fry, 2015, 2016) provides an invaluable perspective. There are organizational consequences to neglecting the developmental needs of Millennial leaders (Tulgan, 2011). Research suggests that 71% of Millennials would consider leaving their current employer within two years if they felt that their leadership skills were not being developed (Deloitte, 2017). By understanding Millennial nurse managers' perceptions of support and role impact, deliberate and meaningful recruitment and retention planning (Titzer et al., 2013) may be facilitated.

**Overview of the Research Problem**

Little is known about the factors that mediate the aspirations of Millennial nurses to seek transition into leader roles (Sherman et al., 2015; Spence Laschinger et al., 2013; Wong, Spence Laschinger et al., 2013). While research describing factors contributing to nursing leadership success exist (Brady Germain & Cummings, 2010; Cummings et al., 2008; Curtis et al., 2011; Sandström, Borglin, Nilsson, & Willman, 2011), data bridging generational expectations of the nurse manager role remain scarce. Additionally, there is an absence of metrics (Jamieson, Kirk, Wright, & Andrew, 2015) that explore the specific links between leadership aspiration (Gregor & O'Brien, 2016) and Millennial perspectives. Understanding the experience of Millennials as leaders in nurse manager roles assists to fill this gap by providing important insight into how to attract and retain young professionals in these positions (Thompson, 2016). Mensik and Kennedy (2016) revealed the generational expectations of promising Millennial nurses envision that leadership roles will (and should) look differently than they do today. Today's nurse leaders cite the following factors as having influence on their intent to stay in a leadership role: organizational (values, development, and philosophy), role (feedback and support), and personal (feeling valued for contributions) (Brown, Fraser, Wong, Muise, & Cummings, 2013). As such, an important case can be made for the benefit of understanding the factors that are important to nurses emerging into leadership roles (Galuska, 2012; Norton et al., 2014) as a foundation for understanding role satisfiers for Millennial nurses in manager roles. Despite the data supporting leadership's positive effects on patient outcomes (Wong & Cummings, 2007; Wong, Cummings et al., 2013), little is known about what influences the leadership trajectory of Millennial nurses. This

research is needed to inform the process for leader identification, recruitment, and development needs of the next generation of nurse leaders (Spence Laschinger et al., 2013; Wong, Spence Laschinger et al., 2013) and to shape their idealized roles (Mensik & Kennedy, 2016). Research on generations in the workplace found Millennial traits include a decreased need for social approval, increased self-esteem, an appreciation for authenticity, and a propensity for an external sense of control (Twenge & Campbell, 2008). In turn, Twenge, Campbell, Hoffman, and Lance (2010) found Millennials significantly value leisure time, a finding that "starts long before young workers have families" (pp. 1135-1136). These findings reaffirm the need to understand the values and role expectations of Millennial nurse managers. In doing so, organizations are better prepared to "structure jobs, working conditions and compensation packages" (Twenge et al., 2010, p. 1122). This research contributes to nursing science by seeking to understand the influences contributing to the nurse manager role experience of Millennial leaders.

Through an increased understanding of factors and influences regarding the leadership trajectory of Millennial nurses, this research will inform current nurse leaders of strategies and evidenced-based approaches for developing the next generation of nurse leaders. Because there is a notable lack of research that explores what motivates nurses to pursue their leadership aspirations (Spence Laschinger et al., 2013), the current research serves as an important conduit to inform the recruiting and retaining practices of Millennial nurse leaders by developing a generationally sensitive understanding of what is important to them. Seeking to understand the generational perspective related to nurse manager role expectations builds on current leadership research designed to better understand leadership development and succession planning.

## Purpose of the Study

The purpose of this research was to explore Millennial nurse managers' perspectives on their experiences in nurse leader roles in the hospital setting. Their perceptions of role satisfaction, role expectations, organizational support and development, their leadership role impact, and barriers to success and intent to stay were studied.

## Research Questions

The research questions guiding this research were:

- What is the experience of being a Millennial nurse manager in the hospital setting?

- What organizational factors influence the Millennial nurse leaders' satisfaction in the role, perceptions of support and development, role expectations, and intent to stay and grow in the leadership role?

The objectives of the study were to:

- Describe the experience of being a millennial nurse leader in the hospital setting;

- Explore factors that influence perception of support and development, achievement of role expectations, satisfaction, and intent to stay/grow in the role; and

- Identify organizational factors that influence perception of impact in the role.

## Definition of Terms

For the purpose of the study, the researcher used the following conceptual definitions:

**The Baby Boomers (Boomers).** The generational cohort that consists of individuals who were born between 1943-1960 (Zemke et al., 2000).

**Generation or generational cohort.** Population cohorts delineated by shared birth years, values, and experiences of which their principles and beliefs are influenced by common external shared events (Berkowitz & Schewe, 2011; Leiter et al., 2010; Stewart, 2006).

**Generation Xers (Generation X or Gen-X).** The generational cohort that consists of individuals born between 1960-1980 (Zemke et al., 2000).

**Leader (nurse leader).** "A person who coordinates, facilitates, and provides context for the performance of the people in the organization" (Porter-O'Grady & Malloch, 2016, p. 568).

**Leadership.** "A process whereby an individual influences a group of individuals to achieve a common goal" (Northouse, 2016, p. 6).

**Millennials (Generation Y or Gen-Y).** The generational cohort that consists of individuals who were born after 1980 (AHA, 2014; Zemke et al., 2000).

**Nurse manager.** A nurse at the unit/department level who is responsible and accountable for the management of all staff and patient care operations, and who functions as a clinical discipline leader providing the link between administrative and operational practice imperatives (Ott & Haase-Herrick, 2006).

**The Veterans (Veterans).** The generational cohort that consists of individuals

born between 1922-1943 (Zemke et al., 2000).

## Theoretical Lens

Theory provides structure for nurses as they develop their practice and interact

with their environment (Dyess, Boykin, & Rigg, 2010). One of the most significant

benefits associated with research guided by theory is that it allows for the construction of

the "relationships between ideas and variables" (Cummings et al., 2008, p. 246).

Accordingly, three different theoretical perspectives contribute ideologies that frame this

inquiry: Ray's (1989) theory of bureaucratic caring; generational cohort theory (Strauss

& Howe, 1991); and authentic leadership theory (Avolio & Gardner, 2005).

### Ray's Theory of Bureaucratic Caring

Ray's (1981, 1989) theory of bureaucratic caring (bureaucratic caring) provides a

theoretical lens for understanding caring in the milieu of organizational culture. By

viewing organizations as cultures, context is provided for the influence of values and

ideas on behaviors and meaning (Ray, 1989; Turkel, 2007). This theoretical framework is

significant for the Millennial nurse who prioritizes work-life balance (Hershatter &

Epstein, 2010; PWC, 2012; 2013) because it provides an important vantage point from

which the capacity to navigate competing priorities may be viewed. According to Ray

(1981, 1989) caring in complex systems is influenced by humanistic (educational, social,

religious/spiritual, and ethical) and bureaucratic (political, economic, legal, and

technological) factors. As such, bureaucratic caring is created from the synthesis of

paradoxical principles (Ray, 1989; Ray & Turkel, 2012). The original theory of

bureaucratic caring acknowledges that caring practice is inextricably linked to

organizational values and molded by personal interactions, revealing its dynamic

structure (Ray, 1989; Turkel, 2007). By cogently viewing complex care environments as

both culturally specific and bureaucratically structured, bureaucratic caring further

identifies the relational context with which caring practice struggles to balance corporate

and human requisites (Ray, 1989). Accordingly, bureaucratic caring is the synthesized

product of humanistic and bureaucratic principles that is inherent within complex care

environments. By positioning caring within bureaucratic caring as a both a central

construct and unifying mechanism (Ray, 1989), many implications for leadership

development are revealed.

Nurse leaders who live and practice caring in complex healthcare settings must be

mindful of the competing factors that influence this charge (Turkel, 2007). The leader's

ability to successfully maintain balance between contrasting organizational priorities can

have significant impact on role satisfaction (Brown et al., 2013). As natural change

agents, nursing leadership is challenged to understand and participate in healthcare

transformation efforts (IOM, 2010). This challenge requires leaders to appreciate the

interconnected nature of organizational culture as both hierarchical and relational (Ray,

1989). Without a concrete understanding of the leaders' relationship to and within the

organizational structure, the ability to influence change is mitigated (Grindel, 2016).

Appreciating the holographic nature of complex practice environments allows for

organizational culture to be viewed as both part and whole of a larger system

simultaneously (Ray & Turkel, 2015; Turkel, 2007). As such, practice that is effectively

framed by bureaucratic caring principles embraces the dynamic, relational, and open

systems (Ray & Turkel, 2015) inherent in contemporary healthcare. The worldview of the

nurse leader provides them with the unique ability to assess and respond to scarce

economic, environmental, and human resource needs (Dyess et al., 2010), which are

nurse manager competencies that are strengthened by leadership grounded by

bureaucratic caring. Bureaucratic caring stimulates relational open interrelated exchanges

that exist in concert with opposing forces (Ray & Turkel, 2015). In doing so, the theory

guides the way nurses may interpret and practice caring in complex environments.

**Generational Theory**

Generational theory (cohort theory) provides a theoretical perspective for the

study of sociocultural values and expectations of Millennial nurse leaders. As such, the

theory provides a frame of reference for the way these young managers experience their

leader role. Because Millennial nurse managers share specific demographic

characteristics and social reference points, generational cohort theory provides context

for their workplace values and expectations (Boychuk Duchscher, & Cowin, 2004).

Sociologist Karl Mannheim is credited as the father of generational theory. In his

formative work, *On the Problem of Generations*, Mannheim (1923/1952) suggested that

the phenomena of generations provide context for the orientation of social identity. For

Mannheim (1923/1952) generational distinction establishes "a common location in the

social and historical processes" (p. 168) from which one establishes perspective and

experience. Building on Mannheim's ideas, Strauss and Howe (1991) determined that

each generational cohort shares an historical perspective and specific biographical

markers. A generation is defined as "a cohort/group whose length approximates the span

of a phase of life and whose boundaries are fixed by peer personality" (Strauss & Howe,

1991, p. 60). Similarly, Zemke et al. (2000) suggested that a "generation's defining

moments" (p. 16) create the backdrop with which their shared experiences and milestones are formed and defined. Still, age alone does not determine generational distinction. In fact, according to Strauss and Howe (1991), peer personality is the determination of one's "generational persona recognized and determined by… age, common beliefs and behavior; and perceived membership in a common generation" (p. 64).

Cohort theory has many implications for nurse leaders. Because the theoretical framework views generational groups as populations with shared experiences (Strauss & Howe, 1991; Swearingen & Liberman, 2004), it follows that generational values and workplace expectations are influenced by this lens. No longer does age and seniority dictate a traditional leadership hierarchy (Swearingen & Liberman, 2004). In effect, "the least senior members of the workforce are frequently expected to contribute to decision-making" (Swearingen & Liberman, 2004, p. 55). This example provides context for the importance of understanding the experience of young Millennial nurses in manager roles.

**Authentic Leadership Theory**

Authentic leadership provides a framework with which Millennial nurse managers may interpret their leadership role in relation to perceived support and organizational culture (Read & Laschinger, 2015; Regan, Laschinger, & Wong, 2016; Shirey, 2009). As nurse managers explore their perspectives on their experience in nurse leader roles, authentic leadership theory provides structure for how they make meaning of their "influence on followers' attitudes, behaviors and performance" (Avoilo, Gardner, Walumbwa, Luthans, & May, 2004, p. 802). Uniquely positioned between administration and staff, the nurse manager must evaluate success, role satisfiers, and perceived support in relation to organizational context. In this regard, authentic leadership theory serves as a

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guide to understanding the influences of "organizational power and politics, organizational structure, gender, and organizational culture and climate" (p. 815) on leadership effectiveness. Authentic leaders possess the following characteristics: purpose (expressed as being inspired with intrinsic motivators), values (an unwavering commitment to doing the right thing), relationship emphasis (facilitated by reciprocal shared exchanges, connectedness, and trust), self-discipline (the ability to remain focused and consistent), and heart (conveyed as compassion and cultural awareness) (Avoilo et al., 2004; Avoilo, Walumba, & Weber, 2009; George, 2003; Northouse, 2016). Rooted in concepts of self-awareness, relational transparency, balanced processing, and an internalized moral perspective (Avolio & Gardner, 2005; Read & Laschinger, 2015), authentic leadership frames the nurse managers' understanding of expectations, trust, and relationship building while "acting in accord with one's values" (Wong & Cummings, 2009, p. 525). For Millennials, these leadership values are grounded in civic responsibility, optimism, confidence, and sociability (Zemke, Raines, & Filipczak, 2013). Generational scholars Twenge and Campbell (2008) contended Millennials perceive authenticity as a commitment to deliver on organizational promises. For nurse managers, this perception of commitment provides context for the way that leadership support and influence are understood (Read & Laschinger, 2015; Shirey, 2009).

Authentic leadership has strong organizational roots and often is credited with the capacity to positivity influence healthy work environments (Shirey, 2006, 2009; Wong & Cummings, 2009; Yasinski, 2014). In this regard, authentic leadership principles provide an important point of reference for nurse managers to view organizational culture and collaborative practice (Regan et al., 2016). As stewards responsible for creating and

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sustaining healthy work environments, nurse managers have been positively linked to staff retention (Mackoff & Triolo, 2008), satisfaction (American Association of Critical Care-Nurses, 2016; Wong & Cummings, 2007), and organizational culture (Shirey, 2009). Additional support for the link between healthy work environments and caring was made by Huddleston (2014) as follows:

- adaptive structures [identified as patient, employee, organization,) organizational culture, work environment and empowerment] lead to the caring processes [identified as care of patient, job characteristics of the nurse, and psychological empowerment];

- caring processes lead to patient, nurse, and organizational outcomes; and

- outcomes lead back to the adaptive structures and processes of the organization (p. 51-52).

In 2016, the American Association of Critical-Care Nurses published the 2<sup>nd</sup> edition of the *standards for Establishing and Sustaining Healthy Work Environments*. In this report, the American Association of Critical-Care Nurses identified six interdependent standards of organizational and individual proficiencies deemed crucial to supporting and sustaining healthy work environments. Communication, collaboration, decision-making, staffing, recognition, and authentic leadership influence the shared goals of optimal care outcomes and clinical excellence (American Association of Critical-Care Nurses, 2016). The significance of authentic leadership on the capacity to influence healthy work environments cannot be understated. In fact, the American Association of Critical-Care Nurses (2016) considers authentic leadership to be a

professional and organizational "imperative [in order] to ensure sustained implementation of the other standards" (p. 11).

Avolio and Gardner (2005) contended the influence of authentic leadership on organizational climate is realized by "helping people find meaning and connection at work…restoring and building optimism…build[ing] trust and commitment…and by fostering inclusive structures" (p. 331). These are important considerations for Millennials who frame their workplace expectations in the context of their ability to participate in meaningful work with opportunities for advancement (Ng, Schweitzer, & Lyons, 2010). Arguably, the role of the leader cannot be separated from their influence on organizational culture. As nurse manager roles expand amid the pressures of organizational, economic, and healthcare delivery transformations (Warshawsky, Lake, & Brandford, 2013), authentic leadership provides the positive lens through which their "personal journey of self-discovery, self-improvement, reflection, and renewal" (Shirey, 2006, p. 263) may be realized. As leaders seek balance between organization and humanistic priorities, authentic leadership informs how Millennial nurse managers view the way "a positive organizational structure [that] supports authentic leadership [and] further encourages the repetition of AL behaviors" (Shirey, 2009, p. 189).

The theoretical frameworks used to guide this study offered a unique perspective for Millennial nurse managers on their roles in the hospital setting. Generational cohort theory provided perspective for this study as generational cohorts are perceived as cultures within systems, creating the conditions to develop generational sensitivity. As Millennial nurse managers navigate complex leadership roles, generational cohort theory provides a socio-cultural frame of reference and guides their understanding of workplace

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values and expectations. Bureaucratic caring guided this study by providing the view

with which Millennial nurse managers may interpret and practice caring in complex

environments, taking into consideration the balance requisites of humanistic and

organizational priorities. The complimentary nature of Ray's (1989) theory of

bureaucratic caring and authentic leadership theory served as a guide for understanding

the influence of contextual orientation in this study. Synergic in nature, Ray's theory

frames context in terms of balancing human and organizational priorities while authentic

leadership theory frames this influence in relation to the development and maintenance of

positive leader-follower relationships, taking organizational context into consideration

(Avoilo et al., 2004; Avoilo, et al., 2009). Further, authentic leadership theory provided a

framework for understanding how authentic behaviors frame the perspective of

Millennial nurse managers on their role and perception of role support within the

organizational milieu. Together the three theories used to guide this study revealed a

fabric of theoretical perspectives with which Millennial nurse managers may interpret

their leadership roles.

## Chapter Summary

Despite the urgency to transform care, meeting the challenge to lead this charge

cannot be accomplished without the successful recruitment and retention of Millennial

nurses for leadership positions. Seeking to understand the experience of being a

Millennial nurse manager is significant because it provides insight into the influences that

can support these nurses in leadership roles. In order to assure that these leaders are

successful in their roles, emerging nurse leaders must be supported through the process

(McCallin, Bamford-Wade, & Frankson, 2009; PWC, 2013). There are consequences to

discounting the importance of this charge. In the absence of aptly executed succession planning and leader support, the capacity to effectively lead reform efforts is conceded. By understanding the experience of Millennial nurses in manager roles, the effort to cultivate and retain qualified leaders may be positively influenced.

CHAPTER 2. REVIEW OF LITERATURE

The scholarly literature review provides a "fundamental understanding of the accumulated knowledge about the topic being reviewed" (Garrard, 2014, p. 4). Thus, by analyzing the body of work related to a designated idea, the researcher becomes equipped to synthesize the literature in a way that allows for a comprehensive understanding of concept evolution, current research, and opportunities for future inquiry (Garrard, 2014; Tappen, 2011). Although the review of the literature may begin at the onset of the study (Polit & Beck, 2006), for the phenomenological researcher, maintaining the intention to explore the concept and "learn from the participant" (Creswell, 2014, p. 29) remains central to the process. Nevertheless, by positioning the literature review at the forefront of the research, the researcher is able to familiarize themselves with what is known and what research is needed in order to contribute to and fill the gaps in a growing body of work (Polit & Beck, 2006). The process succeeds when the literature review provides context and support for the proposed research work while summarizing relevant work on the concept (Creswell, 2014).

This chapter explores relevant literature on nursing leadership, nurse manager roles, and generations in the workplace, with a focus on Millennials. In this chapter, relevant themes are clustered to outline (a) the workplace complexity associated with nurse manager roles, (b) leadership interest, (c) succession planning, (d) leadership retention, and (e) Millennials in the workplace. This review provides support for the need

to explore the perspectives of Millennial nurse managers on their leadership roles in the hospital setting.

## Nursing Leadership

The Institute of Medicine (2010) asserted "nurses must understand that their leadership is as important to providing quality care as is their technical ability to deliver care at the bedside in a safe and effective manner" (p. 6). Factors that contribute to nursing leadership are often characterized as:

- [individual leader] behaviors and practices,
- [individual leader] traits and characteristics,
- influences of context and practice settings, and
- leader participation in educational activities to develop leadership (Cummings et al., 2008, p. 243).

Cummings et al.'s (2008) review found essential leadership qualities may be enhanced through education. They cautioned that time in the role affects both competency development and increased levels of burnout (Cummings et al., 2008), providing insight into the complex nature of the position.

The ability to link nursing leadership to positive patient outcomes sets an important precedent for leadership research. Wong and Cummings (2007) linked leadership to positive outcomes, identifying measures that range from patient satisfaction and increased safety to complication reduction. In spite of the limited number of studies reporting on these findings, Wong and Cummings supported the positive relationship between leadership and patient results. These researchers anticipated that future studies will explore the contribution of leadership practices in relation to staff performance and

professional trajectory. This early review by Wong and Cummings was supported by

Brady Germain and Cummings (2010), who suggested that leaders who engage their staff

positively impact their performance and, as a result, patient outcomes. Expanding on their

original work, Wong, Cummings et al. (2013) proposed there is ongoing research support

for the significance of the relationships between structure (leadership style), process, and

outcome. This evolutionary perspective continues to place important emphasis on the

positive connections between relational leadership, patient satisfaction, mortality, and

adverse events (Wong, Cummings et al., 2013).

### Nurse Manager Roles and Workplace Complexity

Nurse manager competencies include a complex array of skills and capacity

elements that are attributed to role success. It is common practice for nurse manager

competency requisites to call for a substantial amount of relational and business acumen

(AONE & American Association of Critical-Care Nurses, 2015; Denker et al., 2015;

Huston, 2008; Sherman et al., 2007). Yet, despite identifying distinctive nurse manager

competencies (American Association of Colleges of Nursing, 2013; AONE & American

Association of Critical-Care Nurses, 2015), there are formidable challenges to filling

these critically important leadership positions and sustaining qualified leaders in the role.

Researchers Anthony et al. (2005) described the perception of nurse manager

roles, skills, and characteristics of the nurse manager role that effect staff retention while

assessing for differences of perception (of the nurse managers) delineated by their

academic preparation. They held four focus groups of experienced nurse managers

($n=32$), which revealed nurse manager roles were perceived to be professional,

administrative, and fiscal in nature (classified as structure-related) and process-related

(including elements of communication, conflict management, champion, and change agent) (Anthony et al., 2005). Notably, all the study groups identified staffing, retention, and stakeholder satisfaction as key role responsibilities. However, nurse managers with master's level preparation were able to present a more global and balanced depiction of the role, while acknowledging the role has an intermediary function by being uniquely positioned between administration and staff. Of particular interest was the finding that nurse managers perceived "accommodating and understanding nurses' lifestyle changes, especially those that reflect generational issues" (Anthony et al., 2005, p. 150) as a staff retention requisite.

Shirey et al.'s (2010) research on nurse manager stress, coping, and work complexity found that unrealistic performance expectations, limited resources, and increased workload influence nurse manager stress in the role. The qualitative descriptive data ($n$=21) findings indicated that individual and organizational (culture and control elements) strategies were needed to support nurse managers in the role (Shirey et al., 2010). More specifically, the scholars recommended that organizational structures are enhanced to support the nurse manager role and that the nurse manager role is redesigned to reflect realistic expectations. Additionally, the researchers suggested that succession planning models augment formal support for nurse managers so as to "modify the perceptions of younger nurses who see the manager role as unsupported" (Shirey et al., 2010, p. 90).

In a secondary analysis of two cross-sectional qualitative data studies, Warshawsky, Lake et al. (2013) reported on the practice environment factors that nurse managers perceived as limiting their role effectiveness. Consistent with Shirey et al.'s

(2010) findings, Warshawsky, Lake et al. (2013) identified that a notable increase in role complexity set a precedent for difficulty in managing competing priorities. The data revealed nurse managers cite manageable workloads, allocations for unit specific time, empowering directors, and a culture of collaboration as prerequisites to role effectiveness (Warshawsky, Lake et al., 2013). Paradoxically, the managers report the role often included an inability to disconnect from workplace responsibilities and limited resources with which they are expected to meet organizational goals. To combat this reality, the researchers recommended: (a) evaluating role expectations and meeting commitments, (b) allotting adequate resources, and (c) fostering accountability and decision making in order to facilitate nurse manager effectiveness (Warshawsky, Lake et al., 2013). Expanding on this earlier work, Warshawsky and Havens (2014) reported on retention data collected from nurse managers in U.S. hospitals. Although the survey participants (*n*=291) included experienced managers, the demographics revealed an average age of 47 years with only 45% of the nurse managers holding graduate level degrees or higher. The scholars reported that "62% [of nurse managers] planned to leave their current positions in the next 5 years" (Warshawsky & Havens, 2014, p. 36), citing burnout, career change, and retirement as the reasons why. However, the data revealed that nurse managers who are satisfied in their position are planning to leave as well. This finding challenged the research that links job satisfaction to the retention of staff nurses (Wilson, Squires, Widger, Cranley, & Tourangeau, 2008) and provided support for research that sought to understand the retention specifics of nurse managers. The researchers suggested that the short tenure of the leaders in the manager role further validates the need to better understand the disincentives explicit to nurse managers.

In line with Shirey et al.'s (2010) research, Moore et al.'s (2016) study that explored the nurse manager role (*n*=13) called for practice changes in the preparation, orientation, and support of nurse managers. Their qualitative research data suggested that a clear understanding of the nurse manager role facilitated the effective recruitment, retention, and satisfaction of its future leaders (Moore et al., 2016). The participants' insight into the role confirmed the complex nature of the position, adding that, despite being considered a good fit for the role, they struggle with balancing the expectation of a 24/7 responsibility (Moore et al., 2016). The data found negative and limited orientation experiences were common (75%); while a large percentage of current managers (69%) longed for mentoring that extended well into the leaders' tenure. The data revealed that nurse managers perceive that experience as a staff nurse prior to becoming a nurse manager remains a requisite for acceptance in the leader role (Moore et al., 2016).

**Leadership Interest**

Gauging the leadership interest of nurses has been understudied. Understanding the factors that influence the decision of Millennials to accept nurse manager positions has the potential to serve many stakeholders. Preparing the next generation of nursing leaders requires that current leaders identify and address the leadership interest and expectations of Millennial nurses.

Researchers have suggested that it is incumbent upon nurse leaders to acknowledge the variables that mediate leadership interest (Spence Laschinger et al., 2013; Wong, Spence Laschinger et al., 2013). Accordingly, they have maintained the factors that influenced nurses' interest in leadership include:

- Personal factors:

- o demographic factors: age, gender, degree, feasibility of further education;

- o personal factors: core self-evaluation;

- o leadership motivation factors: extrinsic motivation, leadership self-efficacy, intrinsic motivation;

- o career motivation factors: career motivation…satisfaction, occupational commitment;

- Situational factors:

- o leadership development opportunities: developmental experiences, access to a mentor, impact of formal mentoring;

- o perceptions of manager role: supervisor resonates leadership, support supervisor receives; and

- o current work experiences: person-job fit, work engagement. (Spence Laschinger et al., 2013, p. 219)

The demographic revelation that young nurses (up to 35 years old) were more attracted to management positions (Spence Laschinger et al., 2013; Wong, Spence Laschinger et al., 2013) has generationally specific relevance. By identifying this young demographic as potential leadership candidates, efforts to target their recruitment and developmental needs are better understood (Spence Laschinger et al., 2013; Wong, Spence Laschinger et al., 2013).

Likewise, key findings from Sherman et al.'s (2015) focus group research (*n*=32) that examined factors that influence the decision of Generation Y nurses to accept or reject leader roles identified Millennials' perception of role priorities, perceived

incentives to their accepting the role, and fears about assuming leader roles. Research findings have suggested that Millennials prioritized having the support of administration and fear failing as central factors in the decision to accept or reject leadership positions (Sherman et al., 2015). The authors maintained that illuminating the generational perspective on leadership roles provides important insight into meeting the needs of the next generation of nurse leaders.

Cziraki et al. (2014) found there are differences between workplace factors that create interest in assuming leadership roles and factors that retain nurse managers in the leadership role. In their qualitative exploratory descriptive study investigating factors that attract and retain RNs in their first nurse manager role (*n*=11), they found having a mentor assisted them to meet complex role challenges (Cziraki et al., 2014). Although attraction elements (meaningful work, advancement, and having personal and organizational resources) were found to differ from retention factors (pride, passion for the role, mentoring future leaders, and role growth), the data provide context to nurse manager role expectations and developmental timelines. Cziraki et al. articulated there is an ongoing need for the manager role to be clarified and discussed with RNs who may have leadership aspirations. They asserted sustaining nurse managers in the role requires mentoring and the support of administrators who commit to assessing workload complexity and span of control (Cziraki et al., 2014).

## Succession Planning

Without a pipeline of leaders who can co-create the conditions for professional growth, succession planning and the ability to advance practice suffers as a result (Robinson-Walker, 2013). By viewing leadership succession as a key business strategy,

Redman (2006) made a strong economic case for proactively planning for the organization's future leadership needs. However, in spite of the recognized need for succession planning (Denker et al., 2015; Griffith, 2012; McCallin et al., 2009; Robinson-Walker, 2013), Redman (2006) contended there often was a surprising absence of systematic planning for these key positions on the part of senior organizational leaders. Growing out of this concern, Redman maintained successful leadership succession included the following central elements:

- an administrative commitment to a succession plan in terms of value and implementation;
- assessment of leadership positions, current and potential leaders, and the idealized competencies and qualities for the role;
- gap analysis between current and future leadership needs;
- leadership development and mentoring programs; and
- the ongoing evaluation and adjustment of plan and process. (p. 296)

Through grant funding from the Robert Wood Johnson Foundation, Cadmus's (2006) query of patient care directors (first line managers) added that succession planning should include a focus on coaching, mentoring, and engagement directives that are generationally specific. Of interest is the recognition that many managers were promoted based on clinical skill, signaling the need to realign the academic preparation of its leaders in the manager role to a graduate level requisite (Cadmus, 2006). As the manager role and workplace change, so must the strategies with which leaders are developed (Cadmus, 2006). As such, Cadmus envisioned that the future of succession planning will

be designed around a strategic plan that accommodates multiple generations in the shared decision-making and accountability of its leaders.

The challenges to leadership succession are complex. Griffith (2012) suggested many of the challenges related to leadership succession planning stem from the difficulties surrounding the complexities of leader "identification, recruitment, development and retention" (p. 900). Like Redman (2006), Griffith (2012) contended planning for succession often was disjointed and inconsistently implemented. Acknowledging this fragmentation, Griffith affirmed there are operational realities that complicate the pressing need to develop an ample supply of capable leaders. Nevertheless, when succession planning "result[ed] in the preservation of organizational culture, commitment, continuity, and vision" (Griffith, 2012, p. 901), it was considered to be effective, a distinction with important organizational repercussions.

Robinson-Walker (2013) added that despite having a conceptual appreciation for the importance of succession planning, formal organizational resources were not always prioritized to support these needs. Nevertheless, Robinson-Walker considered it to be the leader's role to craft the environmental circumstances that allow for a culture of developmental commitment (independent of a budget line-item). In effect, Robinson-Walker attested leadership investments are being made through role modeling. Nurses who are watching leaders currently in the role are forming opinions about their personal leadership trajectory, re-affirming the need to be mindful of the influence of these impressions (Robinson-Walker, 2013).

Much of the succession planning literature paints leadership succession needs with a broad brush. Fewer scholars on the subject look at the specifics of succession

planning that are unique to nurse managers, despite their being responsible for

"organizational culture, work environment characteristics, employee morale and patient

outcomes" (Titzer & Shirey, 2013, p. 163). With this intention, Titzer and Shirey (2013)

detailed the value of having an action-oriented plan for nurse manager succession as

follows:

- 'pipeline' of potential leaders;

- decreased recruitment costs;

- continuity of organizational mission, values, and goals;

- improved retention and recruitment…increased advancement opportunities;

- improved leadership competency;

- decreased leadership role stress; and

- healthy environment. (p. 159)

Ultimately, being able to articulate the organizational benefits of nurse manager

succession planning created support for the capital funding needed for developmental

resources (Titzer & Shirey, 2013). Building on their earlier work, Titzer et al.'s (2014)

research on leadership competency perceptions provided support for succession planning

that incorporated developmental programs into the organizational strategic plan. Their

research suggested that leader role success was facilitated by increasing the nurses'

perception of their management competency (a proficiency that was mediated by this

insight) (Titzer et al., 2014). As a consequence, the internal pool of potential leadership

candidates is augmented as a result, further validating the need for organizational support.

**Leadership Retention**

Nursing leadership is plagued with failed transitions (Manderscheid &

Ardichvilli, 2008); short tenure (Mackoff & Triolo, 2008a, 2008b; Warshawsky &

Havens, 2014); competing opportunities for advanced practice roles (Rudan, 2002); and a

complex interrelated network of personal, position, and organizational factors that

influence the nurse manager's intent to stay in the role (Brown et al., 2012). Retaining

nurses in leader roles has far reaching personal and professional implications. It follows

that understanding the barriers to retaining Millennial nurse managers in their role and

understanding Millennial nurse manager role satisfiers warrants further study.

Manderscheid and Ardichvilli's (2008) study on the factors that influence

leadership transition found that these crucial transitions fail at an alarming rate.

Facilitating successful transitions has personal, organizational, and financial

consequences (Manderscheid & Ardichvilli, 2008; PWC, 2007). The authors contended

managing the perceptions of staff, the capacity to align expectations, and managing

feedback from subordinates are antecedents to successful transition into leadership roles

(Manderscheid & Ardichvilli, 2008). That is to say, transition success was measured by

the ability to perceive one's self as confident and competent in the new role, autonomous,

and accepted by others (MacClellan, Levett-Jones, & Higgins, 2015).

Research indicated enculturation assists to accomplish the goal of successful

transitions. Tuttas (2011) articulated enculturation (derived from the broader construct of

culture) extended beyond orientation, positing collaborative work environments mediate

more than effective on-boarding. Because enculturation incorporates the capacity to

socialize and integrate into existing environmental culture (Tuttas, 2011), it was

important to frame the developmental and transition experience of a multi-generational workforce in relation to this effort (Sherman, 2006). This perspective further informed the understanding of leadership progression variables that influenced the potential for successful outcomes.

According to Mackoff and Triolo (2008a, 2008b), there was a link between engagement and nurse manager retention. In their qualitative study of nurse managers ($n$=30) funded by the Robert Wood Johnson Foundation, engagement was characterized by "longevity and excellence" (Mackoff & Triolo, 2008a, p.123) and considered to be the foundation for nurse manager role retention. The data revealed there are 10 key leader behaviors (Mackoff & Triolo, 2008a) and five organizational culture elements (Mackoff & Triolo, 2008b) that contributed to the decision to stay in the nurse manager role. Their work highlighted the leadership retention benefits that derived from cultures of learning (educational opportunities), regard (empowerment), meaning (value alignment), generativity (mentoring), and excellence (standards and expectations) (Mackoff & Triolo, 2008b). Additionally, their work suggested that effectively transitioning and socializing nurse managers in the role was a precursor to engagement and, by extension, retention.

Hewko, Brown, Fraser, Wong, and Cummings's (2015) research on retention factors for nurse managers emphasized the ongoing need to support nurse managers in the role. The participants ($n$=95) reiterated workload, the inability to positively influence quality, poorly allocated resources, and the lack of empowerment structures were significant influences on the decision to leave their position within the next two years (Hewko et al., 2015). These findings were consistent with Warshawsky, Lake et al.'s (2013) research linking role effectiveness to the demands of the manager job. Growing

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out of this, Hewko et al. (2015) recommended that an organizational commitment to aligning organizational values to role expectations was necessary to yield a healthy work environment and quality care.

## Generational Literature

The nursing workforce is multi-generational (Berkowitz & Schewe, 2011; Carver & Candela, 2008; Hendricks & Cope, 2012; Saber, 2013) with each generation (Veterans, Baby Boomers, Generation X, and Millennials) bringing their own unique value system into the workplace. A commitment to understanding generational values frames the point of reference with which to come to know the unique perspective of individuals who share life experiences, birth years, and point of view.

The literature reported that members of shared generations experience "historical, political, and social events that shape their core values, work ethic, and economic movement" (Boychuk Duchscher & Cowin, 2004, p. 494). It was offered that by exploring the beliefs and expectations unique to generations, healthy work environments, retention, and recruitment may be realized as a dividend of this understanding (Lieter et al., 2010). Thus, the capacity to appreciate the shared experiences of a generational cohort offers insight into the collective value system of its members (Sherman, 2006). Likewise, Berkowitz and Schewe (2011) positioned generational understanding as an appreciation for cohort values and behavior differences, a competency that remains particularly important in the context of today's multi-generational workplace.

### Generations in the Workplace

The value attributed to studying generations in the workplace is not limited to nursing. In their study of generational differences in work values, outcomes, and person-

organization value fit, Cennamo and Gardner (2008) found a mismatch between organizational and employee values was associated with decreased job satisfaction, commitment to organizations, and intent to leave, independent of generation. Through questionnaire data, the cross-sectional sample of employees (*n*=504) representing various industries revealed generational value differences for status and freedom, with more importance placed on these values by Generation Y. This finding suggested Millennials may be more willing to leave organizations that do not meet these needs (Cennamo & Gardner, 2008). Additionally, Cennamo and Gardner reported Generation X and Generation Y employees valued status more than Boomers, adding that Generation Y workers prioritized workplace freedom more so than Generation X and Boomers.

Twenge and Campbell (2008) examined generations in the workplace through a psychological lens. In their review of quantitative data on generational differences, the researchers, while controlling for age, reported on data spanning eight decades. The theoretical basis for their research conceded "that generation is a meaningful psychological variable, as it captures the culture of one's upbringing" (Twenge & Campbell, 2008, p. 863). The researchers noted there was a relationship between the higher level of self-esteem observed among today's younger generations and workplace expectations than those of their 1960s counterparts. They suggested that Millennials, whom the authors referenced as "GenMe" (Twenge & Campbell, 2008, p. 866) had a strong affinity for employers who follow through on workplace assurances, which was perceived by these young employees as a contract with which institutional veracity may be measured (Twenge & Campbell, 2008). Their work illuminated the creative and socially free characteristics of young workers, providing context for their reputation for

job mobility (Twenge & Campbell, 2008). The scholars emphasized that, when generations are managed well, these findings translate to organizational health and strength for the business savvy leader.

Hansen and Leuty's (2012) research on work values across generations (Veterans ($n$=371), Boomers ($n$=1179), and Generation X ($n$=139) utilizing the Minnesota Importance Questionnaire (MIQ) found generation influences work values. Data results suggested generational differences, while accounting for age, may predict values related to working conditions, authority, and co-workers. The researchers found Generation X workers placed more emphasis on the importance of working conditions than Veterans (Hansen & Leuty, 2012). Additionally, they found that security is found to differ along generational lines. For example, Veterans and Boomers aligned security with the organization, while Generation X employees framed security in terms of their profession. The researchers cautioned that although the statistically significant differences were small, there is value in understanding the way each generation interprets the fulfillment of work values (Hansen & Leuty, 2012). This research reinforced the link between generational knowledge and congruence between values and environments.

**Generations in the Nursing Workplace**

The early descriptive work of Carver and Candela (2008) suggested that when nurse managers are able to understand generational differences, they are more fully prepared to develop the organizational commitment of a multi-generational workforce. The authors attested generational diversity was most productively viewed by managers as priority differences rather than as "character flaws" (Carver & Candela, 2008, p. 988). Their review of organizational commitment framed by generational understanding

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suggested retention (staying in the role) and commitment are not synonymous (Carver &

Candela, 2008). In fact, they purported commitment was actualized through employee

engagement (Carver & Candela, 2008). The authors reported that different generations

may look for different workplace characteristics when seeking employment and deciding

to stay. Thus, by understanding generational needs of nurses, nurse leaders were better

able to develop their organizational commitment (Carver & Candela, 2008).

In a retrospective survey design, Wilson et al. (2008) explored the influence of

generation on job satisfaction. Analyzing data from ($n$=6,541) RNs using the McCloskey

Mueller Satisfaction Scale (MMSS), the scholars suggested Generation X and Generation

Y nurses were significantly less satisfied than Boomers in measures of overall job

satisfaction. They proposed that targeting the satisfaction drivers of younger nurses made

good succession planning sense (Wilson et al., 2008). The researchers suggested decision

making empowerment (including scheduling flexibility), shared governance structures,

and professional development opportunities were important considerations in workplace

satisfaction, particularly for younger generations (Wilson et al., 2008).

In their review of generational diversity literature, Hendricks and Cope (2012)

framed generational understanding through the lens of the nurse manager. They

maintained it is the responsibility of nurse managers to understand the generational

competency requisites of the leader role. They found generational value differences

existed in beliefs about communication, commitment, and compensation (Hendricks &

Cope, 2012). For example, the authors reported that younger nurses were comfortable

contributing their opinions and speaking up; behaviors that could be perceived as

disrespectful by older nurses (Hendricks & Cope, 2012). Additionally, they suggested

that Generation X nurses were generally less interested than Boomers in participating in the process of further developing nursing as a profession, even though Gen Xers were generally considered to be adaptable employees. In this regard, comprehending generationally diverse values, expectations, and perspectives was expressed as a generationally sensitive management practice and viewed by managers as a strategy to increase workplace cohesion (AHA, 2014; Hendricks & Cope, 2012).

Saber's (2013) review explored the generational differences in workplace factors that were linked to the job satisfaction of nurses. Saber suggested addressing the generationally specific needs of nurses reduced workplace tension and conflict, maintaining generations viewed workplace commitments differently. For example, Boomers consider the staffing needs of the unit when they agree to pick up an extra shift, whereas Generation X nurses consider the individual benefits to their agreeing to additional work (Saber, 2013). The review found Boomers valued loyalty, while job satisfiers for Millennials often were met with flexibility and balance (Saber, 2013). Despite these and other differences, each generation brings unique value to the organization: Boomers through knowledge and expert practice and younger generations through technological savvy and optimism (Saber, 2013).

**Millennials in the Nursing Workplace**

In their research exploring the workplace expectations of new nurses, Lavoie-Tremblay, Leclerc, Marchionni, and Drevniok (2010) found recognition, stability, and scheduling flexibility to be some of the key drivers in meeting the professional needs of Millennial nurses ($n$=35). Consistent with Cennamo and Gardner's (2008) work, Lavoie-Tremblay et al.'s (2010) research underscored the importance of acknowledging that

Millennials have a propensity for choosing a workplace based on what works for them and a willingness to leave if their needs are not met. This qualitative work conceded that identifying what motivates Millennials in the workplace is a critical first step in the ability to develop and grow these young professionals.

According to Tourangeau, Thomson, Cummings, and Cranley (2013), there are generation-specific retention incentives and disincentives. The researchers' cross-sectional survey results from Canadian nurses (*n*=3,950) working in acute care hospitals found all generations (Baby Boomer, Gen X, Gen Y, Millennials) prioritized realistic workloads first and then ratios second as incentives to stay in their current position. However, the data suggested that there are statistically significant distinctions (across generations) related to pay, leader support, and schedule flexibility (Tourangeau et al., 2013). According to the authors, Millennials prioritized these incentives as third to fifth in order of priority after workload and ratios (Tourangeau et al., 2013). Additionally, their research found that 78% of Millennial participants cite having other opportunities most often as the leading disincentive to staying in their current role (Tourangeau et al., 2013). The authors maintained it was important to consider the propensity for younger generations to "consider other employment opportunities…if outside opportunities are considered more desirable" (Tourangeau et al., 2013, p. 480).

## Knowledge Gap

Little research is found in the literature on the experience of being a nurse manager and the relationship of those experiences informed by generational specifics (Saber, 2013). The gap in knowledge exists as a result of the sparse research linking generational values to leadership experiences. Scholars acknowledged that research is

needed to better understand the manager role and the effect of role support on sustaining

competent nurses in these crucial positions (Cziraki et al., 2014). Also, there were few

studies that provide data from leaders on their perceptions of leadership and role

development needs (Denker et al., 2015). Hansen and Leuty (2012) contended research

was needed to better understand "how each generation may have similar values, but

different means to satisfy these values" (p. 48). In this regard, understanding the values

and expectations of Millennials currently in nurse manager roles has the potential to

reveal many critical implications for retaining and developing these essential personnel.

**Link to Caring Science**

Despite the professional obligation to cultivate leaders, leadership cannot be

separated from caring theory drivers (Pipe, 2008) if the outcome of developing caring

leadership is to be achieved. Reaffirming the alignment between leadership and caring is

realized by viewing outcomes in terms of the patient, the nurse, and the organization,

while acknowledging the interrelated influences of organizational culture, patient care

and the "job characteristics of the nurse" (Huddleston, 2014, p. 51). As such, there are

benefits to conducting research that provides the Millennials' perspective of the nurse

manger role when framed by caring theory.

O'Connor (2008) proposed that caring competencies are framed by the following

leadership dimensions:

- holding the truth,

- intellectual and emotional self,

- discovery of potential,

- [the] quest for the adventure towards knowing,

- diversity as a vehicle to wholeness,

- appreciation of ambiguity,

- knowing something of life,

- holding multiple perspectives without judgment, and

- keeping commitments to oneself. (p. 22)

O'Connor purported leaders embody caring by way of reflecting and acting on these dimensions as a means to developing self as a caring leader. It follows that Dyess, Prestia, and Smith (2015) proposed the fusion of caring and resiliency were integral to sustaining nurse leaders. In this regard, Dyess et al. posited leaders expressed caring through "honesty, authenticity, growth, hope, and trust" (p. 108), which establishes an important point of reference from which their complex responsibilities may be actualized. The opportunity to explore the experience of nurse managers through a generational lens informs caring practice. Understanding the values and development needs of Millennial nurse managers directly impacts their path as caring leaders. As such, the significance of leadership framed by generational fluency may be enhanced through meaningful and relevant inquiry. By understanding the perception of Millennial nurse managers on their roles, the potential to influence the development of a caring nurse leader may be positively influenced as a result of this knowledge.

**Chapter Summary**

Appreciating the relationship between leadership, generational values, and retention has implications for organizational health. By denying these affiliations, elements of the leadership experience that may positively influence the growth of its leaders may be overlooked. When the relationship between leadership is aligned with the

generational expectations and values of millennial leaders, a richer understanding of the

journey into caring professionals may be formed. Comprehending the influence of

generationally sensitive leadership is offered as a potential solution to the challenge of

retaining Millennial nurse managers in practice.

CHAPTER 3. METHODOLOGY

Qualitative research is understood "to describe and clarify experience… methods [that] are specifically constructed to take account of the particular characteristics of human experience and to facilitate the investigation of experience" (Polkinghorne, 2005, p. 138). Qualitative inquiry is grounded by a process of emerging discovery, with "a common goal of understanding, rather than measuring, phenomena from the 'bottom-up' (i.e., from the data to the findings)" (Forman, Creswell, Damschroder, Kowalski, & Krein, 2008, p. 765). Key elements of qualitative research include the researcher as the instrument, a rich description of phenomenon, and the use of inductive reasoning (Forman et al., 2008; Tappen, 2011; Welford, Murphy, & Casey, 2012). In this regard, qualitative inquiry is uniquely positioned to provide strategies "for addressing practical problems that arise in complex environments" (Forman et al., 2008, p. 765).

A phenomenological lens provided perspective for this qualitative study. At its core, phenomenological research seeks to "describe the common meaning for several individuals of their lived experience of a concept or phenomenon" (Creswell, 2013, p. 76). For the phenomenologist, the capacity to "capture the meaning … or essence" (Starks & Trinidad, 2007, p. 1374) is achieved through the diligent analysis of the experience. While phenomenology allows for the researcher's description and exploration of subjective experiences, maintaining openness to the presented dialog remains a hallmark of the methodological structure (Converse, 2012).

**Research Questions**

The aim of this qualitative phenomenological study was to explore and describe how Millennial nurse managers experience their leadership roles in the hospital setting. Thus, the research questions posed in this study asked:

- What is the experience of being a Millennial nurse manager in the hospital setting?

- What organizational factors influence the Millennial nurse leaders' satisfaction in the role, perceptions of support and development, role expectations, and intent to stay and grow in the leadership role?

**Research Design**

To answer the research questions for this study, a qualitative interpretative phenomenological research design was conducted. The study was framed by Heidegger's interpretative principles and Gadamerian influences. Philosophically, the phenomenological lens provided the researcher with the ability to understand phenomena "in terms of their meanings" (Giorgi, 2005, p. 77). From a methodological standpoint interpretative phenomenology "[is] useful for describing human experience…in relation to historical, social and political forces that shape meanings" (Wojnar & Swanson, 2007, p. 175). Regarded as both a philosophy and methodology (Lopez & Willis, 2004), the interpretative (hermeneutic) design allowed for the researcher to uncover understanding by asking what it means to be, through interpretation, while acknowledging the influence of context (McConnell-Henry, Chapman, & Francis, 2009; Wojnar & Swanson, 2007). With an interpretative lens, an individual's culture and background provide context for understanding (Laverty, 2003). For the phenomenologist, the hermeneutic process "is

circular, moving back and forth between the whole and its parts" (Wojnar & Swanson, 2007, p. 175). Advancing this notion, Gadamer emphasized the connections between "the details of the text and the interpreter of the text" (Converse, 2012, p. 30) by acknowledging the researcher's relationship to the phenomenon (Laverty, 2003).

By framing this study with an interpretative lens, the ontological perspective accepts that reality is explicitly created by the knower, while epistemologically, it is believed that relationships exist "between the knower and the known" (Laverty, 2003, p. 26). From a methodological standpoint, the interpretivist design anticipated the evolution of perspective resulting from the interaction with participants (Laverty, 2003). Thus, the appropriateness of the research design plan was reflected in the goal to "describe [the] human experience … in relation to historical, social and political forces that shape meaning" (Wojnar & Swanson, 2007, p. 175).

### Researcher Bias/Assumptions

In interpretative phenomenological work, researcher presuppositions are regarded as meaningful – elements that assist the scholar to realize the need to examine understudied phenomenon and guide the examination process (Lopez & Willis, 2004). Thus, awareness of and accounting for an individual's fore-structure (pre-understanding) is essential to the hermeneutic process of understanding (Laverty, 2003; Wojnar & Swanson, 2007). Acknowledging an individual's presuppositions and practicing self-reflexivity represents "honesty and authenticity" (Tracy, 2010, p. 842) in qualitative research. Reflexivity is the researcher's critical examination of their self, values, and perspective in relation to the potential to influence data collection and analysis (Clancy, 2013; Tappen, 2011; Tracy, 2010; Walker, Read, & Priest, 2011). For the qualitative

researcher, reflexivity "provides transparent information about the positionality and personal values of the researcher" (Walker et al., 2011, p. 38). To demonstrate a reflexive position, the researcher in this study acknowledged both an academic and practice knowledge of Millennials and leadership roles. As a nurse educator who teaches leadership at a university to undergraduates with a large Millennial demographic, the researcher facilitates and participates in discussions about leadership expectations and the nurse manager role. Also, the researcher has been a co-investigator on an earlier study examining factors that influence Generation Y nurses (Millennials) to consider or reject leadership roles (Sherman et al., 2015). As an academic-practice partnership faculty liaison who oversees scholarship students in the practice setting, the researcher works in close contact with hospital leaders (nurse managers and directors). These reflexive examples provided context for the positionality of the researcher (Clancy, 2013).

**Method**

**Sampling and Setting**

This study explored the meaning of concepts by gathering data from select individuals who have experienced the phenomena to understand their lived experiences (Creswell, 2013; Forman et al., 2008; Laverty, 2003). The perceptions of Millennial nurse managers who are "a heterogeneous group… [sharing] both subjective experiences of the phenomenon and objective experiences of something in common" (Creswell, 2013, p. 78) were explored. Fundamental to a phenomenological study, the researcher ensured participants had experienced the phenomena being studied through the purposeful nature of participant sampling (Creswell, 2013; Tappen, 2011). The population for this study included licensed RNs with the following inclusion criteria: (a) currently employed full-

time as a nurse manager in a hospital setting; (b) have worked in the nurse manager role for at least one year; (c) are Millennials (born between 1980-2000); and (d) can communicate with the investigator in English.

**Recruitment**

A purposeful, targeted sample of Millennial nurse managers currently working in the formal nurse manager role (with no less than one year of role experience) in the hospital setting was recruited after obtaining Institutional Review Board (IRB) approval from Florida Atlantic University (Appendix A) for this study. Additionally, convenience sampling (nurse managers known to the researcher) and snowball sampling (participants referred to the researcher by other study participants) were utilized to achieve data saturation. Permission was sought from the American Organization of Nurse Executives (AONE) Director to post an advertisement for research participants on the AONE's electronic weekly newsletter. Documentation from the AONE director indicating advertisement approval (Appendix B) was obtained and included in the IRB submission documentation. The recruitment of Millennial nurse managers for the study included the following:

- A recruitment announcement (Appendix C) for the study was placed in the nationally distributed AONE weekly electronic newsletter, and direct contact was made by the researcher.

- The researcher contacted prospective participants by email to introduce the study, explain its significance, and requested that interested parties reply to the email.

- Interested nurse managers were contacted by the researcher within one week of receiving their reply to set up an interview appointment.

- The proposed interview questions (Appendix D) and informed consent (Appendix E) documents were emailed to interested prospective nurse manager participants prior to the interview for their review.

- Informed consent and demographic survey information (Appendix F) were obtained from participants prior to the beginning the interview questions.

Time was allotted to answer any questions the participant may have had prior to the interview. No incentives were provided to the participants for their participation in the study.

**Participant Descriptions**

Twenty-five Millennial nurse managers who met inclusion criteria consented to participate in the study. Participants completed the nurse manager demographic survey immediately prior to beginning the interview questions. The following demographic survey data were collected from the Millennial nurse manager participants: gender, age, ethnicity, years of nursing experience, years of experience as a nurse manager, the number of nurse manager roles held, the highest level of nursing education completed, certification(s) held, the identification of any academic degrees obtained outside of nursing, their current status in pursuit of a higher academic degree, the type of hospital in which they worked, magnet designation, facility bed size, and the number and type(s) of unit(s) they managed. Additionally, the demographic survey revealed the following: the number of patient beds and full-time equivalents (FTEs) they managed, annual budget/unit(s), formal leadership development program participation, mentor/coach

assignment, if they plan to leave their current position, and if they plan to seek another leadership role.

**Demographic Results**

The age of participants ranged from 28-36 years of age (mean age 32.4), of which 22 (88%) were female and 3 (12%) were male. Of the 25 Millennial nurse managers who participated, 19 (76%) self-identified as White/Caucasian, 1 (4%) self-identified as White/Hispanic, 3 (12%) self-identified as Hispanic, and 2 (8%) self-identified as Black/African-American. The participants represented 13 states including: Arizona (1), California (2), Colorado (1), Florida (6), Illinois (2), Nebraska (1), Pennsylvania (4), Michigan (2), New York (2), Delaware (1), Wisconsin (1), Indiana (1), and Kansas (1). Experience was reported by the participants as: years of experience as a nurse (mean 9.2 years) and years of nurse manager experience (mean 2.6 years). Of the 25 Millennial nurse manager participants, 18 (72%) were currently in their first nurse manager role, while the remaining participants 7 (28%) reported having held two or more manager roles (including their current nurse manager role). This demographic information is reported in Table 1.

Table 1

*Participant Demographics: Age, Gender, Ethnicity, Location, Experience, and Role*

| Characteristics | Demographic Data | |
| --- | --- | --- |
| | *N* (%) | Mean (Range) |
| Age | | 32.4 (28-36) |
| Gender | | |
|    Male | 3 (12) | |
|    Female | 22 (88) | |
| Ethnicity | | |
|    Black/African American | 2 (8) | |
|    Caucasian/White | 19 (76) | |
|    Hispanic | 3 (12) | |
|    White/Hispanic | 1 (4) | |
| Geographic Location | | |
|    Arizona | 1 (4) | |
|    California | 2 (8) | |
|    Colorado | 1 (4) | |
|    Delaware | 1 (4) | |
|    Florida | 6 (24) | |
|    Illinois | 2 (8) | |
|    Indiana | 1 (4) | |
|    Kansas | 1 (4) | |
|    Michigan | 2 (8) | |
|    Nebraska | 1 (4) | |
|    New York | 2 (8) | |
|    Pennsylvania | 4 (16) | |
|    Wisconsin | 1 (4) | |
| Experience | | |
|    Amount of Nursing Experience | | 9.16 (3.8-14) |
|    Amount of Nurse Manager Experience | | 2.65 (1-5) |
| First Nurse Manager Role | | |
|    Yes | 18 (72) | |
|    No | 7 (28) | |

*Note*. *n*=25

The highest level of nursing education earned by the participants was a Master's degree 14 (56%). One Master's prepared participant, currently in school, indicated they would be completing a Doctor of Nursing Practice (DNP) degree within three months of the interview. Bachelor of Science (BSN) degree preparation was achieved by the remaining 11 (44%) participants. Eighteen (72%) of the 25 participants reported they held specialized certification, and 7 (28%) held academic degrees outside of nursing. Of the 25 participants, 5 (20%) indicated that they currently were enrolled in school pursing a higher academic degree. One BSN-prepared participant indicated they were registered to begin classes for a Master of Science degree program in the fall of this year. This academic demographic information is presented in Table 2.

The hospital's profit status was identified by participants as: 23 (92%) not-for-profit, 1 (4%) for-profit, and 1 (4%) federal government. The number of facilities with Magnet designation totaled 13 (52%), while 3 (12%) participants indicated to the researcher that their facility was on the [Magnet ®] journey. Ten (40%) participants reported their facility designation as an academic medical center; 4 (16%) classified their facilities as community teaching; 9 (36%) as a community hospital; and 2 (8%) as critical access/rural, respectively. Facility bed size was indicated according to the following tiers: 2 (8%) had fewer than 100 beds, 4 (16%) had 100-199 beds, 6 (24%) had 200-299 beds, 5 (20%) had 300-399 beds, 1 (4%) had 400-499 beds, and 7 (28%) had more than 500 beds.

Table 2

*Participant Demographics: Academics*

| Characteristic | Demographic Data N (%) |
|---|---|
| Highest Nursing Degree | |
| Bachelor degree | 11 (44) |
| Master degree | 14 (56) |
| Academic Degree Outside of Nursing | |
| Associate degree | 2 (8) |
| Bachelor degree | 2 (8) |
| Master degree | 2 (8) |
| No | 18 (72) |
| Yes, degree undisclosed | 1 (4) |
| Currently in School | |
| No | 19 (76) |
| Yes | 5 (20) |
| No, but registered to begin program | 1 (4) |
| Certification | |
| No | 7 (28) |
| Yes | 18 (72) |

*Note*. n=25

Nine (36%) of the participants reported they manage more than one unit. The types of unit managed by participants included the following designation: medical-surgical/telemetry (7) critical care (intensive care units/emergency room) (6), labor delivery/mother-baby/pediatrics (7), long-term/rehab (3), other (4), and progressive care/stepdown (6). Unit counts reported acknowledged that some managers oversee more than one unit/type. For 23 of the participants the number of patient beds managed ranged from 12-70 (mean 34.1), while 2 of the participants reported they managed float-pool or centralized units, and did not report the number of beds managed. The number of full-

time equivalents (FTEs) ranged from 11-220 (mean 76.35) reported by 24 of the participants, with 1 participant indicating they were unsure of the FTEs total. The annual unit(s) budget was reported by 11 (40%) of the 25 participants, with the remaining 15 (60%) participants reporting they were unsure of the figure. Hospital characteristics and span of control information are reported in Table 3.

Table 3

*Participant Demographics: Hospital Characteristics and Manager Span of Control*

|  | Demographic Data | |
| --- | --- | --- |
| Characteristics | *N* (%) | Mean (Range) |
| Hospital Status | | |
| Not-For-Profit | 23 (92) | |
| For-Profit | 1 (4) | |
| Federal Government | 1 (4) | |
| Magnet® Designation | | |
| No | 9 (23) | |
| Yes | 13 (52) | |
| On Journey | 3 (12) | |
| Hospital Type | | |
| Academic Medical Center | 10 (40) | |
| Community Teaching | 4 (16) | |
| Community | 9 (36) | |
| Critical Access/Rural | 2 (8) | |
| Facility Bed Size | | |
| Less Than 100 | 2 (8) | |
| 100-199 | 4 (16) | |
| 200-299 | 6 (24) | |
| 300-399 | 5 (20) | |
| 400-499 | 1 (4) | |
| More Than 500 | 7 (28) | |
| Manage More Than One Unit | | |
| No | 16 (64) | |
| Yes | 9 (36) | |

Table 3 (cont.)

|  | | Demographic Data | |
| Characteristics | $N$ (%) | Mean (Range) |
| --- | --- | --- |
| Type of Unit's Managed[1] | | |
|    Medical Surgical/Telemetry | 7 (28) | |
|    Critical Care | 6 (24) | |
|    Labor Delivery/ Mother Baby/ Pediatrics/PICU | 7 (28) | |
|    Long-term/Rehab | 3 (12) | |
|    Other | 4 (16) | |
|    Progressive Care/Stepdown | 6 (24) | |
| Patient Beds Managed[2] | | 34.1 (12-70) |
| Full Time Equivalents (FTEs) Managed[3] | | 76.35 (11-220) |
|    Unsure | 1 (4) | |
| Annual Budget[4] | | 13,209,090 (1.3-34.0) |
|    Unsure | 15 (60) | |

*Note.* *n*=25.

[1] Type of Unit(s) Managed do not total *N*=25 to account for nurse managers who oversee more than 1 unit.

[2] Mean Patient Beds Managed is based on *N*=23 (2 participants indicated they managed float/centralized units and did not indicate number of beds managed).

[3] Mean FTEs Managed is based on N=24 (1 participant indicated they were unsure of FTEs total).

[4] Mean Annual Budget (in millions) is based on N=11 participant responses (15 participants indicated they were unsure of budget total).


Participation in a formal leadership development program was acknowledged by 15 (60%) of the 25 participants. Seven (28%) participants reported mentoring/coaching was assigned by their organization, with the remaining 18 (72%) not assigned a mentor/coach. Sixteen (64%) participants reported they plan to stay in their current role over the next two years, while 8 (32%) participants indicated they were not certain, and 1 (4%) reported affirmatively they plan to leave their current position. When asked if they would seek another leadership role if they left their current position, the Millennial nurse manager participants reported: 15 (60%) yes, in their current hospital/system; 6 (24%) yes, but not certain if they would stay in their current hospital/system; and 4 (16%) not

certain. Leadership development, mentoring, and retention information are reported in Table 4.

Table 4

*Participant Demographics: Leadership Development, Mentoring, and Retention*

|  | Demographic Data |
| --- | --- |
| Characteristic | *N* (%) |
| Leadership Development Program Participation | |
| No | 10 (40) |
| Yes | 15 (60) |
| Mentor/Coach: Assigned | |
| No | 18 (72) |
| Yes | 7 (28) |
| Plan to Leave Current Role Within 2 Years | |
| No | 16 (64) |
| Not Certain | 8 (32) |
| Yes | 1 (4) |

## Data Generation

The goal of this study was to explore the experience of being a Millennial nurse manager to understand how these young nurse managers make meaning of their lived experience. Interested participants were scheduled for interviews and emailed the demographic survey, interview questions guide, and the informed consent documents for their review prior to the scheduled interview. Demographic information was completed by the participant immediately prior to beginning the interview. Audio recorded telephone interviews were utilized to capture the study data. Telephone interviews allowed for access to participants otherwise unavailable to the researcher (Creswell, 2013). Semi-structured, open-ended, individualized interviews were conducted. The

discussions were guided by 11 questions that were established by the researcher to guide the interviews.

All the recorded audio files were reviewed by the researcher to ensure completeness and accuracy. The audio recordings of the telephone interviews allowed the researcher to capture the participants inflections, pauses, and intonations (Converse, 2012) and note such articulations within the transcriptions. Each recording was transcribed verbatim.

A statement inviting the participants to describe their experience as a nurse manager began the interview and consequently served to expand on demographic and work experience data. The interviews lasted between 22-62 minutes (mean 38.52). Participants were allowed interview time flexibility and interviews stopped when the participants determined they had fully expressed their thoughts. With the goal to invite rich dialog, each telephone interview was facilitated at a time purposefully chosen by the participant and agreed upon by the researcher.

## Data Analysis

The aim of data analysis for this phenomenological study was to "clarify the meaning of all phenomena" (Giorgi, 2005, p. 77). In this regard, hermeneutic analysis "attempt[ted] to reveal those shared practices and common meanings which are embedded in everyday lived experiences" (Little, 1999, p. 700). Data analysis of the telephone interviews followed the procedural outline developed by Colaizzi (1978), which included the following steps:

- reading and re-reading descriptions [verbatim transcriptions],
- extracting significant statements,

- formulating meanings,

- categorizing into clusters of themes and validating with original text,

- describing,

- returning to participants, and

- incorporating any changes based on informants' feedback. (Wojnar & Swanson, 2007, p. 177)

Dailey (2010) suggested Colaizzi's (1978) 7-step process allows the researcher to become perceptive to the "feelings and attitudes described by participants" (Dailey, 2010, p. 4). By approaching data analysis with an interpretative lens, the process assumed a "co-construction of the data with the participant" (Laverty, 2003, p. 30). With a focus on the "cares and concerns of participants" (Clancy, 2013, p. 12), the analysis of this interpretative phenomenological data met the fundamental requirements central to the research methodology.

Initial transcripts were read, compared to audio-recordings for accuracy, and re-read. Transcribed interviews were analyzed for significant statements and meaning units. Textural and structural descriptions were employed to elicit descriptions, which served to portray the essence of the experience (Creswell, 2013) of being a Millennial nurse manager. Qualitative data analysis in this study moved inductively from the raw narrative data to thematic identification and pattern identification (Forman et al., 2008). Additionally, paper/ pencil (highlighting/copy-pasting) data coding and analysis was complimented by the utilization of Dedoose[©] (Version 7.0.23). The benefits to the researcher of working with Dedoose[©] included: coding, retrieval of data, researcher memoing, the labeling of segments, and theme generation (Banner & Albarran, 2009),

which allowed the researcher to concentrate on the analysis itself. Additionally, utilizing web-based computer-assisted-software (CAS) allowed for the dissertation advisor to independently view transcribed data and coding, providing support for study auditability. Providing participants with the transcription of their individual interview via email allowed them to validate the data for accuracy, which satisfied Colaizzi's (1978) procedural step of "returning to each subject" (p. 61). Lastly, after reviewing the analysis, the participants had the opportunity to follow-up with the researcher either by phone or by email to discuss/clarify any perceived interpretation discrepancy. The participants commentary was represented in the researcher's final analysis.

### Study Rigor

Forman et al. (2008) have attested that the researcher's thoughtful choices of study design and process yield methodological rigor. In order to espouse qualitative study rigor, trustworthiness must be established (Tappen, 2011). To date, there are many accepted variations of criteria that provide for the development of trustworthiness in qualitative studies. For example, Whittemore, Chase, and Mandle (2001) advanced the understanding of qualitative rigor by classifying the criteria as primary and secondary, noting the following designations:

- primary criteria: credibility, authenticity, criticality, and integrity…; and
- secondary criteria: explicitness, vividness, creativity, thoroughness, congruence, and sensitivity (p. 529).

Further, distinctions of quality are established by providing transparency (provisions for detail and clarity of process and context) (Meyrick, 2006; Tappen, 2011; Tracy, 2010) and systematicity (providing details regarding the systematic process and the alignment

of purpose and methods) (Meyrick, 2006; Tappen, 2011). As such, the researcher is tasked with thoughtfully choosing the specific approaches that will address trustworthiness for their study.

This study utilized the following mechanisms to establish trustworthiness: credibility (in-depth interviews, member checking), reflexivity, transparency, systematicity, and dependability (audit trail). Providing thick description of data and utilizing tacit understanding assisted the researcher in establishing credibility in this study (Tracy, 2010). In this study, the researcher had a second researcher, the chair of her dissertation committee, review 10 of the transcripts and the coding methodology to ensure credibility. Additionally, the researcher sought participant verification of data interpretation and acknowledged data accounts of negative cases to facilitate member checking (Forman et al., 2008; Tappen, 2011). Acknowledging the researcher's experience and perspective through discussion and memos provided reflexive awareness and added to study rigor. The compilation of detailed information about data collection and focus change (if applicable) satisfied the criteria for study transparency (Forman et al., 2008). Systematicity was facilitated by comprehensively detailing the study processes (Forman et al., 2008). In this study, the researcher compiled raw study data, process, and coding notes, and utilized computer assisted software to create an audit trail to facilitate study dependability.

## Ethical Considerations

### Consent, Risks, Benefits, and Confidentially

Approval from the college of record's Institutional Review Board (IRB) of the researcher, a PhD student, was obtained prior to data collection, including approval for all

associated consents and forms. Verbal consent was read to each participant and obtained

prior to initiating the interview. The potential risks (productive time loss, small risk of

confidentiality breach) and benefits (potential sense of satisfaction) of study participation

was explained to participants prior to participation. No health data were collected.

Confidentially of data was established though de-identification and coding to prevent

data linking of all data and was maintained by the password protected storage of

electronic documents. Hard copy documents were stored in locked cabinets in the

researcher's home office.

<div align="center">**Strengths and Limitations of Research**</div>

**Strengths**

Insight into Millennial nurse manager perspectives was provided by the

participants' willingness to provide thick descriptions of their experience in the role.

Participant anonymity, geographically diverse national sampling, and interviews

conducted by telephone created the conditions for participants to freely share their

experiences with the researcher. The open quality of responses from participants included

both positive and negative reflections on their experiences, which was viewed as a study

strength. Additionally, the sample size and the diverse nature of participant ethnicity,

gender, education, experience and facility type further strengthened the study findings.

Lastly, attending to the methodological characteristics of trustworthiness resulted in a

rigorous study product.

**Limitations**

Qualitative inquiry limitations are recognized to "depend on the participant's

ability to reflectively discern aspects of their own experiences" (Polkinghorne, 2005, p.

<div align="center">65</div>

138). Consequently, the variation in interview length (range 22-62 minutes/mean of 38.2 minutes) among participants could be perceived to be indicative of depth of description and possibly viewed as a study limitation. Despite the diverse national sample, 25 participants may not be wholly representative of Millennial nurse managers in the hospital setting. The sample included only one nurse manager participant working in a for-profit facility and one nurse manager participant working in a federal government hospital. This demographic finding could impact the nurse's understanding of financial acumen associated with the role and could be viewed as a study limitation. Many of the participants reported working in Magnet designated facilities, which could be perceived as a potential limitation due to the Magnet culture that supports study participation. The recruitment of participants was facilitated through the AONE national weekly electronic newsletter, which may be perceived as a potential study limitation due to the targeted nature of the organizational membership. Similarly, it could be perceived that members of AONE may be predisposed to participate due to their organizational affiliation despite having no incentive attached to participation. It is acknowledged that the cross-sectional design of the study could be a study limitation.

**Timeline**

The study timeline included the following dates and activities:

- February 10, 2017: Research proposal was sent to FAU IRB for approval.

- February 19, 2017: IRB approval received.

- February 24 - April 17, 2017: Posted recruitment advertisement to AONE electronic newsletter.

- March 1, 2017- April 21, 2017: Data collection.

- March 1, 2017 - July 7, 2017: Data analysis.

**Chapter Summary**

This chapter discussed study methodology, providing a detailed explanation of the research design, the process for recruiting participants, data generation, and data analysis. Appendices provided a thorough account of demographic survey information, interview question guidelines, and consent documentation. Rigor and trustworthiness were discussed and ethical considerations were detailed within the chapter. The chapter concluded with reflections on study strengths and limitations and presented an account of the study timeline.

CHAPTER 4. RESEARCH FINDINGS

The purpose of this chapter is to present the findings of this research, which was guided by the questions:

- What is the experience of being a Millennial nurse manager in the hospital setting?

- What organizational factors influence the Millennial nurse leaders' satisfaction in the role, perceptions of support and development, role expectations, and intent to stay and grow in the leadership role?

This chapter will present study themes and subthemes revealed by the research findings and present supporting narrative exemplars and direct quotes from the participants. A summary of research findings is presented in the chapter summary.

**Themes of Experience, Influence, and Perception**

The process of theme development was the result of following Colaizzi's (1978) 7-step process of analysis. Reading and re-reading the transcriptions initiated the process of extracting statements of significance from the participant descriptions and formulating meaning from the data (Colaizzi, 1978; Wojnar & Swanson, 2007). This exhaustive review of the transcripts provided the groundwork for the researcher to identify significant statements, formulate meaning, and identify and cluster themes and subthemes (Sanders, 2003). Content analysis identified seven themes: *Coming into the Role, Learning as I Go, Having the Support of My Director, Making an Impact, Helping Staff Succeed, Managing Change,* and *Trying to Stay Balanced.* The first theme *Coming into*

*the Role* was supported by the subthemes *Leadership Potential, Groomed for the Role,* and *Role Acceptance. Learning as I Go* was supported by the subthemes, *Missing Pieces, Developmental Variances,* and *Feeling Lucky*. *Having the Support of My Director* was reinforced by the subthemes *Being Heard, More than a Feeling,* and *Having a Lifeline. Making an Impact* was reinforced by the subthemes *Staff Satisfaction, Validation by the Numbers, Feedback: Relationship Metrics, and Success and Role Satisfiers. Helping Staff Succeed* was supported by *Developing Others, Staff Relationships, and Staff Influence. Managing Change* was supported by the subthemes A*dditions to the Role, Shifting Priorities: Amount and Degree of Change*, and *Feeling Disconnected. Trying to Stay Balanced* was supported by the subthemes *24/7 Responsibility, Feeling Torn, Full Plate: Span of Control* and *Work-life Balance*. Themes of experience, influence, and perception are presented in Table 5.

**Coming into the Role**

For these Millennial nurse manager participants, the experience of *Coming into the Role* was distinguished by the subthemes of having their *Leadership Potential Identified*, *Being Groomed for the Role*, and *Role Acceptance* by their colleagues. For many participants, *Leadership Potential* was identified by a nurse leader in their organization. Several participants testified they were identified as nurses with leadership potential by their supervisors early on. One participant described "being asked to fill an 'interim' position" after being characterized as someone who "[goes] above and beyond."

Table 5

*Themes and Subthemes*

| Themes | Subthemes |
| --- | --- |
| Coming into the Role | Leadership potential |
| | Groomed for the role |
| | Role acceptance |
| Learning as I Go | Missing pieces |
| | Developmental variances |
| | Feeling lucky |
| Having the Support of My Director | Being heard |
| | More than a feeling |
| | Having a lifeline |
| Making an Impact | Staff satisfaction |
| | Validation: By the numbers |
| | Feedback: Relationship metrics |
| | Success and role satisfiers |
| Helping Staff Succeed | Developing others |
| | Staff relationships |
| | Staff influence |
| Managing Change | Additions to the role |
| | Shifting priorities: Amount and degree of change |
| | Feeling disconnected |
| Trying to Stay Balanced | 24/7 Responsibility |
| | Feeling torn |
| | Full plate: Span of control |
| | Work-life balance |

One participant reflected:

[They] must have seen some potential in me and asked me to 'do charge'…which

led to me becoming a resource person… and [then] to a lot of opportunities for

me on different committees and projects that led to changes within the hospital.

Another participant reported having informal leadership roles on the unit set the stage for

"taking on more responsibilities…working closely with my manager and [ultimately]

developing some more [leadership] skills." These sentiments were echoed by others who

reported nurse leaders had included them in projects prior to their accepting the nurse

manager role, which allowed them to learn "little things" along the way.

For others, leadership potential was more self-identification and timing than a

formal leadership succession plan. A few participants reported they were encouraged to

apply for the nurse manager position by their peers. One participant reported that, after

having witnessed several managers in the role over a short period of time (four managers

in five years), they thought they had a good understanding of what staff appreciated with

respect to what it meant to be a good or bad manager; that perspective, coupled with a

cadre of self-identified leadership skills, warranted applying for the nurse manager role.

Another participant revealed "I became a relief charge nurse quickly, and really loved

it…. then I saw my assistant nurse manager and the things that she did and I thought -- I

could do those better – [admittedly] I was arrogant." Another participant shared they

accepted a leadership position on a unit they originally perceived to be undesirable after

having "a great interview with the director" and pronounced, "I just felt 'right off the bat'

she could be a great mentor to me."

The subtheme *Groomed for the Role* was supported by the sentiments that

revealed most of the participants reported having at least one, and for many several,

informal and mid-level (between the staff level and the nurse manager role) leader

positions (charge nurse, group leader, resource nurse, unit manager, education specialist,

clinical specialist, clinical head nurse, clinical manager, assistant nurse manager) prior to

assuming the nurse manager role. One participant explained the benefit of being able to

function in a mid-level leadership role as "'a really good foundation' [because] you are

provided with the ability to 'function as a mini-manager.'" Common reflections by the

participants on the mid-level leader position included descriptions of the assistant

manager role as the place where you learn "the ins and outs" of the leadership position.

Another participant clarified "it was helpful coming from an assistant manager position, I

already knew a lot about the unit projects, leadership, and [the] people" and basically

questioned "what do you do as a nurse manager that I don't do?" While not all leadership

hierarchies included the role of the assistant nurse manager, those who held clinical

manager roles (or parallel mid-level leader positions) provided similar reflections. One

participant reported the clinical manager position provided opportunities to prepare for

the next step and stated, "I was fortunate enough to be brought in to situations like

evaluations…investigating incidents, and preparing reports."

For many, the precursor to having a positive experience in the role was predicated

by the experience of having shadowed a nurse manager who currently was in the role

prior to their accepting the position and having time to get acclimated to the role. One

participant stated, "Because I had the opportunity to work alongside the previous nurse

manager while she was still on the job, I think it made it [coming into the role] much

easier for me." They maintained, "I honestly don't know what I would have done if I'd

been told, okay here's this unit - go run it." This response was echoed by others who

reported, "I had worked closely alongside the previous nurse manager… who shared her wisdom and knowledge [with me]" and who noted "coming into the role was actually easy because I had worked so closely with my previous supervisor…it seemed like a pretty natural transition." Another participant reported:

> I think following the VP of nursing…really helped me because I had already met all of the managers…I had been to a lot of the strategic planning meetings…and knew a lot of the executives, which really helped me stepping into the role.

> *Role Acceptance* was identified as a subtheme and supported by the perception that transitioning into the nurse manager role was perceived as "very difficult…[because] the expectations were high." For many the challenge transitioning into the role stemmed from the perception of the staff. While role transition and role acceptance are not mutually exclusive, even when nurse managers are well-received in the role, acceptance takes time. One young nurse manager indicated it took about 90 days before things settled down because "some people look at you [when you're younger] like you can't do the job." One participant reflected that transitioning into the role

> was a huge challenge for me, while I was comfortable having difficult conversations, not everybody was ready for that… I needed to take a halt and let them kind of acclimate to me now in this new role, I came across as 'bulldozing,' and that didn't work very well for me.

Another participant reported "it was a challenge because a lot of people looked at me as if I was a new graduate nurse. I had a lot to prove for them to accept me." Staff buy-in presented challenges for some nurse managers who attributed their rough transition to their being perceived by older nurses as "the young [nurse] who is going to be their

boss." For one young nurse manager, being challenged to attain buy-in from the staff required a self-identified course correction and the commitment to "having quite a presence on the unit and showing them that I'm there for them, learning their roles…. slowly winning people over one by one." Another stated:

> Some of the older nurses really did not like the fact that I was younger, or that I even volunteered for the role… how can someone so young and who has only been here for five years tell me what to do after I've been here for 20.

One participant described "quite a bit of staff turnover in the first three months" and attributed the attrition to "previous directors who didn't enforce behavioral standards… even the good ones were jumping ship." These sentiments provided context for the participants' perception of *Role Acceptance*.

**Learning As I Go**

The subtheme *Missing Pieces* was identified as the ability to understand organizational finances, budgets, productive time calculations, and quality improvement processes, and were commonly referred to as deficits in their working knowledge of their role responsibilities. One participant commented:

> It would have been helpful to know what goes into your productive time, your non-productive time, … how your overtime is calculated, … how your hours per patient days statistic plays into that. It would have been extremely helpful to know that when you are sitting down to prepare your budget…so you know what to expect…so you can plan a little bit better.

Financial acumen was identified by many as a role necessity with a lacking formal foundation. One participant reported:

That's probably where I struggled the most, because I did nursing, nursing,

nursing, and everything was nursing, and then when you're talking about

understanding 'why' they might have to tell me no, that I can't have this thing,

that this person can have that, because of the budget – I may have been able to

understand a little bit better.

One participant summed up the pressing need to address financial education when they

confided "here I am this nurse that's a Millennial and I don't even know how to balance

my checkbook…And now I am in charge of a 1.2-million-dollar budget. It doesn't seem

like a very good plan to me."

*Developmental Variances* emerged as a subtheme as participants discussed

significantly different leadership development program characteristics. Participating in a

formal leadership development program was not universally available or implemented to

study participants. When available, development programs varied greatly in content,

length, and structure among participants. For some, the program descriptor "formal" was

precise, included mandatory attendance, assigned courses, and module completion. For

others, "formal" was more loosely understood to mean participating in any class/program

offered by the hospital system.

One participant recalled their development program spanned 18 months and

included classes on facilitating "crucial conversations" and topics on union-environment

management and performance evaluations. Several participants reported that they

participated in a nurse manager specific development program that followed AONE nurse

manager competency modules and spanned a full year. Still other interviewees reported

programs with 10-month and year-long commitments that were attended by all new

organizational leaders (not limited to nurses or nurse managers) and, for some, these programs were supplemented by meetings with a mentor. Another example detailed participation in a 6-week formal leadership development program that was restricted to nurse managers, began immediately upon their assuming the role, and included being assigned to a nurse manager mentor. Those who completed the 6-week course reported it included 3 to 4-hour blocks of time each week, allocated to classes on policies, budget, scheduling, and human resources. At the completion of the 6-week program, the participant reported mentoring continued over the year and included "shadowing other nurse managers, working on skills (prioritization, stress management, effective communication, and conflict management) …[and] getting to know your HR business partner." This was a markedly different 6-week certificate program described by another as "intermittent…but really helpful." Other descriptions included a 2-month program that included objectives and assignments "but after the 2-months – we were told 'you guys are ready to go' and it [the training] ended cold-turkey." They reflected "…but that's when I needed it more, as you start getting your feet on the ground." A few reported that the leadership program offered by their organization was open to all leaders but required an application and approval process and as such was not mandatory but "highly" encouraged. Others reported having attended more than one development program within their organization, each with a different focus and length of time. It became clear that formal did not dictate universal.

For some participants, "formal" was a loose term used to describe available or optional courses. For example, one participant reported that on one occasion they "participated in a two-day leadership development institute" but then questioned whether

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that constituted "formal or not" because it only occurred one time. Others stated

managers were encouraged to attend leadership classes offered by the organization after

they completed the mandated 2-day new leader orientation, while one participant

explained "really a lot of it is optional." Another participant clarified the organization

mandates that you attend "a certain number of leadership hours in leadership education

per year to stay in your role…but they don't dictate how you can get them." Many

participants considered the "formal" designation to be having a list of suggested

classes/modules that were provided to them by an organizational developmental

specialist.

A lack of formalized onboarding created challenges for some. One participant

reported, "I really didn't know what my role was and I just had to find it." Another

participant stated the first six weeks in the nurse manager role was "the most stressful six

weeks of my life" and detailed "eventually it worked out okay, and we got the hang of

everything [but] I wish there would have been some formal anything." One participant

acknowledged "I got keys to an office - that was it." Another Millennial nurse manager

specified, "there wasn't a class to go to or instructional print-out on how to do various

tasks." They explained "on-boarding consisted of meeting with my boss once every two

weeks for the first couple of months, then once a month….so it was really my

responsibility to reach out to the 'super-users' and get answers." One participant stated,

"it was all informal… the education just happened as things came up." Similar sentiments

were echoed by another participant who reported, "there was never anything formal…

[our director] would block time once a week and we were able to bring [them] our

questions." In the absence of formal development programs, acclimating to the role took

many forms for these young nurse managers. One participant commented "I went through hospital orientation for one day, and then [I was with] my director for about 2 weeks who sort of on-boarded me." They explained "I had a chance to meet with other nurse managers, educators and the CNO for about 15 minutes…if I had questions I could ask them, so it was really based on me." These sentiments were echoed by another, who shared "When I first accepted a manager role there was no training really set up - they assigned me a 'mentor' who helped me to understand the history of decisions that had been made and who my resources were." One participant reported, "I had a couple of weeks of orientation. It was definitely a lot of on the job training."

When asked about their interpretation of the role preparation, one participant reflected:

> There is something to be said for going through each one of the pieces and having to figure it out, because you have a better understanding for it at the end [although] it does make it a little bit frustrating.

Another stated their first thoughts were that

> I just can't believe that this is it… [but] I didn't say anything about it because I'm not going to be functioning in a perfect environment every time… and I thought it would speak less of me as far as being adaptable.

For others, newly created units presented unique circumstances with which participants were onboarded into the role. One participant stated, "It was rough… both of my units were brand new, it was pretty challenging, and because of the uniqueness of my units, it has kind of been figuring it out as I go." Similar sentiments were echoed by another who shared "I didn't expect that you'd kind of be thrown in the way I was -- I just kind of

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learned on the go." One participant described being the nurse manager and opening a new unit without adequate staffing as "chaos" and reported it was a "huge challenge…orienting two nurses per preceptor… [and for] the first year I considered it a failure, but my director thought it was a huge success, and I couldn't understand why." Another participant reflected "there was no official formal preparation… but I spent quite a bit of time with my director…I feel like she gave me the tools that I needed and slowly over time I felt comfortable doing things on my own." Several participants acknowledged that, despite the lack of formal training, ultimately their role preparation "worked for them." When asked to reflect on the effectiveness of the role preparation, one participant rationalized "I think for others who need a more prescriptive step by step orientation, it wouldn't have been as effective."

As participants reflected on the timing and effectiveness of their role preparation, they identified certain ideal provisions. One participant remarked:

> You need a lot more training right upfront so that you don't spend so much time spinning your wheels and struggling through some of the day to day stuff…. so that you understand why you are doing it, what's the purpose behind it.

Many of the participants without formal leadership development training or mentoring commented they often found themselves having to ask their director to "fill in the missing pieces" of their working knowledge of the role. For some having to frequently ask for clarity created the feeling of being ineffective in their role, as one participant shared, "it's a bit of a challenge sometimes because my director is my direct report and she's my boss."

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*Feeling Lucky* emerged as a subtheme as participants discussed their onboarding experience. While the experience of coming into the role was reported as being positive by some and negative by others, participants often reflected that a positive experience coming into the role was "luck." One participant commented:

> I've been very fortunate that I worked in a couple of different areas…so I have a lot of contacts and I have a lot of people that I know I can go to for help and support but if I didn't have those experiences or those connections I think it would be a lot harder.

Another participant stated, "If I had not had that period of acclimation, I would not have stuck around – but that happened completely by chance." These sentiments were echoed by another who reported "I had some really seasoned nurses take me under their wings, which was really great because they didn't treat everybody my age that way, so I felt privileged to have had that experience with them." When queried about the standardization of nurse manager role preparation and onboarding practices, one participant replied, "We are part of a system and each place does things differently, they are working to correct that…so that's a work in progress." Providing support for this perspective, another participant replied "I didn't expect any formal orientation into the role, I know you are kind of just thrown in. So, I felt almost lucky to have my director spend the amount of time she did with me."

**Having the Support of My Director**

*Being Heard* developed as a subtheme as these participants articulated what it meant to have the support of their director. These participants equate being responded to as an expression of "being heard" and, by extension, valued. One participant shared:

My supervisors are super responsive to me, so I know that if I send them

something like an email I'm going to hear back from them either that day or the

next day like there's not a huge lapse and no matter how big or how small this

thing is that I'm giving to them they still show me that what I'm asking is

important and that they value me, so that part is really nice.

Another study participant asserted "I think we have a pretty strong director who does

listen to our concerns." These sentiments were echoed by another who reflected:

Any idea I come up with where we're really pushing nursing to the forefront or

we're moving forward… they are for it – I don't get any pushback in anyway. I

can always go to them with any question or concern. That really does feel good to

have that kind of leadership above you.

Another Millenial nurse manager added:

The level of support that I have I feel very listened to and I can't say that that's

ever happened before and any other position. I always know who to go to get the

answer that I need which is very helpful and they are just generally supportive of

any innovation or new thing.

For these young nurse managers, their perception of leadership support has deep rooted

implications on role satisfaction and retention. One participant reported she had worked

for the same chief nursing officer (CNO) since she was a new graduate nurse and

declared "I applied for this role, basically to go where she was." Another shared, "If I

didn't have my director, I probably would still be lost today." These sentiments framed

the value participants placed on having the support of their director.

The subtheme *More than a Feeling* was used to describe the intangible descriptors study participants used to describe being supported by their director. For many, leadership support was described as a "feeling." One participant narrated an account of multiple unsuccessful attempts applying for a nurse manager role. The persistent participant related "always [feeling] supported by leadership" despite the experience of a deferred leadership trajectory. For others, the support of their directors was regarded as role satisfier with long-term influence on retention. Another participant shared that they felt their retention in the same organization for more than a decade could be directly attributed to their C-suite support. A personal example of director support was shared by a participant who remarked their director has told them:

> I don't want you staying late… [she said], just for your mental well-being -- if I could give you one piece of advice [it would be] get out of here at a reasonable time, (of course you may need to stay late some days), but I don't – I don't want you here till 7:00 at night.

These participants recognized support of their director is more than just a role satisfier. One participant commented "the C-suite or your Director of Nursing overarching you - that is a key component on your success as a nurse manager" and maintained, without the support of your director, a new nurse manager can feel like "eating your young" is a true statement (for management as well as the for bedside nurse).

*Having a Lifeline* emerged as a subtheme as these participants discussed what it meant to have the support of their director in the form of a mentor. For many, having a mentor was associated with role success. One participant confided:

When I stepped into this role, there was literally no one who said, 'okay this is

how you do this, this is how you do that, this is what you're going to do on

Monday, on Tuesday.' It was like, here is the user name and passwords for all

these systems and you will figure out how to use them. I literally saw my mentor

daily…like oh my…help me figure this out.

Formal or not, these participants acknowledged the impact of having a mentor on their

experience in the role. One participant shared that, although they were not formally

assigned, "I feel that my director is a mentor to me." Similarly, another participant

reflected "she took me under her wing and mentored me, she showed me the ropes in

terms of what it is to be a nurse manager."

**Making an Impact**

The theme *Making an Impact* was viewed by these participants as a product of the

subthemes *Staff Satisfaction, Validation: By the Numbers, Feedback: Relationship

Metrics,* and *Success and Role Satisfiers.* It was within the theme *Making an Impact* that

the findings from this study linked most significantly to Ray's (1989) theory of

bureaucratic caring. Here, these young nurse managers acknowledged the duality of their

caring lens in terms of relational and organizational metrics. As they reflected on their

hierarchical position between staff and administration, *Making an Impact* provided

context for the way these Millennial nurse managers interpret their influence and role

success. The study participants agreed *Staff Satisfaction* corresponded to patient and staff

satisfaction. The sentiment "if my staff is happy, I'm happy" was articulated by many

participants. One participant made the link between impact, staff, and satisfaction with

the declaration "If your staff is satisfied, your patients will be satisfied." Another

participant shared, "I think staff satisfaction is a huge indicator as to whether you're successful as a manager…[if] they're generally happy and they are staying, that's indicative of you doing a good job as a manager." Staff satisfaction was viewed as the basis for retention for this cohort of participants. Another commented:

I would define success today as being able to retain my top staff. I know that's difficult in today's nursing because we don't have that loyalty that there once was years ago where a nurse starts on a med surge unit and 35 years later she may retire off that same unit. Nursing has changed, so nurses want to try new things…I just have the philosophy, if we could keep them within our system that would be a success to me.

One participant shared that true success would be realized by "having a group of colleagues that are highly engaged and love what they do… and a group of patients that are highly satisfied with their care." These sentiments were echoed by another participant who defined success as "achieving [and] maintaining great results in safety and quality, having my staff be engaged, my patients happy and fostering an environment where people can thrive." Staff satisfaction permeated a considerable amount of the dialog regarding impact with these participants. One participant shared, "I feel like when you lose that [staff satisfaction] you lose touch with the whole reason behind your role." For many of these young nurse managers, staff satisfaction was synonymous with role success. Principally, these participants agreed "if they're happy then they're going to take care of the patients and make the patients satisfied. So, if my employees aren't happy then I'm not doing something right in my role."

*Validation: By the Numbers* developed as a subtheme as these young managers acknowledged standardized metrics serve as an important reference for role success. One participant shared "I'm very interested in the quality of care for our patients, [I am] always looking at my data." The National Database of Nursing Quality Indicators (NDNQI) (Montalvo, 2007) (was referred to by many participants as a metric with significant impact. One participant reported "We do the NDNQI survey…and we've done really well with the nursing management domain." The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Centers for Medicare & Medicaid Services, 2014) detailing the patient's perspective of their care was noted by many participants as a measure validating their impact in the role. One participant revealed "Our unit has the highest H-CAHPS scores in our institution for the past 6 months and we are very, very proud of that." Another metric, The Gold Level Beacon Award for Excellence, designated by the American Association of Critical-Care Nurses (2017) was also referenced as a measure of success with one participant, who reported "since I've been the nurse manager we've been designated 'Gold Level Beacon' twice."

*Feedback: Relationship Metrics* emerged as a subtheme and an important point of orientation for impact and success for these young participants. Receiving feedback from staff was viewed by the participants as an indicator "that something's working well here." One participant reported, "It makes me very happy to get a letter [from a nurse who moved out of state] that detailed how she felt my leadership positively contributed to the successes of the unit." For many, feedback allowed the participants to gauge how they were doing as a leader from a relationship vantage point. One participant shared:

It was reported to me by the human resources director that they had nothing but

positive things to say about my management style -- from being approachable to

holding people accountable to running a tight ship to elevating the standards on

our unit. I really take pride in that.

It became clear that feedback for these young managers provided reference and

perspective. The following reflection provided a personal example of the perceived

connection between feedback and role effectiveness:

I would use the eighty-twenty rule …if I could have eighty percent of the nurses

leave their job every day and say, 'I enjoy working with her as a leader and I

enjoy taking care of the patients I take care of' then that's a huge success for me.

Admittedly, this cohort recognized that relationship metrics were more difficult to

calculate. One participant commented:

I do think it's difficult sometimes to measure the intangible things [when] people

tell you that you've made a difference or that they felt comfortable to try this or to

do that because you believed in them, you gave them the tools to do the things

that they wanted to do…. I do think that's a measure of success that sometimes a

little bit harder to measure then say your 'culture of safety survey scores' or your

NDNQI/staff satisfaction scores.

Additionally, many participants sought feedback from their directors as they took

stock of their capacity to make an impact. One interviewee detailed, "I can tell you, even

when you do well, there's not a lot of 'you did well' even when you are doing

well…there's not a lot of recognition for this role. It doesn't matter how well you did,"

and also acknowledged, "that's probably a very Millennial statement to make." Another

participant framed the emphasis on receiving positive feedback as a role satisfier and stated, "I think it's important to recognize people when things are done well." As a cohort, they want feedback from both their staff and their superiors. One participant commented, "sometimes I do want a little bit more input [from my director] to say, I think you should do this...because I'm new. I'm not always confident that my ideas are best… that what I'm doing is the right thing."

**Success and Role Satisfiers**

*Success and Role Satisfiers* became a subtheme for the theme *Making an Impact* as participants discussed what it meant to be successful and satisfied in their role. Comments that referenced the staff as "family" were common as participants reflected on personal satisfaction metrics. One interviewee stated:

> at the end of the day it's like you're working with your sisters or your brothers, because you know their kids, you know their family…you need to work well with them order to get the outcomes that you need, and so you naturally make a relationship with them… [it] helps contribute to me being satisfied in what I'm doing.

This perception of staff as family was imbedded in many of the reflections on role satisfaction. One participant commented "it's nice to hear staff say, 'there's no place like home' when describing the unit…I want people to come to work and enjoy their work. Not that they come in, just do their job and leave." For many, role satisfaction was measured by these young nurse managers via their perception of their staff's engagement and their own participation in hospital-wide committee work. One participant described feeling satisfied as "feeling excited and energized about being here, working with my

staff and [when we] really feel like we make a difference for a patient or their family member." Another participant shared "I'm in a position to be able make changes, I'm in a position to empower people to actually make a difference." Many participants shared that satisfaction derived from being involved in collaborative work, hospital-wide projects, and committees. For one participant, their satisfaction resulted from "learning new concepts, new ideas, how to evaluate problems on a different level [and then] apply those strategies to problems on my own unit."

From an organizational perspective, many participants commented on the importance the organization placed on efforts to improve quality care and the provision of personal development opportunities as role satisfiers. According to this cohort, innovation and quality improvement initiatives were a highly regarded source of pride in their workplace. One commented:

> All of the improvement events center around in-patient care, and so that's really
> exciting for me because we get to benefit right away from these changes that
> we're doing, (improvements), it's kind of trialed, we start it on one department
> and then we earn the right to spread to other area or other systems.

These participants are looking to see what examples are set by their leaders. One interviewee explained "it shows that our leadership cares, they know that we have our issues, they want to solve them, they want to retain staff."

When asked to distinguish between personal and organizational success metrics, the participants identified quantifiable data (finances, patient outcomes, infection rates, device days, and patient experience survey results) as the most notable indicators of organizational success. One participant reported "The organization looks at it much

differently [then I do personally] …. the organization more so looks at it from a black and white standpoint." Organizational metrics of success were universally understood by these participants to mean the evaluation of "hard" data. One interviewee claimed, "our organization measures 'everything'. It measures things you didn't even know that could be measured and they have dashboards for every-single-thing. That's how they measure success. They measure success based on – based on dashboards." One participant reiterated "we are 'gold' as long as our finances are the way they are supposed to be, our retention is the way it's supposed to be, and our patients are satisfied." It became clear there is pressure for these participants to meet the expectations of financial targets set by their organization. To this end, a participant shared, "I think they would probably define 'true success' as being able to meet budgets, [while] providing 100 percent quality care, [where] nobody's ever dissatisfied with me or them. I mean, just pretty unreasonable." Without exception, this cohort detailed organizational priorities as financially grounded "by the numbers." Most participants reflected similar interpretations of organizational success and often stated success was determined by "the operational side of things" such as budget, "staffing to capacity," and productivity as explicit measures. It became clear through their comments that many of these young managers perceived a distinct difference in defining characteristics along personal and organizational lines.

**Helping Staff Succeed**

The subtheme *Developing Others* emerged as these young managers discussed staff development as a source of satisfaction and an indication of role effectiveness. For these participants, the capacity to contribute to their staff's development was viewed as a "call to action." One interviewee reflected "I want my staff to develop and become

whatever they're passionate about, so they were very unheard before. They didn't feel like their voices really mattered to the management and I don't like that at all."

Professional development was most often referred to as being certified or being trained for additional duties (serving as a preceptor for new staff, training for relief-charge roles). In nursing, certification is understood to be professional currency. One participant revealed:

> Before taking the nurse manager role there were only two nurses who were certified… and now we have now 12 certified staff nurses… it's just so inspiring to see them want to be better for themselves and for their patients.

Another study participant commented "I would say we're successful when we have a high percentage of certified nurse's here that have excellent practices." For many interviewees, they see their role as development coordinator and motivator. This perspective was expressed by a participant who reported:

> I was able to get some of them to go the preceptor class and become preceptors. I was able to get some to go to a charge nurse class so that they could be charge nurses. I don't think that some of these nurses saw that in themselves. So that's kind of some of the impact that I've had.

Overwhelmingly, these participants saw their role in staff development as a key element of role success. This subtheme emerged as participants summarized their emphasis on developing staff as "being able to really enhance that nursing role, bringing out the best in our nurses, just trying to build up staff."

*Staff Relationships* developed as a subtheme as many participants reflected on the nurse manager staff relationship in relation to impact and role success. For many

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participants, "the people component" of their role was viewed as the true measure of a positive impact. One participant shared "I'm more inclined to define my success by the relationships I have." This outlook was echoed by a participant who reported "my big impact has been on forming relationships with my staff." Another participant conveyed "When they see that you're on their team…they come to value you…they will bend over backward for you if they have to." Another participant related "I feel that I'm having an impact [when] I feel like I am able to relate well to the staff across the spectrum...the person that staff members come to (even for non-work issues)." Getting to know their staff on a personal level was viewed by these participants as an important building block for navigating relationship success. One interviewee recommended "get to know their names, ask about their life outside of here, show them that you're going to be around for them, make your presence known…and things will go a lot smoother." Commitment to their staff was expressed as a badge of honor. One participant commented, "I don't mind putting in some extra time especially when I'm seeing the results of that or staff telling me how supported they feel, you know [having] good outcomes from things like that." One young manager summarized the overarching importance of staff relationships with the comment:

> The biggest important thing is if you think of your staff and you take care of them, and you really sit there and think about what is going to help them, or what's best for them, and you really can't go wrong."

The subtheme *Staff Influence* emerged as this cohort of participants acknowledged being cognizant of their influence on staff. When discussing influence, many participants

shared the importance of having an intuitive awareness of how staff responds to them. One young manager commented:

> [Assessing how] my staff reacts to me. Are they able to change their practice based on some things that I asked them to do or are they receptive to what I say and do? … I think if you can motivate people to be better than what they were the day before and you're able to do that, then I would define that as a success.

For others, influence was viewed as being able to "lead them that way so that they can have control over their own practice." Another participant replied, "You set the tone for the department in the way you speak and the way you engage with employees." Similarly, another participant shared:

> I see how I impact my staff nurses and how my attitude toward the changes we are making - and my insight really impacts how they see things. So, I'm considerate of everything I do and say and I'm really acutely aware of how my attitude really affects everything."

Another participant commented "I feel like I have the ability to have a huge impact because I have the ability to give back some of the power to the bedside nurses….to be a patient advocate." For other participants, the capacity to influence their environment and set the tone of the unit was viewed as the ability to extend the reach of their impact. One participant shared their environmental influence was realized in the ability of their nurses to "keep [all] patients safe and informed."

Being able to support their staff and grow their strengths was identified as being important to these participants. The comment "When we are able to work for our staff and do what really what benefits them, our patient experience gets better; our patient

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outcomes get better because we're really truly working for them" created context for their commitment to the theme *Helping Staff Succeed*. Overwhelmingly this cohort of participants gauged their leadership capacity in relation to helping staff succeed, their ability to assist with their professional development, relationship building, and staff influence.

**Managing Change**

Although the theme *Managing Change* is not unique to nurse managers, the subtheme *Additions to the Role* was regarded as a formidable challenge to the role success of these participants. This cohort of participants are not averse to managing a complex role; however, they are acutely aware that additions to the role often change the role in ways they may not have agreed to up-front. Managing role expectations often was complicated by unforeseen additions to the role for these participants. These participants communicated role additions covered a wide range of entities (covering staff vacancies, managing additional units until vacancies were filled, and working without mid-level leadership roles), each with varying degrees of role repercussions. For many, role additions resulted from having inadequate human resources, and it tested their aptitude to manage change. Adequate staffing unequivocally changed the role for these participants. This cohort stressed inadequate staffing supersedes the ability to address "any other" leadership responsibilities. One participant commented:

> When I have staff call offs, or I have a lot of leave of absences compared to vacancies, and [we are] running a high census…. that does take a lot of my focus and my emphasis. I think if I had to do that every single day I would be dissatisfied in my role.

For these young nurse managers, inadequate staffing often resulted in their having to take patient assignments in addition to their manager role responsibilities. The link between role additions and resources was a common reflection among these participants. One commented "…in the end, you are somewhat accountable to the people you're trying to manage because if they aren't totally happy then they don't pick up the Saturday, well then… I'm coming in." For those participants who accepted positions managing two units and who now are "covering" four units, the capacity to manage change has categorically been challenged. Human resources were referred to by these participants to broadly include a wide range of support (staff, educators, mid-level leaders). One participant emphasized "They need to get someone soon. I'm losing it. … this is too much. I need people. I need educators. I need a manager. It's been almost 6 months of doing this by myself… this is not doable." Another stated:

> Now that I'm in this role, I'm very excited about it. I want to do all of these things, but I'm exhausted because I don't have the resources I need. If I have the tools I need, I think I could do more. I could do more in a better, more spirited way. I feel like I'm just drained at this point.

The subtheme *Shifting Priorities: Amount and Degree of Change* emerged as the amount of change experienced by these participants and was described as organizational "shifts in priorities" and "moving targets." This cohort equates stability as a positive indication of their ability to manage change. One participant reflected "We have a very, very stable C suite. So, our officers — our chief officers at the top have been in their roles in this institution for a long time." One participant reflected:

By doing a lot of initiatives and focuses at one time, I, as the manager, am not

able to have the dedication and the time to making a process or initiative effective

before I have to move on to the next 'best' thing.

Often, the broad number of organizational priorities and shifting goals were viewed by

these participants as counterproductive. One interviewee commented "there's so many

goals they want us to focus on that if they would narrow it, you'd get a better result than

if you have such a broad 'we win them all' view." Another shared:

One of the main reasons why I wanted to be a nurse manager was because I

thought that I could really impact the bedside nurse in a different way. But I just

don't know that we have the time to do that as much as we should be able to.

These participants are concerned about role success and struggle with their perception of

being able to manage all the moving pieces of the role. One participant confided:

Sometimes I feel set up to fail, because there's so many things to do. I feel that I

don't always have the time…to determine what's the most important, what needs

to get done right away, what can wait. And some of those things that can 'wait' I

notice they're kinda on the back burner for too long-- And that makes me feel like

a failure as a nurse manager, because how did I let it get this out of hand?

*Feeling Disconnected* emerged as a subtheme as this cohort of participants

acknowledged managing change often was complicated by feeling disconnected from the

organization's master plan. These participants anticipate open lines of communication in

all aspects of their role. When communication is perceived as faulty, these young

managers expressed feeling detached from the working knowledge needed to achieve

success in their role. One noted "I don't feel like we can impact any change unless we

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know what's truly happening and so we're just kind of hanging out there with nothing to go off and that drives me nuts." One participant described:

I'm not getting enough information to identify if we're on track or what were supposed to be doing, and a lot of the strategic plans are actually …. a big piece of my job, and I'm like, I'm blind on where we're going with your strategic plan.

For others feeling disconnected stemmed from not being part of unit decisions or allocation of resources. In response to describing feeling disconnected, one Millennial nurse manager asserted:

Hey, I can't do it with the resource that you gave me. Nobody can. I know that if you think that they can't, but come do it. Then I'd love for you to show me how to do it with what you gave me. I wish that was better. I wish the people who ran the company didn't forget what it was like to come out here and work and take care of patients.

**Trying to Stay Balanced**

As study participants discussed *Trying to Stay Balanced* and communicated feeling like they had to be available to the unit around the clock role, the subtheme *24/7 Responsibility* became apparent. Even when these Millennial managers held mid-level leadership roles prior to taking the nurse manager role, for many, insight into the nonstop role demands were often elusive. One participant reported "You think you've seen it all [as a clinical manager] and you have a good grasp on what's coming next, and then that's just a quarter of it." Another participant reported:

I never appreciated as an assistant manager that you walk away from your day, and your pretty much done; versus the manager who when you walk away from

your day, your day continues and when you come back tomorrow morning, you

had to make up for the 16 hours that you just missed.

The expectation of a 24-hour role commitment was commonly reported by this cohort of

young managers. The perception that the position requires the nurse manager to be

connected to their professional role at all times provided context for the subtheme *24/7*

*Responsibility* in relation to maintaining balance. For many of these participants, the

experience of being responsible for their units 24/7 extended beyond accountable to

include being accessible as well. Texts and calls at home were common reflections by

this cohort of participants. One reflected, "So when I'm not here, ...they always call me.

All the decisions become mine [even] when I'm not here."

The subtheme *Feeling Torn* emerged as participants discussed the ways role

perception further challenged their ability to balance the demands of the role. There were

many statements that indicated these participants were concerned their staff did not "see"

them enough. One participant shared:

I feel like there are times where I have so many administrative things going on,

that my staff don't even see me. So, on days like that, I feel like I have zero

impact. It's a huge challenge, and I'm not really sure how you overcome that.

This sentiment was echoed by the comment:

As a staff nurse I had a much different thought process about the nurse manager

role than what the reality of it is. I used to say all the time, 'I never see my

manager, I never see my manager, I never see my manager.' That was true, I

never did see her. But I didn't understand the other side of it of why she wasn't

always present whereas the reality of the role is there are so many other things

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that we're responsible for and people that we report to, that we cannot physically

be on the unit and visible all the time, you just can't.

One commented:

An ideal nurse manager role would have the time built in to spend time on the

floor with staff because I remember my days as a staff member and remembering

some of those managers I never saw, and how I thought negatively of that.

These comments reflected the experience of navigating competing priorities and "feeling

torn" described by these participants.

The subtheme *Full Plate: Span of Control* emerged as study participants

discussed the complexity of their role responsibilities. The number of units, beds, and

FTEs managed by these young nurse managers varied greatly among participants. As a

result, the span of control of these participants often was the common denominator in the

quest to achieve balance. One reported:

I can totally see how people get burnt out from doing this and want to move on to

do something else. There is a lot of stress in this role and while you have support,

you report to so many people that you can end up not feeing supported.

Many participants expressed the ideal role

would be having just 1 unit to manage…. [because] having 2 very different units,

2 very different needs and 2 different staffs – it's a challenge- I want to be able to

focus in and pay more attention to the little things on each unit.

The subtheme *Work-life Balance* was expressed by these participants as a race

against time with the goal of being able to compartmentalize home and work role

responsibilities. One participant commented:

There is a fine balance between work/life given the number of things that you are asked to do and people that you have to report to and responsibilities that you have, it's really easy to come in to work at 6:30 a.m. and still be here at 6:30 at night and not get it all done.

A common reflection on work-life balance made by these participants was in relation to avoiding "burnout." One participant commented:

You can burn out really easy because you could work yourself seventy to eighty-hour workweeks, so it's important that your…balancing your life out a little bit and letting it go. You're not going to get to every project, going to get to every benchmark you're expected to get to, and just doing the best you can while you're here, then leaving.

On the occasion that participants attempt to mitigate work-life balance, they find themselves having to navigate awkward attendance "rules." One participant commented:

Just some clear-cut rules…I wish there's more formalized hourly process like I've always felt that 'comp' time should be a part of it because some weeks you'll work 55 hours but then the next week, if you try to leave a little bit early then people do make comment. I wish there was more balance between 'work-life' balance, I guess is what getting at.

The long-term impact of not being able to achieve work-life balance has the potential to affect the retention of these young managers in their roles. When asked what may prevent them from staying in their role, one study participant remarked:

Probably the amount of 'call,' so I'm a young mom. I have a husband. I am getting phone calls all the time day, night, weekend. It's gotten a lot better the

more than I've got to know the staff and they've gotten to know me because I've been able to kind of educate them like, hey, here's something that warrants a phone call to your manager. Here's something that warrants a phone call to the house supervisor and not your manager… But it's hard because I feel like I'm focused on work even when I'm trying to be at home and I want my work life balance to be on point and I don't want it to be so swayed one way that other things fall apart in my life.

**Chapter Summary**

In this chapter, the researcher used an interpretative phenomenological approach to analysis guided by Colaizzi's (1978) framework to create theme clusters and describe the phenomenon (Sanders, 2003). Statements of significance were extracted from the interviews to provide support for the themes and subthemes (Sanders, 2003) and were presented in the chapter. The themes, *Coming into the Role, Learning as I Go, Having the Support of My Director, Making an Impact, Helping Staff Succeed, Managing Change,* and *Trying to Stay Balanced,* described Millennial nurse manager perspectives on their leadership roles in the hospital setting.

In Chapter V, the study findings are aligned with Ray's (1989) theory of bureaucratic caring, generational cohort theory (Strauss & Howe, 1991), authentic leadership theory (Avolio & Gardner, 2005), and the literature. Research implications for nursing practice, education, and research are presented, along with recommendations for the practice of Millennial nurse managers.

CHAPTER 5. DISCUSSION. IMPLICATIONS AND RECOMMENDATIONS

The purpose of this study was to explore Millennial nurse managers perspectives on their experiences in nurse leader roles in the hospital setting. By understanding Millennial nurse manager perspectives on satisfaction, role expectations, organizational support, development, and their perceived leadership impact in the role, barriers to success and intent to stay may be more fully understood. The researcher used a qualitative interpretative phenomenological research design to explore how Millennials perceived their experiences in their nurse manager role. A national sample of 25 Millennial nurse managers with a minimum of one year of experience in the nurse manager role in the hospital setting participated in phone interviews. Eleven semi-structured questions developed by the researcher guided the discussions with the participants. Seven themes emerged from the rigorous review of the data: *Coming into the Role, Learning as I Go, Having the Support of My Director, Making an Impact, Helping Staff Succeed, Managing Change,* and *Trying to Stay Balanced.*

In this chapter, the research findings are linked to the three theories that were used to guide this study and the literature. Research implications for nursing practice, education, and research are presented, and recommendations, chapter summary, and conclusion are discussed.

## Findings Framed by Theoretical Context

Three theories were utilized to frame this study. Each theory provides a critical perspective with which the study findings were viewed. Study findings that align with

Ray's (1989) theory of bureaucratic caring, generational cohort theory (Strauss & Howe, 1991), and authentic leadership theory (Avolio & Gardner, 2005) will be discussed.

**Ray's (1989) Theory of Bureaucratic Caring**

The organizational structure representing Ray's (1989) theory of bureaucratic caring uniquely situates caring within the context with which it occurs (Morse et al., 1991). Each caring element identified in bureaucratic caring addresses specific organizational factors, which then are further compartmentalized into humanistic (caring) or organizational (bureaucratic) distinctions (Ray, 1989). For Ray, the synthesis of a caring world view is created by the tension between humanistic (thesis) and bureaucratic (antithesis) forces, providing focus for the lens with which caring in complex arenas is understood (Ray, 1989; Ray & Turkel, 2015). The findings from this research support bureaucratic caring in terms of the Millennial nurse manager's challenge to satisfy competing relationship and bureaucratic priorities. The Millennial nurse manager participants in this study revealed their ongoing struggle to balance personal and organizational success metrics. This was apparent in the theme, *Making an Impact,* and in the subthemes, *Staff-Satisfaction, Validation: By the Numbers, Feedback: Relationship Metrics,* and *Success: Role Satisfiers*.

Because bureaucratic caring theory views caring as contextual, the bond between caring and decision-making offers opportunities to facilitate caring interactions that are both patient and environmentally specific (Morse et al., 1991). This example is easily translated to the nurse leader and the acute care environment. The Millennial nurse managers in this study revealed there are role satisfiers that result from having an interpersonal and open nature to their relationships with their staff and their directors,

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respectively. This was evidenced in the themes *Making an Impact: Success: Role Satisfiers* and *Having the Support of My Director*.

**Generational Cohort Theory**

Generational cohort theory provided the framework for the way Millennial nurse managers experience their leader role. Boychuk Duchscher and Cowin (2004) profiled common generational characteristics to illustrate their collective view on workplace values as a frame of reference for behaviors and expectations. In turn, Swearingen and Liberman (2004) suggested the work experience of any given generational cohort is framed by the conditions that surround their introduction to the labor market. The Millennial nurse manager participants in this study revealed a generational self-awareness for where they fit into the organizational structure. This was evident in the theme *Coming into the Role: Role Perception.* One Millennial nurse manager participant stated

> I'm the youngest nursing manager in this hospital and so I think that my age maybe kind of played into — it was very difficult for me and it still is for today to kind of integrate with the leadership team because they are so much older than I am. We don't think the same ways and we — we're just different."

Another shared

> We hear a lot about generational leadership obviously and how do you get the Millennials to work with the gen-Xers and how do you get the baby boomers to keep up with the Millennials. I don't have that problem as much because I don't really have too many baby-boomers… so I do think it's great because we hear a lot about how we should accommodate their style but there's not too much of the accommodation of our style either.

These Millennial nurse manager participants expressed being mindful of a generationally specific point of view from the dual perspective of both leader and follower. This was supported by the theme *Trying to Stay Balanced*. One Millennial nurse manager confided "I'm not only a Millennial as a manager, but the majority of my staff are Millennials and they schedule themselves based off their gym appointments versus what the needs of the hospital are." For many, *Trying to Stay Balanced* focuses on the challenge to debunk negative generational stereotypes. One Millennial nurse manager participant shared

> I think [as a manager] you're looking for quick answers and there's – I think what I realized is there is no quick answer, it's very much of a process to learn and you learn by experience…but as a Millennial, they'll tell me I want a quick answer to everything.

> For the Millennial nurse manager, professional trajectory is mediated by their capacity for growth and development within complex care environments. As such, a generational lens provides context for how "members of the cohort experience critical transitions" (Swearingen & Liberman, 2004, p. 60). As Millennial nurse managers take stock of their experience in the role, these study findings support the frame of reference provided by generational cohort theory.

**Authentic Leadership Theory**

Authentic leadership theory is rooted in relational self-awareness and expressions of relationship capital (Aviolo & Gardner, 2005; Read & Laschinger, 2015). When leaders engage in authentic leadership behaviors their actions "trigger a similar focus on self-awareness among followers" (Wong & Cummings, 2009, p. 530). These study

participants expressed gratitude for having meaningful personal exchanges with their

directors and described similar exchanges with their own staff as role satisfiers. The

significance of authentic leadership principles for these participants were described in the

themes *Having the Support of My Director, Making an Impact: Staff Influence,* and

*Helping Staff Succeed*. One Millennial participant reported her director

> shared some stories that she had when she was a new manager. And to this day,
>
> that was the most support I felt from a director level but then coming from her as
>
> executive director, it meant a lot, and I'm like, well she can get to where she's at,
>
> let me take her advice.

As these Millennial nurse managers described their experience in the role, they freely

shared examples of how they live authentic leadership tenets. To demonstrate an example

of the theme *Making an Impact,* one participant articulated

> meeting with all the staff one to one talking about what we can do to support
>
> them…what can I do differently to help them. I accepted their feedback and just
>
> really analyzed…they went so far, and now we are in a great place… now, I can
>
> support them to support each other while they take care of the patients.

> Wong and Cummings (2009) reported "authentic leaders influence via their strong

sense of who they are and where they stand on issues, values, and beliefs" (p. 529). For

many study participants, expressions of authentic leadership emerged from the theme

*Helping Staff Succeed*. One Millennial nurse manager participant expressed

> I have a lot of influence over the decisions that get made in these departments…
>
> we've made a ton of changes in the last couple of years in terms of stepping up
>
> their practice and they love that-- and that got some huge buy-in from the staff…

Now, they're the highest engaged nursing department in the hospital from our last

hospital engagement scores which is awesome.

These participant exemplars provide support for authentic leadership theory as the

theoretical frame of reference for perceived support and organizational culture (Read &

Laschinger, 2015; Regan et al., 2016; Shirey, 2009).

<center>**Findings Related to the Literature**</center>

**Nursing Leadership**

The link between nursing leadership support and the organizational commitment

to leadership development has far reaching implications. Cummings et al. (2008)

concluded the organizational capacity to appreciate elements that enrich nursing

leadership "create strategies to develop leaders and enhance succession planning and staff

retention" (p. 247). This finding is supported by the themes *Learning as I Go* and *Having

the Support of My Director.* The participants in this study openly discussed support in

terms of the leadership development program (or lack thereof) offered by their

organization and their individual rapport with their director. The diverse approach to role

orientation described by these Millennial nurse manager participants creates context for

their first impressions of support. The findings from this study suggest that when

organizations do not prescribe to a dedicated process for onboarding these young

managers they receive mixed messages about role support.

Millennials perceive that authentic leadership behaviors are expressed by leaders

when they follow through on organizational assurances (Twenge & Campbell, 2008).

Findings from this study suggest Millennial nurse managers envision their potential to

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influence positive outcomes through their capacity to demonstrate authentic leadership principles. One participant shared

> I had a vision of what I wanted my role as nurse manager to be when I first decided I wanted to go into leadership -- because when I worked as a staff nurse…the leaders and managers that I had, I was very inspired by them and I saw how having a good inspiring authentic leader could make the difference on your workflow and your work life. I wanted to be that.

Brady Germain and Cummings (2010) found the capacity to connect positive patient outcomes to leadership was facilitated by leaders with the ability to influence staff engagement. For these participants nursing leadership and staff relationships are not mutually exclusive entities. This study found relationship capital influences the perception of role satisfaction for these Millennial nurse managers. The theme *Validation: By the Numbers* suggests organizational metrics are assessed by these participants relative to their perceived leadership impact and are evaluated in relation to *Feedback: Relationship Metrics*. These findings were consistent with the literature that found there are important benefits to understanding the connection between people-focused (relational) leadership practices and positive patient results (Wong, Cummings et al., 2013).

**Nurse Manager Roles and Workplace Complexity**

The complexity of the nurse manager role was found by Shirey et al. (2010) to be impacted by time constraints, power limitations, and disruptions to work flow. It follows that the challenge for nurse managers to maintain role effectiveness is mediated by role demands that are equitable and reasonable (Warshawsky, Lake et al., 2013). In the

continued presence of unrealistic role expectations, it can be posited nurse managers are

being set up to fail. While many participants communicated principles of a strong work

ethic (feeling responsible for their units, wanting the requisite training to be successful,

and reporting working long hours), these Millennial nurse managers voiced concern

about having inadequate human resources to navigate their role successfully. This study

finding emerged in the theme *Managing Change.* One Millennial nurse manager reported

> there are so many layers that we're responsible for that it's sometimes really
>
> difficult to kind of have a grasp on everything and to keep all of the balls rolling
>
> smoothly, ... the other points kind of don't matter, so to speak, if you're having
>
> challenges with staffing -- it doesn't matter what's going on, you've just got to
>
> make sure the patient is happy.

Other Millennial participants described being responsible to cover additional units due to

leadership vacancies, despite their accepting the nurse manager position with an agreed

upon span of control. Manager roles and role complexity emerged in the theme *Full*

*Plate: Span of Control.* Study participants acknowledged span of control (number of

direct reports, managed units, and number of unit beds) was not factored into workload

considerations of these Millennial managers. When asked to clarify span of control, one

confided "there are some managers that have two units and the compensation is all the

same --unfortunately for them or for me." Concerns regarding *Additions to the Role* were

expressed by one Millennial nurse manager as they explained "we've recently started to

have to take call on the weekends." These additional responsibilities were viewed by

these Millennial nurse manager participants as significant barriers to their ability to

realize the role satisfier *Helping Staff Succeed*. These findings were consistent with the

literature recommendations for nurse manager support that included modifying the design of the role, creating a manageable span of responsibility, and having ongoing development of its nurse managers (Moore et al., 2016; Shirey et al., 2010).

The struggle to balance role complexity and role demands were echoed by Moore et al. (2016), who cited most participants reported insufficient or lacking orientation experiences. The theme *Learning as I Go* emerged as these Millennial participants repeatedly shared their awareness of nurse manager role preparation variances among their colleagues. Overwhelmingly, these Millennial nurse manager participants acknowledged their need for a more comprehensive understanding of the financial side of their leadership responsibilities. One participant summarized the need for financial acumen with the reflection "…budgeting, finance that would be the biggest piece of the pie that's missing…things having to do with numbers." The theme *Missing Pieces* captured the perspective of these Millennial nurse manager participants who described being challenged to self-identify with role competencies they were missing once they were in the role. One Millennial participant shared

I would say the biggest stressor was figuring out how to manage things like unit

finances, because I didn't have exposure to how to handle unit finances and

manage a budget, and build a budget when I started my role.

The reflection "there really needs to be some kind of formal onboarding" provides context for the viewpoint of study participants who report that much of their training is learned as they go.

**Leadership Interest**

Spence Laschinger et al. (2013) reinforced the need to identify nurses who may be

interested in manager roles early in their professional trajectory. Central to this finding is the acknowledgement by the scholars that nurses transitioning into leader positions require preparation and support (Spence Laschinger et al., 2013). The Millennial nurse participants in this study revealed that interest in the manager role did not always translate into a comprehensive understanding of role responsibilities. One Millennial participant confided

> I was interested in the leadership position when I transitioned from staff nurse to assistant nurse manager, I had an idea of what I wanted – the trajectory that I wanted… [nevertheless] my experience coming into the role; I had no real understanding of what it was really like – what laid ahead.

Cziraki et al. (2014) recommended nurses interested in manager roles should be provided with role clarification prior to assuming the role, a mentor while transitioning into the role, and a mitigated span of control when assuming the role.

> For Millennials, many of whom fear failing in the role, the answer to the question of interest was framed in terms of these young nurse's administrative support expectations (Sherman et al., 2015). Although these Millennial study participants considered development and mentoring to be role support expectations, they suggested potential leadership applicants clarify these expectations ahead of time. When asked what advice they would give to a new nurse manager, one Millennial participant shared

> I would tell a new nurse manager when they're seeking a position to ask questions about professional development and mentorship because it's not just about that one role…it's going to be long term, you kind of want to make sure that you are able to sustain it…what are they going to offer you in terms of that? Questions

about responsibilities, those are things to ask in advance. What support do you

have, are you going to have assistant nurse managers, are you going to have –

how many units you're going to be covering, things that I don't think I asked

because I was just really excited to get my first leadership position."

**Succession Planning**

Titzer and Shirey (2013) re-affirmed the need for nurse manager succession

planning to be proactive, while purposefully considering the ways potential leaders are

identified for and developed within these critical roles. In this research, most of these

study participants detailed their participation in at least one pre-manager position (charge

nurse, clinical manager, clinical specialist, assistant nurse manager, head nurse, resource

nurse) prior to assuming their nurse manager role. However, the reflections of these

Millennial nurse manager participants on the characteristics of these pre-manager

positions were as diverse as their titles. These study findings suggest adequate succession

planning for the nurse manager role remains challenged by the lack of formal mandated

requisites for the role. As such, leadership succession planning remains reactionary and

institutionally explicit. Although it is recommended that the complex role of the nurse

manager position is filled by Master's prepared nurses (AONE, 2010; Council on

Graduate Education for Administration in Nursing [CGEAN], 2012; IOM 2010), it is not

required. While 56% (14) of the Millennial nurse manager participants in this study were

Master's prepared, they described their current position requirements as Bachelor degree

mandated, Master degree preferred. Of the 56% (14) of participants in this study who

held a Master's degree, 42% (6) of them reported that they were not certain if they plan to

leave the role in the next two years. Griffith (2012) testified to the organizationally

specific nature of most succession planning, citing that although program need is

acknowledged, oftentimes implementation is lacking. Framing the issue, one Millennial

nurse manager participant specified

> I think on-boarding certainly is a concern…we should have a more robust
>
> succession plan [where] I can identify who I would pick as my successor…but
>
> there is currently no development of that person taking place and I think -- that's
>
> the missed opportunity.

**Leadership Retention**

Robinson-Walker (2013) attested current leaders are critically observed by nurses

who are taking stock of their workplace persona and work-life balance, or lack thereof.

Equally important, Mackoff and Triolo (2008a, 2008b) articulated there is a pressing

need to acknowledge that positive transitions into leader roles are the antecedent to

developing engaged nurse managers. By focusing on engagement, the authors maintain

retention will follow (Mackoff & Triolo, 2008a, 2008b). This finding was supported in

the themes *Coming into the Role* and *Having the Support of My Director*. The Millennial

nurse manager participants in this study readily described opportunities to participate in

broader organizational initiatives as a role-satisfier. One participant reflected "having

other directors and leaders who encourage you to spread your wings and try new things is

another thing that like energizes me in the role -- fulfills me because I feel like I'm being

encouraged." This assessment suggests that providing Millennial nurse managers with

growth opportunities that extend beyond their assigned unit may advance efforts to

engage these young managers and positively impact their retention.

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For these young nurse manager participants, engagement was most commonly described in terms of their capacity to develop a workplace culture of growth and support on their units. Viewed by these Millennial nurse manager participants as both a personal and professional success metric, staff engagement serves to validate their impact in the role. An example of this perspective emerged in the theme *Helping Staff Succeed* where one participant shared "they are so empowered, they are so engaged and they are so excited to be a part of that [clinical ladder] because they were doing the work they just weren't getting the recognition for it." As Millennial nurse managers take stock of their intent to stay in the role, it is imperative that the link between impact, role satisfiers, and measures of success are acknowledged as antecedents to this goal.

Although 64% (16) of the participants reported that they did not intend to leave their current role in the next two years, 32% (8) reported they were not certain if they would stay in the role. When queried about their intent to say in the role, study participants commonly referred to the fast pace of the role as stressful and described role demands that extended into their home life. This was evident in the study themes *Managing Change* and *Trying to Stay Balanced.* Hewko et al. (2015) reasoned resources alone fail to impact retention; they maintained it is the emphasis on having a congruent organizational culture and reasonable workload that captures the interrelated provisions needed to retain nurse managers in their role. This was consistent with the reflections shared by Millennial nurse manager participants in this study. In this study, 36% (9) of participants managed more than one unit, of which 44% (4) reported they either were planning to leave the role in the next two years (1) or they were not certain if they would stay in the role (3). One Millennial manager participant reflected "We're an academic

medical center that is at a hundred percent capacity, a good portion of the year" providing

context for the unrelenting demands of the role. Another shared

> We are in a constant state of critical capacity… and the biggest problem that we
>
> are facing as leaders is that instead of me being able to focus on the things that I
>
> really love to do … I'm having to look for ways to improve efficiencies and
>
> expedite discharges wherever we can.

These findings suggest that role design changes still are needed to meet the long-term

needs of these young managers. These manager participants commonly expressed the link

between feeling supported and their intent to stay in the role. However, the study theme

*Feeling Lucky* suggests support still is considered by many of these essential leaders to be

a stroke of luck. If one positions leadership retention as the by-product of role support, it

follows that a healthy workplace culture incorporates formal support processes and

realistic role expectations. The theme sub-theme *Feedback: Relationship Metrics*

revealed these participants are seeking feedback from their directors as a sign of support

and as an indication that they are achieving role mastery. One participant shared

> I think my generation likes to get feedback, not every generation does, some
>
> generations, no news is good news. I've actually learned that I have to ask my
>
> director for feedback because she'll definitely tell me if something is not right, but
>
> she wouldn't always tell me that I did very well in one area or you need to
>
> develop in this area or maybe you could think about this.

In the context of increasingly complex healthcare models, this puts enormous pressure on

nursing directors to evaluate their role in the retention of these young leaders.

**Generations in the Nursing Workplace**

Building a cohesive work environment requires nurse leaders manage multigenerational teams. This study explored the nurse manager role from the vantage point of Millennial nurses in these leader roles, acknowledging they often are charged with leading teams of older, more experienced nurses. In this study, participants acknowledged they were establishing their credibility in the role while mediating the generational perceptions of their staff. This finding became evident in the theme *Role Acceptance,* which emerged as study participants shared experiences of having to prove themselves to their older colleagues. These generational dynamics underscore the importance of appreciating generational diversity in terms of the way a cohort interprets work values and organizational expectations (Boychuk Duchscher, & Cowin, 2004). Growing out of this, Lieter et al. (2010) suggested a generational understanding of a cohort's workplace expectations and experiences serves to mitigate incivility and mediate collegiality. This study found these participants come into the role with an awareness of generational differences in the workplace. In fact, these participants shared that they were not surprised to find themselves navigating elements of generational diversity in complex care environments. All the Millennial participants in this study described their role as demanding with complex responsibilities. In this study 36% (9) of participants managed more than one unit. As managers, these Millennial nurses are responsible for multimillion-dollar budgets and, on average, study participants were responsible to manage 76 full-time equivalents. Despite this, these study participants acknowledged Millennials have been stereotyped as employees who often display unflattering workplace characteristics and expressed that they often felt the need to dispel the myths

of a lazy generational workforce. Dimensions of generational awareness were expressed

by one Millennial nurse manager with the following emphasis "I work with a lot of

Millennial nurse managers, and I think – the things that Millennials dislike the most is

being labeled as Millennial." Hendricks and Cope (2012) found nurse managers who

understand generational differences create the conditions to "build trust and value each

person's perspective" (p. 723). Thus, as leaders seek guidance in the ongoing effort to

create healthy work environments, generational fluency assists stakeholders to translate

the differing views of a multigenerational workforce.

## Implications for Nursing Practice

Understanding the way each generation may reconcile workplace values is viewed

as an opportunity for organizations to meet the specific needs of a multigenerational

workforce (Hansen & Leuty, 2012). The capacity for Millennial nurses to successfully

navigate the multifaceted nurse manager role is essential to meeting the leadership needs

of the profession. Findings from this study suggest Millennial nurse managers gauge role

success and satisfaction in relation to their perceived levels of support and development

and their ability to master role expectations. Seven themes emerged from this study as

Millennial nurse manager participants generously shared their experiences: *Coming into

the Role, Learning as I Go, Having the Support of My Director, Helping Staff Succeed,

Managing Change,* and *Trying to Stay Balanced*.

Based on the findings from this study, Millennial nurse managers are positioned

to influence healthy work environments through their unique perspective on the support

and development needs of its newest leaders. The findings from this research suggest

there are many opportunities to standardize the onboarding of Millennial nurse managers

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into the role. The findings described in the theme *Learning as I Go* highlight the need to re-evaluate the organizational responsibility to the leadership development of these young nurse leaders if the goal is to ensure their retention and success. Nurse executives may find the results from this study helpful as they seek insight into innovative role design modifications. As such, there are many opportunities to view the findings from this study in terms of implications for nursing practice. If the nurse manager role is to be viewed as desirable, *Having the Support of My Director* must not be left to chance. For these Millennial participants, *Helping Staff Succeed* is viewed as a role satisfier; yet, the current nurse manager role structure significantly challenges their ability to reach the full complement of their full-time equivalents. The study theme *Managing Change* emphasizes the unrelenting pace of the role and further highlights the need for organizational leaders to address nurse manager role support in terms of realistic human and time management resources. The distinction made between a 24/7 commitment to the role and being accessible to the unit 24/7 described by these participants provides context for the on-going struggle for these Millennial managers to achieve work-life balance. Practice environment nurse leaders have an opportunity to proactively address the long-term practice implications of the unsupported nurse manager role by working to redesign the role to better support the needs of the next generation of nurse leaders.

**Implications for Nursing Education**

This study finds that while graduate degree preparation for the nurse manager role was identified as preferred, it is not required. Although 56% (14) of the participants in this study held a Master's degree, it was not viewed as an organizational imperative. This study found Millennial nurse managers often were unprepared for the financial

responsibilities of the role. The fact remains that even when nurses are Master's prepared, there are a wide range of Master's degrees (clinical nurse specialists, advanced practice roles, education, administration, and others) (American Association of Colleges of Nursing, 2011, 2013, 2017a; Gerard, Kazer, Babington, & Quell, 2014) from which the pool of potential nurse managers originates. Ideally, Master's preparation is aligned with the professional trajectory of the nurse. However, the declaration "I never ever planned on being a manager, I wanted to be nurse practitioner or an educator" is noteworthy in relationship to the way leadership succession is managed. For those nurses seeking advanced practice clinical roles, the curriculum choices often are made clearer than the range of options available for their colleagues interested in leadership positions. In the practice setting, this complicates the ability to suitably match the leader's academic preparation to the position.

*The Essentials of Master's Education in Nursing* has identified leadership competencies that are specific to nursing leadership within organizations (American Association of Colleges of Nursing, 2011, 2013). The proficiencies outlined in this publication include the following general projected outcomes for the graduate prepared nurse: the application of leadership skills; holding a formal position; an understanding of financial, organizational, business, political, and legal influences on care delivery; complexity and systems theory use; and their participation in change management and care delivery model coordination (American Association of Colleges of Nursing, 2011, 2013). Although the proficiencies outlined in this publication parallel the job description of nurse managers in complex systems, in the absence of mandated minimum graduate level academic requirements, knowledge gaps remain. This puts significant pressure on

organizations to fill in the gaps through needs assessment and developmental training. Professional nursing is not without astute recommendations for adequate preparation of its nurse leaders. The nurse manager competencies outlined by the American Association of Colleges of Nursing (2013) and AONE and the American Association of Critical-Care Nurses (2015) provide a detailed account of role responsibilities and the overlapping skills required of today's nurse managers. Despite having a comprehensive catalogue of academic and practice recommendations for the nurse manager in current practice, most nurses still are *Groomed for the Role* based on their clinical skill at the bedside.

## Implications for Nursing Research

Many of the current studies on nurse managers have explored the nurse manager role in relationship to stress, work complexity, and role effectiveness. This study has explored the perception of the nurse manager role from the perspective of the Millennial nurse manager. Further research that explores the generational perspective on nurse manager role design modifications may provide insight into more effective ways to seamlessly transition nurses from mid-level leadership roles (charge nurse, resource nurse, clinical manager, and others) into nurse manager positions.

Further research on the nurse manager role should be done from the perspective of generationally diverse nurses who are led by Millennial nurse managers. This viewpoint could provide insight into succession planning efforts mediated by the perception of the role. Additionally, researchers could study mid-level leaders' (charge nurse, resource nurse, clinical manager, and others) perceived levels of support from their Millennial nurse managers. It would be interesting to compare the support perception

findings of mid-level leaders to the findings from this study in relation to the role satisfier identified in the theme *Having the Support of My Director.*

This study found 72% (18) of Millennial nurse manager participants were not assigned a mentor. A research study designed to explore the role of the formal mentor in the development and retention of nurse managers is warranted. In this study, participants were asked about their intent to stay in the role for the next two years. Additional research on Millennial nurse leader's intent to stay in the nurse manager role beyond the two-year timeframe may broaden our understanding of growth in the role and professional trajectory beyond the nurse manager position.

It would be thought-provoking to design a study that explores the daily workflow of the Millennial nurse manager in relation to the humanistic and organizational factors outlined in Ray's (1989) theory of bureaucratic caring. Developing research designed to quantify the dual nature of the nurse manager role may provide support for the organizational commitment needed to implement role design changes.

*Managing Change* and *Trying to Stay Balanced* were identified as key findings in this study. Exploring the ways that Millennial nurse managers resolve these role challenges is another important future research opportunity. Also, research exploring the assessment of nurse manager role competencies in the absence of formal leadership development programs should be undertaken. Research exploring the role experience of nurses who have Master's degree preparation prior to accepting the nurse manager position in relation to those who complete Master's preparation while in the nurse manager role should be explored.

## Recommendations

The nurse manager role as it stands varies significantly among organizational settings regarding responsibilities, mechanisms of support, number of direct reports, and span of control. This further complicates the message to emerging nurse leaders that the nurse manager role commands a specific set of academic requisites. Today's nurse manager role continues to include a wide span of academic points of entry, despite recommendations that the role necessitates graduate level preparation (AONE, 2010; CGEAN, 2012). The academic preparation and promotion of nurse managers must align with their role responsibilities. Moving forward it will be important for practice leaders to consider innovative solutions to tuition reimbursement and education support at the graduate level. Recommendations to align requisite nurse manager competencies will require the thoughtful collaboration between academic and practice settings. One recommendation to bridge the gap might be for academic-practice partners to collaborate and offer onsite master's and post master's programs in management and leadership. Millennial nurse managers are taking stock of their professional trajectory within their current health systems as they reflect on role satisfaction and retention. As efforts to support Millennial nurse managers are assessed regarding exposing them to a broader view of healthcare, it is recommended that healthcare systems re-evaluate system-wide mechanisms for growth and development opportunities for these young managers.

Millennials in this study reported that by accepting a nurse manager position they were no longer eligible to participate in clinical ladder advancement opportunities commonly afforded to hourly, full-time equivalent nurses. Additionally, these Millennial nurse managers shared their experiences working well beyond the required 40-hour work

week allocated to their position. It is important to consider how these perceptions of the role may impact retention and the likelihood that they may recommend the role to a colleague. It is recommended that nurse executives consider how accepting a nurse manager position impacts the benefits package of these young nurse leaders.

## Chapter Summary

In this chapter, links were made between the study findings, the theoretical lenses that framed this research, and the literature. The researcher presented support for the three theoretical theories that guided this study: Ray's (1989) theory of bureaucratic caring, generation cohort theory (Strauss & Howe, 1991), and authentic leadership theory (Avoilo & Gardner, 2005). Study findings consistent with the reviewed literature were presented. Research implications for nursing practice, education, and research were discussed and recommendations were presented.

## Conclusion

The pivotal role of the nurse manager is arguably one of significant influence on the healthcare landscape. Supporting Millennial nurse managers in their role requires that healthcare organizations and nurse executives consider the workplace factors that are important to them. As future research opportunities are considered, it is important that researchers continue to seek answers to the questions that inform role interest, support, retention, and the antecedents and barriers to role effectiveness. As the demand for nursing leaders has grown, so must our leadership research inquiries. In turn, it is vital that nursing leadership research is supported if we are to deliver on the practice imperative to "fill expanding roles… achieve higher levels of education and training to respond to these increasing demands" (IOM, 2010, p. 2).

APPENDICES

# Appendix A. IRB Approval

**Institutional Review Board**
Division of Research
777 Glades Rd.
Boca Raton, FL 33431
Tel: 561.297.1383
*fau.edu/research/researchint*

Charles Dukes, Ed.D., Chair

DATE:                          February 20, 2017

TO:                            Rose Sherman, EdD, RN
FROM:                          Florida Atlantic University Social, Behavioral and Educational Research IRB

PROTOCOL #:                    997308-1
PROTOCOL TITLE:                [997308-1] Millennial Nurse Manager Perspectives on Their Leadership Roles
                               in the Hospital Setting: A Phenomenological Inquiry

SUBMISSION TYPE:               New Project
REVIEW CATEGORY:               Exemption category *#A3*

ACTION:                        DETERMINATION OF EXEMPT STATUS
EFFECTIVE DATE:                February 19, 2017

Thank you for your submission of New Project materials for this research study. The Florida Atlantic University Social, Behavioral and Educational Research IRB has determined this project is EXEMPT FROM FEDERAL REGULATIONS. Therefore, you may initiate your research study.

We will keep a copy of this correspondence on file in our office. Please keep the IRB informed of any substantive change in your procedures, so that the exemption status may be re-evaluated if needed. Substantive changes are changes that are not minor and may result in increased risk or burden or decreased benefits to participants. Please also inform our office if you encounter any problem involving human subjects while conducting your research.

If you have any questions or comments about this correspondence, please contact Danae Montgomery at:

Institutional Review Board
Research Integrity/Division of Research
Florida Atlantic University
Boca Raton, FL 33431
Phone: 561.297.1383
researchintegrity@fau.edu

* Please include your protocol number and title in all correspondence with this office.

**This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within our records.**

# Appendix B. Recruitment Advertisement Approval

**Heather Saifman**

| | |
|---|---|
| **From:** | Heather Saifman <HSAIFMAN@health.fau.edu> |
| **Sent:** | Wednesday, December 21, 2016 1:30 PM |
| **To:** | Heather Saifman |
| **Subject:** | Fw: AONE Research Access |

**From:** Steele, Alexis <asteele@aha.org>
**Sent:** Thursday, December 15, 2016 11:39 AM
**To:** Heather Saifman
**Cc:** Rosaleen Sherman
**Subject:** RE: AONE Research Access

Your research has been approved and will run in AONE's newsletters.
I just need a short paragraph (with a link) to run.

Thanks,

**Alexis Steele** | Program Specialist | AONE | 155 N Wacker Dr STE 400, Chicago, IL 60606 | Direct: 312-422-2801 | Fax: 312-268-7093

**Appendix C. Recruitment Announcement**

# Requesting Millennial Nurse Manager volunteers to participate in an interview on nurse manager role experience

Thank you for your interest in participating in my research study. I am a PhD student co-investigator in the Christine E. Lynn College of Nursing at Florida Atlantic University (FAU). Little is known about Millennial nurses in leadership roles. The purpose of this study is to explore the perspectives of Millennial Nurse Managers.

Understanding the experience of being a Millennial Nurse Manager in the hospital setting is significant because it will provide insight into nurse manager role expectations and the development of strategies that could be aimed developing the next generation of nurse leaders.

You are eligible to participate in the interview if you are:

1. A licensed RN, currently employed full-time as a Nurse Manager in a hospital setting; and
2. A Millennial (born between 1980-2000) (with no less than 1 year of Nurse Manager role experience).

Your participation in the study consists of agreeing to participate in an audio-recorded telephone interview session lasting no more than 45 minutes. Participants will be asked to share their experiences as a Millennial Nurse Manager. You will have the opportunity to review your transcribed interview for accuracy.

If you are interested in participating, please call or email the investigator(s) Heather Saifman (student investigator) at ███████████ or hsaifman@health.fau.edu
 or Dr. Rose Sherman, RN, EdD (Principal Investigator/ Faculty dissertation advisor) at (561) 297-0055 or rsherman@health.fau.edu

Thank you for your support.

## Appendix D. Interview Questions

- How did you come into your nurse manager (NM) role? Tell me about your experience coming into the role?

- How do you see your impact in the nurse manager role?

- Tell me about your formal/informal preparation you received for the nurse manager role? At what point in your leadership role did this happen? What is your interpretation of the preparation?

- How are you supported in your role? (*staff, education, coaching, mentoring*).

- What are your concerns, if any, about the nurse manager role, as it is now?

- What does the ideal nurse manager role look like to you?

- What organizational practices contribute to your satisfaction/dissatisfaction in the role?

- How do you define success in your role?

- How would you describe the match between your expectations about the nurse manager role and the reality of the role?

- What, if any academic coursework would have better prepared you for the NM role?

- What would prevent you from staying in the role? What would enable you to grow in the role? Would you recommend the role to colleagues?

# Appendix E. Informed Consent: Verbal Consent Form

(To Be Read to Each Participant)

*Code Number* _____

TITLE:  Millennial Nurse Manager Perspectives on Their Leadership Roles in the Hospital Setting

Investigator(s): Rose Sherman, RN, EdD (Principal Investigator) (PhD Dissertation Advisor) and Heather Saifman, MSN, RN, (Florida Atlantic University (FAU) College of Nursing, PhD Student) (Co-Investigator)

Thank you for your interest in participating in our research study. The purpose of the study is to explore the perspectives of Millennial Nurse Managers. The research question "What is the experience of being a Millennial Nurse Manager in the hospital setting?" is significant because it will provide insight into nurse manager role expectations and the development of strategies that could be aimed developing the next generation of nurse leaders.

By participating, you will be agreeing to an audio-recorded telephone interview lasting between 30-45 minutes. Your interview will be conducted by a nurse with a Master of Science in Nursing degree.  You will be asked to answer some demographic questions, and then to share your experiences as a Millennial Nurse Manager. Your responses will be confidential. No names of individuals or healthcare agencies will be reported. Your interview will be audio recorded to ensure the accuracy of your commentary. You will have the opportunity to review your transcribed interview.

Your participation in this study is your choice. No compensation or reward will be provided. You may skip any questions that make you feel uncomfortable and you are free to withdraw from the study at any time without penalty.  The risks involved with participating in this study are no greater than the risk associated by engaging in a discussion with a colleague about your professional experiences.  There is a small risk of related to a breach of confidentially. To reduce this potential risk, only the researchers will have access to your information; and your information will be coded and de-identified.

By participating you will be contributing to a better understanding of Millennial Nurse Manager role experiences. You may find that you feel a sense of satisfaction by participating in this study, knowing you have contributed to the understanding of Millennial Nurse Manager role expectations and the recruitment and retention practices of nurse leaders.

If you experience problems, have questions or concerns about your rights as a research participant, contact the Florida Atlantic University Division of Research at (561) 297-1383 or send an email to researchintegrity@fau.edu. For other questions about the study, you should you should call or email Dr. Rose Sherman, RN, EdD (Principal Investigator/ Faculty dissertation advisor) at (561) 297-0055 or rsherman@health.fau.edu, or the co-investigator Heather Saifman, MSN, RN (PhD student, co-investigator) at ▮▮▮▮▮▮▮▮ or hsaifman@health.fau.edu.

If you choose, you can print a copy of the consent statement for your personal records.
By agreeing to participate, you are attesting that you are 18 years of age or older and freely consent to participate.

Consent 3 - Consent Paragraph Low Risk Anonymous. FAU/RI – Version 4 – 08/09/2016

FAU
Institutional
Review Board

| 997308-1 | |
| --- | --- |
| Approved On: | February 19, 2017 |
| Expires On: | N/A |

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**Appendix F. Nurse Manager Demographic Survey**


**Participant Code** _____

**Gender** _____                    **Age** _____    **Ethnicity**
_____

**Years of Nursing Experience:**              **Years** _____  **Months**
_____

**Years of Nurse Manager Experience:**    **Years** _____  **Months**
_____

**Is Your Current Position, Your First Nurse Manager Role?** Yes _____ No _____

**Highest Level of Nursing Education:**

_____          Associate

_____          Baccalaureate

_____          Masters

_____          Doctorate


**Other Education:**                **Type/Degree:**

_____          Certification          _____

_____          Baccalaureate         _____

_____          Masters               _____

_____          Doctorate             _____


**Are You Currently In School Perusing a Higher Academic Degree?**

Yes _____  No _____


**Type of Hospital:**

_____          Academic Medical Center

_____          Community Teaching Hospital

_____          Community Hospital

_____          Critical Access/ Rural


Not For Profit _____          For Profit _____          Federal Government _____

Non-Federal Government _____


**Magnet Designated:** Yes _____          No _____          On Journey _____


**Facility Bed Size:**

Fewer than 100 beds  _____

100-199                      _____

200-299                      _____

300-399                      _____

400-499                      _____

More than 500            _____


**Type(s) of Unit Managed:**

Critical Care (Adult) _____

ER                        _____

Long Term Care            _____

Medical- Surgical         _____

Neonatal ICU              _____

OB/GYN                    _____

OR                        _____

Other                     _____

Outpatient Services       _____

PACU                      _____

Pediatric                 _____

Pediatric ICU             _____

Psychiatric               _____

Rehab                     _____

Telemetry                 _____

**Do you manage MORE than ONE unit?**   Yes _____     No _____

**Number of Patient Beds in Unit/Units Managed by You** _____

**Number of Nursing FTEs Managed by You**             _____

**Yearly Budget for Your Unit/Unit(s)**               _____

**Have You Participated in a Formal Leadership Development Program?**

Yes ____ No ____

**Do You Have a Mentor/Coach Assigned to You By Your Organization?**

Yes ____ No ____

**Do You Plan to Leave Your Current Role in the Next Two Years?**

Yes        ____

No        ____

Not Certain      ____


**If You Leave Your Current Position, Would You Seek Another Leadership Role?**

Yes, in my CURRENT hospital      ____

Yes, but in ANOTHER hospital      ____

No      ____

Not Certain      ____

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