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Millennial Perceptions of Leadership as an Influential Factor in Nursing Retention:

A Phenomenological Study

M'Lyn K. H. Spinks

Submitted in Partial Fulfillment for the Requirements of

Doctorate in Nursing Science

Kennesaw State University

WellStar College of Nursing

November 21, 2019

### Abstract

For years, stakeholders in nursing have anticipated the retirement of the baby-boomer nursing workforce while heralding it as a major factor in a persistent global nursing shortage. Nursing shortages, known to have a negative impact on patient safety and outcomes, call for strategies to alleviate, if not resolve, issues of retention. Authentic leadership, an identified retention factor among professional nurses and associated with improved patient outcomes, has the potential to provide the theoretical support needed to better inform millennial nursing leadership training and development. This phenomenological study explored the perceptions and experiences of leadership among millennial nursing students in their final baccalaureate semester prior to graduation. After a detailed description of the perceptions and experiences of leadership among the selected sample of millennial novice nurses was discovered, associations with Authentic Leadership Theory were sought. The significant findings of this study include themes and their associated sub-themes among the millennial perspectives focused on relational aspects of leadership, role expectations of nurse leaders held by millennial nursing students, and the primary needs of the novice nurse as a team member. These perspectives were then compared to the constructs of ALT. The findings from this study have the potential to inform the development of leadership education and training materials that resonate with the needs of millennial nursing students and novice nurses and support retention strategies for the future.

### Acknowledgements

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**Table of Contents**

<b>I.</b>	<b>Chapter 1: Introduction</b>	<b>9</b>
A.	Introduction	9
B.	Problem Statement	14
C.	Significance of the Study	15
D.	Rationale for a Qualitative Inquiry	19
E.	Research Question	21
F.	Theoretical Framework	21
G.	Definition of Terms	23
H.	Summary	24
<b>II.</b>	<b>Chapter 2: Literary Context</b>	<b>25</b>
A.	Literature Search Strategy	25
B.	Introduction to Leadership in Nursing	26
C.	The Historical Impact of Leadership on Nursing	28
D.	The Millennial Influence on Nursing Leadership	32
E.	Millennial Nursing Leadership Research	34
F.	Applications of Leadership Theory in Nursing Research	37
G.	Contributions of the Current Study	40
<b>III.</b>	<b>Chapter 3: Methodology</b>	<b>42</b>
A.	Qualitative Research as a Method	42
B.	Setting	50
C.	Population and Sample	50
D.	Procedures for Collection and Treatment of Data	51

E.	Summary	55
<b>IV.</b>	<b>Chapter 4: Analysis</b>	<b>56</b>
A.	Description of Participants	56
B.	Analysis	57
C.	Findings	59
1.	Theme: Nursing Leadership is a Position	60
a)	Sub-Theme 1: I'm not eligible yet	61
b)	Sub-Theme 2: Leader should be an insider	61
c)	Sub-Theme 3: Backup in times of need	63
2.	Theme: Our Relationship is Important to Me	64
a)	Sub-Theme 1: Camaraderie	64
b)	Sub-Theme 2: Approachability and Advocacy	65
c)	Sub-Theme 3: Openness	66
d)	Sub-Theme 4: Hierarchy	67
3.	Theme: Team Player: We're All on the Same Team	70
a)	Sub-Theme 1: Collaboration	70
b)	Sub-Theme 2: Goal Attainment	71
4.	Theme: Sees Me for Who I Am	71
a)	Sub-Theme 1: Recognition and Value	71
b)	Sub-Theme 2: Being Heard	71
5.	Theme: An Effective Leader is a Mentor	73
a)	Sub-Theme 1: Expertise	73
b)	Sub-Theme 2: Supportive Guidance	74

c) Sub-Theme 3: Compassionate caring	75
6. Theme: An Effective Leader is a Problem-Solver	75
a) Sub-Theme 1: Anticipates Needs	75
b) Sub-Theme 2: Conflict Resolution	76
c) Sub-Theme 3: Innovative	76
D. Findings Related to Authentic Leadership Theory	77
1. Self-Awareness	77
2. Relational Transparency	78
3. Balanced Processing	80
4. Internalized Moral Perspective	81
E. Summary	82
<b>V. Chapter 5: Conclusions and Recommendations</b>	<b>84</b>
A. Overview of the Study	84
B. Discussion	85
C. Contribution to Nursing Knowledge	92
D. Limitations	94
E. Implications	95
F. Recommendations for Future Research	96
G. Summary	97
<b>VI. References</b>	<b>98</b>
<b>VII. Appendices</b>	<b>125</b>
<b>A. Appendix A – Elements of BSN Essentials II</b>	<b>125</b>
<b>B. Appendix B – Leadership Search Results 1</b>	<b>126</b>



<b>C.</b>	<b>Appendix C – Leadership Search Results 2</b>	<b>134</b>
<b>D.</b>	<b>Appendix D - Critical Examination and Synthesis</b>	<b>139</b>
<b>E.</b>	<b>Appendix E – Interview Guide Questions</b>	<b>147</b>
<b>F.</b>	<b>Appendix F - Transcript Word Frequency Chart</b>	<b>148</b>
<b>G.</b>	<b>Appendix G – Attributes of Effective Nurse Leaders</b>	<b>149</b>
<b>H.</b>	<b>Appendix H – Theme Codes</b>	<b>151</b>
<b>I.</b>	<b>Appendix I – Statements on Goal Attainment</b>	<b>154</b>
<b>J.</b>	<b>Appendix J – Quotation Frequencies</b>	<b>155</b>
<b>K.</b>	<b>Appendix K – Themes and Sub-Themes</b>	<b>156</b>

Millennial Perceptions of Nursing Leadership as an Influential Factor in Retention:  
A Phenomenological Study

Chapter 1: Introduction

For years, stakeholders in nursing have anticipated the retirement of the baby-boomer nursing workforce while heralding it as a significant factor in a persistent global nursing shortage (American Association of Colleges of Nursing [AACN], 2017). Nursing shortages, known to have a negative impact on patient safety and outcomes, call for strategies to alleviate, if not resolve, issues of retention (Aiken et al., 2017). Authentic leadership, an identified retention factor among professional nurses and associated with improved patient outcomes, has the potential to provide the theoretical support needed to better inform millennial nursing leadership training and development. Leadership, a core value of professional nursing, is one of nine required standards mandated for professional registered nurses by the American Association of Colleges of Nursing (2008). Therefore, this phenomenological study explored the perceptions and experiences of leadership among millennial nursing students in their final baccalaureate semester prior to graduation. After a detailed description of the perceptions and experiences of leadership among the selected sample of millennial novice nurses was discovered, associations with Authentic Leadership Theory were sought. Such knowledge has the potential to inform the development of leadership education and training materials that resonate with the needs of millennial nursing students and novice nurses.

**The Global Nursing Shortage**

The subject of a global nursing shortage, while recognized in professional nursing journals as early as 1927, has yet to be conquered (Darrach & Burgess, 1927). For most of the 20<sup>th</sup> century, the demand for nurses has exceeded supply due to the ever-increasing workload

created by complex technology, higher patient acuity, and a growing population of older adults in need of care (Administration of Aging, 2014; American Association of Colleges of Nursing [AACN], 2017; Boamah, Read, & Laschinger, 2016; Mather, Jacobsen, & Pollard, 2015; U.S. Department of Health and Human Services [USDHHS], 2014, Whalen, n.d.). Not only does this growing population of older adults include patients, but it also consists of academic and clinical nurses at the highest levels of expertise transitioning to retirement. Approximately 40% of the two million professional nurses in practice in the United States (US) are over age 50 and are expected to retire or leave the profession before 2025 (Auerbach, Buerhaus, & Staiger, 2015; Gellasch, 2015). The anticipated absence of these knowledgeable nurses will challenge the delivery of safe and quality patient care founded in clinical expertise and intuitive knowledge (Sears, O'Brien-Pallas, Stevens, & Murphy, 2016). In the United States today, the shrinking numbers of practicing nursing professionals combine with an ever-growing number of older adult patients and the highest rates of healthcare insurance coverage and healthcare utilization in years (Smith et al., 2017; United States Census Bureau, 2018). These factors contribute to an unbalanced healthcare system that attempts to address the needs of more insured individuals with fewer workers. The result is a demand for nurses that is greater today than almost any other time in the last century (Cohen, Martinez, Zammitti, 2018; Dunn, Haugen, & Kang, 2018).

While the demand for nurses is fueled by the aforementioned societal and technological changes, supply is affected by multiple factors as well. Unfortunately, simply educating more nurses will not necessarily guarantee an adequate supply of nurses to meet future demands. Surveys conducted within the last few years demonstrate that roughly 30% of nurses under the age of 40 stated that, if they could, they would leave nursing within the year due to highly stressful work environments created by heavy workloads and high patient acuity (AMN

Healthcare, 2013; Fallatah & Laschinger, 2016). According to Brewer, Kovner, Greene, Tukov-Shuser, and Djukic (2012), 43.4% of newly licensed registered nurses (NLRN) left their first job within three years. Hillman and Foster (2011) found that 30-50% of NLRNs not only left their unit or facility within three years of beginning practice, but they abandoned the profession altogether (Hillman & Foster, 2011). Based on the disproportion between projected nursing labor force deficits and a surplus of high acuity patients, the United States (US) Bureau of Labor Statistics predicted almost 500,000 job vacancies by 2030 (United States Department of Health and Human Services, 2017).

### **Strategies to Overcome the Nursing Shortage**

The most common strategies to reduce the disparity between workforce supply and demand issues attempt to support the economic, physical, and individual needs of both the nursing student and professional nurses. The economic and physical support factors rely on legislative initiatives and philanthropic measures to expand nursing programs, reduce barriers to admission to these programs, and increase faculty to execute these programs (Abhicharttibutra, Kunaviktikul, Turale, Wichaikhum, & Srisuphan, 2016; American Association of Colleges of Nursing, 2017; Kowalski & Kelley, 2013). Strategies that prioritize the individual needs of nurses predominantly focus on transition to practice and onboarding programs to reduce novice nurse attrition and the associated cost of replacing dissatisfied nurses (Bakon et al., 2018; Cochran, 2017; Walsh, 2018). Despite the popularity of strategies such as on-boarding programs, Tomietto, Rappagliosi, Sartori, and Battastelli (2015) discovered that the benefits of such first-year programs were short-lived. Once the first year needs of task competence and professional socialization are met, the benefits of these programs dissipate (Tomietto et al., 2015). Throughout the second year and beyond, as novice nurses become advanced beginners,

their priorities transition to a need for organizational involvement and professional development (Gardner, Avolio, Luthans, May, & Walumbwa, 2005; Tomietto et al., 2015). Strong managerial initiatives that prioritize and meet these nurses' needs for organization and professional development were found to be statistically significant factors to retention for the advanced beginner (Knupp, Patterson, Ford, Zurmehly, & Patrick, 2018; Tomietto et al., 2015).

### **Leadership: A Core Value in Nursing**

While robust managerial processes have been identified as potential retention factors, the core value of leadership is threaded through every aspect of both nursing education and professional career pathways. Also identified as a significant factor in retention, leadership occupies a foundational position within nursing as a core value. An emphasis on the role of leadership is not only a core value in nursing, but also a requirement among all nursing stakeholders such as faculty, clinicians, the Institute of Medicine (IOM), Quality and Safety Education for Nurses (QSEN), the American Association of Colleges of Nursing (AACN) and individual state boards of nursing (American Association of Colleges of Nursing, 2008; Cronenwett et al., 2007; Dever et al., 2015; Greiner & Knebel, 2003). As healthcare delivery in the United States has evolved and adapted to meet the complex needs of society, so have stakeholders' expectations of the novice nurse as a leader. In 1999, the AACN, in a position statement on its vision for nursing education, called for nurses to not only care for people but also to cultivate the environment where care happens (Norbeck et al., 1999). More directly, the AACN position statement reads,

It is crucial that nurses be prepared with the skills to negotiate the political system and to remove artificial barriers that limit the profession's ability to practice in the best interest of consumers. Nurses' responsibilities increasingly will include educating the public and

policymakers of nursing's role within the overall scheme of healthcare, of the range of nursings' skills and scopes of practice, and of the relationships between nursing care and positive outcomes for patients (Norbeck et al., 1999, p. 59).

Following this call for nurses as leaders, the AACN (2008) authored the BSN Essentials (2008), which included nine expected outcomes for graduates of a baccalaureate nursing program. Essential II pertains exclusively to the knowledge and skills of leadership as critical elements in the provision of quality nursing care (AACN, 2008). Leadership skill at the novice level is determined by core components as outlined in the BSN Essentials. Additionally, the Institute of Medicine (IOM) (2010) presented a mandate for fundamental changes in nurses' perceptions of their roles within society and the health care system. The IOM goes so far as to state that one of the primary goals of nursing education is preparing nurses to be leaders. Thus, the IOM and other stakeholders of professional nursing envisioned every nurse as a leader. Such a leader in nursing is an effective agent of positive change and an instrument for quality healthcare improvement. Leadership skill at the novice level is determined by core components as outlined in the BSN Essentials (2008) (see Appendix A).

### **Leadership as an Innovative Strategy to Support Retention**

Based on research findings that current strategies to reduce the gap between supply and demand within professional nursing may be insufficient in the coming years, an innovative strategy for retention is leadership development (Knupp et al., 2018; Scammell, 2016; Tomietto et al., 2015). A brief review of the nursing literature reveals positive associations between the people-oriented leadership style of authentic leadership and improvements in work engagement and job satisfaction, inter-professional collaboration, and retention (Cummings et al., 2010; Cummings et al., 2018; Laschinger, Borgogni, Consiglio, & Read, 2015; Laschinger & Fida,

2014; Read & Laschinger, 2015; Waite, McKinney, Smith-Glasgow, & Meloy, 2014; Wei, Sewell, Woody, & Rose, 2018). The foundations of authentic leadership stem from Aristotle's four cardinal values, which consist of courage, prudence, humility, and justice (Sell-Gutowski, 2018). Hence, authentic leadership, built on teachable leader characteristics, provides the foundations for the managerial initiatives identified as retention factors by Tomietto et al. (2017) and others (Alexander & Lopez, 2018; Alilyyani, Wong, & Cummings, 2018; Cummings et al., 2018; Laschinger, Wong, and Grau, 2012; Tomietto et al., 2015; Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008; Wei et al., 2018).

### **Problem Statement**

Despite the use of different leadership theories in the nursing literature, no comparison between these theories and millennial perceptions of nursing leadership is available. This study aimed to discover the millennial perception of effective nursing leadership. Once the millennial perspective of nursing leadership is clearly understood, a comparison can be made between the millennial perspective and current leadership theory. Despite the evidence supporting a positive relationship between the leader-follower relationship of authentic leadership theory and retention, Spinks (2017) identified concerns surrounding the use of the Authentic Leadership Questionnaire (ALQ) during cognitive interviews with final-semester baccalaureate millennial nursing students (Cummings et al., 2018; Giallonardo, Wong, & Iwasiw, 2010). The cognitive interview is a theoretically based technique used to study the cognitive process that occurs when a respondent completes an instrument. This technique has been shown to enhance validity and reliability by determining how respondents interpret and answer items (Knafl et al., 2007). Spinks' cognitive interviews were an investigation of the final-semester baccalaureate millennial nursing students' comprehension of the items and response options on the ALQ. The interviews

revealed that this sample of students did not recognize the identified authentic leadership behaviors as desirable, nor were they able to articulate awareness or appreciation for authentic leadership qualities. The positive relationship between authentic leadership and novice nurse retention substantiated in research is in contrast to the concerns raised during the analysis of Spinks' cognitive interview data. Therefore, the purpose of this qualitative, interpretive phenomenological study was to discover the perceptions and experiences of leadership of final-semester baccalaureate millennial nursing students and to determine if any alignment exists between the perceptions and experiences of leadership and the core traits of the authentic leadership theory.

### **Significance of the Study**

According to Lyons and Kuron (2014), millennials, as a generational cohort in all fields of study, do not hold the same attitudes and values as previous generations. Anderson, Baur, Griffith, & Buckley (2017) found that the “ideas, behaviors, and viewpoints” of millennials are completely different from previous generations (p. 245). Compared to older generations, millennials are seeking employment within organizations devoted to a culture of social responsibility, workplace inspiration, and self-fulfillment that will demand a change in organizational structure (Pyöriä, Ojala, Saari, & Järvinen, 2017). The generational transition occurring right now in the workplace is resulting in a rapidly changing cultural landscape in the current workforce. As nursing leadership consisting of baby boomer nursing experts makes way for millennial novice nurse leaders, the need for research to develop a more accurate understanding of how millennial nurses perceive desirable leadership traits must be addressed. Additionally, concerns identified in current research literature question the congruence of the concepts and relationships identified in existing leadership theories for the millennial cohort



irrespective of discipline (Balda & Mora, 2011; Dinh et al., 2014). Based on these two factors, identified millennial perceptions of leadership and the alignment of these perceptions to existing leadership theories.

### **Current Understanding of Millennial Leadership**

The generational qualities of the millennial cohort are particularly relevant to current leadership studies and leadership development due to their vast number and rising predominance in the workplace. As millennials gain occupational tenure, they will move into positions of authority and leadership. While the impact of their identified generational challenges on leadership is unclear, they are worthy of investigation. Challenging attributes acknowledged in research on millennials consist of person-, health-, and work-related traits. Person-related traits include self-absorption, individualism, insecurity, and the fear of failure (Lin, Li, & Hou, 2015; Thompson & Gregory, 2012; Twenge, 2010; Twenge, Campbell, Hoffman, & Lance, 2010). Health traits center around statistically significant prevalence rates of depression and anxiety, and a greater need for supportive, nurturing environments than identified in previous generational groups (Hershatter & Epstein, 2010; Twenge, 2010; Twenge et al., 2010). Work-related traits of millennials include the lowest levels of corporate loyalty and job satisfaction than any previous generational group, as well as, high demand for direct managerial supervision, feedback, and communication (Costanza, Badger, Fraser, Severt, & Gade, 2012; Costello & Westover, 2016; Hershatter & Epstein, 2010; Stewart, Oliver, Cravens, & Oishi, 2017; Thompson & Gregory, 2012; Twenge, 2010; Twenge et al., 2010). An understanding of how these traits will impact millennial behaviors and decision-making in positions of leadership is unclear. Gong, Ramkissoon, Greenwood, and Hoyte (2018) hypothesized that millennial traits are opposed to the conformity in pre-existing organizational roles, and that millennials will,

because of their social environment of empowerment, look for innovative ways to perform at work and perhaps challenge the common top-down managerial styles of existing organizations. These gaps in knowledge have the potential to create a barrier to effective leadership and leadership development as millennials assume the positions vacated by the baby boomers (James, 2011). Consequently, the primary gap in knowledge addressed in this study was the perception of leadership by millennial nursing students.

### **Alignment of Existing Leadership Theories to Millennial Leadership**

Leadership is characterized as a dynamic, reactive, multifactorial system due to its predictable adaptation to the psychological and cognitive processes of the individuals, groups, and organizations where it occurs (Day & Sin, 2011; Dinh et al., 2014; Lord, Hannah, & Jennings, 2011; O'Connell, 2014). For providers working within intergenerational healthcare teams, this multifactorial aspect of leadership creates the need for repeated assessments of the applicability of leadership theory (Chou, 2012). An inherent gap in understanding the concept of millennial leadership is the lack of evidence of its alignment to existing leadership theories. Chou (2012) calls for additional empirical evidence on which to base both leadership development and organizational adaptation to the changing landscape of work created by the entry of millennial employees projected to continue until 2022. Thus, a gap to be addressed in this proposed study is the determination of alignment between millennial perceptions of leadership to the existing theory of authentic leadership.

### **Usefulness of the Knowledge to be Gained**

Stakeholders in nursing consider the knowledge, skills, and abilities of nursing leadership to be one of the core elements in professional nursing. These stakeholders that consist of accrediting and credentialing entities, society, and healthcare systems, will expect millennial

nurses to assume critical roles in nursing leadership as the baby boomer nurse leaders retire. Developing a more accurate understanding of the millennial concept of nursing leadership will facilitate relevancy in leadership training materials and programs. Relevancy, a foundational need within the millennial cohort, will resonate with them as leaders and will support effective leadership competency (Day & Sin, 2011; Lord et al., 2011).

Another use for a more accurate understanding of the final-semester baccalaureate millennial nursing students' perceptions of desirable leader traits and behaviors, aside from an effective leadership development program, is the evaluation of assessment instruments of leadership. An evaluation instrument that supports millennial leadership development will be difficult to create or implement without understanding the qualities and traits of the leaders that millennials look up to, or the terms being used to identify effective leaders. Improving our understanding of the way final-semester baccalaureate millennial nursing students operationalize effective leadership is an important factor in the development of programs of leadership in nursing education. Nursing, however, is not alone in this quandary, and this research has implications for multiple disciplines undergoing similar generational transitions in leadership. While nursing student cohorts may consist of all ages of individuals, millennials remain the highest percentage of baccalaureate nursing students (SREB, 2015). As of 2015, millennials also make up the largest age group in the general workforce. As millennials occupy positions within the workforce, existing leaders and managers have an obligation to not only effectively lead millennials, but also to create and develop millennial leaders. Scientific inquiry is needed to examine the disparity between generational attitudes and values, and the implications of these for current leaders and the development of future leaders.

### **Rationale for a Qualitative Inquiry**

The aim of research is to generate a greater depth of understanding of a phenomenon. Qualitative research is a situated activity grounded in an interpretive framework of inquiry that seeks to “make sense... of phenomena in terms of the meaning people give to them” (Creswell, 2013; Denzin & Lincoln, 2011, p. 3; Holloway & Wheeler, 2004). After a person experiences a phenomenon, their behavior will reflect features of the meaning they attribute to that encounter (Polkinghorne, 1988). Through the discovery of the meaning that final-semester baccalaureate millennial nursing students attribute to the phenomenon of leadership, their underlying values and assumptions may be unearthed, and the associated behaviors that are indicative of leadership may be revealed. While there are multiple methods available for performing qualitative inquiry, the method must be able to obtain the desired information that will both address the phenomenon of interest and answer the research question. An inquiry into the descriptions of millennial baccalaureate nursing students’ perspectives of nursing leadership is best conducted using an interpretive phenomenological research design.

Interpretive phenomenological research designs allow researchers to focus on the whole phenomena from the perspective of the participant by acknowledging the inextricable influence of their personal beliefs and experiences (Doody & Doody, 2015). Phenomenology acknowledges these personal beliefs and experiences that contribute to the researcher’s constructed view of reality and incorporates strategies to address the potential impact of these factors (Reiners, 2012). Pringle, Drummond, McLafferty, & Hendry (2011) asserted that the ability to truly access, hear, and understand a participant’s story is only possible through techniques like bracketing and reflexivity. The application of these techniques promotes a posture of openness and adaptability by the researcher, which allows the researcher to view the

participant as the expert on the topic under investigation (Pringle et al., 2011). The role of the researcher in a phenomenological study is to then reflect on the expert's understanding and explanation of the nature of the phenomenon (Giorgi, 2006; Grant & Giddings, 2002; Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). In such an environment, this unique account of the phenomenon from the participant's perspective enables the researcher to "grasp the very nature of a thing" and describe not only what was experienced but also how it was experienced (Moustakas, 1994; van Manen, 1990, p. 177). At the core of the phenomenological investigation, rather than an explanation or analysis of the phenomenon, is the development of an accurate description of a phenomenon from people who have experienced it. An accurate description of the phenomenon known as *millennial perceptions of leadership* can create a foundation of knowledge from which an interpretation of the orientation of these perceptions to authentic leadership theory can be developed.

Because this study's purpose is the discovery of the participants' perspective of leadership, Ricoeur's hermeneutical philosophy is the foundation of the methodological approach. Ricoeur's contributions in the use of words to explain and clarify something to the endpoint of understanding and creating meaning are fundamental to understanding someone's verbal expression of perceptions (Terra, Gonçalves, Santos, & Erdmann, 2009). Ricoeur supported open-mindedness to the descriptions provided by participants in order to reveal unique relationships and meanings without preconceptions (Charalambous, Papadopoulos, & Beadsmoore, 2008). Based on Ricoeur's philosophical framework, the selected study design is interpretive phenomenology.

### **Research Questions**

The specific aims of this proposed study were to:

1. Examine millennial baccalaureate nursing students' perceptions of nursing leadership.
2. Identify similarities and dissimilarities between millennial baccalaureate nursing students' perceptions of leadership and the four dimensions of authentic leadership theory: self-awareness, relational transparency, balanced information processing, and internalized moral perspective (Walumbwa et al., 2008, p. 96). This study addressed the primary research question, "What are millennial baccalaureate nursing students' perceptions and experiences of effective leadership in their final semester of an accredited nursing program?" A secondary research question was, "Are there differences between the students' perceptions and experiences of effective nursing leadership traits and the core traits of Authentic Leadership Theory?"

### **Theoretical Framework**

The relationship between theory and qualitative research, according to many researchers, is a "troubled marriage" (Anfara and Mertz, 2006; Bradbury-Jones, Taylor, & Herber, 2014, p. 135; Sandelowski, 1993; Tavallaei & Abu Talib, 2010; Wu & Volker, 2009). The focal point of this confusion lies not only in the various definitions of theory but also in how it is used in qualitative research. The selection of a theoretical framework for a qualitative study is meant to provide structure and focus to the research process and as a "base of comparison" for the data and its analysis (McEwen, 2014, p. 87). Thus, the theory becomes a guiding framework that not only gives an order to the process of research but also allows the researcher to more clearly communicate the sufficiency of the project to the reader (Green, 2014).

Due to the potential for confusion on the role and application of theory in any qualitative research, the use of theory will be clarified for this phenomenological inquiry. This study will

utilize theory as a guiding framework. In order to discover perceptions of leadership, there must be a way to communicate the concept under investigation to the participants through the wording of the interview questions. Thus, the terms selected for the interview questions will originate from within the selected theoretical framework. The core components of the theoretical framework will also facilitate the development of areas of concentration among the interview questions. From this perspective of the role and application of theory in qualitative research, the theory that will underpin this study is authentic leadership theory. Authentic leadership theory is one of the most prevalent leadership theories identified in current nursing research and has been established as a significant factor in retention through a positive association with work engagement, work outcomes, and organizational performance (Wong & Cumming, 2009).

### **Authentic Leadership Theory**

The theoretical framework for this study is Avolio, Gardner, Walumbwa, Luthans, and May's (2004) authentic leadership theory (ALT). ALT is composed of three critical components. First, authentic leaders exhibit a high level of stable self-esteem that enables internal values to guide their behavior (Walumbwa et al., 2008). Second, an authentic leader demonstrates an advanced level of moral development that contributes to an awareness of personal strengths and weaknesses (Walumbwa et al., 2008). Third, authentic leaders possess an increased awareness and attention to the inherent ethical responsibilities that reside in the leadership role (Walumbwa et al., 2008, p.94).

The critical components of AL subsequently influence four essential behaviors: self-awareness, relational transparency, balanced processing, and internalized regulation (Walumbwa et al., 2008). Self-awareness provides insight into the self, including strengths and weaknesses, through interactions with others. Self-awareness also includes a cognizance of one's impact on

other people. Relational transparency is presenting one's authentic self (as opposed to a fake or distorted self) by openly sharing one's exact thoughts and feelings. Balanced processing is the habit of objectively analyzing all relevant data from multiple perspectives before coming to a decision. Finally, internalized regulation is self-regulation guided by internal moral standards and values versus group, organizational, or societal pressures.

### **Definition of Terms**

Lackey (2000), Meleis (2012), and Norris (1982) emphasized the need for clarity when discussing key nursing concepts. Greater clarity in defining concepts ensures their accurate identification and effective application in both research and knowledge production. Conceptual definitions used in this study include the terms: *authentic leadership*, *baby boomer*, *essence*, *generational cohort*, *leadership*, and *millennial*. While the reader may have a definition of choice for any or all of these terms, clarification will provide a common understanding and improve the worth of this inquiry and an appreciation of the findings.

**Authentic Leadership** – A model of leadership that focuses on the positive role modeling of honesty, integrity, and high ethical standards in the development of leader-follower relationships (Wong, Laschinger, & Cummings, 2010, p. 890).

**Baby Boomer** – Persons born between 1946 – 1964 (United States Census Bureau, 2017, p. 3).

**Essence** - A structure of essential meanings that explicates a phenomenon of interest (Dahlberg, 2006, p. 11).

**Generational cohort** – A group of people that share a collective demographic experience or characteristic (such as age) (United States Census Bureau, 2017, p. 3).

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



**Millennial** – Persons born between 1982 and 2000 (Howe & Strauss, 2000).

### **Summary**

In summary, this qualitative, interpretive phenomenological study sought to discover the perceptions and leadership experiences of final-semester undergraduate millennial nursing students and to determine whether any alignment to authentic leadership theory existed. This chapter provided an introduction to the study phenomenon with supportive literature and identified the current problem and gaps in knowledge. A rationale for the selected paradigm of research delivered sufficient evidence to validate the use of interpretive phenomenology as a study design. The theoretical framework was detailed, and relevant terms were defined. The chapter offered a logical argument in support of a scientific inquiry to contribute to the growing demand for knowledge of nursing leadership among millennials.

## Chapter Two: Literary Context

The presence of a literature review is a debated topic in qualitative research. Glaser (1978, 1992) warned against a literature review before exposure to the phenomenon of interest. This exposure is often seen as contrary to the idea of *epoche* or abstention from “any judgment” as presented by Husserl (2013, p. 111). According to Moustakas (1994), *epoche* is achieved when the phenomenological investigator, “abstains from making suppositions, [and] focuses on a specific topic freshly and naively” (p. 47). *Epoche*, however, is not an abstention from a thorough and comprehensive literature review and its place within scientific inquiry. The value of the literature review is threefold: it identifies existing knowledge of the phenomenon and gaps in the literature, it describes the anticipated contribution of the current inquiry, and it prevents unknowing replication of a previous study (Holloway & Wheeler, 2004). Strauss and Corbin (1998) emphasize, however, that despite the influence of previous exposures to the phenomenon, the phenomenologist is to respond to the emerging data and continue this process of literature search and review throughout the investigation.

### **Literature Search Strategy**

The contribution of this literature review is to guide and inform the research process of the current study. The study’s primary focus was understanding the essence of leadership from the perspective of millennials as a new generational cohort of nurses poised to succeed an existing cohort. Hence, this review will first provide a brief introduction to leadership in nursing to ground the reader in what is known and unknown in the literature to date. Next, a chronological overview of the literature will provide a glimpse into the historical impact of leadership in nursing and reveal the trends and directions of modern nursing leadership research.

Lastly, the literature search will seek to identify existing literature on millennial leadership in nursing and discover applications of current leadership theory in nursing among generational cohorts.

### **Introduction to Leadership in Nursing**

Leadership, often thought of as behaviors that motivate people and create positive change, is framed within various theories. These theories attempt to explicate the general tendencies of how leaders act to influence others to achieve an objective. For nurses, the end goal of leadership is patient safety and quality of care as evidenced by patient outcomes, mortality, and patient/provider/facility satisfaction scores (Cummings et al., 2010). These positive end goals have been shown to rely on a blend of leadership styles based on situations and needs of staff, patients, and institutions (Goleman, Boyatzis, and McKee, 2002). While the value of possessing the knowledge, skills, attitudes, and behaviors that demonstrate leadership is uncontested, a universal definition of leadership is elusive.

#### **What is Leadership?**

Despite the frequent use of the term leadership as a fundamental nursing concept in conversation, text, and policy, debate continues in defining and delineating the concept of leadership. Lackey (2000), Meleis (2012), and Norris (1982) emphasized the need for clarity when discussing key nursing concepts like leadership. Greater clarity in defining a concept ensures its accurate identification and effective application in both research and knowledge production. Leadership, according to Northouse (2016), is “a process whereby an individual influences a group of individuals to achieve a common goal” (p. 6). Defining leadership as a process provides the perspective that leadership encompasses the relationship between one person, the leader, and a group of people, the followers. This relationship is bi-directional as it

relies on the interaction between the two and includes not only the influence of the leader on the group, but the influence of the group on the leader as they all move to attain a mutual objective. The idea of a mutual exchange to achieve an objective, mutuality, is a central concept evident in the foundational nursing theories of Peplau (2001), Orem, Taylor, and Renpenning (2001) and many others (Brown, 2015). Hence, including an expectation of mutuality in the definition of nursing leadership supports pre-existing ideas of the profession of nursing and the ethical influence of compassion and egalitarianism for which nursing is known.

### **Leadership as a Nursing Competency**

As healthcare delivery in the United States has evolved and adapted to meet the complex needs of society, so have stakeholders' expectations of the novice nurse as a leader. In 2010, the Institute of Medicine (IOM) (2010) mandated fundamental changes in the way nurses view their roles within society and the health care system. Moreover, the IOM emphasized that one of the primary goals of nursing education is preparing nurses to be leaders. The profession of nursing responded to this mandate by envisioning every nurse as a leader and an active agent of positive change who is instrumental in continually improving quality healthcare delivery in the United States (American Nurses Association, 2011).

To support the vision of nurses as leaders, *The Essentials of Baccalaureate Education* (also known as the BSN Essentials), authored by the American Association of Colleges of Nursing (AACN) (2008), contained nine expected outcomes for graduates of a baccalaureate nursing program. Essential II pertained exclusively to the knowledge and skills of leadership as critical elements in the provision of quality nursing care (AACN, 2008). Leadership skills at the novice level is determined by core components as outlined in the BSN Essentials (see Appendix A). Despite a foundational expectation of leadership competency and the call for effective

leadership at every stage of professional nurse development from novice to expert, studies show that staff nurses persistently rate the competencies of their leaders as poor (Institute of Medicine (IOM), 2010; Ulrich, Lavandero, & Early, 2014). Even so, the concept of leadership is recognized as valuable, and the expected competencies of the baccalaureate graduate in nursing are well-delineated. However, a globally accepted, comprehensive strategy for effective leadership development from a theoretical perspective and best-practice for integrating associated behaviors, characteristics, and skills does not exist (AACN, 2008).

### **The Historical Impact of Leadership on Nursing**

Ask anyone to describe a leader in nursing, and they will most likely mention Florence Nightingale portrayed as a Victorian-era woman in a battlefield hospital holding a lamp. This illustration of one of the most ardent supporters of professional nursing, social justice, and the human right to health care, encompasses a mere fraction of her life. At the age of 26, Nightingale returned from two years of military nursing in Turkey and spent the remaining 56 years of her life advocating for the potential of formally-trained nurses to positively impact society and its sick poor (Egenes, 2009). Not only was Nightingale an expert in health promotion, but her comprehension of the complex relationship between the political, social, and financial factors contributing to health, empowered her to be an effective leader in targeted efforts of reform.

Nightingale first gained notoriety by her renovation of the design and function of military hospitals. Recognition of her success in achieving exceptional patient outcomes led to funding and support for the creation of a program of nursing education at The Nightingale Home and Training School for Nurses in 1860 (Monteiro, 1985). Later, confined to her home by illness, Nightingale penned letters, books, and pamphlets on the impact of sanitation, nutrition, and

living conditions on health both in the poorhouse clinics and military hospitals of Europe (Monteiro, 1985). These documents, read by the public as well as socially and politically powerful leaders, succeeded in raising public awareness of health atrocities across Europe. It was not just the content of her narrations that led to reform. Nightingale was adept at initiating social change because she understood the process, first by gathering evidence to substantiate her claims, then through public awareness of the data, and finally through politically powerful connections and subsequent changes in health policy. The traits of a nurse leader, as embodied in Nightingale's legacy, consist of clinical expertise, a global perspective, a philosophy of life, empathy, and integrity. Current ideas of nursing leadership evolved from these beginnings.

### **Trends and Directions of Modern Nursing Leadership Research**

While nursing leadership began with Florence Nightingale, a literature search revealed that literature dated from the mid-1990s to the present is most relevant to the concept of nursing leadership today. The initial search results for articles on general nursing leadership are outlined in Figure B1 (see Appendix B). The initial search was restricted to the Medline, CINAHL, Education Source, Academic Search Complete, and ScienceDirect databases. The search was limited to peer-reviewed articles in English language nursing journals. A Boolean search method was utilized by applying the AND expander to the keywords *nursing*, *leadership*, and the truncated term, *research stud*. Restrictions by subject required the results to include the terms *leadership*, *research*, *specialty nursing area*, and the truncation, *nurs*. Term limiters intended to remove articles unrelated to the demographic of interest consisted of *graduate*, *medical*, or *sociology*. Searching the selected databases with limiters and expanders as indicated between the years 1990 to present, yielded nursing research in leadership from multiple perspectives. Initially, through the late 1990s and early 2000s, these leadership research studies in nursing

focused on describing the role of the nurse leader (Filkins, 2003; Manley, 1997; McDaniel & Wolf, 1992; McGuire & Kennerly, 2006; Sullivan, Bretschneider, & McCausland, 2003). These descriptions were then used to create conceptual models and theories to support nursing leadership.

As professional nursing leadership continued to mature, systematic reviews of the developing scholarship of leadership began to surface. These reviews focused on influential factors and their effects on professional nursing with an emphasis on retention and leadership development (Brown et al., 2013; Gess, Manojlovich, & Warner, 2008; Lee & Cummings, 2008; Richardson & Storr, 2010). These issues of retention and development have continued to be the focus of modern nursing leadership research (Cziraki, McKey, Peachey, Baxter, & Flaherty, 2014; Fowler, 2018; Hewko, Fraser, Cummings, Brown, & Wong, 2015; Portoghese, Galletta, Battistelli, & Leiter, 2015).

Along with the focus of retention and development of nursing leadership, a persistent characteristic of nursing leadership research is a reliance on the emic or internal perspective of the nurse as both leader and follower (Bondas, 2006; Williamson, 2005; Woodward, 2005). This internal perspective is demonstrated by the prevalence of qualitative studies involving nurses as subjects. More recently, nursing leadership research has broadened its scope to include the impact of leadership on the patient perspective, patient outcomes, and quality and safety (Boamah, Spence Laschinger, Wong, & Clarke, 2018; Cardiff, McCormack, & McCance, 2017; Cummings et al., 2018; Gustafsson & Stenberg, 2017). Relationships between styles and types of nursing leadership and job characteristics, job satisfaction, ethical nursing, social justice, and empowerment are just a few of the other priorities of this research.

A final arm of this literature review involved a search of the history of stakeholder involvement in the development of leadership as an expectation of professional nursing and any evidence of research into the current documents that guide these expectations. The American Academy of Colleges of Nursing (AACN), author of the standards for nursing education in the United States, proclaimed itself as the national voice of baccalaureate and graduate programs of nursing (AACN, 2017, para. 1). A literature search restricted to the title of the initial volume of the AACN Essentials document from 1986, *Essentials of College and University Education for Professional Nursing*, yielded three articles. The first article was an AACN report of the 1986 *Essentials* document, the second article was a presentation of the history of the *Essentials*, and the third article was an implementation piece from faculty at Texas Women's University (AACN, 1987; Henley & Anema, 1989; Johnson, 1987).

A second search restricted to the revised 2008 version of the AACN standards, used the keywords *AACN essentials of baccalaureate education*, AND leadership, NOT *grad\** OR *faculty*. This search was restricted to the English language and peer-reviewed articles in the CINAHL, Complementary Index, Academic Search Complete, and Health Source: Nursing/Academic Edition databases that retrieved 94 articles. The inclusion criteria of publication by a nursing journal and subject restrictions of nursing, nursing education, and career development further reduced the search results to 54 articles. A review of abstracts of the 54 articles produced no articles that discussed the AACN essential standard of leadership either in practice, education, or future development.

One contribution of the literary review for this proposed study was the discovery that nurses continue to search for ways to understand the concept of nursing leadership. Years of nursing research has yet to provide a clear definition of nursing leadership, answer novice



nurses' questions about what it means to be a nursing leader or delineate the best way for the novice nurse to become an effective nurse leader. Accurately understanding leadership from the perspectives of novice nurses is needed. Moreover, curiosity remains about how to develop effective leadership programs for these novice nurses that they will find relevant and supportive of their career goals and aspirations. A recent innovative factor in the study of nursing leadership is the influence of the generational cohort. Even though generational cohorts have been assuming positions of leadership in nursing for more than a century, the current transition from Baby Boomer leadership to a millennial leadership perspective brings with it influential factors that are not identified in research of any other cohort transition in history. The current study sought to identify the essence of leadership as perceived by millennial nursing students in their final semester of a baccalaureate program.

### **The Millennial Influence on Nursing Leadership**

Pickering (1921), during the development of her nursing training program modeled after the Nightingale school, described, what she considered to be barriers to nursing leadership based on generational cohorts. Not only did Pickering portray the young nursing students as immature and lacking judgment, but she also viewed their preliminary education before nurse training as inadequate to prepare them for either the nursing classroom or "constructive leadership" in nursing (Pickering, 1921, p. 601). While Pickering did not have scientific studies to confirm her suspicions of the leadership inabilities of young nurses in the 1920s, the burgeoning field of current generational research has led scholars to conclude that there is a difference in how millennials think compared to their Baby Boomer and Gen X predecessors (Stewart, Oliver, Cravens, & Oishi, 2017).

The differences noted in how millennials think, compared to other generational cohorts, is recognized as challenging. The challenge for leaders and managers from earlier cohorts is to understand millennial leadership preferences and how these preferences impact the leader-follower dyad. Yet, these differences can also be viewed as beneficial attributes to be harnessed and maximized to support effective leadership development. Beneficial attributes identified in research align with person- and work-related traits. Millennials are found to be more optimistic than previous generations and have high expectations that they can accomplish great things (Twenge, 2017). Motivation, misunderstood as lacking in the millennial cohort, has been more clearly defined as a “wider set of priorities” for millennials than for their predecessors (Stewart et al., 2017, p. 47). Corporate alignment with the wide-ranging sources of millennial motivation has led banking powerhouses such as J.P Morgan, Citigroup, and Goldman Sachs to identify productivity and retention strategies that include extended leave for charitable work and micro-projects resembling the college study abroad model (Rexrode, 2016).

Another person-related trait that can be harnessed as beneficial is dependency on feedback. Millennials may be labeled as insecure and dependent because of their desire for frequent and instructive manager feedback; however, this relational need reinforces their strong team-based work culture and commitment to people (Twenge, 2009; Myers & Sadaghiana, 2010). Additionally, beneficial work-related traits intertwined with a commitment to individuals includes a greater respect for diversity and strong values of equality and tolerance (Twenge, 2017). Lastly, a lack of respect for logging in hours at an office desk may be a benefit because millennials have never known life without technology and therefore, are constantly connected to and engaging with work. These digital natives view work as a “thing” rather than a place and

maintain the mindset that output is a measure of performance, contributions, and productivity rather than time (PricewaterhouseCoopers, 2013, p. 8).

Differences in millennial thinking and their potential influence in the area of nursing leadership have received minimal attention in the nursing literature. A second literature search of the previously selected healthcare databases restricted to 2000-2018, nursing publications, and the terms *nursing, leadership AND millennial NOT faculty* yielded 12 research articles. After a careful review of the reference lists of these articles, seven studies were added to the review for a total of 19 articles to be included (See Figure C1). The 19 articles disseminating research results from studies in millennial nursing leadership is overshadowed by the same concepts of leadership in all other disciplines. To highlight a comparison between the level of inquiry into generational differences between nursing and all other disciplines, an additional literature search within available databases in non-healthcare related publications restricted to the English language, 2000-2018, and using the terms *leadership AND millennial* yielded an astounding 721 articles. Due to this study's focus on nursing leadership, only nursing publications were selected for this review. The idea of generational characteristics is a relatively new concept in nursing leadership studies while prevalent in other disciplines. Despite the impending transition from one generational cohort, the Baby Boomers, to the new workforce of millennials, the impact of these differences in thinking and the potential needs in nursing leadership development of this younger generation is a gap in nursing research to date.

### **Millennial Nursing Leadership Research**

The 19 articles retrieved from the millennial leadership search spanned from between 2004 to present. The oldest millennials were born in 1982 and are now 37 years of age (Howe & Strauss, 2000). Based on these parameters, millennials are assumed to have entered the

workforce as registered nurses as early as 2004 and will continue until approximately 2022.

Thus, the relevant literature for the current study fell between the date parameters of 2004 to the present. Among the selected articles, quantitative research was the most common design. Use of surveys to identify correlations between influential factors and nurses' perceptions were prevalent among all of the studies retrieved (See Appendix C). Other designs included four systematic reviews, a mixed methods review, and six qualitative thematic or content analysis designs using either interviews and focus group data collection or both.

A careful investigation of each of the selected articles was conducted for definitions, relevant concepts, and potential insights for the development of the current study (See Appendix D). While the literature review included nursing articles that addressed either millennial nursing students, millennial nurses or millennial nursing leadership, the focus of the articles covered a variety of different aspects of professional nursing that could be influenced by generational cohort differences.

One example of this variety is five studies searching for the workplace characteristics and values that attract Gen Y nurses and result in increased retention, facilitate quality care, and reduce labor costs. Walker et al. (2006) investigated values and preferred learning styles of millennial nursing students in an attempt to ensure that nursing education meets the current students' expectations and educational needs. Included in this subset of research articles were three studies that focused on the relationship between millennial nurses' needs for innovative managerial solutions to work issues, professional opportunities, and effort-reward balance and the factors that strengthen nurses' loyalty and job satisfaction (Chung & Fitzsimmons, 2013; Lavoie-Tremblay et al., 2008; Wieck, Dols, & Northam, 2009). The final article by Kuokkanen et al. (2016) investigated the concepts of organizational justice, innovative behavior, problem-

solving, and decision-making authority as foundational factors in feelings of empowerment among millennial nurses.

Another focus of studies in the literature review pertained to generational variances in millennial expectations of work and the effect these expectations have on retention, organizational commitment, and job satisfaction (Carver & Candela, 2008; Farag, Tullai-Mcguinness, & Anthony, 2009; Keepnews, Brewer, Kovner, & Shin, 2010). While differences in thinking between the different generational cohorts is supported in most of these studies, Havens, Warshawsky, & Vasey (2013) found that “excellent nursing practice environments identified decades years ago remain relevant for even the newest members of the nurse workforce” (p. 937). Millennial nurses, according to Havens et al., were no different in their choice of factors that facilitate work engagement compared to Baby Boomers. Both millennials and Baby Boomers identified the need for effective team communication and strong team relationships (Havens et al., 2013). Havens et al. concludes that nurse leaders have a responsibility to create a work environment that supports the work engagement factors but gives no guidance on how to do this. Similarly, Martin and Kallmeyer’s (2018) findings support a positive work environment, collegiality, and effective work processes as essential retention factors regardless of generational cohort. Included in this group of research studies addressing generational variances is Andrews’ (2013) study addressing millennial nursing graduates’ work readiness.

The remaining studies included in the final literature review focus on the realities of a multi-generational workforce and the challenges in creating a work environment that meets the needs of a diverse group of employees while maintaining quality care and safety. The emphasis in these studies included questions of team member relationships, attitudes, expectations, and

individual well-being and the effect these factors have on patient outcomes and performance indicators. Interestingly, only one of the reviewed studies sought to understand leadership as perceived by millennials, identify a millennial definition of leadership, and describe the leadership preferences of millennials. Dyess, Pratt, Chiang-Hanisko, & Sherman (2016) sought to describe and explain early career nurses' (ECRNs) experiences and their impact on the development of future leaders of nursing. Three themes were discovered in the data. While participants weren't segregated into generational cohorts, the findings associated with the theme of Idealistic Expectations of Leaders are pertinent to this study. These nurses identified flexibility, clinical expertise, administrative capability, assist with patient care when needed, know staff members, advance knowledge, accessible, and advocate for staff members as concepts integral to their idea of a quality leader (Dyess et al., 2016).

### **Applications of Leadership Theory in Nursing Research**

This literature search would not be complete without a review of the proposed theorists, counter arguments, and different points of view surrounding nursing leadership discovered in the search. While leadership is an expectation of professional nursing licensure, the acknowledged differences in ways of thinking between older and younger generations, notably the millennials, may compromise utilization of a particular theory of leadership to generate effective leadership development and training materials. This section of the literature review will provide the applied theoretical frameworks found in the original leadership search (see Appendix B). An additional literature search of leadership in nursing is included that isolates baccalaureate students as a criterion to fulfill the purpose of the literature review as a guiding framework to the current study.

### Previously Applied Leadership Theories in Nursing

An in-depth analysis of the theories of leadership across nursing is beyond the scope of this dissertation. However, a review of the selected leadership articles from this literary context has several benefits. Not only do theories provide insight into 1) the investigator's perception of the phenomenon, but they also 2) provide a lens through which the phenomenon can be viewed from more than one perspective thus, increasing knowledge and understanding (Meleis, 2012) (see Table 1).

Table 1. Theories of Leadership Found in the Literature Review ( $n = 41$ )

<b>Leadership Theory</b>	<b>No. of Articles Utilizing This Theory</b>
No theory identified	17
Transformational Leadership	5
Full-Range Leadership Model	2
Critical Theory	1
Theory of Organizational Behavior	1
Multiple Theories of Leadership/Behavior	2
Paths to Nursing Leadership Theory	2
Relational Leadership Theory	1
Change Theory	1
Gittel's Theory of Relational Coordination	1
Human Relations Theory	1
Caritative Theory of Leadership in Education	1
Resonant Leadership	1
Person Centered Situational Leadership Framework	1
Theoretical Empowerment Framework	1
Ethical Leadership	1
Leader-Member Exchange Theory	1
Nursing Leader Competency Model	1

As seen in Table 1., the majority of the studies adhered to no theory, five utilized transformational theory, and the remaining studies were spread over multiple theories. Such variety in the theoretical foundations of nursing leadership research not only prohibits a deeper understanding of the phenomenon of leadership in nursing, but without a stronger foundation of research, the depth of knowledge remains shallow.

### Theories of Leadership in Nursing Education

In order for nursing programs to effectively develop leaders, the relationships between leaders and followers must be clearly understood. These relationships are explicated differently among different theories of leadership. A literature search for leadership theories in nursing education was conducted in Academic Search Complete, CINAHL Plus with Full Text, MEDLINE with Full Text, and Science Direct. Keywords included BSN or baccalaureate nurses or bachelor's degree and leadership theories but excluded the terms graduate, clinical, and associate. Articles reviewed were written in English and published in peer-reviewed journals over the last five years. Of the 154 articles retrieved, only 18 specifically refer to any particular leadership theory (see Table 2). No overlap across the search results of this proposed study is delineated in the following table.

Table 2. Compilation of Literature Search Results

<b>Leadership Theory in Nursing Education Research</b>	<b>No. of Articles Located</b>
Transformational	3
Transactional	1
Situational	1
Authentic	4
Collaborative	2
Instrumental	1
Clinical	1
Multiple or Uncommon Theories	6
Unspecified Theory, Use of Leadership Styles, or Article Irrelevant	136

In opposition to this paucity of theoretical applications to leadership development, experts in the development and application of nursing knowledge encourage adherence to theoretical foundations. The use of theory in nursing is seen as a structure that provides an organized framework of coordinated care (McEwen & Wills, 2011). Chin and Kramer (2008) stated that theory is a “creative and rigorous structuring of ideas that project a tentative,



purposeful, and systematic view of phenomena” (p. 305). It is for these reasons that theories of leadership are explicated and recommended as a foundation in novice nursing leadership development. Therefore, the current study sought to add a perspective of nursing leadership as experienced and understood by the next generation of nurse leaders, the millennials, at the very beginning of their professional careers. It is only from within their experience, understanding, and perceptions of leadership that their development can begin, leaders can be discovered, and excellence in nursing can be realized.

### **Contributions of the Current Study**

Competency in leadership is foundational to 21st-century professional nursing practice. The parameters of professional nursing practice delineated by the IOM (Greiner & Knebel, 2011), QSEN (Cronenwett et al., 2007), AACN (2008), and individual state boards of nursing require an emphasis on the role of leadership in both education and practice. Discovering the ways that millennials prefer to lead or be led, has the potential to meet millennial needs for personal development, relevance, and interest, while facilitating the creation of effective leadership development programs in the future. Such programs, prioritizing millennials’ preferred leadership behaviors, may improve leadership capability by more closely correlating to pre-existing millennial conceptions of leadership and facilitating the transition of existing subskills of leadership into new patterns of leadership behavior (Wood & Bandura, 1989). The insights gained by the current study could become the foundation for strategies of support for students within their educational program, after graduation, and into their many years of professional practice. As evidenced by the review of available literature, there are several areas of nursing leadership that will benefit from the proposed study. Not only will it provide a

perspective that has not been found in the multiple searches outlined in both this paper and its appendices, but also will contribute to the theoretical landscape of nursing leadership.

### Chapter 3: Methodology

The selection of an appropriate research methodology is grounded in the purpose of the scientific inquiry and the question that it seeks to answer. The research questions for this study are, “What are millennial baccalaureate nursing students’ perceptions and experiences of effective nursing leadership in their final semester of an accredited nursing program?” and “Are there differences between the students’ perceptions and experiences of effective nursing leadership traits and the core traits of Authentic Leadership Theory?” While there are data analysis techniques most often found in marketing research for the production of generalized preference responses, this study is attempting to understand how final-semester millennial nursing students perceive leadership. In contrast to the theory-driven, linear process of quantitative research design, a qualitative study has been chosen to answer this question. This paper will explicate the rationale for a phenomenological design, delineate the selected procedures for collection and treatment of data, and describe the setting, population, and the sampling plan.

#### **Qualitative Research as a Method**

Qualitative research is a situated activity based on philosophical assumptions and grounded in an interpretive framework of inquiry that seeks to “make sense... of phenomena in terms of the meaning people give to them” (Creswell, 2013; Denzin & Lincoln, 2011, p. 3; Holloway & Wheeler, 2004). The process of *making sense* and discovering the meaning that people attribute to a phenomenon, however, is not a static endeavor due to the constant influence of new experiences and the subsequent impact of the processes of memory and reflection (Polkinghorne, 1988). It is the presence of these dynamic processes that gives each participant

the ability to provide a unique portrayal of their experiences and thus, attribute an individual sense of meaning to these experiences.

Additionally, the idea of an individual sense of meaning created by experience with a phenomenon is supported by the philosophical worldview of nursing as a profession (Munhall, 1989). Munhall (1989) stated that nursing, as a humanistic profession, is founded in a world view of individualism, self-determination, and holism. Together, recognition of the uniqueness of each person's experiences and the underlying philosophies of nursing support the phenomenological assertion that "each person experiences his or her own reality" (Munhall, 1989, p. 20).

Just as the participant has beliefs and attributed meanings, so does the researcher. Even as Husserl sought to "restore the *reality* of humans... [and to] capture the *meaning* of this [reality]", Munhall (1989) stated that there is an "inevitability of subjectivity in any exploration or description of reality" (p. 24). The subjectivity, however, is not to be denigrated as contributing to a lesser form of research but rather to be acknowledged as a constitutional factor in qualitative research. In an effort to maintain scientific objectivity by the researcher, Husserl required the use of bracketing. Bracketing exists when the "knowledge coming from an attitude other than the phenomenological one is put aside and rendered non-functional" (Giorgi, Giorgi, & Morley, 2017, p. 178). Moustakas (1994) described this process of bracketing, also known as the *epoché* process, as a "disciplined and systematic effort" intended to maintain the researcher in an "open, receptive, and naïve" posture when exposed to the participant narratives of the phenomenon (p. 22). Each of these scientists' attention to the interplay between subjectivity and objectivity present in the execution of phenomenological research illustrates an awareness of and

appreciation for the human factors that are inevitably present and for which Munhall deemed “essential and desirable” (p. 24).

### **Assumptions Underlying the Problem**

Essential to phenomenology as a method is the articulation of assumptions. Assumptions are integral to each part of the research process, from the formation of the research question to the conclusions that the researcher draws from the data analysis. Because these assumptions eventually become ingrained into the *constructed knowledge* produced by research, they are to be acknowledged and used to inform the research process (Creswell, 2013; Munhall, 1989, p.26). Identification of assumptions allows the researcher to anticipate their impact on the research process and the eventual analysis of data (Creswell, 2013). Formation of these assumptions occurs through an integration of the researcher's worldview, training, and scholarly community (Creswell, 2013). The primary assumption that participants will consider their views as truth, knowledge, and reality, is exemplified in four categories of assumptions: ontological, epistemological, axiological, and methodological.

Ontological assumptions relate to the characteristics of reality (Creswell, 2013). The ontological assumption of this study is the acceptance of and respect for the presence of multiple realities. Individuals perceive similar experiences differently, and each uniquely perceived experience is recognized as real and accurate for that individual (Thomas & Pollio, 2002). This ontological assumption includes the identification and value of multiple perspectives for perceptions of the phenomenon as identified by the participant.

The epistemological assumption is founded on the concept of subjective experience as knowledge (Creswell, 2013). For qualitative investigations, this assumption relies on the subjective knowledge of the participant as evidence. The responses of face-to-face interview

questions are identified as the truth as perceived by the participant and presented as accurately as it is perceived. The participants' truth is assumed to be valuable to the participant, the investigator, and the research audience as a source of knowledge that can contribute to the profession of nursing as a worthy and admirable career.

Axiological assumptions are determinations of what is intrinsically valuable (Creswell, 2013; Heron & Reason, 1997). Intrinsic values are important because values underpin decisions and actions (van Niekerk & Botha, 2017). There is a declaration of an inherent value merely in proposing a research question. The value-laden nature of the question, the methods, the data, and the analysis are all contained within value-laden assumptions that require identification. For this study, the researcher's axiological values consist of an appreciation of Risjord's (2010) standpoint epistemology that states that an individual's perspective is grounded in his or her position within society. The participants occupy a particular societal position, not only by race or gender choice but also in the nursing profession as novices, which gives value and uniqueness to their perspective. The study question inherently assumes an expectation of evidence from the nursing students' experiences with nurse leaders and knowledge of leadership during the context of their baccalaureate program of study.

The final assumption delineated by Creswell (2013) is methodological. This assumption pertains to the methods of qualitative research. While an interpretive framework guides the study, the methods of collecting and analyzing the data are inductive. Findings emerge from the data and are shaped by the experience and background of the researcher (Thomas & Pollio, 2002). Thus, the methodological assumption is that the research question, initial interview guide, and supporting sub-questions are subject to the emerging findings, subsequent analysis,

and, potentially, revision to provide an accurate reflection of the truth as perceived by the participants.

### **The Interpretivist Paradigm**

Before stating the research question or selecting a method of investigation, it is essential to identify the chosen interpretive paradigm (Guba, 1990). The interpretive paradigm, also termed *the interpretive framework*, is a “basic set of beliefs that guides action” (Guba, 1990, p. 17). These beliefs are instrumental in how the researcher approaches scientific inquiry, what questions the researcher asks, and the eventual interpretations of events and experiences (Denzin & Lincoln, 2011). The interpretive paradigm also informs the assumptions that are embedded within the process of inquiry. Failure to openly identify the interpretive paradigm and discuss the philosophical assumptions of an investigation diminishes the *trustworthiness*, or validity, of a qualitative study (Sandelowski, 1986). This study is grounded in the framework of social constructivism (Creswell, 2013; Introduction to Qualitative Research, n.d.; Endreß, 2016). The social constructivism worldview renounces the post-positivism framework, which seeks to reduce the participants' perspective to a "logical, empirical, cause and effect-oriented, deterministic [effect] based on a priori theories" (Creswell, 2013, p. 24). Social constructivism holds that human understanding and meaning-making as a subjective creation of peoples' understanding of the world. Each person's subjective lens is influenced by their experiences and the personal interactions within these experiences (Berger & Luckman, 1966; Creswell, 2013; Denzin & Lincoln, 2011). Thus, the goal of research from the interpretive framework of social constructivism is the discovery of the complexity of a phenomenon rather than a generalization of it (Converse, 2012).

To discover the complexity of the phenomenon of interest, the name of the phenomenon must be declared. The phenomenon for this study is nursing leadership as perceived by the millennial baccalaureate nursing student. Social constructivism was selected to achieve this goal by providing the basis for the development of the research question, the method of investigation, and the process of data analysis. Through the lens of social constructivism, the phenomenon of nursing leadership was explored and validated as knowledge through the participants' perspectives, within the context of their life experiences.

### **Rationale for a Phenomenological Research Design**

Within the interpretive framework of social constructivism and the identified philosophical assumptions, an inquiry into the descriptions of millennial baccalaureate nursing students' perspectives of nursing leadership and the nurse leader is best obtained using an interpretive phenomenological research design. The interpretive phenomenological design allows the reality of the participant and that of the researcher to co-exist during the search for the essence of the phenomenon.

The participants are an expert in their understandings of the phenomenon. Descriptions, definitions, and explanations are all recorded as truth. As Crotty (1998) explained, "There is no objective truth waiting for us to discover it. Truth, or meaning, comes into existence in and out of our engagement with the realities in our world" (p. 8). Creswell (2013) affirmed this concept of social construction by characterizing the meanings that participants give to situations as being negotiated within the social and historical context of living. Thus, the role of this phenomenological research is to rely on the participants' views as truth, knowledge, and reality within the accompanying assumptions of the investigation.



Second, through the identification of preferences, participants reveal the relative importance, value, and meaning of the phenomenon (Stevens & Palfreyman, 2012). As the expert, the participant alone is capable of providing an accurate description and their preferences for particular characteristics of the phenomenon. Generating a descriptive system from the participant's perspective results in a "more appropriate language and terminology for the population" and has the potential to provide common linguistic data to be shared between participant and researcher (Stevens & Palfreyman, 2012, p. 993).

Third, according to Polkinghorne (1988), "meaning is focused on...aspects of experience that concern human actions or events that effect human beings" (p. 6). Leadership is such an experience. Kouzes and Posner (2011) stated that "Leadership is a relationship between those who aspire to lead and those who choose to follow. Any discussion of leadership must attend to the dynamics of this relationship" (p. 2). By definition, then, leadership is relational. The human actions and events that affect humans are central to the phenomenon of leadership, hence categorizing it as a source of meaning-making. For a person to communicate the meaning they give to the actions and events surrounding a phenomenon, they must use language, both verbal and non-verbal. Understanding of language, however, requires context (Blumer, 1986; Polkinghorne, 1988). The qualitative interview, which allows for both verbal and non-verbal communication in the context of the participants' experiences, will satisfy the research question.

The interpretive phenomenological design also recognizes the reality of the researcher. While the role of the researcher in phenomenological research is to prioritize the whole experience of the phenomena from the perspective of the participant, phenomenology also acknowledges and allows for the existence of personal beliefs and experiences of the researcher (Doody & Doody, 2015). Acknowledging the contribution of the researcher's personal beliefs

and experiences to a constructed view of reality supports the discovery of the answer to the research question through the process of bracketing. Bracketing begins with the process of reflection in order to set aside beliefs and biases that can impair the accurate collection, analysis, and interpretation of data (Creswell & Miller, 2000).

While it is important to recognize the potential influence the researcher's beliefs and experiences may have over the investigative process, it is also important to highlight the strategies that are available to address the impact of these factors (Reiners, 2012). Pringle, Drummond, McLafferty, & Hendry (2011) asserted that the ability to truly hear and understand a participant's story is only possible through the application of strategies that promote a posture of openness and adaptability by the researcher. Maintaining a posture of openness and adaptability allows the researcher to view the participant as the expert on the topic under investigation. Some of these strategies include the use of an investigator diary for reflexivity throughout the research endeavor, an audit trail of decisions, processes, and documents to ensure visibility, and participant verification (Cypress, 2017; Leung, 2015).

An additional rationale for the selection of a phenomenological design as appropriate for this study is how the role of the researcher is envisioned. The role of the researcher in a phenomenological study is to reflect on the expert understanding and explanation of the nature of the phenomenon by the participant (Giorgi, 2006; Grant & Giddings, 2002; Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). In such an environment, this unique account of the phenomenon from the participant's perspective enables the researcher to "grasp the essential nature of a thing" and describe not only what was experienced but also how it was experienced (Moustakas, 1994; van Manen, 1990, p. 177). At the core of the phenomenological investigation, rather than an explanation or analysis of the phenomenon, is the development of an

accurate description of a phenomenon from people who have experienced it. This ability to provide an accurate description of a phenomenon aligns with the purpose of this study and, thus, provides the rationale for the selection of the phenomenological research design.

### **Setting**

Participants were asked to select the interview location and environment where they would be the most comfortable, and each chose the researcher's office with the door and blinds closed for privacy. The interview location provided the participants with the amount of privacy required for them to feel comfortable sharing their experiences.

### **Population and Sample**

The sample for this study was millennial nursing students in their final semester of an accredited baccalaureate nursing program. This population was selected so that the data collected would include the influence of baccalaureate educational content on nursing leadership, exposure to nursing leadership throughout the clinical experiences, and a frame of reference for investigating nursing leadership.

**Inclusion Criteria.** Participants were eligible to participate in this study if they were 1) nursing students in their final semester of an accredited baccalaureate nursing program and 2) were born between 1982 and 2001.

**Sample Size.** Yardley (2000) stated that the measures of quality most often associated with quantitative methods, such as sample size, are irrelevant to the qualitative methodologies. Large numbers of participants would yield a mass of data that would be indecipherable and hide the inter-relationships between factors and processes that are the heart of qualitative research (Yardley, 2000). Robinson (2014) suggested that the interview method of data collection should support a small sample of less than 18 so that the voice of the participant is discernable from

within the data. Therefore, the sample size was set at 16 participants with the flexibility to modify this determination if necessary.

### **Procedures for Collection and Treatment of Data**

After approval from the directors of the nursing program and the baccalaureate program, key faculty, and the Institutional Review Board (IRB), convenience and snowball sampling was used for in-person recruitment of final semester student participants from a large, urban, university baccalaureate nursing program. When a student voiced interest in participating, the investigator described the study and ascertained whether inclusion criteria were met.

Participants were informed that participation was not associated with any coursework, and therefore did not have any impact on course grades or any other academic activities. An assurance of participant understanding of the study consisted of asking pertinent questions and having participants verbalize understanding of their role in the study. After obtaining informed consent, participants selected date options for their interview. Remuneration consisted of a cash gift of \$30 immediately after data collection. A unique number assigned to each signed consent form indicated receipt of remuneration.

### **Collection of Data**

Data collection consisted of a face-to-face interview. The interview method gives the researcher access to “spontaneity, flexibility, and responsiveness to individuals” during the data collection process (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). The face-to-face interview was semi-structured based on an interview guide of open-ended questions, follow-up, and probing questions from a preliminary literature review (see Appendix E). Executed conversationally, phenomenological interviews allow the researcher to respond to the

participant's responses while maintaining a clear focus on the phenomenon (Kvale, 1996; van Manen, 1997).

### **Equipment Used**

A digital audio recorder was used to record the interview, while handwritten field notes provided written documentation of non-verbal data unavailable through the audio transcript such as participant expressions, body language, tone, non-linguistic vocals, and researcher impressions. These field notes were time-stamped to align with the transcript for greater clarity of the participants' feelings throughout the interview. The audio file was transcribed verbatim by a transcriptionist, and both the audio files and transcripts will be retained per university policy.

### **Data Analysis Procedures**

Data were thematically coded and analyzed using interpretive phenomenological analysis (IPA). The purpose of IPA is to elucidate, enlighten, and organize themes using quotes from participants (Smith, Flowers, & Larkin, 2009). Themes, derived from participant quotes, are isolated when the ideas, terms, or metaphors occur more than once (Smith et al., 2009; Smith & Osborn, 2003). Theme selection is also guided by the richness of the identified passage rather than on its prevalence in the data (Smith & Osborn, 2008). Noon (2018) states that while IPA is structured within adaptable guidelines depending on the research objective, the inclusion of richness extends the analysis beyond themes. Richness, according to Noon (2018), is attributed to themes based on the depth of a participant's description of the phenomenon and the importance that the participant gives to the theme based on the length of that theme's passage.

### **Procedures for Rigor**

Rigor was attained through the application of multiple methods of verification. Morse, Barrett, Mayan, Olson, and Spiers (2002) explained verification as the mechanisms through

which rigor is determined throughout a study. These mechanisms are the *checking, confirming, making sure, and being certain* that are knit into the process of inquiry so that an awareness of and adherence to rigor is always present (Morse et al., 2002). The methods of verification for this study included reflexivity and an integration of applicable components of Lincoln and Guba's (1985) trustworthiness criteria and Guba and Lincoln's (1989) authenticity criteria.

Reflexivity is achieved when the researcher provides an account of the reflexive process before beginning the study in order to reveal bias and address its potential impact. The trustworthiness criteria included in this study included credibility, consistency, and confirmability (Lincoln & Guba, 1985). Credibility is the truth value of the research and is achieved through triangulation and peer debriefing (Lincoln & Guba, 1985). Method triangulation is the practice of using multiple methods of data collection to maximize understanding (Polit & Beck, 2012). The singular method selected for this study is the face-to-face, semi-structured interview; therefore, credibility was achieved by debriefing with the dissertation chair and committee members. Consistency and confirmability require an audit trail, which is the systematic documentation of processes and products for verification by an auditor. The audit trail consists of both physical documents and intellectual processes that reflect the stages of the research study and the decisions influenced by the researcher's thinking (Carcary, 2009). Physical documents for this study included the raw data, tables of data, data reduction, reconstruction and synthesis, process notes, and field notes.

While there is value and appreciation for all of the criteria for authenticity as presented by Guba and Lincoln (1989), the design of this study did not include a procedure for the knowledge sharing process associated with Guba and Lincoln's educative criteria nor the social action components of catalytic and tactical authenticity. The applicable components of Guba and

Lincoln's (1989) authenticity criteria for this study included fairness and ontological authenticity. Fairness is the degree to which "different constructions and their underlying value structures are solicited and honored" (Guba & Lincoln, 1989, p. 246). According to Guba and Lincoln (1989), elements included in the concept of fairness are the informed consent process, assurance of equal positions of power between parties, equal and open information sharing, and a confirmation of the relevancy of the matter at hand. Ontological authenticity occurs when the individual constructions of participants are "improved, matured, expanded, and elaborated" (Morrow, 2005, p. 252).

### **Participant Protection Measures**

A cover letter was provided to each participant, and IRB approval from the academic institution was obtained before participation in this study. The cover letter contained a guarantee of confidentiality and the anticipated length of time for the interview to be completed (no more than 90 minutes).

Protection of participant confidentiality and anonymity was provided through confidentiality of participant information through the de-identification of data, both audio and transcripts. Data storage procedures applied to all forms of data. Data were stored in a key-accessible fire-safe at the investigator's primary residence either in paper or on a password-protected flash-drive. The interview information was kept confidential, and access to the audio file and transcripts was limited to the PI (doctoral student), the doctoral student's dissertation committee, and the IRB per institutional policy.

Other participant measures included assertions of anonymity and no influence or association with any educational activity or assessment. The researcher was not a faculty member in the courses in which recruitment occurred, and this reduced the notion of coercion.

The primary investigator's contact information was made available to all participants for additional questions or concerns. Participants were also made aware of the fact that there was no connection between this study and any course evaluations, grades, or academic activities.

### **Study Risks and Benefits**

Possible risks of the study were minimal. The Department of Health and Human Services 45 CFR 46.102 defined *minimal* as “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests” (U.S. Department of Health and Human Services, 2016, section 46.102). The benefits of this study were presented as solely for the generation and refinement of nursing knowledge/education; however, students were compensated monetarily for their time. If participants did not wish to answer any of the questions during the interview, they were allowed to say so, and then we moved on to the next question.

### **Summary**

This chapter has provided an in-depth review of the rationale for the selection of phenomenology as the research design. The interpretive framework and assumptions are clarified as well as the data collection and treatment measures. Sample, setting, and participant protection measures are provided with a detailed account of how the researcher selected and interacted with the participants during the study and afterward with the data.



## Chapter 4: Analysis

This chapter presents a description of the participants and the key findings of this study. The research question, “What are the leadership preferences among millennial baccalaureate students in their final semester of an accredited nursing program?” will be explored through a presentation and discussion of findings. The themes will be examined for any similarities to the Authentic Leadership theory dimensions.

### **Description of Participants**

To adhere to the agreement of confidentiality in the informed consent, participant demographics are provided in summary form. This summary improves the likelihood that the identification of individuals is avoided within the close-knit community of nursing students. The undergraduate nursing program at the selected institution admits students into a traditional cohort and an accelerated cohort. Participant recruitment for this study targeted students who were from both cohorts, born between 1982 and 2000, and in their final semester of a baccalaureate nursing program. A total of 16 students met the criteria and agreed to be participants in this study (See Table 1). Seven participants were accelerated students, meaning they had attained a previous degree in a discipline other than nursing. Of these seven, six were Caucasian, and one was African-American. Six of the accelerated participants identified as female and one as male. Previous degrees earned by these students included business, communications, biochemistry, nutrition, and psychology. The remaining nine participants were traditional students, meaning they had entered the nursing program after completing the core requirements of the university without any additional degrees. All nine participants in the traditional cohort were female. All participants self-identified as either Hispanic, African American, or Caucasian. Twelve of the 16

participants had work experience in healthcare as either a nurse extern or related to nursing in some capacity, such as a patient care technician, care partner, or nursing school assistant.

Table 1		
<i>Participant Demographics</i>		
Participants (N = 16)		
Educational cohort	Accelerated (N = 7)	Traditional (N = 9)
Race	Caucasian (N = 6) African American (N = 1)	Caucasian (N = 5) African American (N = 2) Hispanic (N = 2)
Gender Identity	Female (N = 6) Male (N = 1)	Female (N = 9)
Work Experience	Nurse extern (N = 3) Work related to nursing (N = 4)	Nurse extern (N = 3) Work related to nursing (N = 5)

### Analysis

Interpretive phenomenological analysis strives to develop an account of the “lived experience of the participant and the meaning that the participant makes of that lived experience” (Smith, Flowers, & Larkin, 2009, p 80). From the initial concept of this study to the final analysis of the data, the researcher aimed to discover the millennial perceptions of leadership free from personal influence or bias through the process of reduction. Spiegelberg (1975) explained Husserl’s method of reduction as the, “direct exploration, analysis, and description of particular phenomena, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation” (p. 57). To accurately apply this practice of reduction, a column in the field notes journal was dedicated to documenting presuppositions before the interviews began and then, as they were identified throughout the process of data collection and analysis. According to Smith, Flowers, and Larkin (2009), the necessary things that must be bracketed include information gleaned from previous interviews and the constant flow of thoughts that strive to enter the experience of the researcher. From the first interview to the last, this

researcher made a conscious effort to identify and bracket preconceived ideas about leadership, its value, the meanings behind words and ideas, and to be that open vessel receiving information from the experts, the participants.

Interpretive phenomenological analysis, as described by Smith, Flowers, and Larkin (2009), consists of six steps. These steps are 1) reading and re-reading, 2) initial noting, 3) developing emerging themes, 4) searching for connections across the themes, 5) moving to the next case, and 6) looking for patterns across cases. Although analysis of the data occurred concurrently with data collection, these steps were performed separately for each interview while maintaining the individuality of the participant and their story. As interviews were completed, they were transcribed and compared to the audio-tapes for accuracy.

To begin the initial readings, each transcript was uploaded into ATLAS.ti. The transcripts were read while listening to the audio files and referring back to the field notes to gain an appreciation for the participants and their experiences. During these initial readings, the focus was on simply hearing participant's perspectives and examining each story from the general descriptions of nursing leadership to participants' specific experiences with nursing leaders. Rich details from certain experiences were noted in the comment section of the software.

Step two, initial noting, began during the successive readings with the isolation of phrases containing nouns, verbs, and adjectives. Smith, Flowers, and Larkin (2009) indicated that this step is an examination for "semantic content and language use" (p. 83). The challenge with notations is to avoid superficial awareness and to create descriptive commentaries that focus on what is meaningful to each participant. From these readings, ATLAS.ti software was then applied to generate a frequency chart of word usage, which contributed to an initial sense of the data (see Appendix F). A prominent finding from the process of readings during this first step

was the participants' response to the first question, "What do you think of when you hear the term *nursing leadership*?" Fourteen out of sixteen participants responded with either or both of the terms *nurse manager* and *charge nurse*, which provided support for the theme of *leadership is a position*. Repeated readings of the transcripts resulted in the identification of 74 unique codes. Forty of these codes were initially subdivided into sub-themes of either *desirable characteristics* (n = 29) or *actions of a nurse leader* (n = 11) (see Appendix G). The remaining codes were grouped according to patterns that emerged from either an explicit similarity or conceptual meaning found in the text (see Appendix H and I).

Additionally, 11 codes did not align with any category or share any similarities with the other code groups. These codes were kept as unique entities. This process was repeated for all interviews. Engagement with the transcripts and immersion in the audio files resulted in six emerging themes supported by the depth and richness of the data (see Appendix J). In the final phase of analysis, the emerging themes were modeled into a network of connections supported by the terms that had initially been identified in the codes (see Appendix K). For example, the category of *actions of an effective leader* began with 11 verbs and concluded with 23 verbs associated with effective leadership. These verbs were compared for similarities and differences and resulted in a rearrangement of the network connections leading to the final six themes. Lastly, the transcripts and findings were reviewed and affirmed by the committee chair as an expert in phenomenological analysis.

### **Findings**

The interviews, unexpectedly, generated within me a tremendous amount of respect for this generational cohort. Their responses were thoughtful, deliberate, and well-grounded in examples and stories of their clinical experiences and exposures to nursing leadership. Some of

their stories were inspiring and heart-warming, while others were heart-wrenching. Throughout their stories, the participants' revealed six key themes of nursing leadership 1) nursing leadership is a position, 2) nursing leadership exists within a relationship, 3) we're all on the same team, 4) see me for who I am, 5) an effective leader is a mentor, and 6) an effective leader is a problem-solver. Each theme is summarized and illustrated with quotations from the participant transcripts. The frequencies of each code occurrence for each theme are itemized in Appendix H. Sub-themes are identified and supported by participant statements. A model of the themes and sub-themes is presented in a constructed model. (see Appendix K).

### **Theme: Leadership is a Position**

Despite the well-known mantra that every nurse is a leader, these participants, millennial baccalaureate nursing students in their final semester, have distinct ideas as to who is eligible for the title of leader in nursing. The initial interview question was, "What do you think of when you hear the term *nursing leadership*?" All but one participant responded to this question by stating the different employment positions of nurse manager, assistant nurse manager, charge nurse, and nurse educator. For participant 11, this question brought back the memory of a clinical interaction that led to the conclusion, "I would say that I am the leader." In this experience, participant 11 became animated as she described the encounter.

Well, two semesters ago, I was at [the hospital], and this parent thought her daughter had lupus. Since the mom was convinced she had lupus, she was blaming the whole entire nursing staff that we weren't doing enough... the doctors weren't doing enough. The mom was diagnosed with lupus a few years ago, and [] was just diagnosed. So, there was like a lot of social stuff going on [], but the mom did not want any of the nursing staff in the room anymore, [], but then I had to go in there and give her water or something like

that. And the mom literally vented to me for like 45 minutes, and I really just used, like, therapy for communication. I talked to her, and then she was like, 'Thank you so much, no one has sat in here just to talk to me about the situation. I just don't know what to do, and I feel like it's my fault.' So, no one knew that's how the mom felt, so, I feel like I just, you know, talked and calmed her down and everything and then I relayed the message to the nurse, and the nurse was like, 'Okay, now I know what to do with the situation. When I went in, I figured out that problem in that case, so I would say I'm the leader, but then I would also say that mom is a leader because the mom is advocating for her own child to get the proper care.

The participant effectively demonstrates, through the story, that she is the leader due to the perception of a lack of leadership from others. The qualities that are unearthed in this excerpt resonate with the additional identified theme of *an effective leader is a problem-solver*. The participant portrays herself as a leader who identifies a problem and effectively performs as a problem-solver. Notably, this participant belonged to the accelerated cohort.

**Sub-Theme 1: I'm not eligible yet.** For the remaining participants, however, their experiences with nurses in positions of leadership created an imaginary boundary that they clearly did not believe they could or should cross anytime in the immediate future. This belief was the basis for the sub-theme *I'm not eligible yet* (see Figure 1). This boundary differentiates the novice from the expert and effectively eliminates the novice nurse as eligible for nursing leadership.

**Sub-Theme 2: Leader should be an insider.** While the expert was respected due to the knowledge and skills associated with the years of experience and titles, the role was a source of positivity through admiration for some and negativity through discontent for others. The

meaning, positive or negative, that each participant attributed to the term *nursing leadership* existed on a spectrum of traits and characteristics that lie, as stated by participant 6, between the endpoints of “great nurse” and “not really the kind of nurse that you're going to end up looking up to.”

All of the participants recognized the administrative function of nursing leadership. Participant 14 stated, “[The nurse leader’s] role is not to be with patients all day, part of your role is to respond to emails, recruit new hires, deal with doctors, deal with nurses.... know who is under your umbrella.” Within this role of administrator, each participant had different expectations as to how they believed the role should be fulfilled. Participants 5, 14, 6, 10, and 11 wanted their leaders to have an in-depth knowledge of the inner workings of their unit or facility which was the foundation for the sub-theme referred to as *be an insider* (See Figure 1).

Specifically, participant 5 stated:

So, I think a leader that just comes in from a place from outside the organization is not going to be the best leader because they didn't come up through the organization. They don't know how it works. They might want to make changes and change everything, and it's going to be hard because they don't know the unit. They don't know how it flows. I think for a leader to be successful, they need to know the ins and outs of it, and somebody who comes in from the outside is not going to know that. Just as it's crazy for lawmakers to make laws for nurses when they have no background knowledge of nursing.

Participant 5 later goes on to say, “For a nurse to be a good nurse leader, they need knowledge on how the unit works...for a leader to be successful, they need to know the ins and outs of it... more so involved, like, with policies and trends and stuff like that.”

From the perspective of participant 1, a desirable leader effectively prioritizes the needs of the unit to ensure not only that the staff have what they need but also to promote the delivery of quality patient care:

[The leader has] to prioritize the highest, the most acute situation, and then go down. If I have a faucet in the hospital that's dripping on my floor and it's dripping one drop every five seconds, not worried about it, the maintenance will come around when they can get to it. I will put in the work order versus having my 12 lead EKG, my mobile 12 lead that's not working, we need to take care of this right now.

Additionally, comments related to the administrative aspect of nursing leadership included the desire for clear expectations and effective delegation. Participant 2 stated, "they [nurse leaders] should always be extremely clear with expectations," while participant 3 considered "making sure that everyone knows the same deadlines, knows the expectations for the quality of work that they want" to be inherent in effective nursing leadership. Participant 6, who worked as a nurse extern, stated, "The nurse herself as a leader should be able to know the correct way to delegate, and the correct things to delegate. Knowing what LPNs can do, what an RN can do, what a tech can, and can't do." Participant 15 perceived nursing leadership as "Someone like a charge nurse, someone that can disperse [distribute] acuity of patients. Not giving one nurse more than another nurse, definitely able to delegate well."

**Sub-Theme 3: Backup in times of need.** The role of leader conferred on the positions of charge nurse, manager, clinical educator, and nurse leader also included an expectation of providing *back-up in times of need*. This sub-theme is different than the concept of an effective leader is a mentor, or an effective leader is a problem-solver. Participants clearly identified nurse leaders as persons who provided back-up, not necessarily as nurses with whom they had a



relationship with, other than as a follower. Participant 9 illustrated this idea of backup from someone in a position of leadership with the statement:

I will think of somebody who helps a lot, like, if you need someone, like, if you have a question about something, they're there, they don't brush you off, you know they're there to answer your questions and help out even if that's not really their role.

For participant 4, the idea of a nurse leader as *back-up* meant that, whether or not there was an organized relationship with a person in a position of leadership, the leader was a person who will help out.

If I'm having a problem and I really don't know what to do, do I feel comfortable coming to talk to you? I don't feel like, 'Oh, my gosh, I'm going to be in trouble' or 'You are going to feel like the dumbest person in the world.' Is that door truly open if I really need you?

### **Theme: Our Relationship is Important to Me**

The theme of the importance of a relationship between millennial followers and their leaders developed into sub-themes after hearing all of the participants verbalize the desire for their leaders to be personable, approachable, and relatable.

**Sub-theme 1: Camaraderie.** Participant 16 stated:

I had an incredible nurse manager on my floor. She was so welcoming and really showed me, if I were to be a nurse manager, what I would want to be, from her attitude towards everyone to the kind of heavily teamwork-based style, and the camaraderie, and what it meant to be open as a leader, welcoming and just what to me is a good leader. She was there on my first day, and she just wanted to get to know me. She was like, 'We are so glad to have you, and she was just saying how happy she was for me to be there and how

like privileged that they were to have me on the floor to get a better experience. She gave me a big hug, and she was just so welcoming, and it was clear that her staff look up to her and respect her, and they all have a great relationship. We were family, and she would, everyone always knew, she was going to ask you how your day went. If people wanted a hug, they know they could get one from her, and it was a great experience.

Participant 16's description of this leader encompasses the relational components of the term *camaraderie* and are supported by the excerpt.

**Sub-theme 2: Approachability and advocacy.** The desirable characteristics of an effective leader and desirable leader-follower relationship include the leader's welcoming, friendly attitude, presence on the unit, and closeness towards her teammates. Participant 4 explained the relationship between leader and follower in a story of approachability and advocacy. In the story, the participant was rejected by a client who refused to be cared for by the student during a clinical shift. In response, participant 4 stated,

So, basically, my nurse went and told the nurse manager and [the nurse manager] advocated both for me and for the nurse and instructed the client that this is teaching. 'I was fully aware of the situation. Everything was done according to protocol,' and she really like advocated [for] me. So, the fact that she was willing to do anything for anyone on her floor, but she still advocated for me! I was like, Wow! That's like a really good leader. She is willing to stand out for anyone, someone who is very understanding of what it's like to be new or what it's like to make a mistake, or have you been in administration or management for so long, you forget what it's like to be at the bedside; not forgetting where you started out from and keeping that mindset as you move forward is really important to me, makes him more of a leader.

Participant 10 also identified the relationship with the leader as a vital component to followership:

One of the other big things that I think is, it's so easy to not report. But I feel like the more open you think your leadership is, the more you're likely to report things. I feel like that is important that you feel comfortable enough to go with them for stuff like that. If you feel like, 'My coworker is being so mean so it's kind of personal, but it's still in the work place,' I want to know that I can, like...If my manager is just not nice and she's mean, I'm probably not ever going to report that stuff, and that affects the bigger picture. I feel like if you don't possess this quality, like being open and stuff like that, and that's not only going to affect your employees but like your overall care for patients on your floor from your staff.

**Sub-theme 3: Openness.** Participant 10 selected the term *open* to describe her perception of an important trait of desirable leadership. Though the term *open* was not directly defined by the participant, she goes on to describe the openness as a feeling of being comfortable in situations that would require some type of formal complaint or report. This story was one of the first instances that the researcher felt the impact of her 30 years at the bedside. Such a scenario, for most nurses, carries with it the idea of a difficult, potentially uncomfortable, and possibly even threatening experience. The context of difficulty is confirmed again by the participant with the use of the associated text that discusses dealing with a mean co-worker. Having a relationship that supports approaching a leader with difficult issues is clearly important to this novice nurse.

Participant 2 pictured relationships with nurse leaders to be “ones that are extremely open and upfront, and clear and approachable. You can tell that they care about what you think, and

what you feel, and they care about your success.” Similarly, participant 13 described an assistant nurse manager encounter when working as a caregiver:

What made her a great assistant manager and a great leader is that she was very personable, she was approachable, she understood that people have a life outside of their job, she listened to what we needed. When she said her door was always open, it was, literally, always open. So, she just always made herself available to us, which was great, and she never made it feel like she was a manager; it felt more of like a leader than manager.

**Sub-Theme 4: Hierarchy.** Participant 12 described the type of relationship that she wants in this next excerpt.

But when they [nurse leaders] go into a room, and they're helping me with some things, they're like, 'We're dealing with a patient who has a wound that takes 30, 45 minutes to change,' and we're in there, and she's just making sure that she kind of re-enforces without being like, 'This was wrong.' She reinforces like, 'Hey, we need to do this because of this.' I already know that she's the charge nurse, and she's in charge. That's already known because she's the charge nurse, and she doesn't really need to create that power thing.

The unique component to this description of the leader-follower relationship is the perspective that is expressed by her use of the term *hierarchy*. Participant 12 wants leaders to minimize the power hierarchy in the follower-leader relationship. According to the Oxford English Dictionary (2019), all uses of the term *hierarchy* refer to one entity having a relationship with another that consists of a difference in power. Although the exact meaning was not clarified during the interview, the excerpt reveals that as a follower, participant 12 identifies, appreciates, and

respects the leader's authority. However, the phrase, "she doesn't really need to create that power thing," indicates an expectation of mutual respect from an effective nurse leader. Mutual respect, according to Albina (2016), is present when a relationship supports each person's sense of dignity by recognizing each person's contributions to the team and validates each person's role on the team. It is for these reasons that this excerpt was selected to be included under this theme to demonstrate the importance of relationships for participants.

While most of the participants had positive experiences in their relationships with nurse leaders, some negative experiences were also shared. Participant 3 remembered an experience that created a level of anxiety even in the retelling as eye-contact was lost during the story, and Participant 3's voice trembled.

The nurse manager has made me feel a little [emotional pause]. She is not a bad manager necessarily; however, if there's something that needs to be corrected.... instead of being straightforward and saying, you know, 'Just remember, you know, we don't wear gloves outside of the room.' Instead, it was a lot of. 'So, why are you wearing gloves?' And then you would explain, [and she would say] 'Okay, but why are you wearing gloves?' And then you would wonder what's wrong! 'Okay, but why are you wearing gloves?' Instead of directing a conversation to a more productive and straightforward, it was just a lot of questions that almost made me feel like it was a little passive-aggressive. That's definitely something that sticks in my mind, because, you know, I approached her about it later and she, you know, I said, 'I didn't mean to upset you, I hope that you understand that I won't make that mistake again,' and she, it was almost like she didn't understand that she had upset me because she said, 'What I was trying to do was make you think. And I wanted you to come to that conclusion,' and so maybe the delivery was wrong and

because, it's hard to say, but it sounded like it was coming from a place of a learning opportunity; however, it was presented in a way that was a little demeaning, I guess. In that particular instance, I felt frustrated, confused, and I wondered myself how I could even respond appropriately, so I think there was just a lot of confusion there for sure.

When I had to approach her after the fact, there is most definitely a sense of maybe fear or anxiety about it, anxiety probably more than fear.

Similarly, participant 13 stated,

My experience with my nurse manager hasn't been a great one. It doesn't seem like she tries to get to know many of us personally, and considering that we work 12 hours a day with each other, you're kind of a family. So, it feels like, on my floor, we have a family within the bedside nurses and the techs, and then there is her. It feels more like a dictatorship.

In all of these experiences, descriptors such as *welcoming*, *comfortable*, and *open* combined with actions such as *an open-door policy*, *giving hugs*, and *advocating* provided the backdrop for the theme of *our relationship is important to me* and its subsequent sub-themes. The participants' stories clarified the actions and behaviors of leaders who lend either a positive or negative influence on their leader-follower relationship. The relationship was portrayed as positive when the leader was viewed as approachable. The negative relationship occurred when the leader was viewed as hierarchical, mean, or dictatorial. Interestingly, there was no mention that the participants would not follow a leader they viewed negatively; however, they did verbalize that it would reduce their level of respect and engagement, thus reducing the quality of patient care.

**Theme: Team Player: We're All on the Same Team**

The theme of *team player* was revised after completing the analysis of all of the interviews and considering the perspective of *team* that surfaced. The theme would be incomplete without the added phrase of *we're all on the same team*. A majority of the participants spoke of their gratitude and appreciation for a leader who was willing to work beside them. The phrase, *in the trenches*, was mentioned in eight of the interviews, while one participant referred to leaders working with them as *willing to get their hands dirty*. There was a feature of collaboration and equity in these millennial nursing student perspectives that the term *team player* alone does not fully communicate to the reader.

**Sub-Theme 1: Collaboration.** Participant 14 described an experience with another nurse on the unit to illustrate the desire for the team to consist of collaborative relationships. The nurse, whose name has been changed for anonymity, embodied the idea of being on the same team through collaboration and creating a sense of unity:

Everyone has a role but Fred's role as a nurse is certainly not to strip the bed and clean the bed and put new sheets on the bed, but yesterday, he said, 'Oh, my patient was taken to a scan, I had a second, I went ahead and stripped the sheets and wiped it down. If you want to just go make it and chart it.' I'm like, 'Oh my gosh, that was a huge help to me.' And the next time, when I step into a nursing role, if I have time, because of his example, I would like to do the same for the rest of my team. I hate any situation like, 'Well, that's not my job.' Well, I used to work for a four-star general and if he can change the trash at events, so can you. That was not his job and he also wasn't getting paid, so, just all hands-on deck; do what you can for the mission, for the cause. I feel like that's good teamwork.

Participant 7 portrayed the leadership style indicative of an effective nurse leader as a team player this way:

I know that in leadership, we have all these different categories. But I feel like a nurse leader can't just be one of those. I feel like they have to be very flexible with their style, based on the situation. So, I'd have to probably say like a collaborative, cooperative style is what I would like.

**Sub-Theme 2: Goal attainment.** While collaboration was a priority, goal attainment within an organizational team structure was recognized as important by a majority of participants and a desired outcome of nursing leadership (See Appendix I).

### **Theme: Sees Me for Who I Am**

The theme, *sees me for who I am*, was differentiated from the theme of *our relationship is important to me* because of the separation of the primary focus of these themes. The theme of *sees me for who I am* contains a level of intimacy that was not felt in the theme *our relationship is important to me*. For example, the predominant code in the relationship theme was *knowing individual team members* from a functional standpoint illustrated by the idea of understanding people's strengths and weaknesses (participants 1, 3, 5, 13, 14, 15, 16).

**Sub-Theme 1: Recognition and value.** In the theme, *sees me for who I am*, the participants demonstrated a need for a unique identity separate from their teammates. There was no sense of hierarchy in this desire for separation; instead, participants showed a desire to be recognized and valued as an individual making unique contributions to the team.

**Sub-Theme 2: Being heard.** The prevailing perspective was that the participants wanted to be heard. Patterns identified within the sub-theme of being heard included being respected, being able to rely on and have trust in their leader. Participant 12 stated, “[Ideal leaders] give



you the time to explain the situation, and they let you talk. They don't talk over you. They don't assume things before you can finish the conversation." Participant 7 graphically illustrated not being heard with the statement, "Say I find something that isn't working in that policy, I want to be able to bring it to their attention without being shot down," and "I like to follow someone that makes me feel like they have time to answer my questions. They have time for me..." Not only did these participants' stories indicate that they wanted to be heard by their nurse leaders, but the excerpts demonstrate the need for a leader that creates space and opportunities to see and hear their followers' perspectives, insights, and questions.

The idea of wanting to be heard meant to several participants that they were valued as a part of the team. Participant 6 described the feeling this way,

If I can tell that they are listening to me, you know, I feel important. I'm like, I feel like I'm contributing to the unit. She doesn't have to agree with me, or go with my idea but at least having that conversation with me.

For participant 4, being listened to was an indication of the level of respect the leader was conferring to them. After retelling a conversation that was considered disrespectful, participant 4 described how a leader could show respect:

In my mind, the first thing that comes is listening and actually trying to understand where I'm coming from. If I have a concern, not just blowing me off because, 'Oh, you're just a student,' or, 'Oh, you're just a new nurse.' Actually, taking the time to and not just listen, but actively listen. Like saying okay, offering feedback and saying, 'Okay, you know, maybe this could be done,' 'I know that can be done,' or even just saying, "Okay, I mean, that's a really a good point, and that's something to think about," so not even doing

anything but just acknowledging that I have been hurt and, for me, that makes like a really good leader.

Participant 10 described the feeling of being heard as the “number one trait of a good leader.” For this participant, being heard influences their perception of future dependability and trust they have in that leader:

Since you’re in a position of leadership, in any situation, maybe hearing what the whole story is or what someone else has to say and then commenting on it. Because that makes the person who’s talking feel heard. Like, I look up to a lot of the nurses but seeing them not answering my phone call, sometimes takes me as I’m not going to be able to count on you in the future. Knowing that, as frustrating as it can be, to get all these phone calls but that’s the reason we are given devices where you can be reached all the time, no matter what you are doing.

### **Theme: An Effective Leader is a Mentor**

A perspective unanimously held by the participants was that nurse leaders are a point of access to expertise and evidence-based best-practices. This perspective is supported as characterizing the traits of a mentor by Vergara (2017) and Zhang, Qian, Wu, Wen, and Zhang (2016).

**Sub-Theme 1: Expertise.** Thirteen participants identified clinical expertise as a prerequisite for leadership, while 14 participants expected their leaders to provide support for professional development. While no one shared any experiences where they did not feel that leaders had expertise, participant 9’s statement represented this expectation: “A leader needs to be knowledgeable about their field of practice, whatever their expertise is.” Participant 10 wanted the leader to, “Know the resources that are available because, like, the followers, they’re

not always aware of what's available to them. But I think it's important for the leader, it's almost your job, to go and find what's available to you, resources.”

**Sub-theme 2: Supportive guidance.** While the concept of mentor contains expectations of expertise, the inherent quality of support in professional development was identified by six participants with the term, *guide*. Participant 2 stated:

I think if we're going with the ideal leader, guiding is extremely important. Because your goal as a leader is not just to get people through what's happening today. It's to help them grow and learn and become the best nurse that they could be.

A more detailed portrayal of the theme of *an effective leader is a mentor* illustrating the nurse leader as a source of supportive guidance in participant 16's story of administering intravenous medications (IV):

I had never given [IV meds] before. Like, I hadn't done really anything with IV's before I got up to that floor. So, I was unsure of myself, and I told her that I was like, “I haven't done this before.” I asked if she'd walk me through it. So, like, she walked me through getting it out of the Pyxis, and then she would walk me through the steps, like we're going to hang it and then do this, this, and this. So, then we would get into the patient's room, and she also did it so that the patient would feel more comfortable with me. I think that was a big part of it, and because that way, when we went in, we knew a gist of what we were going to do, and when we went to do it, she was right there with me.

The first few times to kind of like guide me along. Like, so we'll do this first. Then we'll put this in here and set this and all that stuff. Then the next time it was a little bit more hands off, a little bit more hands off, until I was going in the room by myself and doing it.

**Sub-theme 3: Compassionate caring.** For roughly half of the participants, compassionate caring was an integral characteristic in their vision of a mentoring leader.

Participant 4 identifies situations that call for a compassionate, mentoring leader.

Sometimes things can go haywire, whether something is serious like a family member becoming ill, or something like just your car getting a flat tire in the morning, and being understanding in the situation, just actions have consequences. I totally agree with that, but knowing when to be compassionate, knowing when to be understanding, knowing when to see, like, the person's true motives. So, I get those times to have zero-tolerance. I completely understand that, but there are also times where you can be a little bit more understanding and see if we can find, like, middle ground.

Whereas, participant 2 expects compassion for not only the follower but also for the client,

I feel like sometimes nurses get into a habit of, 'I know what I'm doing.' And they, they forget that it's still a new experience for the patients. So, like, the best nurses will be thorough and explain so that they [clients] really understand everything that's going on. And why you have to do it. And that makes a big difference to the patients I think, because, yeah, we get so like used to what we know that we forget what they [clients] don't know.

### **Theme: An Effective Leader is a Problem-solver**

Despite the meager occurrence of 44 quotes related to the theme of *an effective leader is a problem-solver*, twelve of the sixteen participants mentioned it in their descriptions of nursing leadership.

**Sub-theme 1: Anticipates needs.** The quality that was most often cited was the desire for a leader to anticipate needs. Participant 4 verbalized that a leader would be one who, "Even

if you don't know how to solve the problem, like, can you put me in the right direction?" and participant 14, who adopted a motto from a nurse in clinical, said, "Wherever you go, help your team, anticipate their needs." Participant 2 verbalized the idea of a leader who anticipates needs with the phrase "able to see the bigger picture."

**Sub-Theme 2: Conflict resolution.** The second most commonly identified trait of nursing leaders as problem solvers was an ability to resolve conflict. Participant 13 related conflict resolution to problem-solving in a description of good leadership:

So, she [the nurse leader] would come to the situation. She would either ask both sides or ask, like, the nurse, 'What's going on?' and then go talk to the patient, 'What's going on?' 'How are you feeling?' and then she would basically problem solve and it usually made both sides very happy.

Participant 1 created a dramatic scenario from experiences, stating,

If you don't have good conflict resolution skills, it's going to lead to discord of the unit. People are going to get upset. They may want to transfer units. They may quit the hospital. There is going to be, it might be a yelling match, randomly, and patients are seeing this, and, like, 'What is happening?' 'I don't want to be here.' 'I'm getting my family member out of this hospital right now!'

**Sub-theme 3: Innovative.** And finally, millennial nursing students in their final semester described nursing leaders as nurses who think and practice innovatively. Participant 3 stated, "Being a leader at work is someone who isn't afraid to take the initiative, to maybe have a difficult conversation, or start a new policy." Participant 11 echoed this innovative thinking as a desirable skill when stating that, "[Nurse leaders] have to be open to new ideas, open to looking at different possibilities."

### **Findings Related to Authentic Leadership Theory**

Authentic Leadership Theory (ALT) was defined by Walumbwa et al. (2008) as, “a pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive ethical climate, to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development” (p. 94).

As indicated in the initial description of this study, this section will provide a comparison between the perceptions of nursing leadership among millennial nursing students in their final semester and the patterns of behavior that are identified as representative of authentic leaders from theory. The behaviors of authentic leadership consist of 1) self-awareness, 2) relational transparency from leaders, 3) balanced processing of information, and 4) internalized regulation.

#### **Self-Awareness**

According to Walumbwa et al. (2008) self-awareness refers to not only how an individual creates meaning from their world and the people in it, but also their perception of self, their strengths and weaknesses, and their understanding of the bi-directional nature of interactions with people around them. A bi-directional relationship echoing the construct of self-awareness emerged from the perceptions of effective nursing leadership held by the participants in the current study. Most participants spoke of being humble, equal to their teammates, and respectful as desirable traits of nursing leaders. While participant 9 specifically wanted a “humble” leader, half of the participants desired a leader with high levels of emotional intelligence. Statements included, “high level of emotional IQ,” “collegial,” and “making sure their team is building relationships within itself.” Participant 13 said, “If you can’t see when you are being a bad leader, how are you ever going to be a good one?” While participant 9 stated, “I don’t think

leaders should show when they are annoyed at a situation because I think patience is just really important for a leader.” A descriptive example by participant 12 demonstrated the impact of a leader who lacks self-awareness. The participant, currently working in healthcare, spoke at length with closed body language and tension in their voice of their perceptions of a nurse leader at work:

She'll be very friendly with you and then she'll like turn around and be totally just unpleasant and rude and she'll back you into a corner and try to intimidate you. When I say she backs you into a corner, I mean literally. Like physically, it's intimidating. I do still have to be professional, however, it has given me a little bit more confidence knowing I only have to deal with her for [time removed for confidentiality].

The behaviors and attitudes that the participants felt deserved respect were often grounded in aspects of communication thus referencing the interactional component of self-awareness. Leaders were admired when they communicated with attention to their tone as they delegated tasks, asked for help, delivered feedback, and in the simple day-to-day conversations. In order to show respect, a leader has to have self-awareness to understand how they are perceived, and what exactly their words and actions communicate to others making it an essential feature of the millennial perspective of nursing leadership.

### **Relational Transparency**

Relational transparency as a construct of ALT is defined as “valuing and achieving openness and truthfulness in one’s close relationships” (Gardner, Avolio, Luthans, May, & Walumbwa, F. (2005, p. 357). According to Walumbwa et al. (2008), the presentation of self as either authentic or fake is determined by the level of openness and truthfulness that is shared with others. The participants in this study clearly wanted to have some type of relationship with

their leader. Of the 72 codes that were discovered from the interviews, 22 were words or phrases describing the level of transparency the participants had or wanted with nursing leaders.

Participant 9 stated:

If [the leader is] frustrated, if they're frustrated or angry with something that's going on, I don't think that they should show all the anger. But I think it's okay to show a little bit of frustration because I think that shows other people, okay, they're frustrated! Like, this is serious. I don't ever think it's wrong to show somebody that you're happy or things like that. I think that's always nice but I would definitely say for like the frustration, the anger, if there is a conflict, and you're annoyed, I don't think leaders should show that they're annoyed at situations.

Participant 6 had a somewhat different experience but expressed a similar desire for leaders to hide negative emotions. When describing experiences that illustrated their use of the phrase *good bedside manner* by nurse leaders they admire, Participant 2 stated the term, *calm*, several times and went on to say,

[Leaders they admire] don't like, leave the room, and be like, "Argh, argh," you know? Like go, you know, go to the desk, and be like, 'Oh, that was annoying.' Or, you know, like, some people will do that if a patient is being more difficult or something. Or, like, they have a whole lot of questions. And sometimes I think that it's fake too. I don't think that they're really that annoyed. They just like to create drama a little bit sometimes. Which is weird, and I feel like anytime I've seen a nurse come out and be like, 'Man, I feel so bad for her. I really just want to help her.' Like, I mean, those are the nurses that you look up to. Anyone that comes and brings negativity to the bedside,



or to the nurse's station, or, to, really, anybody is...I just don't see the point in that. I think that's not really the kind of nurse that you're going to end up looking up to.

From these excerpts, it appears that the concept of relational transparency as presented in ALT may be in conflict with the millennial nursing students' perceptions of nursing leadership. Recent research has problematized the validity of the construct of transparency due to discrepancies between the emotional labor of leading and the desire to "appear and feel authentic" (Kempster, Iszatt-White, & Brown, 2019, p. 319). Kempster et al. (2019) call such a conflict between "the idealised and romanticised follower expectations of a leader versus the open and honest exposure of, for example, manager's anxieties, fears, confusions, doubts, ignorance, vulnerabilities, pessimism and weaknesses" the *authenticity paradox* (p. 322). An authenticity paradox is recognized in this study through participant statements verbalizing the desire that leaders hide their emotions of negativity and frustration. Evidence of this incongruence brings into question the suggested alignment of ALT to millennial perceptions of effective nursing leadership.

### **Balanced Processing**

Balanced processing involves the leader's receptivity to accessing and analyzing multiple sources of information, supportive and opposing, before making decisions (Walumbwa et al., 2008). A third of the participants mentioned this type of decision making as indicative of a good leader. Participant 12 stated that one of the skills of an effective leader is, "Being able to look at a situation in several different ways. The best way to handle said situation and then being able to come up with a solution that is good for everyone involved or for the most people involved." Participant 3 described a good leader who gathered all the details first before making a decision

as one “having your back.” When asked to give the meaning of the phrase, *have your back*, they replied,

To provide support, to feel that, I guess, if there was an issue that was happening instead of the leader directly thinking, ‘Oh, this is an issue! We have to approach you about it.’ It’s, ‘Let’s find out all the details first,’ and that sense of having your back. ‘Okay, well, we can’t just attack you with this. We have to figure out what’s going on. We have to get this side of it. We have to get your side of it. We have to get everything.’

For the participants who did not share experiences that overtly represented balanced processing, their desire for equitable conflict resolution can still be considered. For a conflict to be resolved satisfactorily, a component of representation for each side of the conflict would be assumed. Therefore, because half of the participants identified equitable conflict resolution as a desirable trait, balanced processing is supported as a construct of millennial nursing leadership.

### **Internalized Moral Perspective**

An internalized moral perspective is described by Walumbwa et al. (2008) as “a leader’s inner drive to achieve behavioral integrity (i.e. consistency between values and actions)” (p. 95). It is further explained to be a form of self-regulation led by internal values versus external pressures (Avolio & Gardner, 2005). This construct of ALT was scarce in the analysis of the data. Three participants used the term *honest* in their descriptions of desirable leadership traits while participant 15 desired leaders who are “able to say what’s on their mind.” Participant 14 wanted to have their leader’s trust that they would do their work but didn’t mention needing trust that the leader would do theirs:

That’s part of the trust, gaining someone’s trust. I want [the leader] to see that when there is work that needs to be done, I am working but when there is not work to be done, I’m

relaxed, but know that if I'm sitting and talking and showing pictures from the wedding the previous weekend, it is because I have made sure that everything else is done not because I'm choosing to like, let that IV pump go off because the infusion's done. It's because everything else is settled.

Despite the few comments with the terms *honesty* and *trust* in the data indicating the desire for a value system, there was no evidence of a millennial perception of leaders as having an internal regulatory process led by a moral perspective.

### **Summary**

Chapter 4 provides a synopsis of the study findings based on a phenomenological interpretative analysis. Through the phenomenological lens, each participant's stories of their experiences with nursing leaders, supported by direct quote extracts, were the source of the codes and eventual theme development. Founding codes and themes from the selection of extracts for inclusion accomplishes three things. First, the extracts provide evidence to substantiate the analytic process. The reader is provided with extended extracts from a limited number of participants for some themes, short extracts from multiple participants for other themes, and a reference table in the appendices for a graphical representation of all of the themes within all cases. Second, the extracts allow the reader to engage with the data on multiple levels by shifting from the themes yielded from the group level analysis to the quotes as a description of the individual experiences of nursing leadership. Third, the selected extracts were chosen because of the insight they provided into the meanings the participants created to the emotional, psychological, and cognitive experience of nursing leadership. The meanings that the participants gave to the actions and behaviors of the nurse leaders, either witnessed or

experienced, reveals a millennial perspective of nursing leadership and effectively addresses the research question.

The phenomenological approach revealed the perspectives of nursing leadership held by this group of millennial nursing students in their final semester of a baccalaureate nursing program. These perspectives were then compared to the constructs of ALT. Two of the constructs, self-awareness and balanced processing, were strongly evident as important to the participants. However, evidence of the constructs of relational transparency and internal moral perspective did not clearly materialize. Participant 12 shared the conclusion that “It’s difficult to pick just one theory [of leadership].” While theories of leadership were not discussed during the interviews by any other participant, the findings from this study support the idea of continued research and discussion of the existing theories and their applicability to this generational cohort.

## Chapter 5: Conclusions and Recommendations

### Overview of the Study

This study sought to answer two questions. The primary question, “What are millennial baccalaureate nursing students’ perceptions and experiences of nursing leadership in their final semester of an accredited nursing program?” A secondary research question was, “Are there differences between the students’ perceptions and experiences of effective nursing leadership traits and the core traits of Authentic Leadership Theory?” A phenomenological methodology from the qualitative, interpretive paradigm was selected as the research design. Interpretive phenomenology best addresses these research questions by allowing the participants' lived experience of the phenomenon to be expressed in whatever terms and contexts have importance and within which the participant finds the most meaning (Smith, Larkins, & Flowers, 2009). Data collection consisted of 16 face-to-face, audio-recorded interviews. During the semi-structured interviews, the discussion of nursing leadership was guided by six questions developed by the researcher. Transcripts were completed through the use of a professional transcription service and verified by the researcher against the audiotapes for accuracy. Rigorous data analysis revealed six themes and multiple sub-themes. The theme, Nursing Leadership is a Position, consisted of three sub-themes: I’m not eligible yet, Leader should be an insider, and Backup in times of need. The theme. Our Relationship is Important to Me, included the sub-themes of Camaraderie, Approachability, Openness, and Hierarchy. The theme of Team Player: We’re all on the Same Team was attributed with the sub-themes of Collaboration and Goat Attainment. Sees Me for Who I Am, the fourth theme, included the sub-themes of Recognition and Voice, and Being Heard. Leader as a Mentor had three sub-themes entitled Expertise, Supportive Guidance, and Compassionate Caring. The final theme, An Effective Leader is a

Problem-Solver included the sub-themes of Anticipates Needs and Conflict Resolution. The data was then compared to the four core traits of leaders identified in Authentic Leadership Theory.

### **Discussion**

The findings of this study consist of both common and unique discoveries regarding the attributes that millennial nursing students associate with effective nursing leadership and the evidence in the current literature on millennials in the workplace. The previously mentioned person-related traits of self-absorption, individualism, insecurity, and the fear of failure (Lin, Li, & Hou, 2015; Thompson & Gregory, 2012; Twenge, 2010; Twenge, 2013; Twenge et al., 2010) did not overtly materialize in the data. Although these trait labels are commonly found in the literature, this study found that there may be differences between the labels of these behaviors and the meanings that are associated with them by millennials. Through their descriptions of clinical experiences and perceptions of team and the leader-follower relationships, all participants demonstrated a deep internal motivation to accurately develop their skills and knowledge in order to provide the safest and highest quality patient care possible. This drive for excellence is the basis for the presence of the first theme: *leadership is a position* and millennial participants' denial that they are eligible for leadership. Unanimously, the participants agreed that effective nursing leaders were experts in the field of nursing through years of experience. This gap between the knowledge and skills of the newly graduated nurse compared to the expert is not only a persistent theme throughout the educational process, but is considered by many on the frontline of patient care to be a foundational concept in creating a safety culture (Tyndall, Firnhaber, & Scott, 2018). Yet, the literature supports more than just knowledge and skills to reduce patient harm. Evidence in the literature identifies a reduction in hierarchy, improved communication, and effective teamwork to be factors commonly found in the presence of

authentic leaders. These factors have been attributed to reducing patient harm and facilitating safety culture (Fallatah and Laschinger, 2016; Pettit & Duffy, 2015). All of these factors were identified as important to these millennial nursing students in their final semester of a baccalaureate program.

Interestingly, the intense desire expressed by participants to avoid patient harm and provide quality care resonates with two millennial traits found in the literature. The millennial participants in this study attributed the need for support and a nurturing work environment as an essential factor in helping them to deliver safe and quality care. Multiple authors have found that other generational cohorts have perceived millennials as unqualified or incapable due to their frequent requests for support (Hershatter & Epstein, 2010; Twenge, 2010; Twenge et al., 2010). Older generations have labeled millennials who desire support and nurturing at work as *high maintenance*, *narcissistic*, and *entitled*; however, a different meaning behind these behaviors emerged from the data (Giambatista, Hoover, & Tribble, 2017). According to the participants, their desire to deliver safe and quality care to their clients is sustained by leaders who offer affective support and personal and professional nurturing. No reference to performance issues was raised when the participants discussed their desires for clinical support, nor were emotional factors an issue in their discussions of a nurturing work environment. The only comment related to emotional well-being made by one participant was, “I’m only going to work three days a week. I can take care of my own behavioral health issues.” While this comment raises questions about the perceptions of behavioral health maintenance and the impact of work, this was not the focus of the study and can be added to the list of possible future research. These traits of requesting and seeking support specific to individual needs and wanting to be nurtured in their

professional development generated theme two: *our relationship is important to me*, theme three: *team player: we're all on the same team*, and theme four: *see me for who I am*.

Current literature on nurses' perceptions of work alienation and loneliness have identified a positive correlation between affective commitment and views of a positive work experience, increased retention, greater nurse well-being, and shared goals and values (Huyghebaert, Gillet, Audusseau, & Fouquereau, 2019, para. 6; Laschinger, Borgogni, Consiglio, & Read, 2015). Affective commitment is defined by Huyghebaert et al. (2019) as "an attachment to, identification with, and involvement in a target [i.e., nurse leader, team, or facility]." The positive correlation found between these factors means that when nurses experience an affective commitment to their leader or place of work, their views of the experience of work are more positive, retention is higher, nurse well-being is greater, and they share the same goals and values as the leader. Such a connection between the perceptions and feelings followers have towards their leader and the team outcomes of goal attainment, team cohesion, and well-being were evident in the transcripts and thus, provide additional support for the theme: *our relationship is important to me*. All participants wanted their leaders to be "caring," ten desired that their leaders be "approachable," and the terms "friendly" and "nice" were also mentioned as leader descriptors by participants 21 and 91, respectively. The idea of a workplace as a supportive and nurturing environment that supports the development of affective commitment among team members, supports participants' commitment to patient safety, the delivery of quality care, and eventually allows millennials to accomplish important professional performance goals.

Similarly, throughout the 21<sup>st</sup> century, research validates a strong negative correlation between work loneliness and job performance, especially when mediated by work alienation depicted by powerlessness, meaninglessness, and isolation (Amarat, Akbolat, Ünal, & Karakaya,



2019). Statements in the excerpts demonstrate that millennial nursing students in the current study desired team cohesion for both a sense of belonging and job performance. Participant 27 stated, “Being a leader by example isn’t the only way to lead.... investing in others on an emotional level will make them feel more committed to themselves when they know you’ve got their back.” For participant 34, the definition of leadership was riddled with references to the team, “I’d say that leadership is making sure that people on the team get their voices heard....and making sure that their [the team] needs are met during the day, when they [the team] can focus on just doing their work.” These descriptors of leadership from the millennial nursing student perspective provide the evidence for the theme of *team player: we’re all on the same team*.

Lastly, among the millennial traits related to professional support and a nurturing environment, the participants echoed the voices of other millennials in their desire to be heard. While the terminology used references such as *being heard*, *having a voice*, and other audio-linguistic contexts, this researcher chose the theme: *see me for who I am*. The majority of excerpts associated with this theme consisted of the participant’s desire to be able to speak freely to their leader with questions, concerns, or simply sharing about life. Yet, within this desire to be heard, the participants’ stories emanated with the idea that they want to be acknowledged and recognized for not only their work or their contributions but also on their effort as a novice to improve their performance and their patients’ lives. Again, in reference to their novice status, participant 7 stated,

I don’t want them [leadership] to only focus on rewarding a nurse for good behavior.... only focusing on results and then not recognizing their employees. Because sometimes no matter how much effort you put in, you won’t get the results you want. [] So I don’t want them only focusing on that. It’s like give and take; sometimes we’re good at stuff,

sometimes we're not very good at stuff. I want them to recognize both. Not only what we're not good at.

In comparison, other scholars found that work-related traits assigned to the millennials included corporate disloyalty, low job satisfaction, and a need for constant feedback and constructive criticism (Costanza, Badger, Fraser, Severt, & Gade, 2012; Costello & Westover, 2016; Hershatter & Epstein, 2010; Stewart, Oliver, Cravens, & Oishi, 2017; Thompson & Gregory, 2012; Twenge, 2010; Twenge et al., 2010). Such labels are contradictory to the concept of nursing engagement often found in nursing leadership research and the established direct correlation with critical safety, quality, and patient experience outcomes (Dempsey & Reilly, 2016). Dempsey and Reilly (2016) elaborate that the concept of engagement in nursing goes beyond corporate loyalty and job satisfaction to include an expected level of commitment to their employer and the profession of nursing. However, as Meleis (2012) explained, familiar concepts of nursing often become camouflaged and limited by daily use and eventually thwarts conceptual growth and meaning. It is possible that the existing concept of nursing engagement has fallen into this predicament. The current nursing student behaviors that nursing leaders negatively view as *dependence*, *handholding*, or *spoon-feeding* are the same behaviors that millennials positively perceive as supportive and nurturing. Such discrepancy between the perceptions of behaviors by nurse leaders and the meanings that millennials give to these behaviors has the potential to negatively impact the affective commitment between leaders and followers. Subsequently, a lack of affective commitment would eventually support the self-fulfilling prophecy that millennials emulate the work traits of corporate disloyalty and dissatisfaction with work (Amarat et al., 2019; Twenge, Spitzberg, & Campbell, 2019).

Instead of considering their requests for constant feedback and constructive criticism as negative, most of the participants expressed that they want to build meaningful relationships with their co-workers and leaders. Millennials are often accused of choosing virtual relationships over face-to-face social interaction. Yet, research shows that increases in social media use precede feelings of loneliness and that face-to-face interaction remains significant to the younger generations (Twenge et al., 2019). The need for constant feedback and constructive criticism was identified by seven participants in the current study as not only a result of their constant exposure to a data-saturated environment but also a necessity. Participant 1 stated that “pieces of information are best processed by millennials in short bursts, not lengthy downloads.” To illustrate this concept, participant 1 shared this story from a previous work experience:

Once they [management] come in and, all of the sudden, they do a tour of the facility, and all of the sudden, this is wrong, this is wrong, and this is wrong. Instead, I would rather have, like, a daily, weekly visit, and let's go over things that we can improve instead of just throwing 100 things at me at one time. Let's do 10 because we can handle that in a month. I can't handle 100. So, yes, you have to have frequent communication with your leader above you.

The remaining themes of *an effective leader is a mentor* and *problem solver* were not as prevalent in the data. However, those participants who associated effective nurse leaders with qualities of a mentor and problem solver were enthusiastic in the stories of their experiences as shared in Chapter 4. The theme of *an effective leader is a mentor*, as described by the participants, is absent from the constructs of ALT. Zhang (2016) defined mentoring as a long-term, “symbiotic relationship aimed at advancing careers and career satisfaction for both the mentor and the mentee” (p. 136). This definition is evident in participant excerpts on

relationship and leadership. While nurses in leadership roles did not always have to be in a mentoring role relationship, as indicated in participant 55's statement from chapter four, they do always need to be ready to answer questions and fill the gap if needed.

The theme of *an effective leader is a problem solver* was an attribute that was admired by half of the participants. The idea that a leader is a problem-solver is loosely evident in ALT through the core construct of balanced processing. Participants that discussed the idea of an effective leader as a problem solver included the idea that such a leader would gather all sides of a story and any available pertinent data to solve problems.

The relationship between millennial perceptions of effective nursing leadership and ALT were provided in the findings and supported by participant statements. While two constructs, self-awareness and balanced processing, were validated as essential characteristics of the effective nurse leader, the constructs of relational transparency and internalized moral perspective did not materialize in the data. There are several ways to interpret these findings from a phenomenological standpoint. Due to the desire to discover unbiased data, interview questions were not manipulated to facilitate the discovery of terms that the researcher thought were important. Participants were invited to share their stories and unique experiences without the influence of terms or words that they did not generate themselves except for the concept of nursing leadership. Therefore, while these terms of relational transparency and internalized moral perspective did not materialize, this is not to say, that with additional explanation or direction, they are absent from the millennial perspective of effective nursing leadership.

### **Contribution to Nursing Knowledge**

The question arises as to, "Why is this research into nursing leadership relevant when the millennials will have completed entering the workforce in the next three years?" Several factors

contribute to the continued relevance of this research. For one, 44.8% of registered nurses in the United States continue to begin their professional careers at the diploma and associate levels (The National Center for Health Workforce Analysis, 2013, p. 21). Millennial nurses following this trajectory are entering an occupation whose stakeholders support a workforce consisting of predominantly baccalaureate-prepared nurses (Flavin, 2018). While New York is currently the only state mandating a BSN for employment, other states have been considering the option for years (Flavin, 2018). This mandate for additional education beyond the diploma or associate level will delay the final entry of millennial nurses into positions of leadership thus continuing the need for an understanding of millennial perceptions of leadership.

An associated factor is the presence of accelerated nursing program enrollees who currently comprise approximately 25% of all baccalaureate nursing students in the United States (National League for Nursing, 2016). Millennial nursing students following this pathway to licensure will be older than the traditional student who enters the baccalaureate program immediately after high school. Accelerated students have already completed one baccalaureate degree which places them at least three to four years older when they enter the workforce thus delaying their entry into advanced education and positions of nursing leadership.

Economics is another factor contributing to the continued relevance of millennial perceptions of leadership. Millennials are projected to be employed and potentially advancing into leadership positions until age 70 based on economic projections of income and long-term economic, social, and demographic trends (Johnson, Smith, Cosic, & Wang, 2017). The millennials, based on these projections, will potentially retire as late as 2049. Taking these facts into consideration, the time it will take for current millennial nurses to complete their educational advancement to the baccalaureate or higher degree and move into positions of nursing

leadership extends the use of millennials perceptions of leadership in both training and development thus providing the value of this research now and for years to come.

This study has provided information about the perceptions of nursing leadership held by a localized cohort of millennial nursing students in their final semester of a baccalaureate program. Although the goal of qualitative research is not to provide generalizations to a specific population, several insights gained from this study contribute to the body of nursing knowledge. Millennial nursing students do not perceive their behaviors as disloyal or uncommitted as indicated by their desires for a relationship, investment, and group membership with their teams and co-workers, some of whom are their leaders. This disparity between the literature and these participants' perspectives provides an opportunity for nursing leaders to rethink how they engage with millennial novice nurses and how to facilitate their professional and personal growth as nurses and future nurse leaders.

This study also demonstrated that the millennial cohort might have more in common with their baby boomer and GenX nurse leaders than either cohort recognizes. One of the goals of professional nursing practice is quality and safe patient care, and these participants recognize this goal as a priority. Redirecting training initiatives and professional development programs away from the perspective of required continuing education hours for licensure and employment towards self-development as a safe, caring, and conscientious professional may create an environment of buy-in that facilitates corporate commitment and career longevity. Additionally, beginning to eliminate the concept of individual corporate commitment and moving toward a perspective of fulfilling, challenging, and enduring commitment to the profession may have a positive impact on millennial retention. Nursing as a profession is a diverse field with many different employment opportunities and environments in which to work. Bringing this idea that

all of these various types of nursing work is valuable and meaningful will resonate with millennials seeking to make their unique contribution to the world and may reduce professional attrition among this cohort of nurses.

### **Limitations**

Limitations of this study can be identified within three categories: the participant, data collection and analysis, and the investigator. The participant, as a student at the institution where the primary investigator is employed, may have been exposed to the investigator throughout their experience in the educational program. Creswell (2013) calls this *backyard research* (p. 188). Backyard research is conducted in a familiar setting in which the investigator has a vested interest. Such a relationship between investigator and setting has the potential to produce an expectation by the participant that could modify the data. This limitation was addressed in the informed consent document with a notation that participation or non-participation does not influence the participant's educational outcome in any way. It can also be supported by the selection of an interview location chosen by the participant to promote a sense of safety and trust in the investigator and the purpose of the investigation (Holloway & Wheeler, 2002). An additional limitation is the recruitment process that included participant selection from the same leadership course taught by the same professors. This limitation is addressed by recruitment from two different semester cohorts.

Data collection and analysis limitations include the use of the interview as a method, the time-consuming nature of data collection and analysis, and the level of researcher expertise. While recognized as an acceptable means of data collection, interviews rely solely on the recall and linguistic abilities of the participant. Limitations inherent to the interview process will be addressed with investigator prompts for clarification of data during the interview and a 90-

minute maximum interview time (Creswell, 2014; Maxwell, 2013).

Limitations regarding the investigator revolve around the bias that is inherent to being human and the effect of the investigator's level of research experience, leadership expertise, and knowledge of the phenomenon of interest. These factors have the potential to influence the research process and therefore were addressed with bracketing, a transparent methodological audit trail, detailed field notes, and a reflective journal by the primary investigator (Noyes et al., 2018; Polkinghorne, 1989; Wall, Glenn, Mitchinson, & Poole, 2004).

### **Implications**

The findings of this study have implications for not only the many stakeholders involved with leadership development in both the academic and practice setting but also for stakeholders across any discipline where intergenerational teams exist. This progression of professional development from novice to expert is evident in many disciplines. For millennial novice nurses, this progression can be viewed through Benner's (1982) stages of professional development. Novice nurse graduates, through work experiences and required continued education, will eventually attain the level of expertise that they identified in their stories as indicative of nursing leaders. It will be the responsibility of the current nursing leadership to engage with these novice nurses on their journey of development. The insights provided by these participants into their perceptions of effective nursing leadership may help current stakeholders in education, leadership development, and facility administration can not only better understand the ways that millennials are motivated, encouraged, and supported by their leaders, and also create the supportive work environment, relational team dynamics, and intellectual challenges that this cohort of nurses seem to be looking for.



### **Recommendations for Future Research**

Several areas of future research were discovered throughout the process of analysis. While the meanings of words seemed self-evident during the interviews, after thoughtful consideration, there are concepts revealed in the excerpts that are not clearly understood from a millennial perspective. For example, the constructs of relational transparency and internal moral perspective are clearly valuable traits in the leadership literature. A different research question and methodological approach might be better able to confirm the relevance of these constructs in millennial perceptions of leadership.

Other areas of possible investigation include a more detailed understanding of the terms used in code development. While the participants provided stories of experiences that demonstrated their perceptions of different leader attributes such as honesty and trust, there are still questions as to how they would define these terms and what behaviors would be associated with these constructs. The use of allegory and metaphors is commonly found in phenomenological studies as a means of extracting meaning. These figures of speech did not appear in the data. This discovery may be indicative of the research capabilities of this novice researcher, a characteristic of this sample of participants, or a genuinely new finding related to the linguistic preferences of millennials. Further investigation might reveal the core of this finding and provide a deeper understanding of the use of figures of speech, specific terms, and concepts of leadership among millennials.

Additionally, this research study found only a partial alignment between authentic leadership theory and millennial perceptions of effective nursing leadership. Without the use of an applicable theoretical foundation, future research in leadership and development of models of effective leadership will be difficult to support. Future research is needed to delve more deeply

into existing leadership theories and their applicability to millennial employees in disciplines other than nursing. Finally, the question of the relationship between authentic leadership theory and millennial retention remains an area for development.

### **Summary**

To summarize, this research study sought to discover perceptions of effective nursing leadership from millennial nursing students in their final semester of a baccalaureate program in a large, southeastern U.S. university. While no generalizations can be made from these results, the information gathered here provides insight into the desired traits and characteristics that these participants expect and desire from their future nurse leaders. Each participant was informed that they were the expert in the story of their experiences of nursing leadership. Recognized as a knowledgeable and respected expert, these participants shared rich and sometimes emotional descriptions of their experiences with nurse leaders and nurses who demonstrated positive and negative leadership behaviors. As the largest segment of the healthcare provider workforce, nurses are the leaders in healthcare. Discovering what leadership means, what it looks like when it is done well, and how to develop future leaders among this, and the following generations of nurses will always be a worthwhile endeavor.

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## Appendix A

Table A1. Elements of BSN Essential II

1	Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.
2	Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the inter-professional team.
3	Demonstrate an awareness of complex organizational systems.
4	Demonstrate a basic understanding of organizational structure, mission, vision, philosophy, and values.
5	Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations, and other members of the healthcare team.
6	Apply concepts of quality and safety using structure, process, and outcome measures to identify clinical questions and describe the process of changing current practice.
7	Promote factors that create a culture of safety and caring.
8	Promote achievement of safe and quality outcomes of care for diverse populations.
9	Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care.
10	Use improvement methods, based on data from the outcomes of care processes, to design and test changes to continuously improve the quality and safety of health care.
11	Employ principles of quality improvement, healthcare policy, and cost effectiveness to assist in the development and initiation of effective plans for the microsystem and/or system-wide practice improvements that will improve the quality of healthcare delivery.
12	Participate in the development and implementation of imaginative and creative strategies to enable systems to change.

Adapted from American Association of Colleges of Nursing. (2008). *The Essentials of Baccalaureate Education for Professional Nursing Practice*. Retrieved from <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>

Appendix B

Nursing Leadership Literary Context – 41 Articles

**Keywords: nursing, leadership, research,**

Figure B1. Nursing Leadership Literary Context Search Results

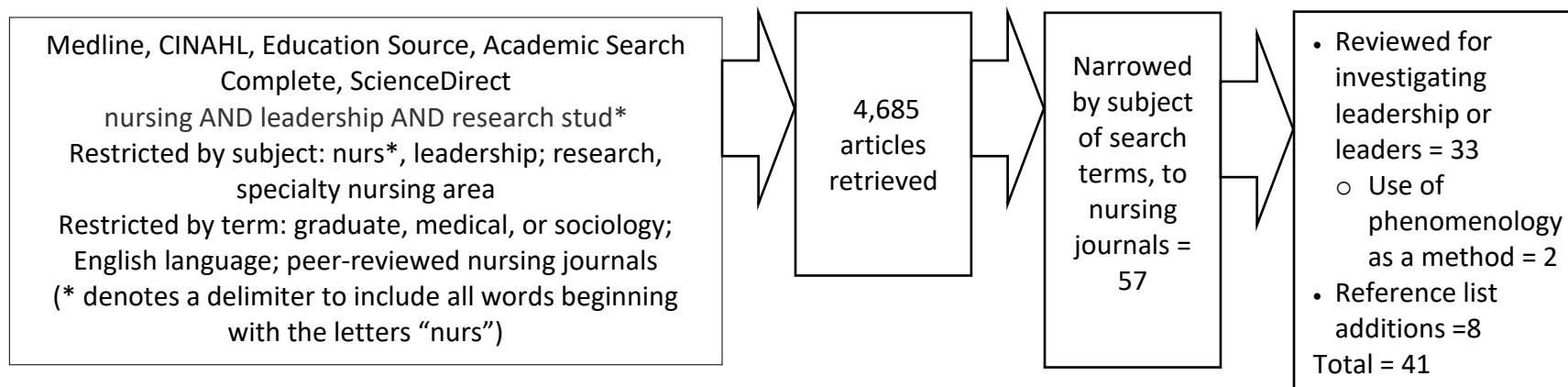


Table B1. Nursing Leadership Literary Context

Search Criteria	Database: Medline, CINAHL, Education Source, Academic Source Complete, ScienceDirect		
	Terms: nursing AND leadership AND research stud*		
	Limiters: English; peer-reviewed nursing journals; restrict by terms: NOT graduate, medical or sociology		
	Expanders: Additional sources found in review of article references		
Author, Title, Journal	Year	Purpose	Methodological Design
Boamah, S. A., Spence Laschinger, H. K., Wong, C., & Clarke, S. Effect of transformational leadership on job satisfaction and patient safety outcomes. <i>Nursing Outlook</i> .	2018	Test a model linking transformational leadership and structural empowerment to nurses' job satisfaction and prevalence of adverse events in acute care settings.	Cross-sectional predictive survey design
Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P., & Chatterjee, G. E. Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. <i>International Journal of Nursing Studies</i> .	2018	Examine the relationships between various styles of leadership and outcomes for the nursing workforce and their work environments.	Systematic review
Fowler, K. Communicating in a culturally diverse workforce. <i>Nursing Management</i> .	2018	Investigate the impact of nurse leader communication on RN turnover, retention, and job engagement	Descriptive, correlational
Giddens, J. Transformational leadership: What every nursing dean should know. <i>Journal of Professional Nursing</i> .	2018	Present general findings from the literature, discuss transformational leadership in the context of academic nursing leadership, make recommendations for professional development of the transformational leadership approach and offer suggests for future inquiry	Systematic review
Lynch, B. M., McCance, T., McCormack, B., & Brown, D. The development of the Person-Centred Situational Leadership Framework:	2018	Implement and evaluate the effect of using the Person-Centred Situational Leadership Framework to develop person-centred care within nursing homes	Mixed methods action research study using observation, dialogues, narratives, and focus groups



Author, Title, Journal	Year	Purpose	Methodological Design
Revealing the being of person-centredness in nursing homes. <i>Journal of Clinical Nursing</i> .			
Miles, J. M., & Scott, E. S. A New Leadership Development Model for Nursing Education. <i>Journal of Professional Nursing</i> .	2018	Establish an integrated leadership development model for prelicensure nursing students that recognizes leadership as a fundamental skill for nursing practice and promotes development of nursing leadership education scholarship	Content analysis
Cardiff, S., McCormack, B., & McCance, T. Person-centred leadership: A relational approach to leadership derived through action research. <i>Journal of Clinical Nursing</i> .	2017	Describe how person-centred leadership manifests in clinical nursing	A 3-year participatory action research study
Gustafsson, L.-K., & Stenberg, M. Crucial contextual attributes of nursing leadership towards a care ethics. <i>Nursing Ethics</i> ,	2017	Illuminate the meaning of crucial attributes in nursing leadership toward an ethical care of patients in psychiatric in-patient settings	Descriptive and qualitative with a <b>phenomenological</b> hermeneutical approach
Ha, L., & Pepin, J. Experiences of nursing students and educators during the co-construction of clinical nursing leadership learning activities: A qualitative research and development study. <i>Nurse Education Today</i> .	2017	Describe nursing students' and educators' experiences during the co-construction of educational activities involving clinical nursing leadership	Qualitative educational research and development
Olu-Abiodun, O., & Abiodun, O. (2017). Perception of transformational leadership behaviour among general hospital nurses in Ogun State, Nigeria. <i>International Journal of Africa Nursing Sciences</i> .	2017	Assess the perception of transformational leadership behaviour (and its four domains) among nurses working in general hospitals in Ogun State, Nigeria.	Quantitative, cross-sectional survey; Student's t-test
Boyal, Amunpreet, & Hewison, Alistair. (2016). Exploring senior nurses' experiences of leading organizational change. <i>Leadership in Health Services</i> .	2016	Explore Senior nurses' experiences of leading organizational change	Qualitative thematic analysis

Author, Title, Journal	Year	Purpose	Methodological Design
Crowne, K. A., Young, T. M., Goldman, B., Patterson, B., Krouse, A. M., & Proenca, J. (2016). Leading nurses: Emotional intelligence and leadership development effectiveness. <i>Leadership in Health Services</i> .	2016	1. Examine the effectiveness of an emotional intelligence (EI) and leadership development education program involving 20 nurse leaders at nursing homes 2. Investigates the relationship between EI and transformational leadership	Correlational analysis and t-tests
Jakobsen, R., & Sørli, V. Ethical challenges. <i>Nursing Ethics</i> .	2016	Explore the caregiver's experiences with ethical challenges in dementia care settings and the significance of professional leadership in this context	Qualitative with a <b>phenomenological-hermeneutical</b> interpretation
Bish, M., Kenny, A., & Nay, R. Factors that influence the approach to leadership: Directors of nursing working in rural health services. <i>Journal of Nursing Management</i> .	2015	Identify factors that influence directors of nursing in their approach to leadership when working in rural Victoria, Australia	Qualitative descriptive thematic analysis
Hewko, S. J., Fraser, K. D., Cummings, G. G., Brown, P., & Wong, C. A. Factors influencing nurse managers' intent to stay or leave: A quantitative analysis. <i>Journal of Nursing Management</i> .	2015	Identify and report on the relative importance of factors influencing nurse managers' intentions to stay in or leave their current position	Quantitative, experimental, cross-sectional
Portoghese, I., Galletta, M., Battistelli, A., & Leiter, M. P. (2015). A multilevel investigation on nursing turnover intention: The cross-level role of leader-member exchange. <i>Journal of Nursing Management</i> .	2015	Analyze nursing turnover intention from the unit by using multilevel approach, examining at the individual level, the relationships between job characteristics, job satisfaction and turnover intention, and at the group level the role of leader-member exchange.	Quantitative cross-sectional design using confirmatory factor analysis
Aitken Kim, & von Treuer Kathryn. Organisational and leadership competencies for successful service integration. <i>Leadership in Health Services</i> .	2014	Explore the organisational and leadership competencies required for successful service integration within a health consortia in Australia	Qualitative thematic analysis

Crawford, J., & Daniels, M. K. Follow the leader: How does “followership” influence nurse burnout? <i>Nursing Management</i> .	2014	Investigate the followership styles of actively practicing RNs in southeastern Michigan	Quantitative, cross-sectional observational survey study
Author, Title, Journal	Year	Purpose	Methodological Design
Cziraki, K., McKey, C., Peachey, G., Baxter, P., & Flaherty, B. Factors that facilitate Registered Nurses in their first-line nurse manager role. <i>Journal of Nursing Management</i> .	2014	Determine the factors that attract and retain Registered Nurses in the first-line nurse manager role	Qualitative exploratory descriptive study
Makaroff, K. S., Storch, J., Pauly, B., & Newton, L. Searching for ethical leadership in nursing. <i>Nursing Ethics</i> .	2014	Investigate how frontline nurses and formal nurse leaders envision ethical nursing leadership	Meta-ethnography
Brown, P., Fraser, K., Wong, C. A., Muise, M., & Cummings, G. Factors influencing intentions to stay and retention of nurse managers: A systematic review. <i>Journal of Nursing Management</i> .	2013	Explore factors known to influence intentions to stay and retention of nurse managers in their current position <i>Keywords:</i> intention to stay, nurse managers, retention, systematic review, work/life balance	Systematic review – 13 studies
Christiansen, A. C., Prescott, T., & Ball, J. Learning in action: Developing safety improvement capabilities through action learning. <i>Nurse Education Today</i> .	2013	Explore students' experience of participation in action learning as a strategy for developing patient safety improvement and leadership capabilities	Qualitative thematic analysis of interviews and focus groups
Gregorowski, A., Brennan, E., Chapman, S., Gibson, F., Khair, K., May, L., & Lindsay, W. A. An action research study to explore the nature of the nurse consultant role in the care of children and young people. <i>Journal of Clinical Nursing</i> .	2013	Explore the development of the nurse consultant role when caring for children and young people	Action research and thematic analysis
Andrews, D. R., Richard, D. C., Robinson, P., Celano, P., & Hallaron, J. The influence of staff nurse perception of leadership style on satisfaction with leadership: A cross-sectional survey of pediatric nurses. <i>International Journal of Nursing Studies</i> .	2012	Evaluate staff nurse and nurse leader perceptions of leadership style.	Cross-sectional, descriptive design

Author, Title, Journal	Year	Purpose	Methodological Design
MacPhee, M., Skelton-Green, J., Bouthillette, F., & Suryaprakash, N. (2012). An empowerment framework for nursing leadership development: Supporting evidence. <i>Journal of Advanced Nursing</i> ,	2012	Describe nurse leaders' perspectives of the outcomes of a formal leadership development programme	Qualitative descriptive
Groh, C. J., Stallwood, L. G., & Daniels, J. J. Service-learning in nursing education: Its Impact on Leadership and Social Justice. <i>Nursing Education Perspectives</i> .	2011	Identify core nursing values (leadership and social justice) and then compare the impact of a service learning experience on senior nursing students' self-rated leadership and social justice interest	Quantitative descriptive study comparing pre- and post- service-learning scores
Lynch, B. M., McCormack, B., & McCance, T. Development of a model of situational leadership in residential care for older people. <i>Journal of Nursing Management</i> .	2011	Present the process used to develop a composite model of situational leadership enacted within a person-centred nursing framework in residential care	Qualitative comparative analysis
Furåker, C. & Nilsson, A. Age care managers in residential facilities - Aspects of competence. <i>Leadership in Health Services</i> .	2010	Study aspects of competence of age care managers, and how they develop leadership in residential facilities	Qualitative content analysis of diaries and interviews
Richardson, A., & Storr, J. Patient safety: A literative review on the impact of nursing empowerment, leadership and collaboration. <i>International Nursing Review</i> .	2010	Identify to what extent and in what way nursing leadership, collaboration and empowerment can have a demonstrable impact on patient safety	Literature review and critical appraisal
Turale, S., Klunklin, A., & Chontawan, R. (2010). Growing together: A qualitative study of leading nurse scholars in Thailand. <i>International Nursing Review</i> .	2010	Explore the perspectives of Thai nursing leaders about the facilitators and barriers to scholarship	Qualitative exploratory design with in-depth interviews
Gess, E., Manojlovich, M., & Warner, S. An evidence-based protocol for nurse retention. <i>Journal of Nursing Administration</i>	2008	Provide a compilation of current evidence-based strategies nursing leaders can use to support nurse retention	Systematic review

Lee, H., & Cummings, G. G. Factors influencing job satisfaction of front line nurse managers: A systematic review. <i>Journal of Nursing Management</i> .	2008	Examine determinants of front line nurse managers' job satisfaction in healthcare organizations	Systematic review – 48 studies
Author, Title, Journal	Year	Purpose	Methodological Design
Sherman, R. O., Bishop, M., Eggenberger, T., & Karden, R. Development of a leadership competency model. <i>The Journal of Nursing Administration</i> ,	2007	Explore the viewpoints of study participants on the contemporary nurse manager role and gain perspective on the leadership skills and competencies needed by nurse managers	Grounded theory
Bondas, T. Paths to nursing leadership. <i>Journal of Nursing Management</i> .	2006	Explore, from the nurse leaders perspective, their experiences of entering nursing leadership and applying for a management position in health care	Qualitative self-report with analytical induction analysis
McGuire, E., & Kennerly, S. M. Nurse managers as transformational and transactional leaders. <i>Nursing Economic\$</i> .	2006	Explore the transformational and transactional leadership characteristics of nurse managers in relation to the organizational commitment of RNs working on their respective unit(s)	Descriptive correlational
Williamson, T. (2005). Work-based learning: A leadership development example from an action research study of shared governance implementation. <i>Journal of Nursing Management</i> .	2005	Evaluate the implementation of shared governance and identify factors that act as aids or barriers to effective decision-making by clinical leaders	Qualitative empowering action research
Woodward, V. A., Webb, C., & Prowse, M. Nurse consultants: Their characteristics and achievements. <i>Journal of Clinical Nursing</i> .	2005	Explore the work of nurse consultants from their perspective	Qualitative latent content analysis
Filkins, J. Nurse directors' jobs – A European perspective. <i>Journal of Nursing Management</i> .	2003	identify shared aspects and emerging commonalities of the job of European Nurse Directors	Action centered research using the SWOT analysis method

Author, Title, Journal	Year	Purpose	Methodological Design
Sullivan J, Bretschneider J, & McCausland M. P. Designing a leadership development program for nurse managers: An evidence-driven approach. <i>Journal of Nursing Administration</i> .	2003	1. Identify leadership development needs from the perspective of nurse managers across this academically affiliated integrated healthcare system. 2. Explore satisfying and challenging experiences of health system nurse managers. 3. Use study findings to construct educational programs responsive to needs of both novice and expert nurse managers across diverse settings in the health system. 4. Foster longitudinal leadership development among nurse managers by using evidence generated from this study to inform leadership program design.	Grounded theory
Antrobus, S., & Kitson, A. Nursing leadership: influencing and shaping health policy and nursing practice. <i>Journal of Advanced Nursing</i> .	1999	Explore the broader socio-political factors impacting upon nursing leadership	Ethnography
Manley, K. A conceptual framework for advanced practice: An action research project operationalizing an advanced practitioner/consultant nurse role. <i>Journal of Clinical Nursing</i> .	1997	Creation of a preliminary conceptual model of advanced practice from earlier research involving the operationalization of an advanced practice/consultant nurse role	Emancipatory action research with thematic and cross analysis

## Appendix C

Millennial Nursing Leadership Literary Context – 19 Articles  
**Keywords: nursing, leadership, millennial, generation Y, gen y**

Figure C1. Millennial Nursing Leadership Literary Context Search Results

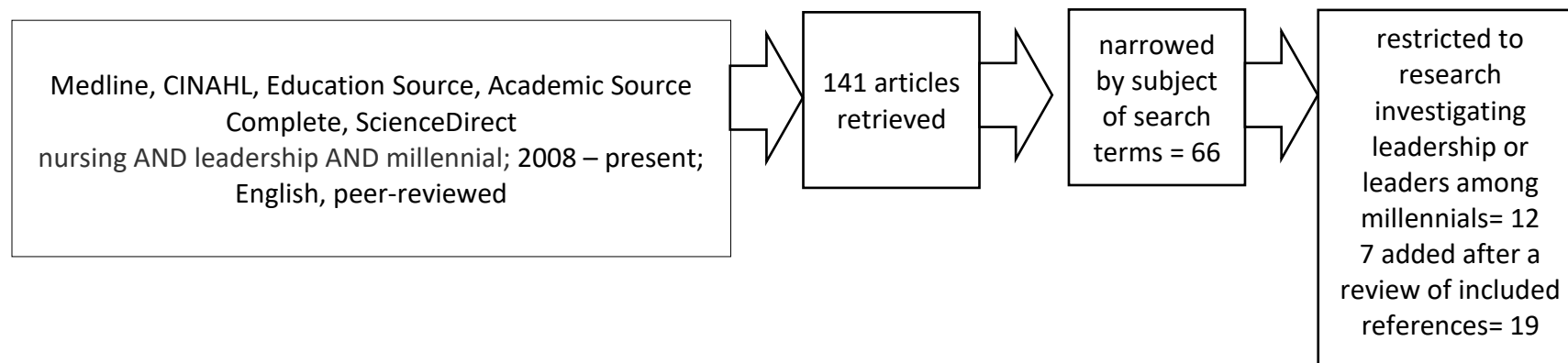


Table C1. Millennial Nursing Leadership Literary Context

Search Criteria	Database: Medline, CINAHL, Education Source, Academic Source Complete, ScienceDirect		
	Terms: nursing AND leadership AND millennial OR generation Y OR gen Y		
	Limiters: 2008 – present; English; peer-reviewed; restrict by terms: NOT graduate, sociology, or medicine		
	Expanders: Additional sources found in review of article references		
Author, Title, Journal	Year	Purpose	Methodological Design
Martin, E. R., & Kallmeyer, R. Strategies to Recruit the Next Generation of Nursing Leadership Talent. <i>Journal of Nursing Administration</i> .	2018	Explore how generational differences contribute to challenges in recruiting the next generation of talent into nursing administration roles	Qualitative descriptive, nonexperimental study
Stevanin, S., Palese, A., Bressan, V., Vehviläinen, J. K., & Kvist, T. (2018). Workplace-related generational characteristics of nurses: A mixed-method systematic review. <i>Journal of Advanced Nursing</i> .	2018	Describe and summarize workplace characteristics of three nursing generations: Baby Boomers, Generations X and Y	Mixed methods systematic review using convergent qualitative synthesis
Dyess, S. M., Pratt, B. A., Chiang-Hanisko, L., & Sherman, R. O. (2016). Growing nurse leaders: Their perspectives on nursing leadership and today's practice environment. <i>Online Journal of Issues in Nursing</i>	2016	Explore perspectives of graduate nursing students before they assume a leadership role	Qualitative content analysis using focus groups
Kuokkanen, L., Leino-Kilpi, H., Numminen, O., Isoaho, H., Flinkman, M., & Meretoja, R. Newly graduated nurses' empowerment regarding professional competence and other work-related factors. <i>BMC Nursing</i> .	2016	Assess how newly graduated nurses assess their empowerment and clarify professional competence to other work-related factors	Quantitative descriptive, cross-sectional, correlational design
Mills, J., Chamberlain-Salaun, J., Harrison, H., Yates, K., & O'Shea, A. Retaining early career registered nurses: a case study. <i>BMC Nursing</i> .	2016	Describe and explain early career registered nurses' (ECRNs) experiences and support requirements during the first five years of practice for the purposes	Case study design



		of identifying strategies that would support greater retention of ECRNs	
Author, Title, Journal	Year	Purpose	Methodological Design
Andrews, D. R. (2013). Expectations of millennial nurse graduates transitioning into practice. <i>Nursing Administration Quarterly</i> .	2013	Portray the expectations of Millennial student nurses immediately before graduation	Qualitative descriptive design
Chung, S. M., & Fitzsimons, V. (2013). Knowing Generation Y: A new generation of nurses in practice. <i>British Journal of Nursing</i>	2013	Explain the intrinsic and extrinsic motivators of Generation Y and the influence of those motivators on retention.	Systematic review
Sullivan Havens, D., Warshawsky, N. E., & Vasey, J. (2013). RN work engagement in generational cohorts: The view from rural US hospitals. <i>Journal of Nursing Management</i>	2013	Describe staff nurse work engagement, identify predictors by generational cohort, present implications for nurse managers and suggest future research	Non-experimental survey design using descriptive, correlational, and regression analyses
Price, S. L., McGillis Hall, L., Angus, J. E., & Peter, E. (2013). Choosing nursing as a career: A narrative analysis of millennial nurses' career choice of virtue. <i>Nursing Inquiry</i> .	2013	Understand how Millennial nurses explain, account for and make sense of their choice of nursing as a career	Qualitative interpretive, narrative approach
Tourangeau, A. E., Thomson, H., Cummings, G., & Cranley, L. A. (2013). Generation-specific incentives and disincentives for nurses to remain employed in acute care hospitals. <i>Journal of Nursing Management</i> ,	2013	Identify generation-specific incentives and disincentives selected by acute care nurses that promote and discourage them to remain employed in hospitals	Quantitative cross-sectional survey
Farr-Wharton, R., Brunetto, Y., & Shacklock, K. The impact of intuition and supervisor-nurse relationships on empowerment and affective commitment by generation. <i>Journal of Advanced Nursing</i> .	2012	Examine the influence of the supervisor-subordinate relationship on three generational nurse cohorts' use of intuition, perceptions of empowerment, and affective commitment	Quantitative design, using correlations, regression analysis, MANOVAs and path analysis

Hutchinson, D., Brown, J., & Longworth, K. (2012). Attracting and maintaining the Y Generation in nursing: A literature review. <i>Journal of Nursing Management</i>	2012	Explore the literature related to attracting the Y Generation to the nursing profession and retaining them in the current workforce	Systematic review – only database selection is provided
Author, Title, Journal	Year	Purpose	Methodological Design
Earle, V., Myrick, F., & Yonge, O. (2011). Preceptorship in the intergenerational context: An integrative review of the literature. <i>Nurse Education Today</i> ,	2011	(1) Examine current and previous research and theoretical literature of preceptorship; (2) Highlight important considerations previously unexplored in the literature; and (3) Explore the future direction of research regarding preceptorship and the intergenerational practice setting and nursing implications.	Integrative review – 98 articles
Keepnews, D. M., Brewer, C. S., Kovner, C. T., & Shin, J. H. Generational differences among newly licensed registered nurses. <i>Nursing Outlook</i> .	2010	Examine generational differences in characteristics, workplace experiences, and work-related attitudes exist between newly licensed registered nurses (RNs) who belong to the Baby Boomer Generation, Generation X, and Generation Y	Quantitative cross-sectional, descriptive statistics
Farag, A. A., Tullai-Mcguinness, S., & Anthony, M. K. Nurses' perception of their manager's leadership style and unit climate: Are there generational differences? <i>Journal of Nursing Management</i> ,	2009	Describe and compare how nurses representing four age cohorts perceive their manager's leadership style and unit climate	Quantitative cross-sectional, descriptive survey
Wieck, K. L., Dols, J., & Northam, S. What nurses want: The Nurse Incentives Project. <i>Nursing Economic\$</i> ,	2009	Explore the relationships between perceived stress, work-related factors, floating, incentives/disincentives, intent to stay, and job satisfaction to generational nurse characteristics	Non-experimental correlational design

Lavoie-Tremblay, M., Wright, D., Desforbes, N., Gelin, C., Marchionni, C., & Drevniok, U. Creating a healthy workplace for new-generation nurses. <i>Journal of Nursing Scholarship</i> .	2008	Examine the psychosocial work environment that influences new nurses' psychological health at work	Qualitative thematic analysis
Carver, L. & Candela, L. Attaining organizational commitment across different generations of nurses. <i>Journal of Nursing Management</i> ,	2008	Provide an overview of the theoretical basis for generational theory and reviews nursing literature on generational diversity	Literature review
Author, Title, Journal	Year	Purpose	Methodological Design
Walker, J.T., Martin, T., White, J., Elliott, R., Norwood, A., Mangum, C., & Haynie, L. Generational (age) differences in nursing students' preferences for teaching methods. <i>Journal of Nursing Education</i> .	2006	Examine the preferences and expectations of these generations regarding teaching methods	Quantitative descriptive

Appendix D  
Critical Examination and Synthesis of the Relevant Literature

Table D1. Workplace Characteristics and Values that Attract Millennials

<b>First Author</b>	<b>Pertinent Definitions</b>	<b>Relevant Concepts</b>	<b>Potential Insights</b>
Walker	Generation Y: born since 1980	Millennial values Learning styles	Descriptions of millennial values, preferred learning styles, and marketing potential
Lavoie-Tremblay	Nexter: new nurse graduates born between 1981 and 2000	<ul style="list-style-type: none"> <li>• Effort-reward imbalance</li> <li>Psychological distress</li> </ul>	<p>“The more nurses perceive social support and decision latitude, the less they report psychological distress. Conversely, high levels of psychological demands and an imbalance between effort and rewards increase reported levels of psychological distress. These results indicate interesting avenues of intervention in order to increase new nurses’ well-being at work and eventually ensure their active participation in the healthcare system” (p. 295).</p>
Wieck		<p>“Millennial characteristics:</p> <ul style="list-style-type: none"> <li>• Most “watched-over” generation in history</li> <li>• Less motivated by promise of riches or threats of firing</li> <li>• Expert multitaskers</li> <li>• Expect technology-rich environment</li> <li>• Demand work/life balance</li> <li>• Work well in teams, but expect group input and value” (p. 170)</li> </ul>	<p>“Nurses want opportunities to have input into the organizational decisions which may affect job satisfaction... [and for organizations to] commit resources to recognize those nurses who truly contribute to solutions by innovation” (177).</p>
Chung	<ul style="list-style-type: none"> <li>• Generational enmity: high</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational hierarchies</li> <li>• Effort-Reward Imbalance</li> <li>• Intention to Leave</li> </ul>	<p>“It was broadly found that direct management has the largest effect on nurses and their motivation towards workplace dedication” (p. 1173).</p>

First Author	Pertinent Definitions	Relevant Concepts	Potential Insights
	turnover within a generational cohort Talent paradox: high unemployment paired with available technical and skilled jobs		
Kuokkanen	<ul style="list-style-type: none"> <li>• Empowerment: a state and process characterized by individual efficiency, competence, and coping abilities (p. 2).</li> <li>• Power “refers to an intrinsic need for self-determination and to a belief in personal self-efficacy” (p. 2).</li> <li>• Future orientedness: creativity and innovation</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational justice</li> <li>• Innovative behavior</li> <li>• Problem-solving</li> <li>• Career opportunities</li> <li>• Decision-making authority</li> <li>•</li> </ul>	The newly graduated nurses’ (NGNs) perceptions of their empowerment ranked relatively high.

Table D2. Millennial Expectations of Work, Organizational Commitment, and Professional Development

<b>First Author</b>	<b>Pertinent Definitions</b>	<b>Relevant Concepts</b>	<b>Potential Insights</b>
Carver	“Organizational commitment is an individual’s dedication to the goals and values of an organization” (p. 985).	Organizational commitment	“Organizational commitment is a better predictor of turnover and group level performance than job satisfaction” (p. 986).
			In order to understand the perspective of people born in another generation, one must attempt to view it from the outside, with true and total comprehension being impossible (p. 986)
			“Nurse managers should try to recognize these as differences in priorities for the younger generation, not view them as character flaws” (p. 988).
			“All these diverse individuals want to feel valued by their employers and know that their work has meaning” (p. 990).
Farag	“Climate is how the employees perceive and feel about different practices” (p. 28).	<ul style="list-style-type: none"> <li>• Transformational leadership</li> <li>• Transactional leadership</li> <li>• Climate</li> </ul>	“Identifying how nurses from each age cohort perceive ...unit climate and nurse manager’s leadership style are essential prior to re-designing work environments for the purpose of improving nurse and patient outcomes” (p. 27).
			“Nursing and management studies primarily emphasize transformational and transactional styles of leadership” (p. 27).
			“The t-test results showed the absence of statistically significant differences between the two age groups in their perception of their manager’s leadership styles” (p. 30).
			Younger nurses scored higher in the two climate dimensions (higher scores mean less favourable climate) (p. 30).
Keepnews	<ul style="list-style-type: none"> <li>• Generation Y: born after 1980</li> <li>• Organizational commitment: employees’ loyalty to employers (p. 159)</li> </ul>	Organizational commitment	“There were no statistically significant differences in intention to stay or job-search behavior” (p. 158).
			“Generation Y reported greater organizational commitment than Generation X and Baby Boomers” (p. 160).

Tourangeau		<ul style="list-style-type: none"> <li>• Retention</li> <li>• Incentive</li> <li>• Disincentive</li> </ul>	<p>“All nurse generational cohorts selected the same two priority incentives: having a reasonable workload and having manageable nurse–patient ratios” (p. 477).</p>
Havens	<ul style="list-style-type: none"> <li>• Work engagement: “a motivational state characterized by energy, dedication, and absorption (Schaufeli &amp; Bakker, 2011)” (p. 927)</li> <li>• Generational cohort: a group that shares common experiences and cultural values attributed to being born and raised in a particular era. Millennial: born between 1981 and 2000 and raised in nurturing environments with support from friends and hovering family</li> </ul>		<p>“Organisational qualities of excellent nursing practice environments identified decades ago remain relevant for even the newest members of the nurse workforce. This article may help nurse managers create energizing practice environments rather than practice settings leading to burnout (p. 937).</p>
Andrews	<ul style="list-style-type: none"> <li>• Millennials: born after 1980</li> <li>• Expectations: “a set of beliefs and/or anticipated outcomes related to</li> </ul>	<ul style="list-style-type: none"> <li>• Work readiness</li> </ul>	<p>“One challenge faced by nurse leaders in the retention of these new graduates is a clear understanding of the expectations of these new employees as they enter the workforce” (p. 152).</p>

	those beliefs” (p. 152) Values: “rational conception of the desirable” (p. 152)		
Mills	Niche: where one belongs	<ul style="list-style-type: none"> <li>• Retention</li> </ul>	“Finding one’s place or “niche” within the hospital is an important factor in ECRNs’ professional development” (p. 3)
Martin	Millennials: born between 1983 and 2001		“Regardless of the generation in which an individual was raised accountability, collegiality, adequate resources, and efficient and effective work processes ranked high” (p. 373).



Table D3. Challenges of a Multi-Generational Workforce

First Author	Pertinent Definitions	Relevant Concepts	Potential Insights
Earle	Millennials (1980–2000)	<ul style="list-style-type: none"> <li>• Preceptorship</li> <li>• Intergenerational practice setting</li> </ul>	<p>“Today’s nursing practice settings are comprised of four distinct generations who often do not share the same work ethic or teaching/learning expectations” (p. 82).</p>
			<p>The question of whether generational differences impact on role performance of the preceptor and student warrants investigation” (p. 87).</p>
Farr-Wharton	<ul style="list-style-type: none"> <li>• Intuition: a complex type of reasoning</li> <li>• Empowerment: the ability to do things successfully</li> <li>• Affective commitment: emotional attachment and identification with an organization</li> </ul>	<ul style="list-style-type: none"> <li>• Leader-Member-Exchange theory</li> <li>• Empowerment</li> <li>• Affective commitment</li> </ul>	<p>“Supervisor–nurse relationship significantly affects nurses’ use of intuition” (p. 1397)</p>
			<p>“Even so, relationships with supervisors accounted for a relatively small component of the variance of GenX, GenY and BB nurses’ use of intuition, suggesting that other factors, such as age, gender and the support of co-workers, are probably important in predicting much of the remainder of the variance” (p. 1397).</p>
			<p>“The generational cohort lens identifies that the impact of using intuition differs significantly across the generational cohorts. The implications include that one management approach for all age groups is probably inappropriate” (p. 1398).</p>
			<p>For healthcare management, this new information implies that the performance indicators and training presently used for nurse supervisors is poorly aligned with the goal of retaining nurses” (p. 1399).</p>
Stevanin	<ul style="list-style-type: none"> <li>• Job Attitude: the integration of work engagement, well-being, satisfaction, and retention.</li> </ul>	<ul style="list-style-type: none"> <li>• Workplace climate</li> <li>• Organizational commitment</li> </ul>	<p>“Intergenerational differences can affect occupational well-being, performance, productivity, patient outcomes and safety” (p. 1246).</p>

Table D4. Factors of Influence Specific to the Generational Cohort

First Author	Pertinent Definitions	Relevant Concepts	Potential Insights
Price	<ul style="list-style-type: none"> <li>• Emplotment: how individual events are linked together</li> <li>• Millennial: born in 1980 or after</li> <li>• Virtue: a moral disposition</li> </ul>	<ul style="list-style-type: none"> <li>• Career choice</li> <li>• Virtues of the nursing profession: altruism, caring and compassion</li> <li>• Self-identity</li> </ul>	<p>“Sub-themes of the virtue script: Making a Difference, Characterizing Self as Nurse, Imaging Nursing as the Ideal Career and Constructing Choice as a Calling” (p. 308)</p>
			<p>“Within the narratives, the desire to make a difference in people’s lives and ‘help others’ was forefront in the participants’ stories of how they came to choose nursing” (p. 308).</p>
			<p>“The narratives ... [emphasized] recreated personal virtues, attributes and interpersonal skills such as caring, compassionate and attentive” (p. 309).</p>
			<p>“Understanding career development of the emerging generation of professionals can provide insight into how to enhance professional satisfaction and fulfillment for the Millennial cohort, both within and outside of nursing” (p. 313).</p>
Hutchinson	<ul style="list-style-type: none"> <li>• Y Gen: born between 1980-2000</li> </ul>		<p>“Further research is required to identify exactly and precisely what attracts this generation to be interested in studying nursing and, more importantly, what will retain them in the profession in the long term” (p. 447)</p>
			<p>“The literature offers limited evidence of successful projects or programmes that have prepared or supported this generation for a future in nursing” (p. 449).</p>

Table D5. Idealistic Expectations of Nurse Leaders

Dyess	Promise phase: the first ten years of professional nursing practice when nurses are “socialized into the profession but also gain the knowledge and skills to help position them for the future” (para. 5).	Leadership Pipeline	Emerging nurse leaders have extremely high, possibly unrealistic, expectations of their leaders” (para. 11).
			Expected qualities of leaders include: <ul style="list-style-type: none"> <li>○ Flexibility</li> <li>○ Clinical expertise</li> <li>○ Administrative capability</li> <li>○ Assist with patient care when needed</li> <li>○ Know staff members</li> <li>○ Advance knowledge</li> <li>○ Accessible</li> <li>○ Advocate for staff members</li> </ul>
			“Teamwork is important to emerging leaders in Generation Y” (para. 18).
			“Without intentional guidance, formal coaching, and role modeling, many young nurses may decide against becoming a leader based on what they observe in the practice environment. They may evaluate these roles as not being consistent with their personal values and beliefs” (para. 23).

## Appendix E

Table E1. Interview Guide Questions

Question Number	Question
1	What do you think of when you hear the term <i>nursing leadership</i> ?
2	What experiences or events come to mind when you think of nursing leadership?
3	How would you describe the knowledge that you think is important for a nurse leader to possess?
4	How would you describe the skills that you think are important for a nurse leader to possess?
5	How would you describe the communication style of an effective nurse leader?
6	What traits or characteristics should a nurse leader display for you to want them to be your leader?
7	How would you rank these characteristics?
8	How have your experiences as a nursing student influenced you in your decisions about what kind of leader you will be in the future?

## Appendix F

Table F. Transcript Word Frequency Chart

Word or Word Stem	Number of Occurrence (at least 10%)
people	468
communication	246
communicate	65
communicating	30
help	230
experience	226
care	194
caring	52
talk	168
skill	106
trust	76
nice	65
approachable	60
personal	60
effective*	59+21
positive	57
conversation	53
respect	52
lead	48
family	45
seeing	43
hearing	42
helping	42
listen	42
listening	38
calm	41
feedback	41
happy	39
relationship	36
respectful	33
expertise	29
advocate	27
appreciate	24
compassion*	24+22
helpful	24
confiden*	23+21
friendly	21
honest	20
knowledgeable	17
approach*	16+

\* indicates a word stem

## Appendix G

## Attributes of Effective Nurse Leaders

Table G1. Characteristics of an Effective Leader

Characteristics	Frequency of Occurrence
Leadership is a role (later changed to <i>position</i> )	40
Relational – Knowing individual team members	32
Knows how to effectively communicate	28
Connection to the team	23
Gets buy-in	14
Dedicated/committed/hard worker	13
Educator – supports professional development	11
Anticipates needs and problems	10
Honest	10
Knows the priorities of the setting	10
Empathetic	8
Timeliness	8
Approachable	7
Compassionate	6
Receptive	6
High level of emotional intelligence	5
Willing to help – “in the trenches”	5
Assertive – say what’s on your mind	4
Dependable	4
Effective – gets the job done	4
Orderly and organized	4
Empathetic	3
Patient	3
Demonstrates trust	3
Hears me	3
Enthusiastic	2
Allows autonomy	2
Reliable	2
Teachable	1

Table G2. Actions of an Effective Leader

Action	Frequency of Occurrence
Shows respect to people	29
Demonstrates caring	28
Shares their expertise	21
Makes the team a priority	17
Advocates for team/patient	14
Stops and listens to me	11
Uses words of affirmation	10
Works beside me	8
Provides constructive criticism	4
Teaches leadership to me	3
Takes responsibility for actions	2

## Appendix H

Table F1. *Theme Codes: Relationships are Important to Me*

21 Codes Identified in Transcript Excerpts	# of Quotes	Interview Location and Frequency															
		05	09	18	21	27	34	41	44	55	57	64	75	76	81	89	91
Relational: Knowing the individual	80	10	1	6	3	12	5	0	0	4	1	2	4	5	9	12	6
Demonstrates caring	49	1	1	2	4	11	1	2	0	3	1	1	4	5	2	1	10
Knows how to effectively communicate	49	8	1	3	1	7	2	4	2	4	0	0	2	3	1	2	9
Shows respect to people	48	2	1	2	1	4	5	4	0	4	1	0	8	3	4	4	4
Advocates for team/client	28	3	0	1	5	3	1	1	0	1	3	1	2	0	1	0	6
Approachable	26	0	1	2	2	0	5	1	2	1	3	0	1	3	3	2	0
Uses words of affirmation	11	0	0	1	0	2	2	0	1	0	0	2	0	0	4	2	3
Resolves conflict equitable	14	1	0	1	2	0	2	0	0	1	1	1	0	4	0	0	1
Receptive	14	0	0	0	1	2	1	0	2	0	2	1	1	1	1	1	1
Timeliness	11	3	0	0	0	0	1	2	0	0	0	1	0	1	0	2	1
Honest	10	4	1	1	0	0	0	0	0	0	0	3	0	0	0	1	0
Positive and uplifting	15	0	1	5	0	0	0	0	5	2	0	1	0	0	0	0	1
Allows autonomy	7	1	0	2	0	0	1	0	0	1	1	0	0	0	1	0	0
Seeks feedback	5	0	0	1	0	0	0	2	0	0	0	1	0	1	0	0	0
Patient	4	0	1	0	0	0	0	0	0	0	0	0	3	0	0	0	0
Demonstrates trust in me	4	1	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0
Strives to create an inclusive environment	5	0	0	2	0	0	0	0	1	1	0	0	0	1	0	0	0
Reliable	3	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0
Trustworthy	3	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0
Personable	2	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	1
Mindful	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Totals		27	7	28	17	34	25	17	14	22	15	15	24	28	25	27	43



Table F2. *Theme Codes: We're All on the Same Team*

12 Codes Identified in Transcript Excerpts	# of Quotes	Interview Location and Frequency															
		05	09	18	21	27	34	41	44	55	57	64	75	76	81	89	91
Shows respect to people	48	2	1	2	1	4	5	4	1	4	1	0	8	3	4	4	4
Advocates for team/patient	28	3	0	1	5	3	1	1	0	1	3	1	2	0	1	0	6
Makes the team a priority	26	3	0	3	0	5	2	0	1	1	0	0	1	2	2	3	3
Gets buy-in/provides direction	25	1	0	2	0	5	0	3	3	0	0	1	2	1	0	2	5
Willing to help – “in the trenches”	21	0	1	1	1	0	2	0	0	5	3	0	5	3	0	0	0
Resolves conflict equitably	14	1	0	1	2	0	2	0	0	1	1	1	0	4	0	0	1
Works beside me	14	0	0	0	1	0	2	1	0	1	0	0	7	2	0	0	0
Enthusiastic – motivates the team	7	0	0	1	0	0	2	0	0	0	1	0	2	1	0	0	0
Strives to create an inclusive environment	5	0	0	1	1	0	0	0	1	0	2	0	0	0	0	0	0
Teachable	4	0	0	2	0	0	0	0	0	1	0	0	0	1	0	0	0
Shows appreciation for others’ contributions	4	0	0	0	0	0	0	0	1	0	0	3	0	0	0	0	0
Equitable leadership	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
Democratic	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Totals		10	2	14	11	17	16	9	9	14	11	6	27	18	7	9	19

Table F3. *Theme Codes: See Me for Who I Am*

7 Codes Identified in Transcript Excerpts	# of Quotes	Interview Location and Frequency															
		05	09	18	21	27	34	41	44	55	57	64	75	76	81	89	91
Stop and listen to me	31	0	0	0	6	0	7	1	2	3	4	2	2	4	0	0	0
Acknowledges me and my work	16	0	0	0	0	0	10	2	0	1	1	1	0	1	0	0	0
Provides constructive criticism	9	0	0	2	0	0	2	0	1	1	0	1	0	1	0	0	1
Makes time for me	8	0	0	2	0	1	0	1	0	1	0	0	1	0	0	0	2
Has my best interest in mind	6	0	0	0	0	0	2	0	0	0	2	1	0	1	0	0	0
Remember where you came from	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
These are my people	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Total		0	0	4	7	1	22	4	3	6	7	5	3	7	0	0	3

Table F4. *Theme Codes: An Effective Leader is a Mentor*

12 Codes Identified in Transcript Excerpts	# of Quotes	Interview Location and Frequency																
		05	09	18	21	27	34	41	44	55	57	64	75	76	81	89	91	
Expert	39	4	2	1	3	3	1	0	2	3	4	0	4	1	3	7	1	
Educator	27	1	0	1	1	1	4	2	0	1	6	1	2	1	2	1	3	
Dedicated, committed, hard worker	21	1	0	1	1	7	0	0	0	1	1	3	2	0	2	1	1	
Compassionate	16	2	1	0	3	0	0	1	3	1	1	0	1	1	2	0	0	
Knows the priorities of the setting	13	2	0	0	0	3	2	0	0	0	1	0	0	0	4	1	0	
Effective – gets the job done	13	0	0	1	1	0	1	1	2	1	1	1	3	0	0	0	1	
Provides constructive criticism	9	0	0	2	0	1	0	1	1	1	0	0	1	0	0	0	2	
Calm	7	0	1	1	0	0	0	1	0	2	2	0	0	0	0	0	0	
Dependable	7	3	0	0	1	0	0	1	0	1	0	1	0	0	0	0	0	
Provides guidance	4	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	2	
Confident	2	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	
Totals		13	4	7	10	15	10	8	9	11	16	7	13	3	13	10	10	

Table F5. *Theme Codes: An Effective Leader is a Problem-Solver*

4 Codes Identified in Transcript Excerpts	# of Quotes	Interview Location and Frequency																
		05	09	18	21	27	34	41	44	55	57	64	75	76	81	89	91	
Anticipates needs and problems	20	1	1	1	1	1	3	1	1	0	1	0	3	2	2	2	0	
Resolves conflict equitably	14	1	0	1	2	0	2	0	0	1	1	1	0	4	0	0	1	
Innovative practices	10	0	0	3	2	0	0	0	0	0	0	4	0	1	0	0	0	
Life-long learner	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
Total		2	1	5	5	1	5	1	1	1	2	6	3	7	2	2	1	

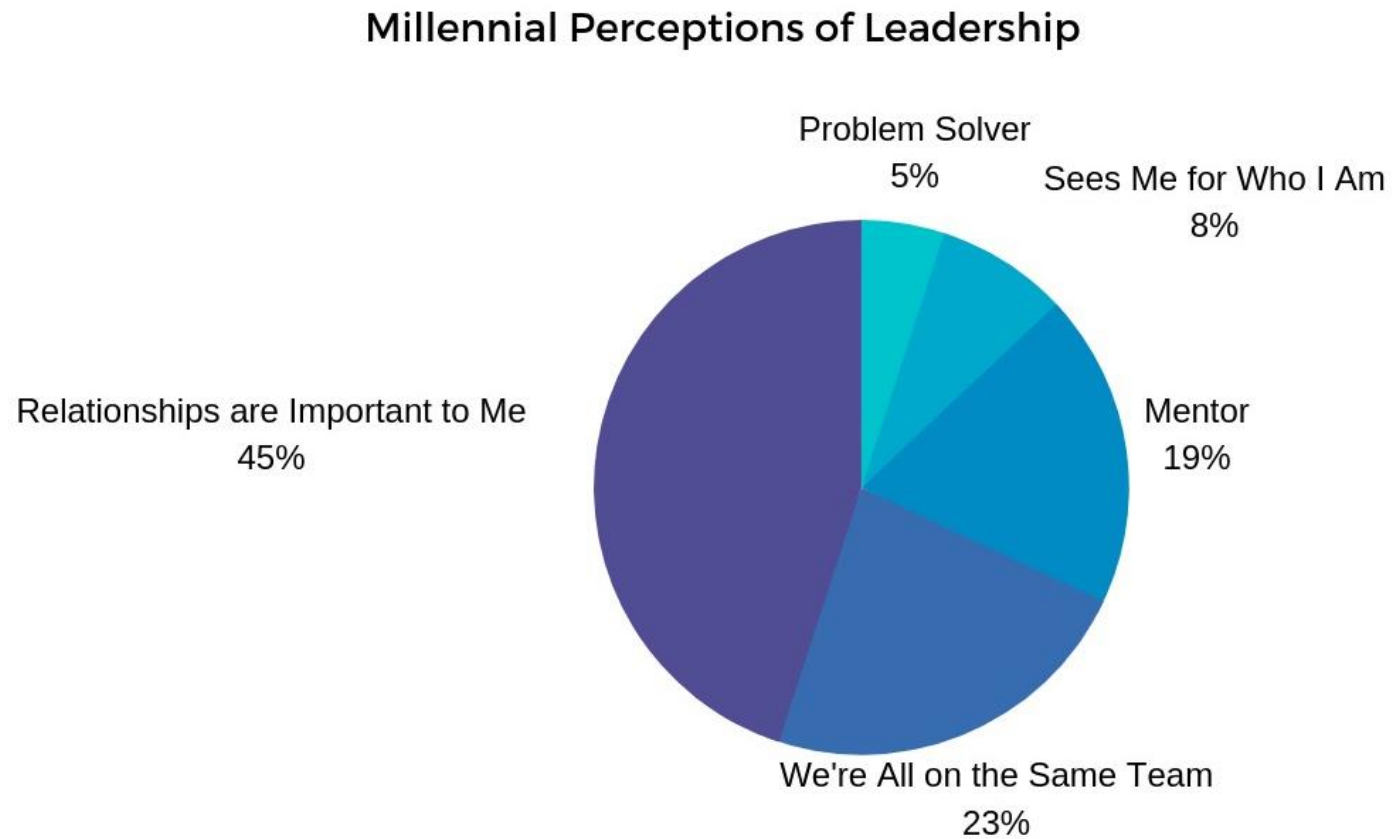
## Appendix I

Table I. *Participant Statements on Collaborative Goal Attainment Efforts by Leaders*

Participant	Statement
05	“Less of, ‘I’m just here to do my job.’ Instead, ‘I’m here to make sure that you are doing the best that you can, while I’m also completing everything else around that.”
09	“It feels like she's [the charge nurse] one of the group. Like, she’s just part of the team. She's, she’s there to help you. She’s there to laugh and growl with you. She’s there to do anything and everything that she can.”
18	“I think they're [leaders] making sure goals happen...that everyone is on the same page.”
27	“You can be a hard worker and not get the job done. I was going to say always getting the job done, but...consistently doing everything they can to work together towards the goal at hand.”
41	“When I think of leadership, I think of, kind of like, stepping up when you have to. Maybe doing something that you don't want to do but have to do.”
75	“So, that they're not just doing things and then it's not actually working. They're doing things that are productive and effective. You change the clean linen room out and you put something out there, or something. It’s just how you conduct the employees that work with you to be able to be productive. Even if that means physically helping.”
76	“The thing that made her such a great assistant manager and a great leader is that she wasn’t afraid to do the dirty work. So, literally I was in an isolation room and she came in there and like helped me completely change the patient. She would stop whatever she was doing so that she could do that.”
81	“I think it's important for leadership to still go and get their hands dirty. I don't think that it's productive leadership to sit in an office. I think it's important to be out with your client, with your patient, with your team, seeing what they are seeing.”
89	“There is so much to say as a leader that could come and be on the same level as the people. Someone that’s willing to say, yes, I am the manager, or I am the leader, however, I’m also on your team.”
91	“If there was a common goal, figuring out who does what, in like the most constructive way.”

Appendix J

Figure J. Visual Representation: Quotation Frequencies



Appendix K

Figure K. Themes and Sub-themes of Millennial Perceptions of Leadership

