

1-1-2017

A Phenomenological Study of Nurse Administrators: Leading the Multigenerational Workforce of Registered Nurses

Johanna E. Desir

Nova Southeastern University, jd73339@gmail.com

This document is a product of extensive research conducted at the Nova Southeastern University [Abraham S. Fischler College of Education](#). For more information on research and degree programs at the NSU Abraham S. Fischler College of Education, please click [here](#).

Follow this and additional works at: http://nsuworks.nova.edu/fse_etd



Part of the [Education Commons](#)

Share Feedback About This Item

NSUWorks Citation

Johanna E. Desir. 2017. *A Phenomenological Study of Nurse Administrators: Leading the Multigenerational Workforce of Registered Nurses*. Doctoral dissertation. Nova Southeastern University. Retrieved from NSUWorks, Abraham S. Fischler College of Education. (122) http://nsuworks.nova.edu/fse_etd/122.

This Dissertation is brought to you by the Abraham S. Fischler College of Education at NSUWorks. It has been accepted for inclusion in Fischler College of Education: Theses and Dissertations by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.

A Phenomenological Study of Nurse Administrators:
Leading the Multigenerational Workforce of Registered Nurses

by
Johanna E. Desir

An Applied Dissertation Submitted to the
Abraham S. Fischler College of Education
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova Southeastern University
2016

Approval Page

This applied dissertation was submitted by Johanna E. Desir under the direction of the persons listed below. It was submitted to the Abraham S. Fischler College of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Charlene Desir, EdD
Committee Chair

Jia Borrer, EdD
Committee Member

Lynne Schrum, PhD
Dean

Statement of Original Work

I declare the following:

I have read the Code of Student Conduct and Academic Responsibility as described in the *Student Handbook* of Nova Southeastern University. This applied dissertation represents my original work, except where I have acknowledged the ideas, words, or material of other authors.

Where another author's ideas have been presented in this applied dissertation, I have acknowledged the author's ideas by citing them in the required style.

Where another author's words have been presented in this applied dissertation, I have acknowledged the author's words by using appropriate quotation devices and citations in the required style.

I have obtained permission from the author or publisher—in accordance with the required guidelines—to include any copyrighted material (e.g., tables, figures, survey instruments, large portions of text) in this applied dissertation manuscript.

Johanna E. Desir

Name

November 17, 2016

Date

Acknowledgments

“Whenever you find yourself on the side of the majority, it is time to pause and reflect” (Mark Twain).

To complete a challenge project such as a dissertation, my personal faith has sustained me through this very difficult journey. I would like to acknowledge my Committee Chair, Professor Dr. Charlene Desir; my former Committee Member, Dr. Carolyn Buckenmaier; as well as my current Committee Member, Dr. Jia Borrer. Thank you so much for your incredible insight and determination to support me through the entire process. Thus, thank you so much for your patience and your willingness to ensure that I complete my dissertation. I would like to acknowledge the gifts of time and knowledge from the participants in this research study. Thank you for taking the time on your very busy schedule to participate in the interviews. Without your dedicated involvement, this research study would not be possible. A special thanks to my very dear friend, Ms. Eleanor Jones, and my professional colleagues, Ms. Ramirez, Ms. Maslow, and Ms. Giordano. Thank you so much for your encouragement and your support.

With boundless appreciation, I would like to extend my heartfelt love and gratitude to my son Jonathan and my daughter Johlissa “Gabie” for their faith in me. You are my stamina! My hope is that you too will be inspired and encouraged to higher learning and to fulfill your passion. A special thanks to my husband, Jean-Pierre Desir, for all his prayers. I also like to take this opportunity to thank my mother, Rose-Marie Noel, for taking a risk to migrate here in the U.S. As a result, I have the opportunity to reach my full potentials. Lastly, I would like to thank my older brother, Anderson Mabout. I am eternally grateful for the sacrifice you made to raise me to become the person I am today.

Abstract

A Phenomenological Study of Nurse Administrators: Leading the Multigenerational Workforce of Registered Nurses. Johanna E. Desir, 2016: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education. Keywords: age differences, age groups, cultural differences, maturity (individuals), personality traits

Nurse shortages and nurse turnover are major issues in the health care industry. As 4 generations of nurses are working side by side for the first time in history in the health care industry, nurse leaders need to understand the generational differences in order to bridge the gap on retaining the nurses in the workforce. The primary focus of this applied dissertation study was to explore and obtain the lived experiences of leading the nursing intergenerational cohorts, as well as the strategies that nurse leaders or nurse managers can utilize to meritoriously attract, retain, and motivate the generational nursing workforce.

The Leadership Questionnaire, designed in 2008 by Dr. Nelson, was utilized to interview 5 nurse administrators of the phenomenon to comprehend how the health care nurse administrators can utilize productive techniques of leading the nursing generational cohorts. The target population was members of a professional long-term care association. Once the nurse administrators agreed to participate on the study and signed the consent form, the researcher scheduled an initial 45-minute interview of three 15- to 30-minute interviews over a 3-month period.

The data collected as a result of this study revealed findings: (a) the intergenerational educational gap in the nursing workforce, (b) the needs of the intergenerational nurses, (c) the critical aspect of continuing of professional education training development for the nurses, and (d) the critical leadership values on leading the intergenerational nursing cohorts. This applied research study dissertation intended to assist nurse leaders to reframe perceptions regarding the nurses' intergenerational group (e.g., Baby Boomers, Generation X, and Generation Y) differences and to view these differences in attitudes and behaviors as potential strengths.

Table of Contents

	Page
Chapter 1: Introduction	1
Nature of the Problem	1
Purpose of the Study	7
Chapter 2: Literature Review	9
Introduction	9
Theoretical Perspective	10
The Nursing Shortage	17
The Multigenerational Workforce Matters	18
Generational Differences in Understanding and Respect	19
Generational Paradigm Settings	22
The Aging Workforce	24
Nursing Staff Competences	25
Nursing Health Care Services in Crisis	28
Nursing Turnover, Burnout, and Work Environment	29
Leading the Intergenerational Nursing Workforce	35
Generational Diversity of Nursing Staff	35
Managing Nursing Diversity	39
Twenty-First Century Leadership	40
Leadership Training and Professional Development Programs	42
Leadership Skills With Leadership Training	43
Research Gap	44
Research Questions	44
Chapter 3: Methodology	46
Research Design	46
Participants	47
Data Collection Tools	48
Procedures	49
Data Analysis	52
Ethical Considerations	54
Trustworthiness	54
Potential Researcher Bias	55
Limitations	56
Chapter 4: Findings	57
Participants' Professional Backgrounds	57
Nursing Intergenerational Educational Gap in the Workforce	63
Organizational Fairness Within Intergenerational Nursing	69
Intergenerational Nursing Staff Interaction and Appreciation	70
Intergenerational Nursing Staff Cohorts on Leadership Trust	76
Chapter 5: Discussion	79
Introduction	79
Recommendations	86
Future Research	91

Summary and Conclusions	91
References.....	93
Appendices	
A Approval Invitation Letter	108
B Open-ended Interview Questions	110

Chapter 1: Introduction

Nature of the Problem

Altmann (2012) indicated that registered nurse professionals make up the greatest single component of every hospital in the United States, yet the shortage of nurses nationwide is putting the safe, effective health care system in jeopardy. To combat the nursing shortage, Lavoie-Tremblay et al. (2010) stated that health care organizations are in need of finding ways to maximize the benefits of an intergenerational workforce. According to Brown and May (2012), the health care industry is a continuing concern for organizational leadership, knowledge, and employee motivation, which has an increased significance for nursing shortages.

Goleman, Boyatzis, and McKee (2002) stated every leader within an organization (small or large) struggle to translate an organization's strategy into an action plan that will enable the organization to implement strategic sustainable goals. As Noe (2013) pointed out, with the appropriate leadership training and development, leaders can feel confident in their abilities to lead constituents while working toward their organizational goals.

The presence of a national nursing shortage, which will eventually create a threat to the health and safety of patients, suggests there are issues leading to this nursing shortage. For example, Eisner (2005) found much research on managers, leaders, implemented strategies, communication, and employee motivation. However, Eisner reported there has been limited research on leadership training based on the unique characteristic of leading a multigenerational team.

According to Knouse (2011), the 21st-century workplace has four generations of employees who are working together for the first time in the labor force, particularly in

the health care industry. Nevertheless, according to Dunn-Cane, Gonzalez, and Stewart (1999), each generational cohort presents a unique set of work values through differences toward work-life balance and organizational commitment and loyalty, while each generational cohort retains its focus on career development. For example, according to Lavoie-Tremblay et al. (2010) and Wieck (2008), Generation Y group, also known as Boomer-Echoes and Millennials (born 1981-2000), is the newest generation to enter the workforce. As the oldest nurses of the Traditionalist generation are now around 71 years old, the generation is shrinking rapidly and will soon be replaced by Generation Y, the youngest of nurses whose numbers are growing in this 21st century. In fact, Sujansky (2009) reported it was estimated that by the year 2014, the number of Generation Y employees in the workforce would be more than 58 million.

Because the nursing shortage remains a serious issue in the United States, Hahn (2011) and Stanley (2010) found that acknowledging multigenerational conflicts regarding job satisfaction might become an integral ingredient to minimize the nursing shortage. The purpose of this research was to explore nurse administrators' lived experiences as they lead the multigenerational nursing cohorts in the workforce.

The topic. At the expense of the perspectives of Generation X group (born 1965-1980) and Generation Y employees, decisions regarding the retention of registered nurses (RNs) have often been based primarily on the input of Traditionalist (born 1922-1945) and Baby Boomer (born 1946-1964) employees. The viewpoints and decisions of each generation affect the needs of all the generational cohorts (Wieck, 2008). According to Epstein and Howes (2006), the Traditional and Baby Boomer generations have differing views regarding attitudes, self-image, and employer expectations compared to Generation X and Generation Y. According to Meriac, Woehr, and Banister (2010), managers of

multigenerational employees must consider generational differences that hold different perceptions across cohorts; these differences in managing employees may lead to conflict as a result. Lavoie-Tremblay et al. (2010) reported that managers are presented challenges in managing and leading each group. Knouse (2011) noted Generation Y individuals begin their professions during the time that Generation X careerists are advancing in the workplace. Therefore, Knouse believed it is necessary for management personnel to possess the leadership skills necessary to supervise the work performance of employees effectively with differing mindsets largely shaped by experiences associated with the generation of each employee.

The research problem. The generational differences in terms of ages, norms, and values in the nursing workforce are causing major dilemmas in the workforce. Because each generation presents unique challenges to the nurse administrators (Wieck, 2008), the one-size-fits-all solution can no longer be applied to meet the needs of nurses who have differing values and priorities.

According to Hall and Doran (2007), leadership comprehension of generational differences is one of the most prevalent issues in the health care industry. In fact, Griffith (2012) noted every organization is facing a major challenge of the ability to sustain its leadership capital. For example, Wieck, Dols, and Landrum (2010) reported one third of the nurses under 26 years of age (the Millennials) were planning to leave their nursing careers within 2 years of practice.

Hahn (2011) stated that nurse administrators are challenged to embrace and respect the multigenerational nursing workforce. The researcher anticipated this study of nurse administrators who lead multigenerational workforces would provide an in-depth understanding of the commitment of RNs. At the same time, the impact of nurse

shortages in the health care workforce has created an opportunity for every health care organization to become more flexible in finding ways to allow every generation to be heard. Otherwise, according to Hahn, nurses in all age groups, particularly younger nurses (especially Generation Y), would probably choose to leave rather than withstand poor treatment.

Phenomenon of interest. At the time of this study, the researcher worked at a health care organization in south Florida for 5 years as a HR generalist. The researcher possessed more than 12 years of working experience in operations management, as well as in HR management. As a HR generalist at a nursing home, the researcher was responsible for the overall work performance of the administrative and RN staff while implementing a high quality of health care services. Having the opportunity to experience the low nursing retention at a nursing home facility, the researcher believes the health care industry in the United States is facing difficulties attracting and retaining nurses in the profession because of a lack of staff motivation within the working environment.

The researcher believes leadership in nursing administration requires knowledge of staff motivation, excellent communication, and organizational skills. Based on her experience in health care, the researcher found it is imperative for nurse administrators to develop major foci on leadership skills, which consist of thorough assessments and analyses of context and systems issues. Likewise, nurse administrators can play a major role in the development of strategic goals, objectives, and plans, including budgets, HR plans, and interventions in shaping the organization in order to increase nurse retention.

Background and significance. Swinney and Dobal (2008) indicated that the growing shortage of RNs in the United States remains a crisis. Siela, Twibell, and Keller (2008) pointed out that the aging population in the United States has exacerbated the

crisis. In fact, Swinney and Dobal reported the need for 118,000 RNs to fill vacant positions nationwide. According to Forest and Kleiner (2011), many nurses (28% of new hires) are leaving the profession because of poor support systems from their nurse managers or leaders. The problem could be that many leaders repeatedly fail to motivate their constituents to work together with enthusiasm toward an organizational strategy or goal (Mintzberg, 2009).

Hoyle (2007) stated understanding how the world is changing is an initial expectation of a leader. Likewise, Griffith (2012) mentioned nurse administrators must be prepared to act as change agents while adapting to organizational change as leaders and as managers. Otherwise, leaders or managers with inadequate leadership skills will contribute to the poor quality of hospital care because of the nursing shortage. Similarly, Wieck (2008) remarked that as organizations are increasingly operating in a multigenerational context, it is vital for nurse leaders to be aware that the differences in intergenerational groups affect outcomes, such as satisfaction, creativity, turnover, and performance.

With today's rapid changes, industries have moved from the Industrial Age into the Knowledge Information Age (Clawson, 2012; Marquardt, 2011). For example, in almost every industry, there is a need for new materials, tools, theories, techniques, substitutes, and ways of organization, meaning that leaders and managers must all be constant learners; otherwise, their abilities and talents will soon be obsolete (Clawson, 2012). Likewise, according to Spiva et al. (2012), the health care environment with regard to technology and development of e-learning modules is evolving rapidly. Consequently, as the implication of managing the needs of the intergenerational nurses while appreciating each employee's skills increases, there is a growing and a necessary

preoccupation of nurse's leadership skills within the health care industry.

Dols, Landrum, and Wieck (2010) stated that RNs of all generations, but specifically Generation X and Generation Y, want acknowledgment and to be respected by their managers and their leaders for their work performance. Laschinger (2012) reported that the direct costs (e.g., salaries and fringe benefits) and the indirect costs (e.g., training and tuition reimbursement) combined is a financial deficit of an exempt employee's turnover of a minimum of a year's salary and benefits and a maximum of 2 years' salary and benefits. Thus, when an organization loses any of its critical employees, there is a significant economic impact within that organization, especially given the knowledge that is lost when an employee leaves the organization. In such cases, to meet the needs of both generations, Noe (2013) noted it is the obligation of leaders and managers to have the capacity to learn new leadership skills and change as the world around them is changing. Laschinger pointed out that leadership skills are critical for leaders and managers to possess in order to create a respectable and comfortable working environment while addressing and limiting the organization's employee turnover.

Deficiencies in the evidence. Johnson (2013) discussed on-the-job retention of RNs. She encouraged HR professionals to attract Baby Boomers (born 1946-1964) to remedy the nursing shortage and recruit overseas RNs to maximize job retention. However, Johnson did not address the need to understand the paradigm of a multigenerational workforce (Lipscomb, 2010). Wieck (2008) indicated that the safety of patients and the needs of nursing and operational staff necessitate human resource (HR) professionals to provide for improved retention of an intergenerational workforce. Although differences in the historical backgrounds and cultural and social norms among generational cohorts can contribute to tension and conflict in the workplace, Senge

(1990) reported that creating diverse and multigenerational teams promotes the development of unique strengths through intergenerational learning that supports the common goal of success. Therefore, there is a need to explore retention of the multigenerational nursing staff in the health care industry.

Audience. In the course of compiling research or data analysis of leading a multigenerational nursing staff, the researcher anticipated generating knowledge from this study to educate HR professionals in reference to a variety of experiences and aspects of leadership skills to nurse administrators. The researcher anticipated providing benefits to nurse administrators, managers, and educators by identifying several approaches to attracting and retaining RNs with emphasis on the establishment of a multigenerational nursing staff. Cennamo and Gardner (2008) stated there are generational differences that exist between the intergenerational groups because of their home life, careers, and introductory work experiences. A nurse administrator must be proficient to lead a multigenerational staff. Thus, nurse administrators need to be able to attract, retain, and motivate RNs who can participate in a multigenerational workforce efficiently, cost effectively and safely.

Purpose of the Study

The purpose of this dissertation study was to explore and obtain the lived experiences in leading the generational cohorts and strategies that nurse leaders or managers utilized as they communicated, coached, and motivated each generational cohort of nurses. In terms of attracting a multigenerational workforce, Dols et al. (2010) noted that RNs are much more cooperative if they have respect and appreciation from the management team. Force (2005) further explained that the role of a nursing manager or leader is critical in influencing a variety of factors that can influence job satisfaction in

the work environment. However, in order for them to accomplish this goal, Wong and Cummings (2009) remarked leaders or managers must create an environment of supportive behavior and trust.

Chapter 2: Literature Review

Introduction

Stanley (2010) acknowledged it is a challenge for nursing leaders and nursing managers to ensure the success of a multigenerational workforce while providing for the needs of the constituents. Managers must be aware of the leadership, coaching, and motivational needs of the workforce. Stanley, along with and Hoyle (2007), indicated that leaders and managers need to address the diverse needs within an intergenerational cohort. Health care industry professional occupations range from direct patient care providers, such as physicians (e.g., medical doctor, surgeon, general practitioner, and so on), RNs, and nursing aides (nursing assistants) to organizational ancillary roles in electronic information technology, as well as medical records management.

The health care industry consists of diverse constituents working toward a common goal (i.e., the safety of patients). Yet, regarding low employee retention rates, aging workforce, and decreased enrollment in nursing education programs, Burnes and By (2012) pointed out that leadership and management are complex challenges within the health care industry. Nevertheless, because of the health care industry's unique characteristics, it is imperative health care leaders recognize and appreciate the transformational change that each generation brings to the workforce while harnessing the benefits of those differences.

The primary focus of this research study was to investigate a deeper understanding of the lived experiences of nurse leaders and managers leading a multigenerational RN workforce. The literature review identified the causes of the dilemmas involved in managing a multigenerational workforce, such as (a) the nursing shortage, (b) the aging workforce, (c) multigenerational workforce issues, and (d) the definition of leadership management training and development programs.

Theoretical Perspective

Chrobot-Mason and Leslie (2012) reported it is imperative for nurse administrators to identify and analyze nurses by using motivation theories to address retention. According to Greenfield, Pawsey, and Braithwaite (2011), nursing staff motivation is essential in improving the quality and safety of health care organizations. Likewise, Thaliath and Rejoice (2012) pointed out staff motivation initiates an intrinsic energy force that guides and maintains employees' goal-oriented behaviors.

Clinkenbeard (2012) and Greenfield et al. (2011) indicated intrinsic and extrinsic motivation factors influence employee motivation. Employees who are exceedingly intrinsically self-motivated are very curious about the job tasks, eager to enhance learning new skills, and focused on the task, whereas employees who are extrinsically motivated are concerned about and concentrate on the outcomes of the work experience more than the task itself.

Thaliath and Rejoice (2012) reported that Herzberg and McGregor described two-factor theories of motivation that tend to hold employees motivated at work. According to Herzberg (1966) and McGregor (1966), employees are motivated by intrinsic factors of their jobs, (i.e., the sense of self-efficacy and achievement that their occupations provide), as well as by extrinsic factors (i.e., compensation, which can only prevent individuals from becoming dissatisfied).

The dissertation study was guided by the need theory, which looks at internal factors and influences of the environment. For example, according to Ramlall (2004), a need theory attempts to identify internal factors that energize an employee's work performance compartment. The *need theory* is defined as either physiological or psychological deficiency that affects behavior. Although motivational factors can be

strong or weak based on an individual's needs, they are based on time and place, as well as environmental factors.

The use of the need theory. A study on use of the need theory was conducted to investigate organizational constituents' experiences with attitudes towards the review of the accreditation process at a large, not-for-profit metropolitan teaching hospital in Australia (Greenfield et al., 2011). The organization participated in a planned review of its accreditation status by the Australian Council on Healthcare Standards. Participation was encouraged and rewarded based on staff interest in the hospital's contribution to the development of a collaborative organizational culture. According to Greenfield et al. (2011), the council's members exemplified high performers and change champions from whom the organization could learn. The research experience offered the organization opportunities to learn while further enabling staff development as quality and safety champions.

The findings indicated the motivations that impel staff to participate in their organizational accreditation activities and benefits are positively self-reinforcing. For instance, through their actions, respondents demonstrated extensive engagement in their organization and a desire to participate in accreditation tasks and achievements. The research concluded that participants had the opportunity to reflect collectively on their practice and developments at both local service and broader organizational levels. Utilizing the need theory in the study, the researcher explored the experiences of nurse administrators in exploring staff involvement experiences that could help formulate a distinct set of work preferences and retention for an intergenerational nursing staff.

According to Rowland (2013), equity theory recognizes that employees are aware of a fair balance based on the amount of rewards they receive for their input efforts (i.e.,

skill level, hard work, and enthusiasm) and their output ratio (i.e., salary, recognition, benefits, and so on) relative to a fair amount received by their peers. When employees perceive an imbalance in their output-input ratio relative to their coworkers, they create tension. Unfortunately, the tension provides the basis for motivation as employees strive for what they perceive to be equitable and fair.

The equity-theory model research. Liu and Tang (2011) conducted a study utilizing the equity theory as a lens to comprehend employee participants' perceptions on equity. To succeed, Lin and Tang provided lecture presentation and reading materials on equity theory to familiarize employee participants with the output-input ratio, comparison process, and cognitive and behavioral responses to determine their perceptions of equity. The results suggested that if an employee feels undervalued, perhaps even hostile towards the organization as well as towards coworkers, the employee might not perform successfully on job tasks. Additionally, employees with positive attitudes are associated with behaviors based on fairness, represented in the workplace as organizational commitment, trust in supervisors, job satisfaction, and performance (Stecher & Rosse, 2007). The equity theory a lens to investigate critical decisions made and observed by nurse supervisors as they managed/supervised an intergenerational nursing staff with various approaches to work based on their generational perspectives.

The motivating factors of employees. Neuert and Brenninger (2014) indicated that in 1959, Herzberg and his associates assembled as a team to begin their first initial work on factors affecting work motivation in the mid-1950s within organizations in any industry. The team's initial effort involved a thorough review of existing research at that time on the subject. Using his now-famous research analysis survey, Herzberg selected 200 professional accountants and engineers from whom he derived the initial framework

for his theories of motivation. The theories' results, as well as the supporting data, were published, subsequently amplified, and developed in a later book (Herzberg, 1966).

According to Neuert and Brenninger (2014), with regard to Herzberg's survey, employees are likely to delineate job-satisfying experiences based on intrinsic factors, which were called motivators, and they included variables such as recognition, the job task itself, achievement, advancement, responsibility, and growth pertaining to the content of the work itself. Conversely, disgruntling employees' experiences, called hygiene factors, largely resulted from extrinsic (e.g., nonjob-related) factors, such as organizations policies, salary, coworker relations, and supervisory leadership styles. Based on these results, Herzberg (as cited in Neuert & Brenninger, 2014) argued that eliminating the causes of dissatisfaction through hygiene factors would not result in a state of satisfaction. To the contrary, the outcome would result in a neutral state.

According to Ghazanfar, Chuanmin, Khan, and Bashir (2011), a motivated workforce is a crucial element for an organization's survival. When an organization provides opportunities for high-achieving employees to utilize the skills that may contribute a positive outcome into the organizational goal, employees feel valued and contribute in several ways to an organization's activities while ensuring that the organization achieves its highest goal expectations. Mainly, the impact of motivation on the work performance and productivity focus attention on motivation in the work environment. Therefore, employees with high levels of motivation tend to work hard and perform better in their work compared to employees with low levels of motivation.

Job satisfaction. Lorber and Savič (2012) explained that employees play a vital role in an organization's achievement. Organizations within the health care industry ought to be aware of the significant aspects of employees' job satisfaction. According to

Lorber and Savič, determination of job satisfaction is by a comparison of one's prior expectations about the job and the actual experience on the job. Leaders must be proficient in influencing employees' satisfaction. For example, when leaders are establishing the level of job satisfaction, they ought to focus on how employees feel about their work and their personal relationships in the workplace.

Dalal, Baysinger, Brummel, and LeBreton (2012) asserted that job satisfaction is an important antecedent to job performance and an important predictor of organizational commitment. Likewise, according to Saif, Nawaz, Jan, and Khan (2012), job satisfaction is an attitude or emotional response to one's job and work environment. Herzberg (as cited in Tirmizi, Malik, & Mahmood-ul-Hasan, 2008), a pioneer in the study of job satisfaction, developed a two-factor theory that suggested the contents of the job, including achievement, responsibility, and recognition, can motivate workers and cause high levels of job satisfaction. Furthermore, Tirmizi et al. (2008) indicated Herzberg's theory maintained that motivators cause positive job attitudes because they satisfy the worker's need for self-actualization.

According to Noe (2013), satisfied employees are the ultimate goal of all leaders. Likewise, Noe indicated the goal of every employer (leader or manager) is to find the kind of work that matches employees' abilities and interests as closely as possible, which enables success and provides employees opportunities for promotion. As a result, satisfied employees tend to be more productive and committed to their employers. In terms of motivating the RNs, a direct correlation has been shown between staff satisfaction and patient satisfaction in health care organizations (Lorber & Savič, 2012).

Leadership responsibility. One of the most essential yet difficult responsibilities of a leader in any organization is staff motivation. Nevertheless, another critical factor of

the nursing shortage is lack of qualified administrators (Altmann, 2012). Leaders, managers, or supervisors must ensure a professionally healthy, as well as a productive work environment in order to support a motivated working environment. Campbell and Jane (2012) described motivation as extrinsic (related to external factors) or intrinsic (related to internal factors). Of these, intrinsic motivation is what drives employees to complete a task or gain satisfaction from their personal achievements. To demonstrate the significance of this skill, Staren (2009) explained that leaders who are not able to motivate their employees might put their organization at risk by reducing job retention. Leaders must create a work environment in which employees are motivated about work, which involves both intrinsically and extrinsically satisfying and encouraging factors.

Motivating employee behavior. According to Al-Nsour and Jordan (2012), as organizations face significant challenges in internal and external work environments, leaders, managers, or supervisors cannot maintain institutional performance without providing incentives to their employees based on their efficient work. Cooper, Heron, and Heward (2007) believed behavioral theory is driven by consequences that are either reinforcing or punishing depending on whether the behavior increases or decreases after the consequence is applied. The need for certain reinforcers or the need to avoid certain punishers are based on a history of consequences that motivate behavior.

This basic description of behavior fits the explanation Robbins, Decenzo, and Wolter (2013) pointed out that deficiencies of needs make outcomes seem more desirable. They also indicated the greater the deficiency, the greater the motivation to fill that need. Furthermore, Robbins et al. stated the deficiencies create tension that drives satisfaction, which clearly clarifies the understanding of the deficiencies complex and the individual differences of each person. Yet, different deficiencies may motivate leaders as

well as constituents.

Employee motivational implications. Kumar (2011) noted that motivated employees are strategically imperative for corporate competitiveness. Motivation in some aspect of life exists within each person's consciousness and actions. In terms of an employee, motivation is an employee's intrinsic enthusiasm and desire to accomplish activities related to work. Every employee has activities, events, people, and goals that tend to create motivating factors. As such, motivation is a complex (not easily defined) intrinsic driving force influenced by external factors.

Ramlall (2004) identified the needs of the employees as the work environment; responsibilities of the job; supervision; fairness and equity; effort; and employee development and feedback, which is a critical factor among the respective motivation theories. History shows that positive motivators work far better than negative ones. The latter may work briefly, but the ultimate result is unhappy and resentful employees who will likely spend as much time determining how to leave their position.

Likewise, employee motivation is the combination of fulfilling an employee's needs and expectations from the workplace. These variables tend to construct employees' enthusiasm. Solnet, Kralj, and Kandampully (2012) remarked that employee engagement has been a significant predictor of positive business outcomes. On the other hand, according to Ramlall (2004), needs, reinforcement, cognition, job characteristics, and feelings or emotions are the methods of explaining employee behavior.

In summary, Ramlall (2004) pointed out the equity theory recognizes that individuals want compensation equal to that of comparable peers. The expectancy theory claims people act in ways they think will produce certain expected outcomes, and the job design theory relates to the actual job, or task, in which the employee is involved. Rynes,

Gerhart, and Minette (2004) found that “money is not the only motivator and it is not the primary motivator for everyone” (p. 391). Likewise, although money is an important factor for most individuals, Rynes et al. remarked that motivation factors are in pay systems and work redesign, which increase participation and enhance performance feedback.

The Nursing Shortage

According to the American Association of Colleges of Nursing, the nursing shortage continues to be a problem in the United States. Clark (2010) reported that in 2008, approximately 8% of long-term, acute-care settings had RN vacancies. To explain the acute-care setting staff structure, in a hospital with a nursing division, this type of unit is usually the single-largest component. Nursing colleges and universities across the country continue to struggle to expand enrollment to meet the rising demand for nursing care (Siela et al., 2008).

Clark (2010) further explained that the demand for RNs continues to grow at a rate of 2% to 3% each year while the average deficit of new RN graduates from nursing schools is approximately 0.3% each year. As nursing staff of every hospital in the United States makes up the greatest single component of every health care organization, the concurrent shortage of nursing staff has a significant impact on the potential of admitting and graduating sufficient members of nursing students needed to fill the shortage of nurses.

There is a need for more nurses to support the health care needs of every American. Gantz et al. (2012) pointed out that the U.S. government is recruiting overseas to reduce the nursing shortage. Yet, as quality of health care is a priority, the government needs to ensure that the nurses recruited are introduced to the industry culture, as well as

having the support of learning in the nursing field.

Additionally, the generational differences have become another type of diversity that adds complexity to the nursing workforce. In fact, according to Griffith (2012), the nursing industry in the United States is facing a number of unusual pressures (e.g., projected nursing shortages and generational differences and expectations) that require strong, visionary, and enlightened leadership. Griffith, as well as Swayne, Duncan, and Ginter (2006), reported that the United States' ability to deliver high-quality health care is being compromised by a growing shortage of RNs. Swayne et al. further explained that the United States nursing shortage is projected to continue to grow to 260,000 by 2025.

The Multigenerational Workforce Matters

For the first time in history, today's nursing workforce is composed of nurses from four different generational groups (i.e., Traditionalists, Baby Boomers, Generation X, and Generation Y). According to Sherman (2006), nurse leaders are finding themselves supervising nurses from a generational group that is different from their own. Today's age diverse workforce expands the definition of diversity. Nonetheless, it is necessary for health care employers to recognize the characteristics of each generational cohort employee, for it can be a challenge for nurse leaders to guide their teams to get past their conflicts and communication issues in order to work together in harmony.

The journey of building a culture of inclusion and respect begins with insight into an individual's own generational beliefs and biases. For a nurse leader, it is critical to play a key role in setting the tone and culture of the units or departments, such as collective life experience that helps to shape the values, work ethics, attitudes toward authority, and professional aspirations. Generational profiles should not be considered infallible, but they help to explain the life experiences of a generation that helped to

shape nurses' personal core values.

Generational Differences in Understanding and Respect

According to Lieber (2010) and Murphy, Gibson, and Greenwood (2010), today's workforce consists of four different generations (Traditionalists, Baby Boomers, Generation X, and Generation Y), and each generation demonstrates different values and beliefs. As noted, individuals born between 1946 and 1964 are the Baby Boomer generation, and the Generation X individuals were born between 1965 and 1979. The latest generation, Y or Millennials, were born in 1980 and later (Lieber, 2010; Murphy et al., 2010). The varying beliefs, viewpoints, perceptions, and ideals of each generation lead to a diverse workforce and various employee behaviors. Along with the varying values, communication methods and channels differ between generations (Akers, 2009).

The Traditionalist generation. Employees in the Traditionalist generation are part of the older working generation. They exhibit behaviors of not breaking the rules as well as submitting to and respecting authority (Lieber, 2010). Traditionalist employee behaviors lead to a structured and straightforward work style with little room for change because the system is not broken. Their values and beliefs developed during a time of recession, war, and great inventions. Traditionalists are also devoted to their employers and leaders, who value their experiences and knowledge. Although they prefer face-to-face discussions and staff meetings, they are not reluctant to embrace technologies in their daily work lives (Akers, 2009).

The Baby Boomers generation. Baby Boomers, the children of Traditionalists, are the rebels (Lieber, 2010). As the Traditionalist generation adhered to rules, this generation tended to question authority and push the limits on following the rules. Additionally, Baby Boomers, the "Me" generation, desire a successful career, position,

and acknowledgment (Koeller, 2012). They prefer face-to-face group meetings and telephone calls for two-way dialogue. The advancement of technology and the elimination of personal interaction were worries of the Baby Boomers as they strove for interaction with peers and displayed more devotion to their team and not to their employer (Koeller, 2012; Lieber, 2010). Baby Boomer employee behaviors equate to a structured team environment, nonetheless with a cautious view toward change. They tend to be open to any reasonable organizational change.

Generation X. Employees in Generation X prefer to change the rules instead of following the existing rules (Lieber, 2010). Within that group, loyalty to employers and organization is low because of the belief that organizations care only about profit margins. This Generation X group of employees exhibit behaviors of the need to be entertained, limited future goal planning, and constantly seeking to find other positions that are well suited to their personal career goals (Koeller, 2012). Thus, they prefer wide structure and flexibility of an organizational structure as they are resistant to strict authority figures (Koeller, 2012; Lieber, 2010). In the same way, they prefer e-mail and texting with direct and to-the-point communication, as they dislike prolonged discussions. Additionally, Generation X individuals exhibit desirable employee behaviors in working hard, working with teams, and meeting short-term goals. They also exhibit unwanted behaviors of balking at established rules and low dedication levels to an organization.

Generation Y (Millennials). Generation Y, also known as Millennials, are “seen as being overconfident and relatively self-absorbed” (Lieber, 2010, p. 88). They prefer fragmented, short, and frequent communications via text or Twitter. They also tend to mix their lives outside of work with their professional lives (Lieber, 2010). Additionally,

Generation Y individuals demonstrate seven characteristics: special, sheltered, confident, conventional, team oriented, achieving, and pressured (Koeller, 2012). Based on these characteristics, members of this generation tend to follow the rules if the rules are clearly communicated and in writing (Lieber, 2010). As an essential feature, technologies are a large part of Millennials' lives, and they would rather work alone without any management or oversight. Employees of Generation Y want to impress others, want instant gratification, and view everyone as equals including their supervisors.

Appreciating generational differences. Caldwell et al. (2012) argued that leaders' individual personality characteristics play an important role in the success of an organization. Caldwell et al. also mentioned that in today's complex organization, leaders face a combination of challenges that demand the ability to lead and to manage employees productively while helping to diminish job turnover in the nursing health care industry. However, lack of understanding about these differences can impede the ability to recognize individual contributions in the workplace and inhibit collaboration. Likewise, Longo, Dean, Norris, Wexner, and Kent (2011) pointed out that aspects of health care delivery are affected by the ability to demonstrate cultural competency as diversity exists among patients and constituents.

Casida and Parker (2011) indicated that personal feedback is important to Millennials along with opportunities for self-development. Millennial nurses also value flexible scheduling. Costanza, Badger, Fraser, Severt, and Gade (2012) stated it is necessary for nursing administrators to appreciate generational differences in order to lead a generational cohort to successfully build a high-performing team and improve patient care. If a health care leader or manager of an organization chooses to ignore staff personal demands, he or she can expect a high turnover of staff in this generation if their

expectations and needs are not met (Lieber, 2010). In fact, Foley, Myrick, and Yonge (2012) indicated that leaders and managers are expected to understand and address the various needs of a diverse workforce in order to achieve organizational goals.

Generational Paradigm Settings

According to Casida and Parker (2011), different generations have had varied experiences in their family and educational paradigm settings. Murphy et al. (2010) indicated that although every member of a generational cohort is unique, a family, as well as an educational paragon experience in general, creates cohort preferences of how a generation wants to be coached and motivated by those who lead the generational cohort. For instance, Lieber (2010) indicated Traditionalist nurses are comfortable with a traditional, one-on-one coaching style and formal instructions on how to improve their performance is essential. They value seniority and experience in coaching relationships. The personal touches, such as handwritten notes, plaques, and pictures with the Chief Nursing Officer or the Chief Executive Officer (CEO), are important in giving Traditional nurses generation recognition (Lieber, 2010; Murphy et al., 2010).

With a multigenerational workforce, patterns of employee behavior will not be constant; management must determine ways to motivate each generation to succeed and grow. The behaviors exhibited by employees depend greatly and will vary by the generation with which they identify. Some employees will demonstrate behaviors, values, and beliefs related to two generations. For instance, individuals who were born towards the end of one generation and near the beginning of the next generation may exhibit traits and behaviors from both generations. The values of each generation differ, and management must determine the appropriate values and the methods to meet those needs (Murphy et al., 2010).

For example, Casida and Parker (2011) noted that Baby Boomer nurses enjoy collegiality and participation and prefer peer-to-peer situations for coaching. Additionally, they value lifelong learning as a way of improving their professional education. Nevertheless, Baby Boomers find public recognition for a job well done, along with “perks,” such as employee parking spaces, newsletter recognition, and professional award nominations, to be motivating. Baby Boomers need to feel empowered in the work setting and to be asked for their feedback. However, whereas Baby Boomers value learning in relationship-driven coaching situations, Casida and Parker pointed out that Generation X nurses prefer a coaching environment that is more equal in which they have opportunities to demonstrate their own expertise in the learning environment and do not feel micromanaged.

Moreover, the Generation X nurse professionals believe that recognition and career advancement should be based on merit; they like to see rapid progress toward the goals they set for themselves. Traditional organizational rewards may not have as much value as paid time off, cash awards, or participation in cutting-edge projects (Lieber, 2010). The Generation Y nurses expect more coaching and mentoring than any other generation in the workforce. They are optimistic and goal oriented; however, they also want structure, guidance, and extensive orientation. Internships and formalized clinical coaching and mentoring programs are highly valued by this generation (Murphy et al., 2010).

Communication. Utilizing communication strategies that will work effectively with the different generations is a challenge for many nursing leaders (Forest & Kleiner, 2011). However, sensitivity to communication differences and preferences across generations can help bridge gaps and create unique solutions that appeal to each

generational belief system. Forest and Kleiner (2011) expressed it is also important to assure that communication is understood to reduce the risk of errors that come with communication failures. For example, according to Kulik (2014), Traditional nurses are comfortable with communication systems that are inclusive and build trust. However, Forest and Kleiner indicated that face-to-face or written communication is more effective than communication that involves the use of technology, and feedback should be given privately. Likewise, as a generation, the Traditional group enjoys processing of information and values staff meetings that provide opportunities for discussion (Kulik, 2014).

To the contrary, Baby Boomers prefer communication that is open, direct, and less formal. They also prefer to receive criticism in private, one-on-one sessions. However, they prefer face-to-face or telephone communication and desire to use e-mail if they are comfortable with the technology (das Neves & Melé, 2013).

Generation X is the first generation to have television as part of daily life; therefore, communication that involves technology appeals to them. According to Sherman (2006), their communication approach is direct, and they may become bored at meetings that consist of substantial discussion before making decisions. The Millennials have grown up with instant messaging and cellular phones. They like fast feedback and may become frustrated if their e-mails or telephone messages are not responded to quickly. They also enjoy teamwork and appreciate team meetings as an opportunity for communication; e-mails and chat rooms are good mechanisms for providing communication updates for this generation as well.

The Aging Workforce

According to Swayne et al. (2006), by 2018, RNs over the age of 50 (i.e., Baby

Boomers) are soon be the largest age group in the nursing workforce. However, Siela et al. (2008) reported the imminent retirement of this group would contribute to the nursing shortfall. Because people are living longer due to new technologies that vastly improve the treatment of diseases, Swan and Moye (2009) indicated there is a continuous increase in the number of older adult patients.

Additionally, according to Swayne et al. (2006), the American population over the age of 65 is expected to reach to 53.7 million by 2020. As a result, nursing shortages have created burdens on the capabilities of some health care organizations and threatened the survival of others, as the shortage of nurses will affect health care delivery. In fact, a series of national commissions documented significant dilemmas related to safety and quality of care in the U.S. health care system.

The aging population of the United States will exacerbate the problem because of nurses from the Baby Boomer generation slowly leaving the workforce. In addition, the Baby Boomer population will eventually require extensive medical and nursing care, which intensifies the crisis in health care that is soon to affect the U.S. health care industry (Siela et al., 2008).

Nursing Staff Competencies

According to Altmann (2012), nurses need the scope and depth of knowledge, skill, and judgment attained through baccalaureate education in order to provide optimal quality care to complex patients. Only 50% of the current RNs in the workforce are prepared with a Bachelor of Science in Nursing (BSN) or graduate degree. Similarly, Siela et al. (2008) noted that 56.2% of working RNs recruited from overseas and who are currently employed in hospitals are in need of knowledge, critical skills, and judgment, which can be attained through a baccalaureate education in the United States.

McHugh and Lake (2010) investigated the impact of hospital care nurses with BSN degrees. They found that BSNs are valued for their skills in critical thinking, leadership, case management, health promotion, and the ability to practice across a variety of inpatient and outpatient settings. In the same way, the American Association of Colleges of Nursing (as cited in Cohen, 2011), the national voice for baccalaureate and graduate nursing programs, believes nursing training education has a significant impact on the knowledge and competencies of the nurse clinician, as it does for all health care providers.

The reality of skill deficiency continues to contribute to reality. A 2015 *Consumer Reports* article (“How Not to Get Sick[er]”) reported that an estimated 440,000 deaths occur each year from medical errors. According to Altmann (2012), a 10% increase in the proportion of baccalaureate-prepared nurses was associated with nine fewer deaths for every 1,000 discharged patients. Based on those results, nurse leader executives, federal agencies, military, leading nursing organizations, health care foundations, magnet hospitals, and minority nurse-advocacy groups need to recognize the value of baccalaureate programs in nursing practice settings.

As required to incorporate development of competencies in nursing, one purpose of education is to deliver patient safety and quality of care. Altmann (2012) indicated that because the health care industry is a fast paced, dynamic environment, providers of care should continually renew, update, and challenge their knowledge. Most significantly, the idea of nursing education is to prepare nurses for a lifetime of practice to address rapid technology and scientific advancements.

RN faculty. In investigating the RN staff shortage dilemma, nursing colleges and universities across the United States struggled to expand enrollment levels to meet the

rising demand for nursing degrees, as nursing education level is a factor in patient safety and quality of care (Cronenwett et al., 2007). In order to teach nursing programs, as well as to train competent BSNs substantially, there is a need for RN faculty. For example, Altmann (2012) reported that the percentage of RNs with master's or doctoral degrees who were qualified to teach dropped from 15% to 11% from 1995 to 2004. The estimate for overall doctoral completion rates was between 20% and 50%, a disturbing rate given the rising shortage of qualified faculty (Cohen, 2011). Another factor of the faculty dilemma is that RNs usually work in the field between completing their undergraduate degrees and attending graduate school part time. As a result, they are reaching their 40s before they can begin teaching (Siela et al., 2008). Thus, the American Association of Colleges (as cited in Cohen, 2011) found that 1,044 qualified doctoral program applicants were turned away because of lack of financial and staff resources with a 6.6% faculty vacancy rate for the academic year 2009-2010.

Although there is a need to prepare nurses for the profession, regrettably, in the United States, BSN and graduate nursing school programs on a yearly basis are turning away qualified nursing applicants because of insufficient faculty, clinical sites, classroom space, budget constraints, and clinical preceptors (Siela et al., 2008). In addition, faculty nurses are compensated less than clinical nurses, which leads to luring current and potential nurse educators away from teaching. As a result, factors such as continuing formal education and research, the nursing shortage, as well as patient safety, are attributed to the nursing faculty shortage.

One key factor is the inability to graduate an adequate number of competent nurses from educational programs as the shortage of nursing school faculty continues to rise. In light of these problems, reports from multiple health care national committees

concluded that in order for improvement in the health care delivery system, providers need to be prepared with a different set of competencies developed in educational programs that need to begin as early as possible.

If necessary, health care professionals need to close gaps while searching for a way to produce a large enough pool of potential nurse educators to meet the demand to teach BSN and graduate studies. As an alternative, Altmann (2012) indicated that universities, as well as the U.S. government, could plan in-depth discussions on strategies to address nursing professionals and faculty shortages.

Nursing Health Care Services in Crisis

Nursing colleges and universities across the United States continue to struggle to expand enrollment levels in order to meet the rising demand for nursing care. Siela et al. (2008) conveyed that since the nursing faculty shortage began in 2004, U.S. nursing schools turned away 37,514 qualified applicants for the BSN program, as well as for advanced graduate nursing programs because of insufficient classroom space, faculty to teach the nursing courses, budget constraints and clinical preceptors. In addition, as nursing school enrollment continued to decline, Siela et al. reported that a rapidly aging workforce was even more of a primary contributor to the projected nursing staff shortage. In fact, RN retirement over the next decade is expected to lead to a projected shortfall developing by 2018.

There have been many approaches suggested to address the nursing faculty shortage. The U.S. government needs to increase funding for master's and doctorate education programs, creative redesign of how to deliver education, and retention strategies for current faculty. LaRocco (2006) focused on nurse shortages and discussed strategies needed to fill in the gap of faculty nurse shortages, as both issues were equally

critical. Siela et al. (2008) indicated that one strategy for alleviating the faculty shortage was for clinical nurses to consider a dual role as faculty members.

Slimmer (2012) indicated the impact of decreasing faculty on the nursing shortage is a major contributing factor to baccalaureate and graduate nursing programs that continue to turn away prospective RN candidates. Cohen (2011) further explained that the nursing shortage should be attributed to multiple factors such as life expectancy, need for advanced nursing skills, aging nursing workforce, low job retention in nursing as a career, and a deficit of full-time master's and doctoral prepared nursing faculty. Swayne et al. (2006) predicted that a shortage of 800,000 nurses would occur by 2020.

To shift the focus to nursing leader recruitment, as well as high job retention, there is a need to focus on the profession among those who endure all the obstacles and succeed in promotion to nurse administrator. Gantz et al. (2012) stated that nurse leaders play a key role in responding to challenges and redesigning health care organizations. For example, according to Cohen (2011), the average age at which nursing administrators retire is 62.5, whereas the average age of nurse educators holding doctoral degrees is almost 54.0 years and faculty nurses with doctorates average 55.7 years of age. Therefore, there is a way to fill in the faculty shortage through the nurse leaders.

Nurse administrators can be encouraged to teach the prospective RNs while continuing to lead the current RNs in the workforce. However, nurse leaders need to act fast, because according to Cohen (2011), when nurse administrators or advanced nurses begin their doctoral studies at a later age, there is less time for them to contribute to the profession and pursue teaching careers.

Nursing Turnover, Burnout, and Work Environment

Swayne et al. (2006) also reported that the nursing profession is facing a growing

shortage of nurses. Fewer individuals are entering the profession while a large portion of staff in the workforce continues to retire. The main reason for high job turnover of nurses in the health care industry, according to Leiter and Maslach (2009), is that health care organizations are negative social environments. The health care industry has workplace stress such as incivility, influencing both high job turnover and the fact that nurses are always searching for ways to leave the profession.

Lavoie-Tremblay et al. (2010) pointed out that job turnover is an important issue in the context of the shortage of nurses and other health professionals. Not only is an organization's recruitment of nurses and health care workers a concern, retaining the workers in the workforce and reducing their intentions to resign is also a dilemma within each generation currently in the workforce, especially Generation X and the Millennials. Therefore, it is essential nurse leaders are familiar with factors that influence employees' intention to leave an organization and thereby create strategies aimed at retaining them in the workforce.

Generation X and Millennials, the younger nurses, are finding the health care workplace less apt to fulfill their career aspirations (Wolff, Ratner, Robinson, Oliffe, & Hall, 2010). In one explanation, Lieber (2010) reported the new graduates, as part of a younger nursing generational cohort, are perhaps experiencing a gap between the environment in which they were raised and educated compared to the professional setting into which they were trained.

A health care professional's understanding of the generational experience of social environments, specifically job distress or burnout and lack of collegiality, has implications for the establishment of healthy work environments and nurse retention (Lavoie-Tremblay et al., 2010). Leiter and Maslach (2009) reported that Generation X

nurses were experiencing higher levels of distress, as well as perceiving negative social environments at work to a higher degree than did Baby Boomer nurses. The Millennials (Generation Y) are also leaving because of their demands for a better work schedule and hours that are more flexible. In fact, often, the Millennials choose another profession or work environment that best meets their learning needs with long-term supervision and regular feedback (Lavoie-Tremblay et al., 2010). According to Lavoie-Tremblay et al. (2010), factors contributing to the nurses' current high turnover rate include the stressful nature of their working conditions. Furthermore, possible reasons for nurses leaving their jobs include a lack of cutting-edge technology and poor conditions, mainly in acute care settings.

Nevertheless, creating a healthy work environment is a strategy that fosters retention of health care workers, regardless of the generation. A healthy work environment is needed to retain nurses (Longo et al., 2011). If generation-specific retention strategies are developed, these should focus on the aspects of intergenerational differences: challenges, absence of conflict, and warmth (Lavoie-Tremblay et al., 2010). As different generations have different expectations regarding employment demands, there is a need for professional development orientation and staff professional development training, advancement, benefits, and retirement options essential to retention, specifically of the Baby Boomers in the workforce.

Nursing burnout in hospitals. Job burnout factors may include an excessive workload and conflicts that affect the nurses' health and the quality of patient care (Leiter & Maslach, 2009). According to Laschinger (2012), high nurse burnout has been linked to numerous detrimental organizational outcomes, including reduced patient satisfaction, poor job performance, depression, anxiety, neck and back pain, and increased illness-

related absenteeism. Additionally, Pedrini et al. (2009) reported that job burnout consists of emotional exhaustion, negative or excessive detachment, as well as feelings of incompetence on the job. Job burnout is also associated with absenteeism, job satisfaction, depression, anxiety, memory impairment, physical complaints, and higher intentions to cease practicing the profession. According to Yildiz, Ayhan, and Erdoğan (2009), many nurses have the intention to leave the job because of its demands. Therefore, job satisfaction has a strong effect on intentions to abandon the nursing profession.

Yildiz et al. (2009) found that 65% of nurses reported overall dissatisfaction with the job. Laschinger (2012) indicated the cost of replacing them with new graduate nurses is high, both in financial and in organizational productivity terms. Yildiz et al. reported the impact of nurses' motivation to work, sociodemographic characteristics, and job satisfaction on their intention to quit their jobs. Likewise, a lack of job satisfaction, general job happiness, satisfaction with salary and promotion, the institution, and inadequate educational background are proven significant predictors of nurses' intention to leave their current positions (Giles, Khajavy, & Choi, 2012).

The nursing culture environment. Working long hours has a significant effect on intention to quit. Scheduling appropriate working hours plays an important role in decreasing nurses' intention to resign (Giles et al., 2012). According to Yildiz et al. (2009), the nurses working on the night shift complain they are working under conditions that affect their physical capacity and influence their motivation adversely.

Another concern is that nurses who experienced bullying had lower job satisfaction, higher turnover intentions, clinical levels of anxiety and depression, and more sick days than did nonbullied nurses (Laschinger, 2012). Laschinger (2012) defined

workplace bullying as an overt hostility form of workplace violence in situations in which someone is subjected to social isolation or exclusion, work and efforts are devalued, they may be threatened, derogatory comments are made behind one's back, or other negative behaviors that are intended to torment. Longo et al. (2011) reported the consequences of an unhealthy work environment include increased stress among health care professionals and threatened patient safety because of medical errors.

The health care paradigm. According to Longo et al. (2011), six attributes of professional performance contribute to a healthy work environment: (a) skilled communication (extols communication skills as equal to clinical skills), (b) true collaboration (signifies respecting each person's contributions to common goals), (c) effective decision making (entails assessing situations, sharing information, and communicating with other professionals), (d) appropriate staffing (establishes effective staffing patterns to meet patient needs), (e) meaningful recognition (involves acknowledging and valuing each individual), and (f) authentic leadership (which necessitates that leadership embrace and establish processes that promote a healthy work environment). Through community partners, various attributes will gain focus including appropriate staffing, effective decision-making, and authentic leadership. In evaluating a healthy work environment, the relationships need to have a bearing on the attributes of skilled communication, true collaboration, and recognition (Longo et al., 2011).

For example, Knouse (2011) noted that Baby Boomers, Generation X, and Generation Y are the predominant groups in the current nursing workforce. Zopiatis, Krambia-Kapardis, and Varnavas (2012) indicated Baby Boomers and the Baby Boomers-Echoes are perceived to be similar as individualists versus team players, career aspirations, management preferences, and local versus global thinking. On the other

hand, Generation X is different from Baby Boomers and Boomer-Echoes regarding self-efficacy beliefs, career objectives and goals, and quality of life standards.

The role of the high-level administrative nurse is increasingly recognized as an essential part of the strategic planning force and is no longer viewed as just being in charge of a nursing department (Crosby & Shields, 2010). These interactions extend beyond encounters with patients to include interactions with colleagues, peers, supervisors, subordinates and all others involved in the health care delivery process.

Likewise, Hendricks and Cope (2013) further explained that to manage diversity effectively, communication to explore generational creativity is required. It increases the opportunity to learn from each other's experiences. A working environment where nurses are respected regardless of personal differences is central to building commitment. Nurse leaders who enable developing an appreciation for the ways generation's value work and the balance of work in a constituent's life help to create a space where individuals, as representatives of a cohort, feel valued while building strategies for retaining staff satisfaction in the workplace.

Low retention. The number one reason nurses indicated for their intention to quit the profession was to continue their education and professional development (Lavoie-Tremblay et al., 2010). However, Lavoie-Tremblay et al. (2010) found that the conflict of personal values with organizational values and job burnout was a primary cause of turnover and intent to leave the nursing profession. Likewise, according to Lavoie-Tremblay et al., the new nurses (mostly Generation Y) feel unprepared, which leads to higher work-related stress, higher job dissatisfaction, and higher intention to quit. Therefore, the challenge to nurse leaders and nurse managers is to utilize a personal repertoire of skills to manage the range of generational diversity in the workplace with

regard to communication, commitment, and compensation (Hendricks & Cope, 2013).

Leading the Intergenerational Nursing Workforce

Workforce diversity has become one of the leading issues in most organizations in both the United States and abroad. This issue falls upon the shoulders of executive leaders and midlevel managers throughout each health care organization within the industry. A clear definition and meaning is necessary to understand the complex idea of diversity. According to Griffith (2012), diversity exists in a group or organization when members of that group differ from each other in one or more dimensions. Those dimensions can be physical, cultural, or gender.

The changing demographics in the United States labor force is one major factor contributing to increased diversity in the workplace. The differing generations of employees are providing another form of diversity and motivational challenges for organizations to overcome. One positive outcome of the diversity workforce is that as more Generation Y individuals enter the workforce, organizations have a larger talent pool from which to choose when making hiring decisions.

In addition, another factor that has increased awareness among organizations is recognizing they can improve the overall quality of the organization by hiring the most talented candidate regardless of race, sex, national origin, or some other characteristic (Griffith, 2012). Most importantly, Griffith (2012) indicated diversity, properly managed, is a powerful tool that can give an organization a competitive edge. It also has to receive support and employees have to be motivated to succeed.

Generational Diversity of Nursing Staff

More than ever before, a wide range of age groups is working side by side within the health care industry (Giles et al., 2012). According to Agrawal (2012), global

diversity is changing the way the world is populated and the way one views the world. Whether or not an organization is global, global diversity is evident as it impacts everyone either directly or indirectly. Agrawal and Giles et al. (2012) indicated nurse leaders and nurse managers today need a better understanding of workplace diversity that varies in age, gender, and lifestyle.

Diversity in groups. Khan, Clear, Al-Kaabi, and Pezeshki (2010) found extensive research on the subject of the benefits and dilemmas of diversity in groups. The dimensions of diversity include gender, race, culture, age, family, career status, religion, disability, educational qualifications, work experience, and more (Giles et al., 2012; Khan et al.). However, Khan et al. explained that cultural sensitivity and diversity management is recognized as a powerful instrument for an organization's competitiveness. Acknowledgment of these differences may improve the performance of nursing teams in their pursuit of achieving the best patient care possible.

Additionally, knowledge of the generational staff mix allows nurse managers to develop a working environment that manages individuals in a way that best suits their motivational characteristics (Hendricks et al., 2013). By reviewing the support needs of each generation, nurse leaders or nurse managers are able to develop new RNs while utilizing positive characteristics of older generational cohorts to build a team.

Agrawal (2012) noted that diversity within an organization brings thoughts, feelings, and cultural knowledge that can benefit operations, decision making, culture building, hiring, firing, and just about everything else that can be accomplished within the health care industry. Thus, leading a diverse group effectively can foster a respectful, inclusive, knowledge-based environment in which each employee has the opportunity to learn, grow, and meaningfully contribute to the organization's success (Agrawal, 2012;

Giles et al., 2012; Harvey & Allard, 2009).

Leading diversity. To address leading a generationally diverse nursing staff, diversity needs to receive more attention (Wolff et al., 2010). Wolff et al. (2010) further indicated that many diversity researchers focus on a narrow range of demographic characteristics that are easily observed (e.g., age, gender, and ethnicity/race) without considering that other observable attributes may be more influential or important to a work group. In fact, Harvey and Allard (2009) remarked ethnicity/race is one of the most common diversity attributes studied in the field of organizational behavior and has produced mixed and often asymmetrical results.

To manage or lead effectively in a diverse organization, managers and leaders have an important role to play in understanding the vision of the organization while achieving it with the support of professional staff in the leadership team (Agrawal, 2012). Khan et al. (2010) indicated that diversity management efforts should be an ongoing process within an organization; nurse leaders or nurse managers should aim to give free space in which the capability of committed and talented teams can be used for organization success. The environment within the organization should foster the trust and belief of employees, and everyone in the organization can share and discuss personal differences.

Khan et al. (2010) further discussed that diversity in the workplace requires understanding and careful management to help the organization conform to societal expectations and satisfy organization imperatives. Khan et al.'s literature search disclosed that nurse leaders, as well as nurse managers, need to be educated on how to accept colleagues' differences in work performance. That is, in order for leaders or managers to understand diversity, they need to foster the culture of inclusivity and encourage their

nursing staff to learn and understand the generational differences that are behind the perceptions of work ethics and performance of their colleagues' differences (Khan et al., 2010). Wolff et al. (2010) indicated it is essential for nurse leaders and nurse managers to understand the effect of diversity on nurses' work-related attitudes and behavior in order to improve (a) the work environment, (b) retention of nurses, and (c) improvement of quality of nurses' work life.

Supporting workplace diversity. The implications of workforce diversity are very broad for managers and supervisors within organizations (Robbins et al., 2013). Leaders or managers must comprehend that employees will not lose their individual identities of cultural values when they enter into a workplace. There are many constituents with many different responsibilities, and it becomes increasingly important for supervisors, as well as for leaders/managers within an organization, to distinguish the lifestyles and family needs of individuals.

Robbins et al. (2013) also indicated supervisors and managers must be flexible in their management styles with a diverse population while including all employees in every aspect of the organization. This involves being aware of the fact that employees are motivated differently; each one's aspects and needs are different from other peers within the organization.

Similarly, Wolff et al. (2010) explained that the success of an organization and the well-being of the employees are dependent on the effects of diversity. When diversity is embraced in terms of differences in backgrounds, perspectives, and skills, this may provide advantages to individuals and organizations (e.g., job satisfaction, commitment, high retention, and creativity; Harvey & Allard, 2009). On the other hand, failure to understand the alignment of such differences may lead to a poor fit between employees

and employers and the workplace (Agrawal, 2012; Wolff et al., 2010).

Managing Nursing Diversity

Managing diversity successfully. Kleemann (as cited in Neault & Mondair, 2011) identified several factors that contribute to the success of diversity initiatives. Those factors included recognizing the need for organizational change, self-confidence, financial commitment to the project, and academic skill. Despite the fact that Kleemann's study took place more than 15 years ago, the same principles hold true today. Employees at every level of the organization must understand the adverse impact of not embracing diversity.

As in any new initiative, awareness is a key to thrive in managing diversity productively. According to Robbins et al. (2013), awareness of diversity of employees requires a broad spectrum of policies and procedures. Supporting generational diversity is not only a matter of practice managing diversity, it also includes being able to value individual differences while leading effectively to establish a vibrant working culture environment (McCaffery, 2010). Nurse administrators must recognize that generational differences are essential to maintaining effective and satisfying relationships at work.

Hendricks et al. (2013) pointed out that nurse managers who recognize and value each generation's approach to communication are instrumental in creating a cohesive workplace. One of the most obvious and important differences in nurses from the various generations is their communication styles and preferences. For example, Hendricks et al. specified that communication, commitment, and compensation assist in changing the ways nurse leaders or managers communicate with each generation. According to Giles et al. (2012), communication, commitment, and compensation create a space to build trust and value each person's perspective.

Nurse managers as coaches. Researchers provided many perspectives about coaching in the workplace. Kouzes and Posner (2007) specified that coaching is a way to help employees make the best use of their own resources. Thus, it is a way to bring out the best of an employee's capabilities. In terms of leading a multigenerational cohort, Hendricks et al. (2013) indicated coaching typically takes place on a one-on-one basis in which a nurse leader as a coach helps a staff member grasp a vision or support of an employee to achieve specific goals. In the same way, Giles et al. (2012) described coaching as a way of mentoring or guiding a staff member through a more personal, long-term relationship.

Twenty-First Century Leadership

Leadership. Clawson (2012) and Osland and Turner (2011) stated that leadership tends to be used in two different senses: (a) a leader is in charge to motivate and to inspire and (b) a leader can turn around a failing organization. Northouse (2013) defined *leadership* as an individual influencing a group of people to achieve a common goal. Northouse (2012) pointed out that leadership is considered a trait, a critical skill that a leader brings to the table with certain qualities that affect the way employees are influenced. Some important traits of leadership include intelligence, self-confidence, determination, integrity, and sociability (Northouse, 2013). Overall, the key purpose of a leader, according to Hoyle (2007) and Kotter (1996), is to construct a vision through communication in words and actions while never giving up on implementing the vision. Katz (1955) defined *leadership skills* as the "ability which can be developed, not necessarily inborn, and which is manifested in performance, not merely in potential" (p. 33).

Management. Mintzberg (2009) indicated a critical management skill is an

individual's ability to motivate a group of people toward a common goal. In other words, managers focus on systems and processes and on maintaining order through formal structure. Although leaders innovate (Kotter, 1996), leadership and management must go hand in hand. Although leadership and management may be defined differently, they are linked and complementary. In fact, according to Osland and Turner (2011), being a successful manager requires leadership traits. Clawson (2012) and Northouse (2012, 2013) pointed out four common key characteristics of a leader and a manager: (a) focuses on people, (b) is tolerant of risk factors, (c) is a visionary, and (d) stays focused.

Comparing leadership and management roles. Very often, however, researchers attempt to differentiate between a leader's role and a manager's role. Kouzes and Posner (2007) stated that a leader or a manager as an individual must possess a desire to make something happen within an organization. In order to achieve these goals, Goleman et al. (2002) found four competencies of emotional intelligence that are critical to leadership and management roles: (a) achievement, (b) initiative, (c) collaboration and teamwork, and (d) leadership. That is, a leader is always prepared to work alongside a business colleague to challenge constituents and execute analytical initiatives.

Kalargyrou, Pescosolido, and Kalargiros (2012) indicated a leader's performance is based on three types of capabilities: (a) creative problem-solving skills, (b) social judgment skills, and (c) knowledge. Riggio and Reichard (2008) explained that emotional skills and complementary social skills are essential for active leadership. Osland and Turner (2011) indicated some leaders possess the attributes of managers and vice versa. In addition, Clawson (2012) stated that being a successful manager requires both leadership traits and management skills.

Leading and managing workers such as the generational cohorts in health care

requires meritorious act of leaders, as well as assertive managers who possess intrinsic knowledge of people and embody leadership traits. Leadership and management accomplishments should be contingent upon quantified knowledge in order to increase efficiency and productivity of an organization (Kouzes & Posner, 2007).

Leadership Training and Professional Development Programs

Researchers determined that providing essential leadership and management training and development programs increases understanding of employees' productivity and processes. According to Noe (2013), in order to furnish an executive team (i.e., leaders or managers) with opportunities on enhancing career growth within an organization, employers must provide training and professional development that continuously promotes knowledge and skills necessary to gain a competitive edge within an industry.

Thus, leadership skills are critical for management success in the multicultural working environment, specifically, the ability to prevent, diagnose, and resolve workplace dilemmas that may occur (Chrobot-Mason & Leslie, 2012). Griffith (2012) explained that a nurse leader or nurse manager must possess competencies such as leadership skills, traits, characteristics, and attributes to lead or to manage an intergenerational staff. Training and professional development provide a sense of high certitude for getting the job done.

Marquardt (2011) pointed out that the need for training arises because of advancement in technology, need for improving performance, and employees' professional development. The benefits of training are intangible; however, they are beneficial for both the organization and the employees (Noe, 2013). For example, Robbins et al. (2013) mentioned that employee training and professional development

increases employees' commitment to their jobs and to their organizations.

Training and professional development provide an organization with employees with various proficiency levels. However, the most important benefit of training is to provide skills that will reduce the overall cost of an organization's operations and increase job retention. Avruch (2009) emphasized that training is the appropriate mode of instruction for new ways of construing or applying knowledge and skills on the job. Robbins et al. (2013) also stated an added benefit of employee training is that it promotes effective customer relations, customer satisfaction, and quality service.

Leadership Skills With Leadership Training

To demonstrate a coalition of leadership skills that links with leadership training, Katz (1955) worked on detailed elements to determine the skills of a successful leader or manager and found them to be technical, conceptual, and interpersonal. Unfortunately, according to Northouse (2013), Katz' article appeared at a time when researchers were attempting to identify a definitive set of leadership traits. According to Northouse (2013), only in the early 1990s did interest in leadership skills begin to emerge. Northouse (2013) and Kalargyrou et al. (2012) indicated that although a multitude of studies had been published, a leader's efficacy most often depends on his or her ability to solve complex organizational dilemmas.

In 2013, Northouse used the theory of leadership skills in his research to examine the impact of leadership skills with leadership training. A group of researchers was receiving funds from the U.S. Army and Department of Defense to develop a theory about leadership skills. During the process, the researchers' main goal was to identify the factors that created exemplary job performance by leaders in an actual organization. Thus, the purpose of the study was to test and to develop a comprehensive theory of

leadership skills based on problem-solving skills. The studies were conducted over a number of years using a sample of more than 1,800 Army officers representing six grade levels from second lieutenant to colonel. Northouse (2013) indicated the project used a variety of new measurements and tools to assess the skills of these officers, and these were based on task comprehension and the situation in which they worked.

After analyzing the results of the research, Northouse (2013) reported the skill-based model of leadership is characterized by the relationships among a leader's knowledge, skills, and performance. As leaders encounter the challenges in any competitive, evolving industry (Kalargyrou et al., 2012), it is critical that leaders and managers receive formal leadership training and professional development to enhance the success of a multigenerational workforce.

Research Gap

In reference to the demands of a rapidly changing health care system and the shortage of nurses, Stanley (2010) stated that to lead a multigenerational workforce successfully, there is a need for nurse administrators to comprehend the challenge of leading, managing, and attracting RNs into the workforce. In order to assist in reducing the nursing shortages, it is critical to grasp each generational cohort's unique perceptions and values. The researcher investigated everyday lived experiences of nursing administrators as they played an active role in shaping and implementing a new strategy or approach to understanding the nurses' working environment that included intergenerational cohorts (e.g., Baby Boomers, Generation X, and Generation Y) in the health care industry.

Research Questions

The study was measured by following questions:

1. What are the lived experiences of nurse administrators as they lead and manage multigenerational nursing cohorts?

2. What do nurse administrators describe as strategies to support the multigenerational cohort of nurses they supervise?

3. How do nurse administrators comprehend the strengths and challenges of supervising the multigenerational cohort of nurses?

Two additional questions were addressed in the study:

1. Would leadership training and professional development be an effective method of minimizing RN job retention?

2. Are health care organizations that provide leadership training and professional development experiencing lower nurse turnover within the subject region?

Chapter 3: Methodology

The goal of this qualitative phenomenological research design was to understand the lived experiences of the nurse leaders and managers who are motivating, inspiring, and influencing the multigenerational cohorts in the northeastern United States area. Utilizing a phenomenological research design, the researcher conducted a closer investigation of the nurse administrators' experiences in leading and managing the multigenerational nursing cohorts.

To conduct successful phenomenological research, Moustakas (1994) pointed out that in order to investigate a research study, a researcher's commitment is to focus on the appearance of the research from the point of view of the participants; in such, the research result is removed from daily routines and biases.

In this research study, the researcher was able to conduct interviews with five female nurse administrators while utilizing interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2013). This chapter discusses a detailed account of the study's methodology and design, which included the process for selecting participants, as well as the steps of the IPA process.

Research Design

The design of the research study was grounded in the IPA approach (Smith et al., 2013). IPA analysis is a type of approach of analysis in phenomenological research that tends to derive from a common understanding of collective participants' meanings and experiences of events. According to Clipper (2012), the nurse administrators and the nurse managers are responsible to help the multigenerational nursing cohorts achieve their highest potential in their professional occupation. The research study focused on the understandings of the subjective lived experiences of nurse administrators who are

empowering nurses to improve on their professional skills, which requires more than delegating, dictating, and directing.

Smith et al. (2013) indicated that IPA analysis is also an approach to qualitative research, which provides a fascinating, rich way of engaging with people's worlds. According to Moustakas (1994) as well as Smith et al., the purpose of a qualitative phenomenological research is to explore the experiences of individuals as they live through particular experiences. Smith et al. also pointed out that a qualitative phenomenology design aims to engage a participant's significant life experiences.

Likewise, Stake (2010) pointed out that a qualitative research method emphasizes the importance of multiple experiences, recognizing there are other ways of seeing things, explaining things, as well as alternative ways to changing things. Qualitative research was also applied to gain insight into people's attitudes, behaviors, value systems, concerns, motivations, aspirations, culture, or lifestyles (Creswell, 2008). Similarly, Creswell (2007) indicated the focus of qualitative research is to concentrate on the participant, the reader, and the researcher.

Participants

This research study population consisted of five nurse administrators with 3 to 15 years of nursing administrative experience working in the northeastern United States area. The target population was members of a professional nursing association. The nursing organization is an association of directors of nursing administration within long-term care.

A nonprofit professional organization focuses on the needs and requirements of directors of nursing, assistant directors of nursing, and consultants to directors of nursing for long-term care facilities. The organization's goal is to keep members informed and

involved on current happenings in the field of gerontology and long-term care. It provides its members with continuing nursing educational programs such as seminars, webinars, annual director of nurses certification prep programs, as well as organization of an annual convention for every member to meet and learn from other nurse administrators within the health care industry.

The researcher received an e-mail confirmation from the nursing organization providing permission to recruit participants from their membership. Once the permission to conduct the study was established by the university, the recruitment stage began by sending an approval invitation letter via Electronic message inviting potential subjects to participate in the study (see Appendix A).

The deadline to receive a response was 2 weeks. Within 2 weeks of sending the e-mail, the researcher was able to meet the goal number of participants. Therefore, the researcher did not conduct a snowball sampling in which the researcher would have asked for referrals from participants who intended to consent.

Once recruited, the researcher clarified the purpose and nature of the research and ensured that participants' decisions to participate in the study were strictly voluntary prior to requesting consent. They were also reminded their personal information and privacy on the questionnaire retained was strictly protected.

Data Collection Tools

The researcher utilized the Leadership Questionnaire, which was created by Nelson (2008; see Appendix B). This interview questionnaire consists of open-ended questions collected from nurse leaders pertaining to constructive leadership values in a health care organization. The researcher implemented a descriptive case research design to investigate the extent of leadership practices exhibited by nurse leaders. Five nurse

leader participants worked as director of nursing (DON) and assurance of nursing administrator. Each nurse leader participant was selected to identify the leadership concepts of creating a vision for the nurse leaders by providing a meaningful community in attracting the intergenerational nursing workforce as they were working with the RNs (Nelson, 2008).

Nelson (2008) anticipated investigating the managerial leadership practices as to whether leadership style had an influence on RNs' job retention. According to Nelson, nurse leaders who are in a position of authority may have the power to transform the nursing culture and working environment. In the same way, nurse leaders and managers are empowered to promote low job retention and increase staff productivity while providing meaning and purpose in the working environment for the intergenerational RNs.

In this study, the researcher used open-ended interview questions to acquire nurse administrators' lived experiences regarding leadership and influence on shaping the culture of the nursing staff. However, to focus on leading the intergenerational workforce, the researcher adapted the questionnaire, had an expert review it, and then conducted a pilot with a former nurse manager who did not take part in the actual study.

Procedures

The researcher obtained permission to conduct the study from Nova Southeastern University. Once obtaining permission to conduct the study by the university, the recruitment stage began by e-mailing an invitation letter of participation to all members of the organization via the chair of the board of directors of nursing of the organization. To begin recruiting the participants, the chair of the association's board of directors sent an approved invitation letter to the organization members via electronic message. The

invitation letter explained the purpose of the study, subjects' involvement, benefits, and potential risks, as well as the inclusion criteria. The invitation letter further requested potential participants to contact the researcher if interested in taking part in the study if they met the inclusion criteria (i.e., holding nursing leadership position for 2 years or more). The chair of the association's board of directors e-mailed the approval invitation letter to the members.

The researcher's e-mail information was also included so the participants were able to contact the researcher directly if they were interested in participating in the study. The period for members to respond to the recruitment letter was 2 weeks. However, within 1 week, five members of the organization responded to the invitation. Before to research interviews, the researcher e-mailed the approval informed consent to all potential participants to discuss the consent form content and responded to their questions and concerns.

After receiving the consent form, the potential participants had 5 days to consider their participation and to return the signed form if they decided to take part in the study and to set up an interview date live via Zoom that was audio recorded. Participants received no form of compensation for volunteering to participate in the study.

Three separate interviews per participant were conducted via Zoom and audio recorded. The researcher scheduled an interview with each participant at one's convenience. The first initial interview was 6-15 minutes with two 30-minute follow-up interviews. Interviews were spaced between 5 and 10 days apart. The days between each interview provided the participants' time to schedule the next interview based on the participants' busy schedules, as well as provided the researcher time to reflect on each participant's responses. Thus, it allowed participants time to reflect on comments they

added in the previous interview.

As IPA requires (Smith et al., 2013), each interview was audio recorded, and the researcher took observational notes and then transcribed the interviews. The interviews allowed the participants to elaborate on their experiences working with the intergenerational RN cohorts. The researcher kept the audio tapes and notes in a locked file cabinet at the researcher's home, and all destruction of all study information will be 3 years after publication of the dissertation.

Interview 1. During the first initial interview, the researcher described the aim of the study, the research phenomenon, and how the information would be shared. The researcher explained the informed consent form and responded to any question participants had in reference to the study prior to proceeding with the interview questions.

To develop trust and comfort, the researcher began exploring each participant's lived experiences as the nurse administrator explained and described leadership experiences with the multigenerational RN cohorts. Most importantly, the first interview focused on the participants' experience by asking them to share as much as possible of their early experiences (Seidman, 2006) in the nursing profession as well as how the participant decided to pursue a professional nursing career by becoming a nurse administrator or a nurse manager.

Interview 2. The second interview gathered more details as follow-up to the first interview (Seidman, 2006) on the nurse administrators' daily experiences when leading the intergenerational nursing cohorts. The researcher was able to pursue discovering what the nurse leaders and nurse managers did on the job.

The researcher asked nurse administrators about their relationships with nurses and how their own professional RN experiences shaped the constituents day by day.

Additionally, the participants were asked to describe strategies that could be implemented to support the multigenerational cohort of RNs they were currently supervising. Prior to the end of this interview, the researcher offered the participants the opportunity to include or elaborate on additional details they believed were appropriate.

Interview 3. In the third interview, the researcher asked participants to reflect on the meaning of their leadership experience (Seidman, 2006). The last interview focused mainly on getting the nurse administrators to make meaning of their nursing professional experiences as a leader. The participants made meaning of their personal experience while working as an RN compared to the nursing leadership position.

Data Analysis

The researcher analyzed the interview data using the steps of IPA, a six-step process for interpreting and analyzing in-depth phenomenological interviews: reading and rereading, initial noting, developing emergent themes, searching for connections across emergent themes, moving to the next case, and looking for patterns across cases (Smith et al., 2013).

According to Smith et al. (2013), the IPA process begins with data analysis, while interpretation begins with a description of the process of analysis for a single case, followed by analyzing the first case in detail and then moving to the second case and doing the same, then moving to the third case, and so on.

IPA Step 1. The researcher began the process of analysis by listening to all interviews a minimum of three times. Smith et al. (2013) pointed out that the first step of an IPA analysis involves becoming fully acquainted and knowledgeable of the initial information. In order to do this, the researcher repeatedly read the initial transcripts until well informed on the data. Likewise, rereading the material helped to understand how the

transcripts related to each other, as well as allowed the researcher to be able to start structuring the data in a manner conducive to further analysis.

IPA Step 2. Smith et al. (2013) indicated that the analysis is the most detailed and time-consuming part of the process. The researcher became more acquainted with documented notes and audiotapes and maintained a reflective journal to record feelings and thoughts. In addition, the researcher kept an open mind and noted anything of interest in each transcript in order to comprehend the ways each nurse leader participant related to the professional leadership experience.

IPA Step 3. According to Smith et al. (2013), this step addressed developing emergent themes that included the participants' original words and thoughts and the interpretations of the researcher, who examined the data and disregarded irrelevant material in order to maintain and document information pertinent to the research study. In this process, the researcher worked more with the initial notes rather than listening to the audiotapes.

IPA Step 4. Step 4 consisted of searching for connections across emergent themes. The researcher established a set of themes and placed them in the order created. The researcher searched for patterns and connections among the emergent themes.

IPA Step 5. This step repeated the IPA analysis process moved on the following participant's transcript (Smith et al., 2013). The researcher selected as much as possible the ideas emerging from the analysis of the first case while continuing the process by working on remaining participants' transcripts.

IPA Step 6. This was the final step in the process of interpreting and analyzing a phenomenon: the coding and searching for patterns across cases and themes (Smith et al., 2013). The researcher focused on how a theme in one case helped bring clarity to a

different case, as well as emphasize which themes were the prime representations of the data.

Ethical Considerations

The researcher reminded each participant of her right to withdraw at any time with no ramifications. The participants had the opportunity to ask questions related to the study questions. Each participant was asked the same similar set of questions from the questionnaire. However, to collect more lived experience details, the researcher integrated research questions into the open-ended interview questionnaire and asked the additional five questions to four participants. To ensure confidentiality, all materials used to interpret and to analyze data from this study were kept in a locked file cabinet at the researcher's home.

All documents pertaining to the research study were password protected on the researcher's computer. The participants were not identified by name during the collection and data analysis but, instead, the researcher replaced participants' identity with a pseudonym, only known by her, and all research-related information. Although the site administrator knew who qualified to be in the study, she did not have access to the identification of selected and participating subjects. Destruction of all documents will be 3 years after publication.

Trustworthiness

To establish trustworthiness, the researcher read and reread the transcripts to discern codes, patterns, and categories, as well as themes that emerged from the research data. To establish validity and reliability of this study, member checks were implemented. According to Lincoln and Guba (1985), member checks are the core of establishing research credibility. Therefore, member checks consisted of providing each

participant with a copy of the interview transcript. The researcher requested each participant review her personal data, as well as provide feedback, either positive or negative, or explain any ambiguous or inaccurate transcriptions. Although all of the participants received a copy of their interview transcript, only three participants reviewed their transcript and forwarded the feedback to the researcher.

Potential Researcher Bias

The researcher worked for 5 years at a health care organization. The first potential bias was the researcher's knowledge of the industry's culture and working climate in which the existing leadership team is always concerned regarding a team leader being terminated and being replaced. The Agency for Healthcare Administration (ACHA) and the Center for Medicare and Medicaid Services (CMS) monitor and audit the health care industry. Both health care agencies ensure patient safety and high-quality care on a yearly basis.

On any scenario that ACHA and CMS audit, if the result is not at least at a 95% compliance standard, the CEO of that organization would replace the nursing management team with a new team. As a result, the health care leaders and managers would be very concerned about sharing their daily operational working experience because they would be anxious about information shared with the CEO.

Moreover, during the researcher's employment at the health care organization, the researcher witnessed nurses, specifically from Generation X (born between 1965 and 1979) and Generation Y (born in 1980 and later; Lieber, 2010; Murphy et al., 2010) resign from their nursing positions, and they left the organization because of poor management. According to the young nursing cohorts working at the organization, many older nurse administrators, specifically the Baby Boomers (born between 1946 and 1964)

who were leading or managing the young nursing cohorts received either a nursing diploma or an associate degree to enter the nursing workforce. Although the young nurses within the intergenerational staff, specifically Generation X and the Generation Y, possessed higher advanced nursing degrees, they often were managed by the Baby Boomer.

As a result, unfortunately, within the organization, the leadership direct guidance and mentorship to the unit nurses was unsuccessful, in such, the young nurses who possessed the nursing advanced degree did not express any professional respect to their unit nurse manager because one only possessed a nursing diploma. As a result, the effective “intradepartmental and facility-wide” systems of health care delivery, while leading a productive and an efficient workforce, was not implemented at the organization.

Limitations

The study had a small sample size of five nurse administrators in the northeastern United States. The recruitment included one nursing organization. In addition, as the nurse administrators’ working schedule became busy, the researcher was not able to meet with each participant within a week for follow-up interviews. Thus, it is important to member check; the researcher did not receive member check feedback from all participants because of their very busy schedules. Some transcripts were 14 pages long; unfortunately, some participants did not have a chance to go back to revise their transcripts but provided permission to use the original transcript.

Chapter 4: Findings

This phenomenological qualitative research design upheld the understanding of the lived experiences of the five nurse administrators who were motivating, inspiring, and influencing the nursing multigenerational cohorts in the northeastern United States. The participants were members of a professional nursing association of nursing administrator within the long-term care. A nonprofit professional organization focuses on the needs and requirements of directors of nursing, assistant directors of nursing, and consultants to directors of nursing for long-term care facilities.

The organization's goal is to keep members informed and involved on current happenings in the field of gerontology and long-term care. These five nurse administrators took time from their very busy work schedules to assist the researcher on sharing the understanding of leading the intergenerational nurses.

This findings chapter will begin by providing the work experience background of each participant. In addition, the findings will report the following description of five themes that were common among the participants: (a) intergenerational education gap in the nursing workforce, (b) intergenerational organizational fairness, (c) multigenerational staff interaction and appreciation, and (d) intergenerational leadership of trust.

Participants' Professional Backgrounds

The researcher had the privilege to interview five passionate female nurse administrators in the northeastern United States. The nurse administrators had been RNs from 6 years to 25 years. Moreover, they had been nurse administrators from 3 to 15 years. The participants' stories were similar in terms of the values and the responsibilities as a nurse leader or as a nurse manager with similar themes and patterns. The following are their professional backgrounds; each nurse administrator had a pseudonym.

Amy. She had been an RN for 6 years. She entered into the nursing workforce with an Associate Degree and a diverse nursing health care experience working in bedside care, Telemetry, intensive care unit, and long-term health care. Four years after she worked in the nursing field, she had the privilege to work as a DON. She had been a DON for a little over 3 years. While working as a nurse in her current long-term care facility, she was promoted to a nurse administrator.

To retain her leadership position, she was asked to go back to school to complete a BSN. She anticipated completing her BSN soon (possibly within two semesters). To hold a DON position, it is required to hold at least a Bachelor Degree in Nursing. When Amy was asked of what education preparation background she possessed to prepare her on her nursing leadership role, she responded, “it was required for my position to go back to school for my BSN degree.”

Amy loves being in long-term care. She truly enjoys helping to enhance the lives of the constituents, as it is her personal self-motivation. According to Amy, nurse leaders add something unique to the working experience of the nurses on a daily basis. The nurse leaders “can make or break for a nursing staff,” for they are the ones capable to connect, communicate, and advocate to ensure the nursing staff feels valuable throughout the organization. Therefore, she strove to enhance her nursing leadership skills through nursing continuing education by joining a long-term care association, as well as completing her BSN degree.

Chelsea. She had been in the nursing workforce since the age of 17 as a Licensed Practical Nurse (LPN), and she did not see herself working in another professional workforce. Initially, her previous high school offered a vocational nursing program and she was qualified to enroll in the nursing program. Once she completed her high school

diploma, she was able to complete her LPN vocational nursing program requirements as well. However, while working as an LPN at a long-term care organization, Chelsea continued her RN degree in a nursing school in Denver. Overall, Chelsea had been an RN for 36 years. Based on her interview responses and enthusiasm, the researcher concluded Chelsea loved her profession. She loved the patient care.

During her nursing professional practice, she had the opportunity to work in different organizations within the health care industry such as hospitals, psychiatric, curators, as well as long-term care. Yet, she had been a nurse administrator in long-term care for 19 years, in which her highest professional goal was patient care. She worked as a director of nursing, a curator (guardian), as well as a quality assurance.

For 3 years, she held a nurse administrator of quality assurance position within her organization. Being a nurse leader required persistence in holding all nursing staff accountable to ensure all safety goals were taken very seriously and was critical for Chelsea. She pointed out one critical point to demonstrating her passion for patient care was, “It’s important to take care of people and to take care of people in the correct way. And to me, they deserve to have the best care that they could have.”

Megan. She had been an RN since 1988 (i.e., for 28 years). She entered into the nursing workforce with her BSN degree. She worked in case management (also known as utilization management) at hospitals and in long-term care. While working as an RN with her BSN degree, she continued on her professional nursing education and went back to school to earn a Master’s Degree in Nursing (MSN). However, during her nursing profession practice, Megan learned the best nurses must be involved as leaders within the nursing community, not only at the bedside, but as well as in the decision making throughout the organization while supporting one another to provide constituents with the

best health care outcome experiences possible.

To enhance her leadership skills, while working on her MSN, she also decided to earn a Master's Degree in Business Administration. Megan pointed out, "Because things change so quickly, you just can't learn it all in practice." Being a nurse administrator, Megan realized that being a nurse and being a nurse leader were different challenging professions. Megan, an RN and was currently a nurse administrator, indicated, "Just because an RN holds an RN professional nursing title and practices in the field for many years, that doesn't make the individual a nurse leader."

While holding a nurse administrator position, she experienced that becoming a productive nurse leader was through commitment of excellence, trustworthiness, passion for the work, and commitment to coaching and developing the nursing staff. Therefore, as already mentioned, when promoted as a nurse administrator, she took it upon herself to do her job productively, and she continued schooling to earn a Master's Degree in Business Administration while working full-time as a nurse administrator.

Megan was passionate about the health care industry. During the interview, she mentioned that she had the experience working with other nurse leaders who had no idea how to do their job as a nurse administrator while she worked as a nursing staff, and she promised herself to become a supportive leader. Holding a leadership position, she held herself accountable to enhancing her leadership professional education. Thus, she is always prepared to work with her colleagues on mentoring to improve her nursing skills, as well as to enhance her leadership skills through them. She is a very open-minded nurse administrator, she believes in leading the nurse managers, as well as the nursing staff, by demonstrating her exemplary leadership skills. For example, at times, she makes tough decisions on rejecting or limiting patient admission on any day she acknowledged her

nursing staff is limited with resources. As an RN and a nurse leader, she simply demonstrated to her staff and to her resident patients that their safety was her first priority.

In the same way, when senior management forgets the ever-changing health care environment, Megan explained she is not afraid to remind the senior management team that her staff and her patients' safety concern is her main priority. She expressed, "I think . . . sometimes leaders forget . . . they have to make sure they're taking the interest of the people they lead into consideration." When she worked as an RN, she did not receive the support and the appreciation from her supervisor. However, being a nurse administrator, supporting her staff was a vital step she took to ensure the nursing staff was delivering the right care to the patients.

Leslie. This participant was a retired nurse administrator for 2 years (since 2014). Nonetheless, she remained active as an RN working as a per-diem (per day as needed) at a health care organization. Leslie had been a RN since 1969 (for 47 years). She entered the nursing workforce with a nursing diploma alone with a 2-year coursework in psychology.

Initially, she chose the health care industry because of her passion to care for others. When she began working in the workforce, she and her husband were a very young married couple with two small children. At that time, the health care organization was more accommodating to a flexible working schedule for nursing staff with family of young children. As she and her husband raised their toddlers, she had the option to work with orthopedic and neurology after she completed and graduated from a nursing program. Furthermore, as an RN, she worked also with private physicians helping them to set up their private practice. As a result, she worked in medical billing, as a patient

advocate, as well as a liaison for physicians with different drug representatives. During her employment at the physician's private office, the nursing staff made house calls and administered immunizations to active patients.

Additionally, she worked in a pediatrics' office, an obstetrician/gynecologist's office, and in Preferred Provider Organization insurance plans as a representative on employees' benefit packages. Subsequently, 7 years later, she decided to work in long-term care; she worked in long-term care for nearly 40 years. Within her 40 years of practice, she worked as a DON. Two years prior to her retirement, she resigned from her leadership role to clinical service coordinator role. Leslie was passionate about patient care and she remained active in the nursing workforce in operation management services to help improve the organization's customer care delivery and services.

Heather. She had been an RN since 2003. She entered the nursing workforce with a Nursing Diploma as well. She worked in her current organization for 11 years. For 10 years, while employed as a per-diem (per day as needed) staff member, she was also employed full-time at another health care organization. Ten years later, based on her dedicated leadership skills, she was privileged to obtain a full-time exempt employee as a DON at her current organization. The organization was a very small long-term care facility. In order to remain in her leadership role, she was working on earning her BSN at the same nursing school she earned her nursing diploma. She specified she had a few classes to complete her BSN.

The participants' interviews were very successful because of the participants' dedication of their lived experiences as nurse leaders daily. Thus, during the interviews, the following themes emerged from the participants: (a) intergenerational education gap in the nursing workforce, (b) intergenerational organizational fairness, (c)

multigenerational staff interaction and appreciation, and (d) intergenerational leadership of trust.

Nursing Intergenerational Educational Gap in the Workforce

To discuss a new approach to the intergenerational nursing professional in terms of meeting the demand of health care needs, four out five nurse administrators (i.e., Amy, Chelsea, Megan, and Heather) discussed the educational gap within the intergenerational nursing cohorts. According to Amy, the nursing professionals entering the workforce are “un-unified” as opposed to other health care professionals in the health care industry. Amy expressed that the intergenerational nursing cohorts are un-unified nurse professionals of different nursing educational backgrounds.

Amy noted that in the nursing workforce, there are different nurses who entered the workforce from different educational nursing program backgrounds. For example, there are nurses who entered the workforce with a nursing diploma, associate, baccalaureate, master’s degree, and even with a doctorate degree. Yet, regardless of their education backgrounds, they provided the same patient delivery care and services. Amy believed earning a nursing diploma or even an Associate Degree was not adequate classroom theory education in order for nurses to provide care to complex patients. According to Amy, the education background that equips the nurses for practice in theory learned in the classroom is a vital mix in order to meet the national health care needs. Likewise, Amy believed the nursing workforce regulations need to set a standard for entering into the nursing workforce. Amy explained:

I understand that there’s a lot of people out there that want to become nurses and maybe getting a Bachelor’s Degree or Master’s Degree is not something that is financially feasible for them. Or, you know they have families and they just don’t

know how to jungle up through all that through those barriers; those people can still be valuable, wonderful nurses . . . but on the flip side, you know, we have a variety of people working at the bedside doing the same type of job and some of them are doing it you know with a master's and even with a doctorate you know they are working on something.

You have other people that never even got as much as an Associate Degree, and I think it just . . . it makes us very un-unified as a professional . . . i think it . . . it also puts people into a position where . . . they don't have the same kind of . . . you don't have shared value. You know like we did all work for the same degree to get that same type of job, so now the value on the education is different.

Amy explained that to have a skilled staff, it is critical to have the nursing staff with the same educational program level background. For example, if there are five RNs working on the floor unit, they all are required to possess a BSN. Amy explained that completing at least a BSN nursing educational program has a significant impact on the knowledge and competencies on the nursing skills. Likewise, Megan, Chelsea, and Heather also discussed their concern of the un-unified educational gap within the intergenerational nursing staff, as well as on the nurse leadership educational gap within the nurse leaders and the nurse managers. They pointed out that the intergenerational educational gap among the nurses and among the nurse leaders can lessen the knowledge and skills needed to provide patient care in the ever-changing health care workforce.

Nevertheless, according to the participants, there is frustration among the nurses who possessed a BSN versus nurses with only a nursing diploma. For example, Megan explained there should be an educational standard within the intergenerational nursing cohorts, and every nurse leader and nurse manager should live up to it. She further

explained that the education standard might be communicated differently in which each generation may be different, “but at the end of the day, it just has to be the standard for every nurse professional in the workforce.” Likewise, Amy stated, “It really is important to have a standard in education and the value that it does bring to the patient bedside.”

In the same way, according to the participants, there is also a dilemma about nursing continuing education, for continued education for the professional nurses is as critical. To unify the intergenerational nursing cohorts, education is not the only issue facing the intergenerational nursing workforce. For example, Megan indicated that because the nursing profession changes so rapidly, nurse professionals need to take personal responsibility to enhance their professional development training, as well as embrace lifelong learning for their educational nursing occupation. Likewise, Chelsea mentioned that the health care industry is requiring nurses to be dedicated to their patients in terms of providing the best care for every patient encountered by a nurse. Yet, in order to remain adept at clinical nursing skills, Chelsea stated,

Continuing with . . . education is important because nurses do like to learn, they do like to . . . be involved in things. In terms of education . . . you have to know to educate, especially in nursing degree, because things change so quickly, you know that you need to provide the education so they can provide the best care . . . approve their workforce, their work area, or to improve the care of the residents . . . the nurses need more education, more clinical type; more hands-on because they do not learn everything within the 4-year program . . . training is necessary . . . always need that extra education.

Furthermore, Chelsea pointed out, “As new nurses (i.e., Generation X and Generation Y) enter the workforce, it is important to teach them everything they need to

know to become amazing nurses.” She also stated nurses must deliver safe, quality patient care and they must be prepared to meet diverse patients’ needs. Likewise, Heather was also a candidate for encouraging the intergenerational nurses on their continuing education. She pointed out, “Staff education . . . from online training to hands-on training . . . in-services that are offered through outside agencies such as the hospices” is essential.

Further concern discussed by the participants was the leadership role in continuing education on the unit floor. According to Amy, Heather, and Megan, educational leadership roles within the intergenerational nursing staff, including acute care, whereas critical care is shared on the floor to all the nurses, does not only apply to the nurse leaders or to the nurse managers but to all nursing staff (management or not).

They explained it is critical to uphold a competent nursing staff in the intergenerational nursing workforce where each nursing staff is adept at health care patient care and educational leadership roles in order to be able to provide the medical care for the patients, as well as to be able to communicate effectively with their peers.

In the same way, the leadership training for the nurse leaders is as critical. According to Chelsea, DON is a tough profession. Although oftentimes nurse managers or nurse leaders possess nursing skills, as well as some leadership skills, ongoing leadership professional development ensures the nurse directors are meritoriously leading the intergenerational nursing staff.

According to Megan, educational leadership courses never were offered in the nursing curriculum. As a result, she experienced ineffective leadership while dealing with many nurse leaders and nurse managers who even possessed advanced nursing degrees (i.e., Advanced Registered Nursing Practitioner). Although there are nurse leaders or

nurse managers who possess an advanced nursing degree, they have no idea how to lead the intergenerational nursing cohorts. Therefore, she instructed to provide leadership courses to all of her nurse managers who were working directly with the nurses, in which they could learn managerial knowledge and skills required to become effective health care leaders.

More importantly, according to Chelsea, it is vital the nurse leaders expand their nurses' knowledge while contributing to their career growth. She indicated that as the health care system changes, every nurse in the leadership team needs to remain current on his or her leadership skills. For example, in the past, the focus of long-term care organization was mainly on older adults.

Chelsea stated, "We get anywhere you know from fairly young to teenage type age up to all way through until you know the end of their life. Therefore, leadership training is a plus." Likewise, Megan believed providing leadership training is a form of encouragement to nursing leadership professionalism. Likewise, one of the most important roles to Heather as a leader is ensuring and encouraging nursing continuing education. According to Heather, leadership management is vital. She indicated, "I know in my early education . . . management of people was never a part of the curriculum."

Heather expects her nurse managers in charge to be responsible for leading the nurses' aides that they are managing on a daily basis. For example, when Heather came on board as a nurse leader (i.e., DON), one of the experiences she encountered was high retention on her night shift nursing staff. However, when she hired a new night shift nurse unit manager named Alexandra, Heather experienced a low retention shortly a year after Alexandra was hired.

Initially, Alexandra was hired to manage the night shift (from 11 p.m. to 7 a.m.).

When Alexandra was hired to manage the night shift (which encountered more turnover than any other working shift at the facility), she did not go to work on the floor right away. Before she began working on the floor, Heather, the facility DON, encouraged Alexandra, the new floor nurse manager for the unit, to complete a leadership-training program (offered off campus) as part of her orientation training.

To ensure the enrollment of Alexandra in a leadership-training course, Heather herself registered Alexandra in a management course at a community college, for she believed that Alexandra's time spent in a leadership class would ensure Alexandra succeeded in her current leadership role. Shortly after Alexandra completed the leadership course, she began working on the floor as a night shift nurse manager. As anticipated, within a year or so, Alexandra transformed the night shift retention, and Heather was delighted to report to her senior leadership team of a return of investment, whereas the nursing retention on the night shift improved tremendously.

Heather believed that Alexandra was a very successful night shift nurse manager within the organization because of the additional leadership course taken by Alexandra because she was able to increase the night shift retention. To explain the positive leadership training outcome, Heather stated,

If an organization encounters a lot of turnovers within a department or within an organization as a whole, I would agree that management training from the top needs to trickle down and I think . . . training would impact the organization's high retention dilemma.

Executive leaders need to be aware that it is vital to invest in training, coaching, and in mentoring the new nurse administrators or the new nurse managers. Thus, it is necessary to provide formal time for orientation and leadership training to the unit

managers. Leadership training is another most important issue with which a nurse leader or a nurse manager needs to become familiar and to devote one's time.

Organizational Fairness Within Intergenerational Nursing

Five out five participants considered organizational fairness as critical to leading the intergenerational nursing cohorts. According to the participants, employee's fairness perceptions were influenced greatly by their workplace attitudes and behaviors.

Furthermore, employees with positive attitudes about the organization perceived it as a fair organization. To lead an intergenerational health care organization effectively, the nurse leaders or the nurse managers need to ensure every nursing staff is experiencing fairness.

For instance, Leslie described fairness as "treat everybody the same way . . . If X, Y, Z happens to six people, you treat them all the same." Likewise, in terms of the fairness within the multigenerational nursing, Chelsea stated, "They [the nurses] come from different backgrounds and you do have to respect that." According to Amy, in terms of the intergenerational nursing cohorts, there are different nurses with different responsibilities. In the same way, Amy indicated, "Listening to those conversations and then you know, think from both parties' perspective: okay, how can we mediate that and meet in the middle?" In the same way, Leslie also mentioned, "Treat everybody as, as you would want to be treated, or as, as much of a . . . a human being as you can." Heather strongly believed in respecting and treating her staff equally. In fact, she pointed out, "I'm not going to ask somebody to do something that I wouldn't do myself."

Furthermore, Megan indicated that at times leaders forget that everything does not go only one way, "there's two sides . . . they have to make sure that they're taking the interest of the people they lead into consideration." According to Leslie, to determine if a

supervisor is fair, the employees tend to assess the fairness by how supportive and accommodating are their managers. Leslie further mentioned that leadership is vital in the nursing workforce.

She stated, “The wage . . . the benefits, a lot of time, the sick time . . . nursing is not apples-to-apples, nursing is not one-size fits all.” Likewise, “Try to give everybody the same opportunity,” explained Chelsea. Additionally, Chelsea pointed out there were times leaders chose the same nursing staff to work overtime and it was not fair.

According to Amy, leaders need to rotate the overtime demand schedule to different staff. Better yet, if any staff member is not able to work overtime, the nurse managers can at times stay working overtime on any scenario where there is limited nursing staff available to cover the overtime shift just to treat everyone fairly.

Being a leader does not mean the leader cannot work on the floor to help one’s staff. In fact, according to Megan, fairness is not money driven, when a leader is dealing with different staff personal needs, “money . . . can’t always make it about the bottom line.” It is vital a nurse leader is always looking out for the staff. It is surprising to learn a leader’s characteristics, personality, and leadership style of interacting with one’s staff is a form of fairness.

Intergenerational Nursing Staff Interaction and Appreciation

During the research interviews, the researcher heard many times from the nurse leaders that it is an honor to be able to do something as meaningful and fulfilling as saving someone’s life. In other words, touching the lives of others, specifically being an RN, is a privilege. Being a nurse is a profession where sharing expertise and beyond the facility through the leadership team and active nursing staff is vital. In fact, Chelsea believed being a nurse is a calling. She mentioned that not everyone is born to be a nurse.

For those who choose the nursing workforce, the leaders ought to make the working environment comfortable. According to Chelsea, when leaders are actively participating in the interdisciplinary groups to coach, educate, and serve as a resource, the nurses feel appreciated. She stated,

Overseeing somebody . . . who is taking care of people and it's not like it's a machine and you can turn on and leave it sitting in a corner. You really truly have to . . . make sure they able to do what they need to do and . . . also support them. . . because, because of the stress you . . . can burn somebody out very quickly in this type of work.

To enhance nursing staff appreciation, Amy pointed out,

Hearing them out and letting them talk through the frustration that they have been working with the person that's 45 or 50 years, and then it is in turn listening to that person that's 65 years who just can't take another day of having to, to clean a room with somebody who's 20 years and to not do it the way they do."

Likewise, Amy further explained,

Being on the floor on a daily basis doing the same thing. You're just kind of feel like . . . you're just kind of, you feel like you're a part of a factory line or something. You don't really see yourself as professional. You are just kind of there doing what you're supposed to do; and it feels more like shift work, labor work. And you don't see the value . . . you don't see the value of your continued education.

Amy mentioned that sending staff to seminars or somewhere that encourages outcomes of an ongoing continuing education organizational culture is appreciated within the intergeneration nursing cohorts. Likewise, if they attend different workshops, Amy

indicated,

They are going to come back, bring you back feedback, be excited to share what they learn with their peers because they have ownership in that, so that's a really important thing . . . have the younger generation train, they feel very open and willing to be a part of a conversation that seems facilitated.

Similarly, during Leslie's leadership position, she noticed that the health care workforce is not the same as when she began working many years ago. She mentioned there is a need for leaders to understand the needs of staff. In fact, she stated, "Respect and compassion [pause], be flexible." Likewise, Heather strongly believed in staff interaction, as she explained,

I don't put myself out there to work as a nursing aide per se every day, but if somebody need toileted again, I would just say I'm involved . . . leadership that and somebody that's not afraid is what I believe [pause] . . . you know again she's a person that would get out on the floor . . . interact with the staff.

Furthermore, according to the participants, treating each generational nursing staff individually is appreciated. For example, often time the Baby Boomers believed the younger nurses do not take on their nursing profession responsibilities seriously. For example, Amy indicated that at times, the Baby Boomer nurses always tend to throw the younger nurse administrator into the generational flop where the younger nurse leaders do not possess leadership skills to lead the intergenerational workforce.

Amy pointed out, "We all have our generational flop that we are in. You don't maybe think the same way they do. However, listening, sincerely listening . . . means having conversation, where you are genuinely listening to the younger generation." Amy mentioned that oftentimes she had to defend herself as a nurse leader because she was

from the Generation Y. “There are many of us within the Generation Y who are out there working very hard,” stated Amy.

In addition, according to Amy, the older nurses often find a way to categorize her as an unconcerned nurse leader no matter how devoted she is to her nursing staff. There are times she does not share every aspect of her life to older nursing staff and that is because she believed it is nobody’s business. However, that does not define her as an immature DON. She recalled working as an RN, where she did not experience an open-door policy relationship with her former DON, who was a Baby Boomer DON. She explained there were times she shared a concern with her DON on which to work in terms of making the floor environment a little more comfortable for her as well as for her peers.

Nevertheless, unfortunately, her DON never returned feedback from the senior administration. Oftentimes, when she never heard from her DON, she felt as though her input was not important within the organization. However, as she now has the opportunity to lead the nursing staff in a role of a DON, she ensures the establishment of a relationship with her staff. She makes them feel valuable and appreciated and interacts well with them by simply listening to their concerns and suggestions. She stated, “Listening is . . . to begin to work to find ways together. To interact well with one another . . . regardless . . . of the nursing spectrum they’re in.” Likewise, Leslie pointed out,

To me it is having the ability to listen and relate to the individuals you are trying to supervise or lead and incorporating what they bring to the table into existing . . . possibly policy, procedure . . . human resource qualifications or whatever.

Likewise, Amy indicated that although at times things they wanted to see changed did not occur right away or even at all, she went back to her nursing staff and explained

to them that their concerns were not forgotten: “Yeah, I did not forget about our conversation. I will discuss more once I have more information.” When she received a suggestion or a concern from her intergenerational nursing staff or even from her nursing floor unit manager, she worked very hard with her leadership team discussing the concerns with them. If things could not change according to regulations or to organizational strategic plan, she went back to her staff and explained the reason why changes could not be done at the present. Nevertheless, she encouraged them to keep thinking about their concerns about patient care and a comfortable working environment. By doing so, they could find a way to revamp their ideas and suggestions.

Similarly, Megan was constantly putting her intergenerational nursing staff first, especially if her leadership team was not thinking of the staff when deciphering an organizational decision. She explained, “Yeah! I mean that you know that (I) you know take an interest you know in each of them, you know that kind a thing.” Thus, she supported them to ensure that they felt valuable. She made sure she interacted with them most of the time. One scenario was one of her new nursing staff was walking down the hall and she called her new nursing staff by her name. The new staff was very delighted and stated, “You already know my name” with confidence. As Megan explained, “that simple things like calling your staff by one’s name is a way of interacting with staff and showing appreciation.”

Moreover, according to Megan, managing an intergenerational staff where each generation appreciates different employee recognition can be cumbersome at times, especially if a nursing leader does not have a clue regarding staff appreciation. During the research interview, Amy mentioned being a leader is not a walk in the park, for a leader can either make or break an employee. Likewise, she pointed, “As a leader . . . helping

staff understand . . . how they are valued as a profession . . . as an asset, if you make your team feel appreciated regularly, if you acknowledge them for what they're doing good, give them praises.”

In fact, according to Amy, Chelsea, and Megan, meaningful rewards and recognition provide an effective, low cost way of raising morale and encouraging higher levels of performance. Amy explained that staff appreciation is to, “Make them feel like professional . . . make them . . . feel like . . . they are valuable . . . they can have ownership in their nursing unit.” Likewise, Chelsea indicated staff appreciation is also to strategize time for staff meetings in order to communicate with them on the organizational changes, the improvement within the organization, while making them feel like they are part of the organization’s growth and decision-making.

Oftentimes, management does not consider daily or weekly staff huddles as part of staff appreciation. However, according to Amy, regardless of the nursing spectrum the staff is from, they need to learn how to interact well with one another. Amy further explained that sometimes, some of her nurse managers are simply mean to the nursing staff because it was the way they were introduced into nursing. She stated,

Regardless whether I am looking at Nursing Aides, LPN’s, RN’s, it doesn’t matter . . . we need to be nice . . . Don’t let the generation thing be the light element . . . I get this that we are all looking at this differently. But we need to try really hard here on how we . . . all have a different way of valuing it or . . . caring through with it.

Likewise, according to Megan, the daily nursing workload on patient care can be “cumbersome” at times. Working constantly on uncomfortable floors day in and day out can eventually create bad health for the nursing staff. For instance, Megan pointed out, “a

direct patient care nurse is . . . extremely difficult . . . you know just the simple things.” Likewise, Leslie reported that providing work flexibility to the young nurses while parenting small children is staff appreciation. Thus, Leslie stated, “Generation X, Y, or Millennial . . . have a lot of ideas and I think it is wrong for older establishments, older facilities, older corporations to feel that they got all the answers.” Additionally, Amy pointed out, “Listening is one way I have found to gain trust of numerous generations, to begin to work to find ways to work together.” Furthermore, she explained,

Sometimes, the way staff meeting is held . . . you kind of have, you know the . . . “Sergeant” in charge of a staff meeting . . . telling everybody what you know was wrong, what you need to do better. We all kind of submissively listen to, to what this person told us we do good, mostly what we did bad, and what we need to do better, and remember you know our standard needs to be up here.

That’s you know . . . for some generational, some people, like they would respond more to that; they wouldn’t have any issue with that. For other people, that’s very like . . . that’s just a flake there, their motivation. And then you know, I know you have people that are just not into the whole meeting and they’re not into the whole team playing thing. And they’re not you know, they’re much more independent in how they work as a generation. And yet . . . I know you know then you have the younger generation, and they, they often sometimes feel very open and willing to be a part of a conversation if it seems facilitated.

Intergenerational Nursing Cohorts on Leadership Trust

All five participants were confident to point out that the nurses were working very hard on a daily basis to improve on patient care, maintain jobs, and deliver high quality of care. In other words, too often, according to the participants, nurses were promoted to

leaders or managerial positions because they were excellent clinicians, critical thinkers, and communicators. According to Megan, leaders in the nursing workforce are required to be skilled at the art of science on leadership. In other words, leaders ought to be skilled at trusting because it enhances the nursing staff, whom they are leading and who are promoting the best quality of care. Leaders are required to be good at collaboration and the tools of influence.

Furthermore, according to Megan, people can see through a leader if one is not trusted. Leaders are to operate from a clear set of values and principles because opportunistic or selfish motives are seen clearly and rejected by staff. For example, to lead the generational gap, Leslie pointed out Generation X and Generation Y will not work with leaders whose operations are a “clear set of values and principles is counterfeit.” Employees need to seem more intrinsically than extrinsically motivated and more likely to use intrinsically motivated leaders. They are not expected to depend on direct authority or political power when they are weak and untrustworthy. Amy also pointed out the following: “Be honest with the staff . . . you know . . . when you can’t share something with them, you just got to say, hey, you know I really can’t go there, but you just need . . . to trust me on this one.” Likewise, according to Chelsea,

Honesty is one of the best policies . . . if you’re trying to pull the wool over their eyes as they say, they know that . . . you have to be honest about things . . . you have to have good integrity . . . that you are willing to do whatever you need to do . . . to help them and to help the patients they are taking care of.

Similarly, Megan’s best trust policy was integrity. She stated that the staff would be good at collaboration and the tools of influence. Leaders must be taught both how to trust and how to be trusted. According to Leslie, character and competence is the best

remedy to leadership trust. Thus, “Character includes a leader’s integrity, motive, and intent with people . . . honesty . . . humanity, passion, and openness.”

This findings chapter recorded the emerged themes of the five nurse administrator participants in this study. The nursing staff’s educational gap among the RN education program skills, as well as the nurse leadership’s ongoing continuing education program, required attention. Staff diversity on the intergenerational demands and differences obtain present challenges to the health care industry. In other words, earning a nursing diploma is not adequate for a nursing staff to deliver high quality of patient care. As far as nurse leaders, it “takes more than an RN title to lead the intergenerational nursing workforce.” Chapter 5 will provide an interpretation of these findings and recommendations based on the findings.

Chapter 5: Discussion

Introduction

For the first time in the health care industry workforce history, there is a rich demographics mix of nursing generations working side-by-side with colleagues who are as young as 20 years old, 50 years old, and more. As the health care industry is projected to experience a shortage of RNs who are Baby Boomers, as well as the need for patient care continues to grow, a generational high job retention can also be attributed primarily to the RNs labor shortages.

Even more, as the nursing shortage continues to rise, Chelsea indicated that new nurses are not given adequate training; they are floated to hospital departments where they do not feel comfortable because they are not adequately cross-trained. They are placed into their uncomfortable zone, and they are expected to take on the workload of their 15- to 20-year veteran constituents. However, Chelsea pointed out that can be a major factor of nursing staff retention.

One factor that affects the nursing shortage according to Bolman and Deal (2003), is that when employees are asked to do something they do not comprehend, understand how to do, or do not see the value in, they tend to feel puzzled, anxious, and insecure about their daily tasks. Bolman and Deal further mentioned that placing and rotating employees through unfamiliar assignments eventually resulted in excessive burnout and work inefficiency.

In the same way, another factor that influences the nursing shortage is the fact that health care organizations lack in the area of addressing employees' issues of its organizational culture, attitudes, and work styles within each generational group. According to Leslie, health care organizations need the "legitimacy of being flexible . . .

being open minded . . . pushing for more open ideas.” In other words, organizations should engage the intergenerational nursing employees who are willing and are able to contribute to the organizational success.

In fact, Al-Nsour and Assalt (2012) pointed out that health care organizations are facing significant challenges on internal and external work environment while they cannot maintain performance without providing incentives to their employees’ based on their efficient and effective work. According to the five research participants, health care organizations need to consider engaging intergenerational nurse employees who are valued and rewarded, which can be developed through continuing education development training. In giving them the opportunities to contribute, they can thrive in inclusive working environments.

In other words, an engaged staff results in higher retention, which will give the health care industry competitive nursing staff advantage while the organizations focus on employee turnover and training costs. That is to say, an RN with a nursing diploma, or even with a doctorate degree, is more likely to leave the profession placed in patient care situations that he or she is not equipped to handle.

Every professional field has a concentrate of a specialization; therefore, the nurses (regardless of the nursing spectrum they are from) do not possess similar nursing experience. In fact, as every patient care is different, to gain a deeper understanding of patient care requires matching the right type of a nurse to meet those needs, for it is a key element to reduce employment retention. Otherwise, high nursing turnover from every intergenerational nurse will continue to rise.

To attract and to sustain the multigenerational nursing cohorts into workforce, all five nurse leader participants indicated nurse managers or nurse leaders within health care

organizations need to engage the intergenerational nurses (specifically the nursing boomers) onto the organizational culture and policies. In fact, according to Duffield et al. (2014), it is imperative that the older nurses retained in the workforce for the older nurses possess a wealth of knowledge and experience, which can benefit in educating and training of the younger nursing staff.

According to Sultz and Young (2006), the nursing workforce projects more than 1 million registered nurse boomers will reach their retirement age within the next 10 to 15 years. Furthermore, according to Sultz and Young, the Baby Boomer nurses will reach the age of 65 by the year 2020. As a result, the Baby Boomer population is requiring more medical care, while the nursing turnover remains detrimental to the health care industry. For example, Duffield et al. reported it costs a health care organization approximately \$82,000 (which covers advertising and recruiting, orientation, and employee training) to replace an RN. If for instance the nursing turnover averages 14% on a 300-bed hospital, the turnover expense is roughly \$4.4 million annually.

In effort to retain the intergenerational nursing workforce, the American Association of Colleges of Nursing (2001) advised employers in the health care industry to revise their recruitment strategy in order to retain the nursing boomers who are past retirement age. Another recommendation is hiring nursing retirees back into the workforce due to their significant nursing experience and knowledge. Although many Boomer nurses are reaching close to age retirement, fortunately, Duffield et al. (2014) pointed out that their decisions to continue to work until their 70s is taken into consideration, as their financial considerations are important for their retirement. In such, that can be an advantage for the health care organizations to attract the older nurses to retain in the workforce.

In finding a solution on attracting, retaining, and motivating the intergenerational RNs into the nursing workforce, these research findings reported many different aspects for the workforce regulations, as well as ways a health care organizational leadership team can work side-by-side on learning to retain the intergenerational RNs into the workforce.

Altmann (2012) discussed that nurses with baccalaureate education in nursing tend to possess the nursing educational knowledge and skill needed to provide the quality care to complex patients. In fact, according to the American Association of Colleges of Nursing, quality patient care is dependent on retaining well-educated professional nurses within the workforce. Ultimately, Altmann indicated that RNs with baccalaureate education background tend to experience lower mortality rates, fewer medication errors, and positive outcomes, which are all linked to the nurses' prepared at the baccalaureate and graduate degree levels. In addition, according Amy, leading a nursing staff with similar educational background is crucial. She stated that working in the nursing workforce with at least a Bachelor's Degree in Nursing "brings a professional value to the bedside."

Likewise, Megan mentioned that nurses with BSN degrees are well prepared to meet the patient care demands placed on today's nurse. Amy, Heather, and Megan believed that nurses with at least a BSN educational background are prized for their skills in critical thinking, case management, health promotion, leadership and, most importantly, they have the ability to practice across a variety of inpatient and outpatient settings. In effect, according to the Health and Human Services on nursing issues, in 1996, the federal workforce groups, which includes the National Advisory Council on Nurse Education and Practice, urged policy advisers of the Congress and the U.S.

Secretary of Health and Human Services to take actions to ensure that at least 66% of nurses hold a BSN by 2010.

Siela et al. (2008) noted that with the need for more nursing faculty members with graduate-level education, access to nursing education remains short and difficult. In fact, according to Siela et al., tens of thousands of prospective nursing students experience costly and frustrating delays in admission into institutions of higher education nursing schools because of the faculty nursing shortage.

Earning a BSN to enter into the nursing workforce is not the only concern. As already pointed out, the Boomers' generation is aging and major changes in the U.S. health care system and practice environments require equally profound changes in the education of nurses both before and after the RNs receive their licenses. The nursing workforce is requiring nurses with competent skills, nurses who are willing to invest in their education as well as retaining focus on their continuing professional education development. In fact, according to Chelsea, the 4-year classroom theory and the 1-year of clinical practice is vital; however, because of the patient care complex, the nurses (specifically the younger nurses) are in need of more hands-on experience.

Bolman and Deal (2003) pointed out that training and professional development assist employees to master new skills needed for changing work patterns. Furthermore, Bolman and Deal indicated that providing professional training development to staff is a form of psychological support in which participation increases the likelihood employees would feel comfortable in the working environment and have much greater likelihood of success within the organization. Likewise, according to Merriam (2001), implementing individual learning and professional training development is a professional field of practice. In the same way, Ferguson (1994) indicated that continuing learning tends to

demonstrate to the nurses the value of their craft for staff morale, recruitment, retention, and above all patient care.

Similarly, Liu and Batt (2010) pointed out that educational coaching might affect employees' performance through job-relation knowledge skills, enhancement of motivation and effort, and through a process of social learning. For example, Amy stated, "You can send them away to . . . a seminar or somewhere . . . they are going to come back . . . be excited to share what they learn with their peers."

Furthermore, according to Liu and Batt (2010), the HR system is responsible for enhancing the organizational performance on educational coaching in terms of investing in employees' continuing professional education needs and work designed in order to allow employees to interact and to develop their skills in their problem-solving abilities as an incentive of their motivational effort. Yet, in order to succeed, Freed (1999), pointed out that really listening to an employee is the "sine qua non" of recognizing the employee. Liu and Batt further explained that educational coaching is a process through which supervisors may communicate clear expectations to employees. While employers are providing feedback and suggestions on improving performance and facilitating employee's efforts to solve problems, employees are taking on new challenges within the organization.

According to Fagley and Adley (2012), implementing quality-of-life initiatives can help build staff appreciation. Fagley and Adley further explained that staff appreciation helps to build social bonds expected to promote effective collaboration, teamwork and staff morale, which enhances employee loyalty. Similarly, according to Duffield et al. (2014), through promoting appreciation and fairness, the nurse leaders can offer varying work shifts in order to give the nurses the flexibility to work around their personal

obligations. For example, Leslie suggested the older nurses might want to cover for the younger nurses who were caring for their young children. In the same way, being able to plan around a child's school award, talent show, parenting night, or even a child's soccer game can help greatly as it is a form of staff appreciation and fairness.

Likewise, Freed (1999) noted that happy employees make for happy constituents. According to Stocker, Jacobshagen, Krings, Pfister, and Semmer (2014), leadership can demonstrate staff appreciation through affective motivation, fostering a positive self-concept towards the staff. In the same way, Bolman and Deal (2003) indicated the job of a leader is to support and to empower while staff support takes a variety of forms; showing concern for the employees, listening to their aspirations and goals, communicating personal warmth, and openness.

Yet, the leader empowers through participation and openness by ensuring that employees have the autonomy and resources they need to do their job. In today's nursing workforce where nurses are the value-based backbone of the health care environment workforce, health care executive leaders are responsible for demonstrating value to their patient care and to their employees equally. Nevertheless, it is vital to focus attention or initiation that promotes nurses' wellness and satisfaction.

Similarly, employee benefits geared to the needs of the intergenerational group can build loyalty, as well as reducing employment retention. For example, the intergenerational group, specifically the Millennials, want their contributions to be recognized. Staff rewards and recognition should reflect each group's preferences and priorities. In the same way, Duffield et al. (2014) indicated the need for older nurses to have more access to professional development training opportunities, more flexible work conditions, as well as a little less physical and emotional workload. Although every

generation has a unique service preference, appealing to different generations can open potential new markets and lead to new higher retention of nurses in the nursing workforce.

The nurse administrators who participated in this professional experience shared the same perspectives that being an RN is a tough profession. All five nurse administrators who were the research participants agreed that working in the health care workforce is indeed an everyday challenge in dealing with mental, physical, emotional, and ethical abilities to care for people in a safe and effective manner. For example, according to Megan, the very long working hours spent on their feet while lifting heavy loads can at times be arduous to the nurses' physical health. In fact, she reported she resigned from her nursing position when she was employed at a hospital because of the frequent muscle and joint pain she experienced for many years.

Likewise, according to Duffield et al. (2014), some nurses also experience fatigue on a daily basis because of the long working hour shift. In fact, they further indicated that the nurses' physical and emotional challenges tend to play a significant role in the older nurses who decide to retire by age 55. In addition, working very long hours is a major factor for nursing. When the researcher worked at a long-term care facility, she witnessed that when other professionals, such as administrators and social workers of other departments had their holidays off, the nurses who worked directly with patient care were often on call after their working hours to report emergencies of admitted patients' to their physicians who were on call.

Recommendations

To monitor the nursing turnover, Fagley and Adler (2012) indicated that staff appreciation is an important factor for workplace well-being and success. In fact, they

further explained that staff appreciation is organizations providing incentives to their employees based on their efficient and effective work productivity. Such acknowledgment may help employees feel valued in where that positive outcome may be unleashing the employees' intrinsic motivation and desire to excel on their work performance, as well as helping their constituents.

Fagley and Adler (2012) further described staff appreciation as value and something positive that is emotionally connected to the employees' work performance. As the nursing shortage increases, it also results in a huge loss of intellectual capital for health care providers and dampens employee morale to the remained nurses in the workforce. From a HR perspective, the key challenge is to tailor organizations to individuals to find a way for people to get the job done while feeling good about what they are doing.

For that reason, it is vital the leadership team revamps their organizational priorities. Bolman and Deal (2003) stated that oftentimes an organization is viewed as an extended family, where it is made up of individuals with needs, feelings, prejudices, skills, and limitations. Yet, from a leadership perspective, Bolman and Deal pointed out the key challenge is to tailor organizations to individuals to focus on finding a way that intergenerational nursing staff gets the job done while feeling good about what they are doing. In the same way, the health care leaders need to focus on staff needs as well as on patient care. In fact, Fagley and Adler (2012) noted that a deeper connection to one's values and beliefs stimulate one's sense of meaning and purpose and makes the working environment enjoyable.

Furthermore, according to Fagley and Adler (2012), staff appreciation in terms of demonstrating to the employees that they are an asset to the organization is to bring the

staff into deep meaningful contact with what matters the most to them such as patient care. It is critical the health care leadership team focuses on why the nurses are feeling dissatisfaction, causing them to resign from the health care industry. Fagley and Adler pointed out that when the employees feel appreciated and supported, they are likely to feel more deeply connected to the organization as a whole, which leads to a more spiritual connection to something beyond themselves.

In the same way, Bolman and Deal (2003) pointed out in order to retain an adept employee, an organization needs to comprehend the employee's needs. It is in fact very difficult for a leadership team to satisfy the need of every constituent within an organization. In fact, according to Bolman and Deal, leaders cannot give every group everything it wants but they can create arenas where groups can negotiate differences and come up with a reasonable compromise. Yet, most importantly, the research participants reported that regardless of a generational gap, there is a need to be treated with respect and dignity. It does not matter if a leader is a Boomer, a Generation X, or even a Generation Y; everyone should be respected, appreciated, and informed regularly of the organization's goals.

The nurses need to feel appreciated in terms of listening to one's concern at work. According Fagley and Adler (2012), employee appreciation reduces absenteeism, tardiness, worker's compensation grievances, and health insurance costs. In other words, when employees are treated with dignity at work, they tend to feel valued and appreciated about themselves. As a result, they give more and more to the organization, as well as to their fellow subordinates or even to their coworkers.

In terms of monitoring nursing turnover, other researchers concluded that monetary compensation is also essential to maintain staff appreciation. In the same way,

other researchers reported that monetary compensation does not motivate everyone within an organization. On the contrary, retaining staff is a matter of an employee receiving the basic need that satisfies him or her to give everything possible to the organization. In such theory, there is always an exception to the rule. For example, there are employees who want nothing but the monetary gain, which is a part of self-security. Yet, treating employees with appreciation and respect is the most critical element weapon of an organization to retain its most valuable staff.

Megan stated, “Everyone is working to make money; however, it is not the bottom line.” Researchers also suggested gratitude as an aspect of appreciation, which might be important in leading to positive work. That is, the act of finding positive value and meaning in the work that one does is the outcome of treating the staff fairly and being appreciated.

As employees are more invested in the core values of their work, they may become more invested in, and committed to, the organization for which they work. Megan explained that staff appreciation (which takes on multiple meaning) might lead to positive effects on patient care. In other words, when people appreciate one another and are recognized for their hard work, they strengthen social bonds and enhance their effectiveness in the many endeavors they pursue.

According to Fagley and Adler (2012), when employees feel valued, appreciated, connected, and safe, they are able to act autonomously to explore and be creative. Therefore, to lead the intergenerational nursing workforce, it is vital to understand the difference of the generational needs and wants. According to Cennamo and Gardner (2008), employee values are important in guiding behavior and enhancing work motivation. When employees’ needs are met, they feel valued and appreciated.

Nevertheless, the organizational values must be able to meet the needs of different employees. Thus, organizations need to clarify their work values and expectations with all staff.

According to McHugh, Kutney-Lee, Cimiotti, Sloane, and Aiken (2011), 13% of nurses are dissatisfied with their work schedule. However, during the research interview, Chelsea and Megan discussed the importance to control the nursing turnover. During their leadership positions, they realized that nurses who felt obligated to work more than 12 hours a day in a shift of 40 hours a week tended to resign from their job. To elaborate more on such a critical subject, Chelsea pointed out that nurses are given options to work overtime in her organization and that the overtime hours were for those who were interested to work more hours. At times, because of the workload, working overtime was not an option. The nurses who chose to work with their teammates by collaborating to support the need of the patients were compensated by taking an extra day off.

It may sound easier said than done; however, it is probable for a nurse leader or a nurse manager to control the nursing burnout. Leslie explained that nurses with adult children might work more hours for the nurses with smaller children. The leadership team within an organization can make this happen by driving a fundamental culture change from overtime being the "rule" to overtime being the exception. Leslie further mentioned that if organizations implement measures to reduce shift and workweek length, and set guidelines for what is an acceptable amount of overtime, nurses would not feel obligated to tack on extra hours. Chelsea pointed out that nurses are not robots to turn on and control as desired. The nurses need to feel the independence of contributing to the organization's decisions. The nurses need to feel appreciated in turns of shared governance, which can include self-staffing and empowers the nurses to have ownership

over their facility unit.

Employee benefits geared to the needs of the intergenerational group can build loyalty as well as high retention. The intergenerational group, specifically the Millennials, want their contributions to be recognized. Rewards and recognition should reflect each group's preferences and priorities. Thus, every generation has a unique service preference. An organization that understands and adapts to those preferences will attract and retain constituents across the age spectrum. Appealing to different generations can open potential new markets and lead to new higher retention in the nursing workforce.

Future Research

There was limited research on the purpose and benefits of continuing professional educational development for the nurses. According to research participants, one effective strategy on retaining the nurses is ongoing continuing education, for it is a vital technique to retain adept self-motivated registered nurses in the health care workforce. While interviewing the nurse administrators, all five participants concluded that continuing professional training on nursing education is a critical element to retaining the nurses. Therefore, future research should focus on the impact of continuing professional education development in nursing. Although nurses are required to recertify their nursing license every 2 years in order to comply with state laws regulations, Megan indicated that nursing professionals must commit to a "life-long learning that enhances problem solving, patient care effectiveness, while focusing on the latest nursing skill development and new technologies."

Summary and Conclusions

This study presented the perceptions from five nurse leaders leading the

intergenerational nursing cohorts. The participants' responses allowed the researcher to analyze the data to find emerging themes that these nurse leaders shared as essential elements to retain the intergenerational nursing cohorts in the health care industry. The emerging themes such as nursing education gap, nurse leaders or nurse managers, professional development training, staff appreciation, and fairness are important to the needs of retaining the intergenerational nursing cohorts. For example, according to all five participants, nurse leaders and nurse managers, specifically nurse leaders, are required to be skilled at the art and science of exemplary leadership.

Nurse leaders should be skilled at leading the nursing staff because it enhances the performance of the nurse managers. According to participants, people can see if one is not an exemplary leader. Leaders should be good at collaborations and the tools of influence. Leaders are to operate from a clear set of values and principles, for people can see opportunistic or selfish motives clearly and reject them.

In terms of the generational gap, the Generation X and Generation Y will not work with leaders who do not lead from a clear set of values and principles. They need to be more intrinsically than extrinsically motivated and are more likely to use intrinsically motivated leaders. They are not expected to depend on direct authority or political power that is weak and untrustworthy. In contrast, they will follow through at collaboration and the tools of influence. Leaders know how to trust and how to be trusted. According to Leslie, trust is confidence born of two dimensions: character and competence. Character includes one's integrity, motive, and intent with constituents. The nurse leader participants shared their aspirations on leader's support, work schedule flexibility, nursing educational gap, professional development, and leadership professional development for the nurse leaders and the nurse managers.

References

- Agrawal, V. (2012). Managing the diversified team: Challenges and strategies for improving performance. *Team Performance Management, 18*, 384–400. doi:10.1108/13527591211281129
- Akers, J. M. (2009). Managing a multigenerational workforce. *Buildings, 103*(1), 46–48. Retrieved from ProQuest database. (Document No. 210268621)
- Al-Nsour, M., & Jordan, A. (2012). Relationship between incentives and organizational performance for employees in the Jordanian universities. *International Journal of Business and Management, 7*(1), 78–89. doi:10.5539/ijbm.v7n1p78
- Altmann, T. K. (2012). Nurses' attitudes toward continuing formal education: A comparison by level of education and geography. *Nursing Education Perspectives, 33*(2), 80–84. Retrieved from ProQuest database. (Document No. 1015754669)
- American Association of Colleges of Nursing. (2001). Strategies to reverse the “new” nursing shortage. *The Florida Nurse, 49*(1), 30-31. Retrieved from ProQuest database. (UMI No. 230329184)
- Avruch, K. (2009). What is training all about? *Negotiation Journal, 25*, 161–169. Retrieved from ProQuest database. (Document No. 205147695)
- Bolman, L. G., & Deal, T. E. (2003). *Reframing organizations: Artistry, choice, and leadership* (3rd ed.). San Francisco, CA: Jossey-Bass.
- Brown, W., & May, D. (2012). Organizational change and development. *The Journal of Management Development, 31*, 520–536. doi:10.1108/02621711211230830
- Burnes, B., & By, R. T. (2012). Leadership and change: The case for greater ethical clarity. *Journal of Business Ethics, 108*, 239–252. doi:10.1007/s10551-100-1088-2

- Caldwell, C., Dixon, R. D., Floyd, L. A., Chaudoin, J., Post, J., & Cheokas, G. (2012). Transformative leadership: Achieving unparalleled excellence. *Journal of Business Ethics, 109*, 175–187. doi:10.1007/s10551.001.1116-2
- Campbell, C., & Jane, B. (2012). Motivating children to learn: The role of technology education. *International Journal of Technology and Design Education, 22*(1), 1–11. doi:10.1007/s10798-010-9134-4
- Casida, J., & Parker, J. (2011). Staff nurse perceptions of nurse manager leadership styles and outcomes. *Journal of Nursing Management, 19*, 478–486. doi:10.1111/j.1365-2834.2011.01252.x
- Cennamo, L., & Gardner, D. (2008). Generational differences in work values, outcomes, and person-organization value fit. *Journal of Managerial Psychology, 23*, 891–906. doi:10.1108/02683940810904385
- Chrobot-Mason, D., & Leslie, J. B. (2012). The role of multicultural competence and emotional intelligence in managing diversity. *The Psychologist Manager Journal, 15*, 219–236. doi:10.1080/10887156.2012.730442
- Clark, C. S. (2010). The nursing shortage as a community transformational opportunity: An update. *Advances in Nursing Science, 33*(1), 35–52. doi:10/1097/ANS.0b013e3181cpe1c4
- Clawson, J. G. (2012). *Level three leadership: Getting below the surface* (5th ed.). Upper Saddle River, NJ: Prentice Hall.
- Clinkenbeard, P. R. (2012). Motivation and gifted students: Implications of theory and research. *Psychology in the Schools, 49*, 622–630. doi:10.1002/pits.21628
- Clipper, B. (2012). *The nurse manager's guide to an intergenerational workforce*. Indianapolis, IN: Sigma Theta Tau International.

- Cohen, S. M. (2011). Doctoral persistence and doctoral program completion among nurses. *Nursing Forum*, *46*(2), 64–70. doi:10.1111/j.1744-6198.2011.00212.x
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). *Applied behavior analysis* (2nd ed.). Upper Saddle River, NJ: Pearson Education.
- Costanza, D. P., Badger, J. M., Fraser, R. L., Severt, J. B., & Gade, P. A. (2012). Generational differences in work-related attitudes: A meta-analysis. *Journal of Business and Psychology*, *27*, 375–394. doi:10.1007/s10869-012-9259-4
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (3rd ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
- Crosby, F. E., & Shields, C. J. (2010). Preparing the next generation of nurse leaders: An educational needs assessment. *The Journal of Continuing Education in Nursing*, *41*, 363–368. doi:10.3928/00220124-20100503-09
- Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D. T., & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, *55*, 122–131. doi:10.1016/j.outlook.2007.02.006
- Dalal, R. S., Baysinger, M., Brummel, B. J., & LeBreton, J. M. (2012). The relative importance of employee engagement, other job attitudes, and trait affect as predictors of job performance. *Journal of Applied Social Psychology*, *42*(S1), E295–E325. doi:10.1111/j.1559-1816.2012.01017x
- das Neves, J. C., & Melé, D. (2013). Managing ethically cultural diversity: Learning from Thomas Aquinas. *Journal of Business Ethics*, *116*, 769–780. doi:10.1007

/s10551-013-1820-1

- Dols, J., Landrum, P., & Wieck, K. L. (2010). Leading and managing an intergenerational workforce. *Creative Nursing, 16*(2), 68–74. doi:10.1891/1078-4535.16.2.68
- Duffield, C., Graham, E., Donoghue, J., Griffiths, R., Bichel-Findlay, J., & Dimitrelis, S. (2014). Why older nurses leave the workforce and the implications of them staying. *Journal of Clinical Nursing, 24*, 834-831. doi:10.1111/jocn.12747
- Dunn-Cane, K. M., Gonzalez, J. L., & Stewart, H. P. (1999). Managing the new generation. *AORN Journal, 69*, 930–944. Retrieved from ProQuest database. (Document No. 69764757)
- Eisner, S. P. (2005). Managing Generation Y. *SAM Advanced Management Journal, 70*(4), 4–15. doi:10.1109/EMR.2011.5876168
- Epstein, M., & Howes, P. (2006, September/October). The Millennial generation: Recruiting, retaining and managing. *Today's CPA, 24–27*. Retrieved from ProQuest database. (Document No. 204170296)
- Fagley, N. S., & Adler, M. G. (2012). Appreciation: A spiritual path to finding value and meaning in the workplace. *Journal of Management, Spirituality and Religion, 9*(2), 167-187. doi:10.1080/14766086.2012.688621
- Ferguson, A. (1994). Evaluating the purpose and benefits of continuing education in nursing and the implications for the provision of continuing education for cancer nurses. *Journal of Advanced Nursing, 19*, 640-646. doi:10.1111/j.1365-2648.1994.tb01133.x
- Foley, V., Myrick, F., & Yonge, O. (2012). Generational clashpoints in nursing preceptorship. *Journal of Nursing Education, 51*, 556–562. doi:10.3928

/01484834-20120820-04

Force, M. V. (2005). The relationship between effective nurse managers and nursing retention. *Journal of Nursing Administration*, 35, 336–341. doi:10.1097

/00005110-200507000-00005

Forest, M., & Kleiner, B. (2011). Effects of current nursing management styles on the retention and recruitment of nurses: A review of the literature. *International Journal of Management*, 28, 254–262. Retrieved from ProQuest database.

(Document No. 1008666419)

Freed, D. H. (1999). Fifty-two effective, inexpensive ways to reward and recognize hospital employees. *The Health Care Manager*, 18(1), 20-28. doi:10.1097

/00126450-199909000-00004

Gantz, N. R., Sherman, R., Jasper, M., Choo, C. G., Herrin-Griffith, D., & Harris, K.

(2012). Global nurse leader perspective on health systems and workforce. *Journal of Nursing Management*, 20, 433-443. doi:10.1111/j.1365-2834.2012.01393.x

Ghazanfar, F., Chuanmin, S., Khan, M. M., & Bashir, M. (2011). A study of relationship between satisfaction with compensation and work motivation. *International Journal of Business and Social Science*, 2(1). Retrieved from ProQuest database.

(Document No. 904526074)

Giles, H., Khajavy, G., & Choi, C. (2012). Intergenerational communication satisfaction and age boundaries: Comparative Middle Eastern data. *Journal of Cross-Cultural Gerontology*, 27, 357–371. doi:10.1007/s10823-012-9179-9

Goleman, D., Boyatzis, R., & McKee, A. (2002). *Primal leadership*. Boston, MA: Harvard Business School.

Greenfield, D., Pawsey, M., & Braithwaite, J. (2011). What motivates professionals to

- engage in the accreditation of healthcare organizations? *International Journal for Quality in Health Care*, 23(1), 8–14. doi:10.1093/intqhc/mzq069
- Griffith, M. B. (2012). Effective succession planning in nursing: A review of the literature. *Journal of Nursing Management*, 20, 900–911. doi:10.1111/j.1365-2834.2012.01418.x
- Hahn, J. A. (2011). Managing multiple generations: Scenarios from the workplace. *Nursing Forum*, 46, 119–127. doi:1111/j.1744-6198.2011.00223.x
- Hall, L. M., & Doran, D. (2007). Nurses' perception of hospital work environments. *Journal of Nursing Management*, 15, 264–273. doi:10.1111/j.1365-2834.2007.00676.x
- Harvey, C. P., & Allard, M. J. (2009). *Understanding and managing diversity* (4th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
- Hendricks, J. M., & Cope V. C. (2013). Generational diversity: What nurse managers need to know. *Journal of Advanced Nursing*, 69, 717–725. doi:10.1111/j.1365-2648.2012.06079.x
- Herzberg, F. (1966). *Work and the nature of man*. Retrieved from ProQuest database. (Document No. 47933366)
- How not to get sick(er) in the hospital*. (2015, February). Retrieved from <http://consumerhealthchoices.org/wpcontent/uploads/2015/02/CRHowNotToGetSicker.pdf>
- Hoyle, J. R. (2007). *Leadership and futuring: Making visions happen*. Thousand Oaks, CA: Corwin.
- Johnson, C. (2013). *Evaluating low retention rates of nurses among healthcare organizations in South Florida* (Doctoral dissertation). Retrieved from Nova

- Southeastern University MARPs, practicums, and applied dissertations. (Order No. 10345)
- Kalargyrou, V., Pescosolido, A. T., & Kalargiros, E. A. (2012). Leadership skills in management education. *Academy of Educational Leadership Journal*, 16(4), 39–63. Retrieved from ProQuest database. (Document No. 1037802790)
- Katz, R. L. (1955). Skills of an effective administrator. *Harvard Business Review*, 33(1), 33–42. Retrieved from ProQuest database. (Document No. 864360726)
- Khan, T. M., Clear, F., Al-Kaabi, A., & Pezeshki, V. (2010). An exploratory study of the effects of diversity dimensions and intervening variables on attitudes to diversity. *Team Performance Management*, 16, 289–308. doi:10.1108/13527591011071359
- Knouse, S. B. (2011). Managing generational diversity in the 21st century. *Competition Forum*, 9, 255–260. Retrieved from ProQuest database. (Document No. 912867882)
- Koeller, M. (2012). From baby boomers to generation Y millennials: Ideas on how professors might structure classes for this media conscious generation. *Journal of Higher Education Theory and Practice*, 12(1), 77–82.
- Kotter, J. P. (1996). *Leading change*. Boston, MA: Harvard Business School Press.
- Kouzes, J., & Posner, B. (2007). *The leadership challenge* (4th ed.). San Francisco, CA: Jossey-Bass.
- Kulik, C. T. (2014). Working below and above the line: The research-practice gap in diversity management. *Human Resource Management Journal*, 24(2), 129. Retrieved from ProQuest database. (Document ID No. 1511435976)
- Kumar, S. (2011). Motivating employees: An exploratory study on knowledge

- workers. *South Asian Journal of Management*, 18(3), 26–47. Retrieved from ProQuest database. (Document ID No. 906101074)
- LaRocco, S. A. (2006). Who will teach the nurses? The shortage of nursing faculty is a growing program that will affect us all. *America Association of University Professors*, 92(3), 30–38. Retrieved from <http://www.jstor.org/stable/40252925>
- Laschinger, H. K. S. (2012). Job and career satisfaction and turnover intentions of newly graduated nurses. *Journal of Nursing Management*, 20, 472–484. doi:10.1111/j.1365-2834.2011.01293
- Lavoie-Tremblay, M., Paquet, M., Duchesne, M., Santo, A., Gavranic, A., Courcy, F., & Gagnon, S. (2010). Retaining nurses and other hospital workers: An intergenerational perspective of the work climate. *Journal of Nursing Scholarship*, 42, 414–422. doi:10.1111/j.1547-5069.2010.01370.x
- Leiter, P., & Maslach, C. (2009). Nurse turnover: The mediating role of burnout. *Journal of Nursing Management* 17, 331–339. doi:10.1111/j.1365-2834.2009.01004.x
- Lieber, L. D. (2010). How HR can assist in managing the four generations in today's workplace. *Employee Relations Today*, 85-91. doi:10.1002/ert.20278
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Lipscomb, V. (2010). Intergenerational issues in nursing: Learning from each generation. *Clinical Journal of Oncology Nursing*, 14, 267–269. doi:10.1188/10.CJON.267-269
- Liu, B., & Tang, T. L. (2011). Does the love of money moderate the relationship between public service motivation and job satisfaction? The case of Chinese professionals in the public sector. *Public Administration Review*, 71, 718–727. Retrieved from ProQuest database. (Document No. 940861623)

- Liu, X., & Batt, R. (2010). How supervisors influence performance: A multilevel study of coaching and group management in technology-mediated services. *Personnel Psychology, 63*(2), 265-298. doi:10.1111/j.1744-6570.2010.01170.x
- Longo, J., Dean, A., Norris, S. D., Wexner, S. W., & Kent, L. (2011). It starts with a conversation: A community approach to creating healthy work environments. *The Journal of Continuing Education in Nursing, 42*(1), 27–35. doi:10.3928/00220124-20100901-03
- Lorber, M., & Skela Savič, B. (2012). Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian hospitals. *Croatian Medical Journal, 53*, 263–270. Retrieved from ProQuest database. (Document No. 1018633857)
- Marquardt, M. J. (2011). *Building the learning organization: Achieving strategic advantage through a commitment to learning* (3rd ed.). Palo Alto, CA: Davies and Black.
- McCaffery, P. (2010). *The higher education manager's handbook: Effective leadership and management in universities and colleges* (2nd ed.) New York, NY: Routledge.
- McGregor, D. (1966). *Leadership and motivation*. Oxford: Massachusetts Institute of Technology. Retrieved from ProQuest database. (Document No. 615461534)
- McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. H. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs, 30*(2), 202-210. doi:10.1377/hlthaff.2010.0100
- McHugh, M., & Lake, E. (2010). Understanding clinical expertise: Nurse education, experience, and the hospital context. *Research in Nursing and Health, 33*,

276–287. doi:10.1002/nur.20388

- Meriac, J. P., Woehr, D. J., & Banister, C. (2010). Generational differences in work ethic: An examination of measurement equivalence across three cohorts. *Journal of Business and Psychology, 25*, 315–324. doi:10.1007/s10869-010-9164-7
- Merriam, S. B. (2001). *The new update on adult learning theory*. New York, NY: Jossey-Bass.
- Mintzberg, H. (2009). *Managing*. San Francisco, CA: Berrett-Koehler.
- Moustakas, C. (1994) *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Murphy, E. F., Jr., Gibson, J. W., & Greenwood, R. A. (2010). Analyzing generational values among managers and non-managers for sustainable organizational effectiveness. *S.A.M. Advanced Management Journal, 75*(1), 33–43, 55.
Retrieved from ProQuest database. (Document No. 523031112)
- Neault, R., & Mondair, S. (2011). Supporting workforce diversity: Emerging roles for employment counselors. *Journal of Employment Counseling, 48*(2), 72–80.
Retrieved from ProQuest database. (Document No. 873463982)
- Nelson, B. A. (2008). *Spiritual leadership in healthcare in Northern Colorado* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses Global (UMI No. 304540734).
- Neuert, J., & Brenninger, H. (2014). Business performance factors, elements of employee satisfaction and company value: Theoretical considerations and empirical evidence. *The Business Review, Cambridge, 22*(1), 34–50. Retrieved from ProQuest database. (Document No. 1528525990)
- Noe, R. (2013). *Employee training and development* (6th ed.). New York, NY: McGraw-Hill Irwin.

- Northouse, P. G. (2012). *Introduction to leadership* (2nd ed.). Thousand Oaks, CA: Sage.
- Northouse, P. G. (2013). *Leadership theory and practice* (6th ed.). Thousand Oaks, CA: Sage.
- Osland, J. S., & Turner, M. E. (2011). *The organizational behavior: Behavior reader* (9th ed.). Upper River, NJ: Prentice-Hall.
- Pedrini, L., Magni, L. R., Giovannini, C., Panetta, V., Zacchi, V., Rossi, G., & Placentino, A. (2009). Burnout in nonhospital psychiatric residential facilities. *Psychiatric Services, 60*, 1547–1551. Retrieved from ProQuest database. (Document No.213102092)
- Ramlall, S. (2004). A review of employee motivation theories and their implications for employee retention within organizations. *Journal of American Academy of Business, Cambridge, 5*(1), 52–63. Retrieved from ProQuest database. (Document ID No. 222877129)
- Riggio, R. E., & Reichard, R. J. (2008). The emotional and social intelligences of effective leadership: An emotional and social skill approach. *Journal of Managerial Psychology, 23*, 169–185. doi:10.1108/02683940810850808
- Robbins, S. P., Decenzo, D. A., & Wolter, R. (2013). *Supervision today* (7th ed.). Upper Saddle River, NJ: Prentice Hall.
- Rowland, C. (2013). Managing team performance: Saying and paying. *International Journal of Organizational Analysis, 21*(1), 38–52. doi:10.1108/19348831311322524
- Rynes, S. L., Gerhart, B., & Minette, K. A. (2004). The importance of pay in employee motivation: Discrepancies between what people say and what they do. *Human Resource Management, 43*, 381–394. Retrieved from <http://download.clib.psu>

.ac.th/datawebclib/e_resource/trial_database/WileyInterScienceCD/pdf/HRM/HRM_2.pdf

- Saif, S. K., Nawaz, A., Jan, F. A., & Khan, M. I. (2012). Synthesizing the theories of job-satisfaction across the cultural/attitudinal dimensions. *Interdisciplinary Journal of Contemporary Research in Business*, 3, 1382–1396. Retrieved from ProQuest database. (Document No. 964018847)
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (3rd ed.). New York, NY: Teachers College Press.
- Senge, P. M. (1990). *The fifth discipline*. New York, NY: Doubleday.
- Sherman, R. (2006). Leading a multigenerational workforce: Issues, challenges and strategies. *Online Journal of Issues in Nursing*, 11(2). doi:10.3912/OJIN.Vol11No02Man02
- Siela, D. D., Twibell, K. R., & Keller, V. V. (2008). The shortage of nurses and nursing faculty: What critical care nurses can do. *AACN Advanced Critical Care*, 19(1), 66–77. doi:10.1097/01.AACN.0000310753.39029.b9
- Slimmer, L. (2012). A teaching mentorship program to facilitate excellence in teaching and learning. *Journal of Professional Nursing*, 28(3), 182–185. doi:10.1016/j.profnurs.2011.11.006
- Smith, J., Flowers, P., & Larkin, M. (2013). *Interpretative phenomenological analysis: Theory, method and research*. Thousand Oaks, CA: Sage.
- Solnet, D., Kralj, A., & Kandampully, J. (2012). Generation Y employees: An examination of work attitude differences. *Journal of Applied Management and Entrepreneurship*, 17(3), 36–54.

- Spiva, L., Johnson, K., Robertson, B., Barrett, D. T., Jarrell, N. M., Hunter, D., & Mendoza, I. (2012). The effectiveness of nurses' ability to interpret basic electrocardiogram strips accurately using different learning modalities. *The Journal of Continuing Education in Nursing, 43*(2), 81–89. doi:10.3928/00220124-20111011-02
- Stake, R. E. (2010). *Qualitative research: Studying how things work*. New York, NY: Guilford.
- Stanley, D. (2010). Multigenerational workforce issues and their implications for leadership in nursing. *Journal of Nursing Management, 18*, 846–852. doi:10.1111/j.1365-2834.2010.01158.x
- Staren, E. D. (2009). Optimizing staff motivation. *Physician Executive, 35*(4), 74–77.
- Stecher, M. D., & Rosse, J. G. (2007). Understanding reactions to workplace injustice through process theories of motivation: A teaching module and simulation. *Journal of Management Education, 31*, 777–796. Retrieved from ProQuest database. (Document No. 195708824)
- Stocker, D., Jacobshagen, N., Krings, R., Pfister, I. B., & Semmer, N. K. (2014). Appreciative leadership and employee well-being in everyday working life. *German Journal of Research in Human Resource Management, 28*(1-2), 73-95. doi:10.1177/239700221402800105
- Sujansky, J. G. (2009). Spoiled, impatient, and entitled: Why you need strong Millennials in your workplace. *Supervision, 70*(10), 8–10. Retrieved from ProQuest database. (Document No. 195607254)
- Sultz, H. A., & Young, K. M. (2006). *Health care USA: Understanding its organization and delivery* (5th ed.). Buffalo, NY: Jones and Bartlett.

- Swan, B., & Moye, J. (2009). Growing ambulatory care nurse leaders: Building talent from the primed pipeline. *Nursing Economics*, 27, 251–254. Retrieved from <http://jdc.jefferson.edu/nursfp/24>
- Swayne, L. E., Duncan, J. W., & Ginter, P. M. (2006) *Strategic management of health care organizations* (5th ed.). Oxford, England: Blackwell.
- Swinney, J. E., & Dobal, M. T. (2008). Embracing the challenge: Increasing workforce diversity in nursing. *Hispanic Health Care International*, 6, 200-204. doi:10.1891.1540-4153.6.4.2001
- Thaliath, A., & Rejoice, T. (2012). Motivation and its impact on work behavior of the employees of the IT industry in Bangalore. *Journal of Strategic Human Resource Management*, 1(1). Retrieved from ProQuest database. (Document No. 1478028028)
- Tirmizi, A. M., Malik, M. I., & Mahmood-ul-Hasan. (2008). *Measuring satisfaction: An investigation regarding age, tenure and job satisfaction of white collar employees*. Retrieved from <http://icbm.bangkok.googlepages.com/3.Muhammad.Ali.Tirmizi.PAR.pdf>
- Wieck, K. L. (2008). Managing the millennials. *Nurse Leader*, 6(6), 26-29. doi:10.1016/j.mnl.2008.09.002
- Wieck, K. L., Dols, J., & Landrum, P. (2010). Retention priorities for the intergenerational nurse workforce. *Nursing Forum*, 45(1), 7–17. doi:10.1111/j.1744-6198.2009.00159.x
- Wolff, A. C., Ratner, P. A., Robinson, S. L., Oliffe, J. L., & Hall, L. M. (2010). Beyond generational differences: A literature review of the impact of relational diversity on nurses' attitudes and work. *Journal of Nursing Management*, 18, 948-969.

doi:10.1111/j.1365-2834.2010.01136.x

Wong, C., & Cummings, G. (2009). The influence of authentic leadership behaviors on trust and work outcomes of healthcare staff. *Journal of Leadership Studies*, 3(2), 6–23. doi:10.1002/jls.20104

Yildiz, Z., Ayhan, S., & Erdoğan, S. (2009). The impact of nurses' motivation to work, job satisfaction, and sociodemographic characteristics on intention to quit their current job: An empirical study in Turkey. *Applied Nursing Research*, 22, 113–118. doi:10.1016/j.apnr.2007.06.002

Zopiatis, A., Krambia-Kapardis, M., & Varnavas, A. (2012). Y-ers, X-ers and boomers: Investigating the multigenerational (mis)perceptions in the hospitality workplace. *Tourism and Hospitality Research*, 12(2), 101–121. doi:10.1177/1467358412466668

Appendix A
Approval Invitation Letter

INVITATION LETTER

Date

Dear PADONA member,

I am a student at Nova Southeastern University, working on my Doctor of Education degree, concentrating in Organizational Leadership. I am conducting a research study titled Leading the Multigenerational Workforce of Registered Nurses, as a requirement for earning the degree. The purpose of the research study is to explore the experiences of leading intergenerational cohorts, as well as the strategies that nurse leaders or nurse managers can utilize to meritoriously attract, retain, and motivate the generational nursing workforce.

You are invited to participate because you are a professional nurse in holding a supervising role overseeing intergenerational RN cohorts, for 2 or more years. Your participation will be voluntary and the shared information will be personal and will not represent PADONA. If you consent to be in the study you will be interviewed by the principal investigator about your leading or managing experiences. The interviews will be conducted via ZOOM and audio recorded. However, for privacy and confidentiality issues, your responses will be identified with a code only known to the principal investigator. Although there may be no direct benefit to you, the possible benefit of your participation is anticipated to contribute to the possible solutions to some of the major aspects affecting the health care industry constituents, such as RNs' low job retention, stressors, and job performance.

Please contact me if you would like to collaborate for the best results of the study. Thank you for taking the time to read my invitation. I look forward to know of your interest in taking part in the study.

Sincerely yours,

Johanna E. Desir, MSM
Doctoral Student, Nova Southeastern University


Institutional Review Board
Approval Date: DEC 17 2015
Continuing Review Date: DEC 16 2016

Appendix B

Open-Ended Interview Questions

Interview Questions

Interview 1: Introductory Initial Interview Questions

1. What is your educational preparation?
2. How long have you been a nurse?
3. What areas have you worked in as a nurse?
4. How long have you been in your current position?

Interview 2: Leadership Style Questions

1. How would you define transcendent leadership?
2. Do you have an example to share?
3. Could you describe your belief system or reflective practices as a nurse administrator in the health care industry?
4. What values do you feel are important in relationships in the workplace in leading the intergenerational nursing cohorts?

Interview 3: Leadership Style Questions

1. As a leader, what are the top two things you would work on to improve the nursing environment for the individuals you supervise, then for nursing in general?
2. What needs to be improved in order to optimize the nursing unit relationships/environment?
3. What do you excel at in terms of relationships with fellow workers?
4. If I asked the staff about your leadership style what would they tell me?
5. What values do you feel are important in forming relationships in the workplace?

Note. From *Spiritual Leadership in Healthcare*, by B. A. Nelson, 2008, doctoral dissertation, University of Northern Colorado, Westminster, CO, p. 209. Copyright 2008 by ProQuest Information and Learning Company. Adapted with permission.