NURSING LEADERSHIP CHARACTERISTICS: EFFECT ON NURSING JOB SATISFACTION AND RETENTION OF BABY BOOMER AND GENERATION X NURSES

SANDRA SWEARINGEN
B.S., West Virginia Institute of Technology, 1982
M.S., Virginia Commonwealth University – Medical College of Virginia, 1992

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ABSTRACT

The purpose of this research is to determine the degree to which nursing staffs that have a positive experience with nursing leadership are more likely to demonstrate job satisfaction. The different values and norms of the generational cohorts result in each cohort perceiving leadership characteristics differently. In addition, factors such as length of exposure to nursing leadership characteristics, location of work, shift of work, clinical versus non-clinical positions and the presence or absence of Servant-Leadership, all have the potential to impact nursing satisfaction. Nursing satisfaction or dissatisfaction impacts nursing retention, further modifying nursing leadership practices.

Conflict, Cohort, Servant-Leadership, and Self-Discrepancy theories were utilized to identify the relationships of the generations to each other and to the leadership characteristics of the leaders in their organizations.

Two Central Florida healthcare organizations were utilized to obtain data regarding leadership characteristics, generational cohort and nursing satisfaction indicators. A total of 440 survey questionnaires were distributed and 182 were returned for a response rate of 41%. Factor Analysis utilizing principal component analysis was performed to reduce the 57 variables contained in the questionnaires to one construct that represented a leadership characteristics variable. The leadership characteristics variable was utilized to test 3 of the hypotheses.

Principal component analysis was also utilized to reduce 10 characteristics of Servant-Leadership, contained in the survey questionnaire, to a construct that represented a Servant-Leadership variable. This variable was utilized to test hypothesis number 4. In addition,

qualitative data was collected from 25 interviewees and this information was used to enrich and supplement the quantitative data obtained from the survey questionnaires.

Nursing leadership characteristics do impact nursing satisfaction as demonstrated by this research. The more positive the perception or experience of nurses in relation to nursing leadership characteristics, the more satisfied nurses are with their jobs. Even though literature states that Generation X employees are less satisfied in their jobs, because of their generational specific values and norms, generational cohort did not demonstrate significance in this study.

A positive perception of nursing leadership characteristics demonstrated a positive impact on the retention of nurses in an organization. Nurses who are satisfied with the leadership characteristics of their work place tend to stay with the organization. The presence of Servant-Leadership characteristics also demonstrated a positive impact on nursing job satisfaction and retention. Those leaders that demonstrate Servant-Leadership characteristics result in increased job satisfaction for their employees and increased retention of nurses for their organizations.

This dissertation is dedicated to Ray Swearingen, my husband, without his unfailing support, this endeavor would not have been possible.

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CHAPTER ONE: INTRODUCTION

Nursing as a profession is changing rapidly. "Nurse leaders live in a world of intense chaos" (O'Conner, 2002, p. 69). The workplace environment for nurses is undergoing impressive and radical changes (O'Conner, 2002). The profession of nursing is being negatively influenced by media critique of health care practices, the lack of public trust in health care personnel, and diverse career opportunities for women (Ray, Turkel, & Marino, 2002). Caring for the aging Baby Boomer generation will be the greatest challenge for the nursing profession and the U.S. health care system in general over the next few decades (Kimball & O'Neil, 2002). Unfortunately, the bulk of the nursing professionals are themselves Baby Boomers (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000).

The population in general is aging; and, the 65 and over population is expected to double between 2000 and 2030 (Heinrich, 2001). In addition, the nursing workforce is also aging, two-thirds of the nurse workforce is now over the age of 40, and between 40-60 percent of these nurses are expected to retire within the next 15 years (Cordeniz, 2002). Numerous reports document that the United States is currently in the midst of a nursing shortage (Heinrich, 2001; Kimball & O'Neil, 2002; Spratley et al., 2000; Scanlon, 2001). National supply and demand projections demonstrate a 29 percent shortage in nurses by 2020 due to a projected 40 percent increase in demand (U.S. Department of Health and Human Services, 2002).

In addition, the number of professionals entering the field of nursing is decreasing. A recent study by Scanlon (2001) reported that women graduating from high school in the 1990's were 35 percent less likely to become RNs than women who graduated in the 1970s were. A variety of methods for engaging the emerging workforce in health careers will be needed over

the next decade in order to make health careers as attractive as are other career options currently available to young people entering the workforce (Wieck, Prydum & Walsh, 2002).

Nursing leadership is important to the overall functions of nursing as a profession. With 40-60 percent of the nurses expecting to retire in the next 15 years (Cordeniz, 2002), nursing leadership's focus is not only on the staff nursing shortage, but also on the shortage of future nursing leaders.

Rationale

Job dissatisfaction will play a role in the nursing shortage as nurses who are dissatisfied will be more likely to leave the field. The stresses and demands on nurses currently in practice and those who manage nursing environments are far greater than they were just a few years ago and will only escalate in the future (Fletcher, 2001; Urden, 1999). Many nurses rebel at the possibility of becoming an executive. Nurses are entrenched in the technical care functions and feel that unless they personally deliver hands-on care, they have somehow abandoned the profession. They fail to see that influencing others to provide quality care can have a greater impact on the quality of patient care delivered than any individual effort could (Simms & Starr, 2000).

Leadership is an art that is difficult to define and learn. Management is related to power, and leadership is related to influence – control versus vision. Although good management skills are essential, the leader directly impacts retention of nursing staff. Leaders inspire staff to contribute to the organization's mission. According to Cullen (1999), nurses who feel they contribute, experience job satisfaction, and when management prevents nurses from accomplishing personal missions, nurses experience poor job satisfaction and leave the

organization. The fundamental means to counter the problem of nursing job dissatisfaction is to address the issue of leadership skills.

Generational diversity is becoming a challenge in the nursing workforce. Never before in nursing have so many generations been asked to work together (Smith-Trudeau, 2001). Twenty-four percent of employees in nursing are Veterans (people born 1922-1943), 47 percent are Baby Boomers (people born 1944-1959), and 21 percent are Generation X (people born 1960-1980) (Spratley, et al., 2000). Generation Xers have their own ideas of what constitutes an acceptable workplace – no unscheduled or unpaid overtime, flexible scheduling, and participatory management are just a few examples of what they expect in employment situations – and usually the terms of their employment are not negotiable (Cordeniz, 2002). Companies meet their employment terms or Generation Xers move onto other employment opportunities (Cordeniz, 2002; Karp, Fuller, & Sirias, 2002; Lancaster & Stillman, 2002; Raines, 1997; Tulgan 1997). Generation Xers ideas of what constitute an acceptable workplace will influence the leadership processes of current nursing leaders (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Raines, 1997).

Generation X views all team members as equally important, with the leader being no more or no less important than any other role. They will be frustrated if they think the organization is too bureaucratic, and they do not like dealing with office politics (Weston, 2001). With the current hierarchical, bureaucratic, and political atmosphere of many healthcare organizations, the current leadership may be unprepared for the changes that the new generation of nurses will want in their leaders.

The problems that exist between generations in the nursing culture are creating unnecessary friction and conflict. That, in turn, leads to unhealthy distractions causing poorer

patient care, lower productivity, and employee turnover resulting in the nursing shortage of today (Smith-Trudeau, 2001).

The questions then are how do organizations assure nurses are satisfied in their jobs and are retained by the organization. This research will investigate the impact of leadership characteristics and generational diversity on job satisfaction and nursing retention in relation to their possible impact on the future of nursing. This research will also investigate the specific leadership characteristics of Servant-Leadership and their impact on nursing job satisfaction.

The Nursing Shortage

Kimball and O'Neil (2002) reported that the nursing shortage of today, and the next two decades, would be driven by a much broader set of factors than previous shortages. As Baby Boomers age, it is very likely that the demand for nursing care will increase and tax an already strained health care system. The fact that there are fewer young people entering the healthcare workforce; and, the simple fact that the physical demands of nursing prevent individuals from remaining in the profession much past their mid-50's, is adding to the shortage of nurses. Furthermore, the racial and ethnic makeup of the current nursing workforce does not reflect the increasing population diversity in the United States. Recruitment of minority groups must be a priority in order to recruit sufficient numbers of new nurses. Women have left nursing for other professions and not enough men have entered to take their place. Research done by Kimball and O'Neil (2002) demonstrates that Generation X, the prime source of young workers, perceives nursing as unappealing. In addition, competition, pressures in healthcare financing, and a push for accountability do not bode well for a profession that lacks the authority to create change within the healthcare system.

In March 2000, 2,694,540 persons were estimated to have a license to practice as Registered Nurses (RNs) in this country, an increase of 62.2 percent since 1980; however, the years between 1996 and 2000 marked the slowest growth in the RN population over the 20-year period between 1980 and 2000. On average, the RN population grew only about 1.3 percent each year between 1996 and 2000, compared with average annual increases of 2-3 percent in earlier years. This slow down in growth reflects fewer new entrants to the nurse population, coupled with a larger volume of losses from the nurse population than in earlier years (Spratley et al., 2000). This results in a smaller pool of nurses from which to choose nurse leaders.

Aging of the Workforce

Spratley et al., (2000), documents the continuing trend in the aging RN population in 2000. In 1980, the majority (52.9 percent) of the RN population was over the age of 40, while in 2000 less than one-third (31.7 percent) was under age 40. The major drop was among the under the age of 30 group. In 1980, 25.1 percent of RN's were under the age of 30, compared to only 9.1 percent in 2000. The average age of the RN population was 45.2 years of age in 2000, compared to 44.3 in 1996 (Spratley et al., 2000).

As the average age of RNs continues its 20-year climb, and as Baby Boomers – currently 68.3 percent of the RN Population – reach retirement age (Spratley et al., 2000), nurse executives already faced with the shortage will have to work harder to keep older workers at their institutions – especially since not enough replacements are forthcoming (Nurse Executive Center Practice Brief, 2002). In addition, the aging of the nurse executive workforce will lead to the need for new nursing leaders in the future. Spratley et al. (2000) states that only 5.7 percent of all nurses in the workforce were in administrative positions and only 8.4 percent of RN's were in

head nurse or supervisory positions in 2000. It is already noted that there is a decline in the percentage of staff nurses in the position of supervisor (from 5.6 percent to 3.6 percent during the period from 1988 to 2000). At the same time, significant increases have occurred in the percentage of nurses in the position of nurse practitioner – an increase from 1.3 percent of employed RN's in 1988, to 2.8 percent in 2000 (Spratley et al., 2000).

Part of the decline in nursing administration may be directly related to nurses with higher education. Historically, these nurses went into nursing administration; increasingly, they are choosing not to enter the administration field, instead opting for the nurse practitioner field (Spratley et al., 2000). Generation X employees who are entering nursing and seeking higher degrees may, by their generational perspectives and attitudes, choose the nurse practitioner role as one that meets their need for self reliance and independence (Bradford & Raines, 1992; Raines, 1997).

Reasons for Nursing Dissatisfaction

Nursing, today, has many sources of dissatisfaction. The National Opinion Research Center's General Social Survey indicates that, from 1986-1996, 85 percent of workers in general and 90 percent of professional workers expressed satisfaction with their job (National Opinion Research Center, 2000). Across the entire sample of the registered nurse population, just over two-thirds of nurses (69.5 percent) reported being satisfied in their current positions (Spratley et al., 2000). This general level of satisfaction is markedly lower than levels seen in the employed general population of all workers. Nurses working in nursing homes and hospitals report the lowest levels of overall job satisfaction of 65 percent and 67 percent, respectively (Spratley et al., 2000).

Across employment settings, two factors appear to have negative roles in regards to the level of job satisfaction, age and position, specifically, when the respondent is a staff nurse. A staff nurse performs direct patient care on a daily basis. A non-staff nurse is one who performs at the management or supervisory level of nursing (Kimball & O'Neil, 2002; Spratley et al., 2000). Non-staff nurses who spend more than 50 percent of their time in direct patient care report higher job satisfaction than staff nurses spending similar amounts of time with patients. This suggests that it is the structure of the job, rather than the composition of the work, that is influencing satisfaction (Kimball & O'Neil, 2002; Spratley et al, 2000). Since the entry level for the majority of nursing is at the staff nurse level, and they are the most dissatisfied, there is little to encourage new people to enter nursing. Limited nurses entering the profession intellectually translates into fewer nurses being available to seek leadership roles.

Other sources of dissatisfaction include working conditions, such as inadequate staffing, heavy workloads, increased use of overtime, a lack of sufficient support staff, inflexibility of scheduling, lack of administrative support, lack of involvement in decision making, and the inadequacy of wages (Fottler & Widra, 1995; Kimball & O'Neil, 2002; United States General Accounting Office (GAO), 2001). As the nursing shortage continues to intensify, most nurses report that they are now working slightly longer hours, but earning more than they did two years ago (Bauer, 2001;United States General Accounting Office, 2001). In addition, independent of whether nurses are getting paid an hourly rate or are salaried, both full-and part-time RNs are working more than they did two years ago – on average two hours more per week. The average full-time nurse now works 48 hours per week, including an average of seven hours of compensated overtime; the average part-time RN works 30 hours per week, including an average of five hours compensated overtime (United States General Accounting Office, 2001).

The increase in hours worked should be no surprise – with more nurses retiring or leaving the profession than there are new nurses entering the field, those who remain are covering more hours (Bauer, 2001). Any increase in salary is not necessarily due to increased job worth. The average annual earnings of RNs employed full-time in March 2000 was $46,782, 11.2 percent higher than in March 1996. This is similar to the 11.5 percent increase between 1992 and 1996. The eight years from 1992 to 2000 were a period of relative stability in the cost of living, where the consumer price index increased about 10 percent over each 4-year period. Thus, it appears that nearly all of the increases over these four-year periods may be due to inflationary factors (Spratley et al., 2000).

A problem for nursing management is that staff nurses are being offered better incentives and benefits, which are often not extended to management. "It is becoming more attractive for managers to return to staff nursing. The salary jump from staff to manager isn't enough incentive to take the job" (Fitzpatrick & Steltzer, 2002, p.24).

For Generation X employees who seek high financial rewards, the salaries of nursing are a deterrent to choosing nursing as their career. The salary of nurses, coupled with a normal 48-hour workweek, makes nursing unattractive to Generation X (Bradford & Raines, 1992; Kimball & O'Neil, 2002, Raines, 1997). If Generation X employees do not enter the nursing field, they decrease the pool of possible nursing leaders for the future. In addition, if the managers and leaders of nursing have no financial incentive to stay in these roles, nursing will have a hard time convincing Generation X employees to pursue these roles (Unruh & Fottler, 2002).

Job dissatisfaction has also been identified as a major force contributing to the current problems of recruiting and retaining nurses (Fletcher, 2001; United Stated Accounting Office, 2001). " Half of the currently employed RNs have considered leaving the patient care field for

reasons other than retirement over the past 2 years" (United States Accounting Office, 2001, p.8). With RN replacement costs up to $25,000 for a single nurse, retention has become a fundamental financial issue. Executives have recognized that customer satisfaction relates directly to the retention of frontline employees. In healthcare, that is the RN caregiver (Cullen, 1999).

If current employees are leaving the field of nursing, and new ones are not entering, nursing leadership will not only feel the impact of staffing shortages, but will also feel the impact in relation to developing and finding new leaders. The predominant reasons that RN's in 2000 cited for working in non-nursing positions were; (1) the other positions' scheduled hours were more convenient (46 percent); (2) better salaries (35.4 percent); (3) greater safety than in the health care environment (19.8 percent); (4) more professionally rewarding (44.9 percent); and (5) taking care of home and family (24.9 percent) (Spratley et al., 2000). The preceding reasons that RNs have cited for working in non-nursing positions are major deterrents for Generation X employees who might seek nursing and nursing leadership as a career (Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002).

The Impact of Leadership

No one leader has all the necessary qualities at one time, nor are they static (Smith-Trudeau, 2002). Leadership must change and grow just as an organization changes and grows. The proper use of leadership concepts and skills allows greater control and understanding of events that occur in work situations (Tappen, 1995).

Laurent (2000) asserts that within most organizations, the RN who is best at managing patient care is promoted to leadership roles. The basis for leadership success in the RN is their

ability to manage (Mc-Neese-Smith, 1995). The management of patient care is frequently outcome driven and success in managing people is again frequently measured in outcomes. The RN tends to continue those management traits that brought success into higher levels of leadership. Unfortunately, RN's are often promoted to leadership positions for their ability to manage and not necessarily for their ability to lead (Laurent, 2000).

A leader shows the way; he or she is created by a process that includes self-development, which may be obtained by a trial and error method (Greggs-McQuilkin, 2003). Leadership is not management, although a leader may have begun their journey into leadership as a manager. Managers predict the future while leaders create the future. Management is about process while leadership is about people (Fletcher, 2003). True leaders are not focused on themselves but on others (Fridge, 2002).

The essence of leadership is the ability to influence others (Covey, 1992). Leadership involves influencing people in a group to work towards achievement of the goals of the group. Leaders help others develop a sense of what is important. Effective nurse leaders are those who inspire others to work together in pursuit of shared goals (Bryman, 1999).

In 1998, Maslow's notes on management, written 40 years ago, were republished. In these notes it was clear that Maslow was critical of the leadership theories of his time: leadership theories that emphasized power, hierarchy and mechanistic approaches to organizations. He argued that leadership was more about giving control than taking control.

> Maslow (1998) felt that it is not that people are divided into leaders and followers. Everybody knows exactly what the goal is and is doing his best and making his own best contribution toward this goal. He is therefore as much a general as anybody else (p. 165).

Collins (2001) feels that successful leaders are inspired leaders who work with the team to help them discover their passions, their best skills and how they can make the greatest contributions to the patient population. Leaders who: believe in the goodness and intellect of their people; believe that several brains are better than one; and, who can create an engaging shared vision that generates a sense of shared destiny for everyone, create commitment among their followers (Kerfoot & Wantz, 2003).

Managers control their environment and patient care is manipulated or managed (Roy, 1976). Laurent (2000) states that the first step in moving from a nursing manager to a nursing leader is to release control. The RN must release control to the employee(s). New ideas and radical approaches very often have results, which are unpredictable and cannot be controlled, therefore representing true risk-taking behavior. Managers maintain the status quo; leaders take risks (Covey, 1989). Many managers think they are "risk takers" but upon careful analysis of the risk-taking behaviors it is revealed that the consequences were controlled, so in reality, no risks existed (Laurent, 2000). Allowing employees to participate in management decisions without the control of management are risks that most managers are not willing to take (Walton, 1986). Effective leaders take calculated risks in the decisions made by their organizations (Wadsworth, 1997).

Frisina (2001) state that leaders stand for something – ideas, values, goals and objective that followers value on a personal level or as a collective whole. Leaders "face reality and define that reality for the individuals that work for them" (p. 24). "Leadership comes in many styles and forms" (Kerfoot, 2003, p.132).

Research by Moss and Rowles (1997) found that leaders could affect nurse staff job satisfaction by using appropriate leadership styles. McVicar (2003) proposes that improved

leadership styles could reduce interprofessional and intraprofessional conflict improving cohesion between the different patient care team members. Leveck and Jones (1996) noted that leadership style is a key variable in predicting nurse retention and the quality of the care provided in hospitals. Strachota, Normandin, O'Brien, Clary and Krukow (2003) advance that nursing leadership styles contribute to the retention of nursing professionals. Fisher, Hinson and Deets (1994) report that nurses tended to stay at an organization when leaders used participative management styles and encouraged staff input into decision-making. The effective leader knows how to use the right style in each situation (Moiden, 2002).

Fiedler (1967) states a style is the way that something is said and done. It is a particular form of behavior associated with an individual. Individual behavior is influenced by experiences in the formative years. It is also influenced by all the input in a person's life. Thus, the style or approach taken by nurses towards patients and other staff members strongly reflects their prior experiences. One style of leadership is rarely practiced exclusively.

Moiden (2002) asserts that one goal of an organization relates to leaders that adopt a style of leadership that promotes high levels of work performance in different circumstances and as efficiently and effectively as possible with the least disruption possible. The problems confronting leaders will determine if they will be able to share decision-making responsibilities with their staff.

Welford (2002) feels that leadership is also identified as characteristics of person in a certain situation. Theories tend to concentrate more on style than on character but character must remain intact and functioning for leadership to be effective. Winderquist (2000) states that character identifies who we are, what we respect and how well we function in situations that require ethical and moral judgment.

Kouzes and Posner (2002) demonstrate through research that honesty is selected more often than any other leadership characteristic. Honesty emerges as the single most important factor in the leader-constituent relationship. If people are to follow someone willingly, be it in battle, the boardroom, or in the front lines – they first want to make sure that the person they follow is worthy of their trust. Kerfoot (2001) states that to achieve success, there must be a basic level of trust between the staff and the leaders.

Understanding Generational Diversity

The term generational refers to people born in the same general time span who share key life experiences, which include demographic trends, historical events, public heroes, entertainment pastimes, and early work experiences (Bradford & Raines, 1992; Strauss & Howe, 1991). These common life experiences create cohesiveness in perspectives and attitudes and define the unspoken assumptions of the generation. As a result, employees of different age groups do not share the same work ethic or expectations (Bradford & Raines, 1992; Karp et al, 2002; Raines, 1997; Zemke, Raines, and Filipczak, 2002).

The Role of the Veterans (1922 – 1943)

The Veteran nurse is age 62 and older in 2004 and has over 35 years working in the profession. Veteran nurses are still active in the role of nursing leadership. They are the leaders whose work ethic has formed much of nursing leadership, as it is known today. They are comfortable with organizations that are hierarchical, that have clear divisions of labor, and that value conformity, consistency and uniformity (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Weston, 2001). They believe in lifetime employment, company loyalty, and "paying one's

dues" in order to gain respect and security (Bradford & Raines, 1992; Hatfield, 2002; Lancaster & Stillman, 2002). They respect people in authority and prefer a hierarchical management structure (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Weston, 2001). Members of this generation entered the workforce expecting to work hard and be rewarded for loyalty for their years of service; commitment to the organization would result in a hefty pension in addition to the retirement funding of social security (Weston, 2001).

The Role of the Baby Boomers (1944-1959)

The Baby Boomer nurses are between 45-61 years old in 2004 and have 15 to over 35 years in the nursing profession. The Baby Boomers are the most active participants in the role of nursing leadership. Baby Boomers are expected to dominate the nursing profession until the year 2015 (Weston, 2001). Baby Boomers are driven and dedicated and equate work with self-worth. They tend to define themselves through their jobs and to achieve identity by the work they perform (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Zemke et al., 2002). Many Baby Boomers arrive early to work and leave late; gaining visibility is a key to success; the longer the day, the higher the pay (Bradford & Raines, 1992; Hatfield, 2002;Lancaster & Stillman, 2002). Many selected nursing as a profession not based on economic prospects, but with the intent to make the world a better place (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Weston, 2001). Baby Boomers also believe that you must "pay your dues" before advancing in your career (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Zemke et al., 2002).

The "Generation Xers" (1960 – 1980)

The term Generation Xers is used to define nursing professionals who are between 24 to 44 years of age. Their generation promises the most impact on nursing leadership, as we know it. Over the past decade and a half, 44 million latchkey kids (children who came home after school to stay alone until their family came home from work, typically wore a key around their necks in order to open the latch on the front door) entered corporate America (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Watson, 2002). They brought with them an astounding need for independence, coupled with a desire for personal contact with managers and corporate decision makers (Hatfield, 2002; Raines, 1997). At a young age, they learned to manage on their own and to be equal participants in discussions. They were born into the information age and are innately comfortable with technology (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Weston, 2001). Their continuous use of technology has this generation expecting instant response and satisfaction (Weston, 2001).

Generation Xers are starting out their working lives in the wake of downsizing, restructuring, and reengineering (Lancaster& Stillman, 2002). All generations in the workforce are experiencing these profound changes in the economy, but the difference is that Generation Xers are starting out their careers in the midst of this change (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Tulgan, 1997). "Xers never got to play by the old rules, and Xers have no point of reference for working by the old rules" (Tulgan, 1997, p.12).

Generation Xers know they cannot rely on established institutions to be the anchors of their success and security (Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002). No one in this generation expects to base his or her career on long-term employment with

any one organization (Lancaster & Stillman, 2002; Raines, 1997; Tulgan, 1997). "Every single year, more than 17 million Xers change full-time jobs" (Tulgan, 1997, p.13).

Tensions between Generations

The differences in the ideals, roles, and expectations, between each generation are leading to tension between nurses (Cordeniz, 2002; Santos & Cox, 2002). The tension between nurses is not a mere nuisance; it permeates every aspect of nursing – from performance to job satisfaction – and it may very well contribute significantly to the problems associated with recruitment and retention (Santos & Cox, 2002). In order to alleviate this tension, nursing will have to change as will the leadership that is driving the workforce.

Weston (2001) states, that in the past, members of different generations were aligned based upon seniority and years of experience. The oldest members of the workplace directed the youngest. Generational interaction was equalized by position and protocol. Today, all generations work side-by-side; positional hierarchy is no longer related to age, and the least senior members of the workforce are frequently expected to share in the decision-making (Bradford & Raines, 1992; Weston, 2001). Intergenerational interaction is dramatically increased and unstated assumptions, perspectives, and expectations of people can provoke conflict (Hennessy & West, 1999; Karp et al., 2002; Weston, 2001).

Exploring the Differences in Perspectives

In research conducted by Santos and Cox (2002), it was discovered that although Baby Boomer nurses are both physically and psychologically exhausted, they find it unprincipled to leave a unit inadequately staffed when they are asked to work on their day off. They wonder

why they come in to work repeatedly, when their younger coworkers do not seem to have this conviction. To Generation X nurses, a chronically understaffed unit conveys a strong message from the organization leadership that they are not important (Santos & Cox 2002).

When Baby Boomers were first employed, they were pushed to make long-term commitments to them (Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; Zemke et al., 2002). Generation Xers are inclined to change jobs more readily and sooner, for better pay and to develop multitudinous skills (Bennis & Thomas, 2002; Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; Tulgan, 1997; Zemke et al., 2002). Baby Boomers are so emotionally drained by the deluge of new nurses coming and going that they are barely able to establish a connection with them (Santos & Cox, 2002).

Moving up the Career Ladder

Zemke, Raines, and Filipczak (2002) state that the workplace will be controlled by the Baby Boomers until at least the year 2015. While the next generation may like to move up the career ladder, the Baby Boomers are, for the most part, established and securing themselves in their positions. Not only is their experience impressive; they are also well allied with the decision makers in their companies and the industries of which they are a part (Zemke et al., 2002). "They have taken the adage, " 'It is not what you know, but who you know' and made it, if not a science, a high art form" (Zemke et al., 2002, p.88).

Rosen (2001) states that in the Generation X viewpoint, politics have no place in the work setting. This will certainly be a disadvantage to them in competing for the best jobs. Generation Xers and Baby Boomers crave the same thing: power and status (Hennessy & West, 1999; Jackson, 1993). Unfortunately, these are zero-sum entities; there is a limited amount of

power and status in any organization and personnel can only advance to positions of power or status at someone else's expense (Jackson, 1993). This inevitably provokes conflict over something considered a basic right: the right to decide one's own future (Rosen, 2001).

In addition, Baby Boomers have not planned well for their financial future. Many of the Baby Boomers will have to work because they have not saved sufficiently for retirement (Zemke et al., 2002). This leaves Generation X employees fighting for those higher paying leadership jobs that will help to finance their futures.

Mentoring: A Positive Influence

Employees from different generations have different value systems and work expectations, and each generation reacts and responds differently to common life events (Ryder, 1959; Strauss & Howe, 1991). Most individuals are unable to place their own generation within the context of time – thus, they take their differences to work and inadvertently assume that others (coworkers and managers) are like them (Kupperschmidt, 2000). New nurses must be nurtured and mentored by current nurses leaders if they are to become leaders (Bower, 2000; Santos & Cox, 2002). Current leaders look for individuals to mentor whom they feel esteem for, and with whom they believe have a potential for success (Bower 2000). With the generational differences of today's workforce, it is difficult to find a Generation X employee that the Veteran and Baby Boomer generation believes in and values. Young people will need support and nurturing by current nurse leaders to become tomorrow's leaders (Raines, 1997). Mentoring helps nurses develop successful career paths. A powerful and influential person within an organization acting as a mentor or sponsor can make a critical difference in providing visibility, credibility, and acceptance (Buchanan, 2000). The person who mentors them does make an

impact. If they are mentored by someone with a leadership style that they do not admire or support, they may seek other opportunities outside of nursing, such as entrepreneurial opportunities or community–based organizational models (Wieck et al., 2002).

A Continuous Process of Adaptation

The possibility of Generation Xers becoming the new leaders in nursing is an area of concern for Baby Boomers. First, there is the issue of loyalty. Bennis and Thomas (2002) talk about Generation Xers (whom they call Geeks) and their experience in terms of experimentation and testing alternatives, as if life were like clothes shopping at the Gap. They adopt a "tourist's attitude" about loyalty, because, to them, the world is a constantly changing picture. A "tourist's attitude" ought not to be mistaken for unwillingness to make commitment; it is just that, where loyalty to an employer is concerned, it is neither assumed nor necessarily rewarded.

In a world where life expectancy has grown by 25 percent in seventy-five years, where technological change and globalization make every competitive advantage temporary, and where loyalty to employees (and vice versa) resembles historical fiction, it makes sense that a continuous process of acclimatization should characterize status and career (Bennis & Thomas, 2002; Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; Zemke et al., 2002). Not one life, but many achievable lives. Not one self, but many achievable selves. Not a captive of history, but a maker of history. Not later, right now (Bennis and Thomas, 2002).

For an industry that is based on commitment and longevity, Generation X employees do not meet the current organizational standards of a preferred healthcare employee. Their constant career changing and adapting in their career goes against the "pay your dues" mentality of the

Baby Boomers and the “consistency” mentality of the Veterans (Bennis & Thomas, 2002; Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; Zemke et al., 2002).

Anti-institutional Orientation

A homogeneous theme in the description of Generation X is their anti-institutional orientation. Their disposition is to be more cautious of institutions, particularly large institutions, than their parents were (Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; O’Neil, 2002; Zemke et al., 2002). Generation Xers’ parents surrendered their personal lives and missed important school events, activities, and leisure time, only to have their jobs lost because of downsizing, reengineering, mergers, and closures. Generation Xers’ duty is to their profession and career, not to the organization (Bennis & Thomas, 2002; Karp et al., 2002; Lancaster & Stillman, 2002; Watson, 2002; Zemke et al., 2002). It is difficult to be a leader in a complex organization, such as healthcare, if you are not loyal to the institution as a whole.

Hours of Work

In addition to loyalty issues, the actual commitment to working the long hours necessary to meet the demands of being a leader in nursing is a real problem for Generation Xers, who may decide to seek leadership roles in nursing. Generation Xers want balance in their lives. A balance between work and the rest of their lives is crucial. They want a life outside of work (Bennis & Thomas, 2002; Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; MacGarvery, 1999; Zemke et al., 2002).

Bauer (2001) noted that 74 percent of RNs are working, an average of seven hours per a week overtime. This is significant for the Generation X employees who want to work a forty

hour week. Generation Xers will work additional shifts and days, but based on their ideas. They want to establish their own terms and conditions, which include advance planning and notice. Generation Xers refuse to eschew their personal lives for the sake of the job (Lancaster & Stillman, 2002; Tulgan, 1997; Watson, 2002).

Current Hierarchical Problems

The current hierarchy in nursing also brings problems for Generation Xers (Bennis & Thomas, 2002; Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; Zemke et al., 2002). If a Generation X employee has an issue, he or she does not see it as disrespectful to go to upper management for a decision, or to give their input. The old rules of office politics are often disregarded, not out of disrespect, but out of their view that everyone is on the team, the team is here for the sake of the patients, and everyone on the team needs to talk to each other (Watson, 2002).

In the world of nursing administration, this can lead to real feelings of distrespect by the Veterans and Baby Boomers currently in administrative roles. Veteran employees grew up valuing obedience over individualism on the job. Following the leader was highly valued. They are trained to do what the leader asks without demanding the leader's rationale (Bennis & Thomas, 2002; Lancaster & Stillman, 2002; Zemke et al., 2002). Baby Boomers can be very political animals, especially when their power base is threatened. The net result is confusion, frustration, and misunderstanding on the team (Lancaster & Stillman, 2002; Raines 1997; Zemke et al., 2002). An employee perceived as skipping steps in the chain of command would be very threatening to a Veteran or Baby Boomer.

The emerging workforce has an emphasis on entrepreneurial opportunities, short-term employment, and balance in their lives. Due to these emphases, the emerging workforce may not be attracted to health careers at all, and particularly not to leadership positions in healthcare (Wieck et al., 2002).

In summary, as the population ages and the current nursing leaders retire, the values and culture of the Generation Xers will impact the methods of nursing leadership. Unfortunately, for the Generation X leaders, the current nursing shortages and dissatisfaction felt by the nursing profession will lead to doing more work with less employees. The fact that many Generation Xers are not attracted to healthcare, coupled with the conflict evidenced between the generations currently in nursing, leads to a narrowing of the future nursing leadership pool.

Theoretical Framework for the Proposed Study

Leadership characteristics have the ability to impact job satisfaction and nursing retention. In addition, the problems that exist between generational cohorts in the nursing culture are creating unnecessary friction and conflict. That, in turn, leads to unhealthy distractions causing poorer patient care, lower productivity, and employee turnover, resulting in the nursing shortage of today (Smith-Trudeau, 2001).

Job dissatisfaction will continue to play a role in the nursing shortage, as nurses who are dissatisfied will be more likely to leave the field. The stresses and demands on nurses currently in practice, and those who manage nursing environments, are far greater than they were just a few years ago and will only escalate in the future (Fletcher, 2002; Urden, 1999).

Although good management skills are essential, the leader directly impacts retention of nursing staff. Leaders inspire staff to contribute to the organization’s mission. According to

Cullen (1999), nurses who feel they contribute, experience job satisfaction, and when management prevents nurses from accomplishing personal missions, nurses experience poor job satisfaction and leave the organization. The fundamental means to counter the problem of nursing job dissatisfaction is to address the issue of leadership skills.

Statement of the Problem

The question then becomes one of: how to assure nursing satisfaction with their jobs and therefore retain the nurses necessary to take care of the patients? The current intergenerational conflict and dissatisfaction with leadership coupled with the well-documented nursing shortages, is clearly affecting the future of nursing. The differences in the ideals, roles, and expectations, between each generation are leading to tension between nurses (Cordeniz, 2002; Santos & Cox, 2002). The tension between nurses is not a mere nuisance; it permeates every aspect of nursing – from performance to job satisfaction – and it may very well contribute significantly to the problems associated with recruitment and retention (Santos & Cox, 2002). In order to alleviate this tension, nursing will have to change, as will the leadership that is driving the workforce.

Questions to be Investigated

The purpose of this proposal is to examine:

1. Do nursing leadership characteristics impact job satisfaction of the nurses when location of work (Acute versus Home Health), shift of work, years as an RN, gender, ethnic group, education and position of work (clinical versus non-clinical positions) are control variables?
2. Do Baby Boomer nurses have a higher level of job satisfaction and retention than Generation X nurses when location of work (Acute versus Home Health), shift of work, years as an RN,

gender, ethnic group, education and position of work (clinical versus non-clinical) are controlled for?

3. What impact will nursing satisfaction with nursing leadership characteristics, have on nursing retention when location of work (Acute versus Home Health), shift of work, years as an RN, gender, ethnic group, education and position of work (clinical versus non-clinical) are controlled for?
4. What impact would the precepts of Servant-Leadership have in relation to nursing staff satisfaction with their jobs when location of work (Acute versus Home Health), shift of work, years as an RN, gender, ethnic group, education and position of work (clinical versus non-clinical) are controlled for?
5. What impact would the precepts of Servant-Leadership have in relation to nursing staff retention when location of work (Acute versus Home Health), shift of work, years as an RN, gender, ethnic group, education and position of work (clinical versus non-clinical) are controlled for?

Hypothesis Number One

Ha 1: All things being equal, nursing staff who have a positive experience with nursing leadership are more likely to demonstrate job satisfaction (to be answered by a combination of all survey questions and interview questions).

Position Statement for Hypothesis Number One

The researcher feels that the nursing leadership characteristics will have a positive impact on the job satisfaction of nursing staff. The more positive the experience nurses have in relation

to leadership characteristics, the more satisfied they will be with their jobs. Although the literature states that Generation X will be more dissatisfied the researcher feels that both will perceive leadership characteristics negatively and therefore be less satisfied with their jobs.

Hypothesis Number Two

Ha 2: All things being equal, Baby Boomer nurses will have a higher level of job satisfaction than Generation X nurses (to be answered by a combination of all survey questions and interview questions).

Position Statement for Hypothesis Number Two

Although, literature states that Generation X nurses are more dissatisfied with their jobs than are the Baby Boomer Nurses. The researcher feels that neither generation will express a high level of satisfaction with their jobs.

Hypothesis Number Three

Ha 3: All things being equal, Baby Boomer nurses are more likely to stay employed at one job longer (retention) than Generation X nurses (to be answered by a combination of all survey questions and interview questions).

Position Statement for Hypothesis Number Three

Literature states that Generation X will be less satisfied and therefore, will be less likely to stay in one position. The researcher agrees with this because Baby Boomer nurses tend to be more loyal to organizations and tolerate work environments that may not be tolerated by Generation X nurses.

Hypothesis Number Four

Ha 4: All things being equal, nursing leadership characteristics will have a positive relationship to the retention of nurses as demonstrated by current levels of loyalty to the organization (to be answered by an analysis of scores for each generation and through direct qualitative questions posed to all interview respondents.).

Position Statement for Hypothesis Number Four

The researcher feels that the more nurses are satisfied with nursing leadership characteristics, the more they will be loyal to the organization and will remain in their current positions therefore, positively impacting nursing retention.

Hypothesis Number Five

Ha 5: All things being equal, the presence of the Servant-Leadership characteristics of listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of employees, and community building abilities have a positive relationship to nursing job satisfaction (to be answered through qualitative data obtained through the interviews and by utilizing regression analysis to predict the level of satisfaction of nurses in relation to the presence of Servant-Leadership characteristics in current leadership characteristics of nurse leaders).

Position Statement for Hypothesis Number Five

The researcher feels that the Servant-Leadership characteristics evaluated by this hypothesis will demonstrate a positive relationship with nursing job satisfaction. Those leaders

who have Servant-Leadership characteristics will have more satisfied employees. In order to address nursing shortages, recruit new nurses, and retain seasoned nurses, leadership will have to assume more of a Servant-Leadership role instead of the current hierarchical leadership role.

Hypothesis Number Six

Ha 6: All things being equal, the presence of the Servant-Leadership characteristics of listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of employees, and community building abilities have a positive relationship to nursing retention (to be answered through qualitative data obtained through the interviews and by utilizing regression analysis to predict the loyalty of the nurses to the organizations).

Position Statement for Hypothesis Number Six

The researcher feels that the Servant-Leadership characteristics evaluated by this hypothesis will demonstrate a positive relationship with nurse retention. Those leaders who have Servant-Leadership characteristics will have more satisfied employees and therefore will retain those employees.

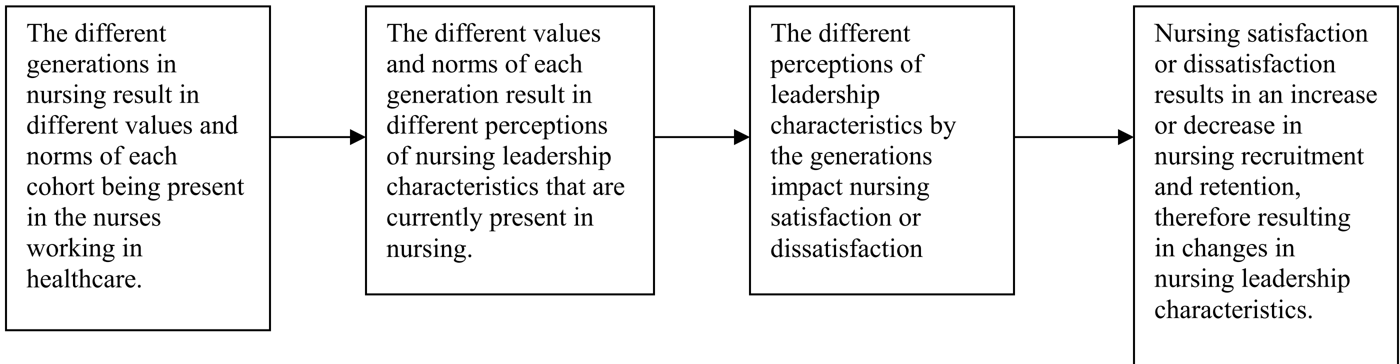

Figure 1: The Effect of Generational Cohorts on Nursing Leadership Characteristics

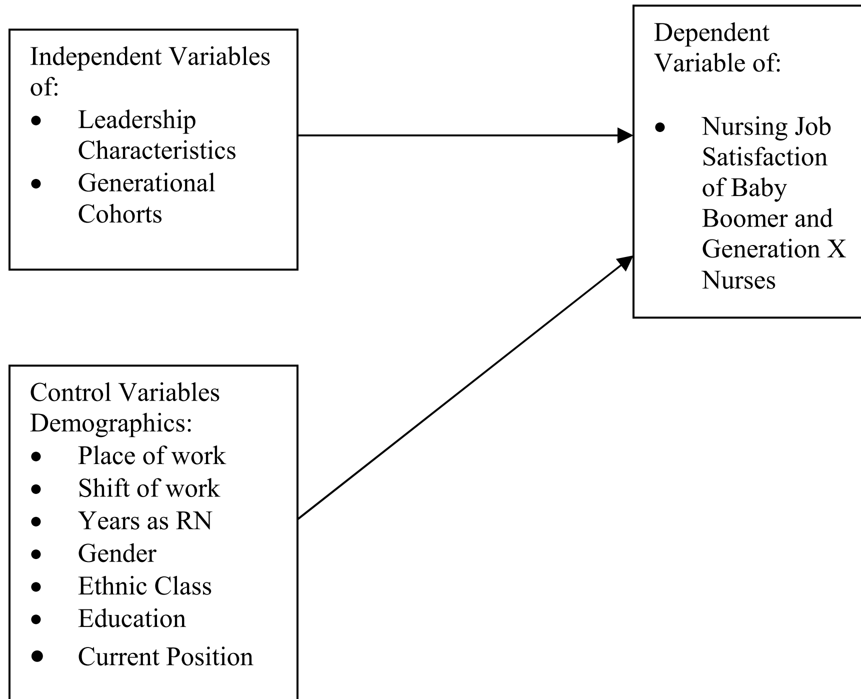

Figure 2: Model for Leadership Characteristics and Generational Cohorts in Relation to Nursing Job Satisfaction (Hypotheses 1 and 2)

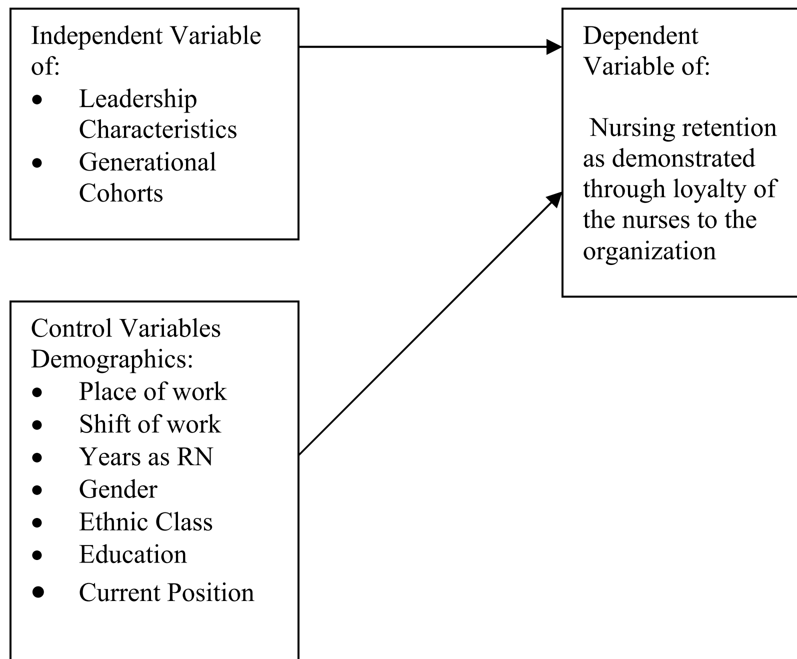

Figure 3: Nurse Satisfaction and its Impact on Nurse Retention Model (Hypothesis 3 and 4)

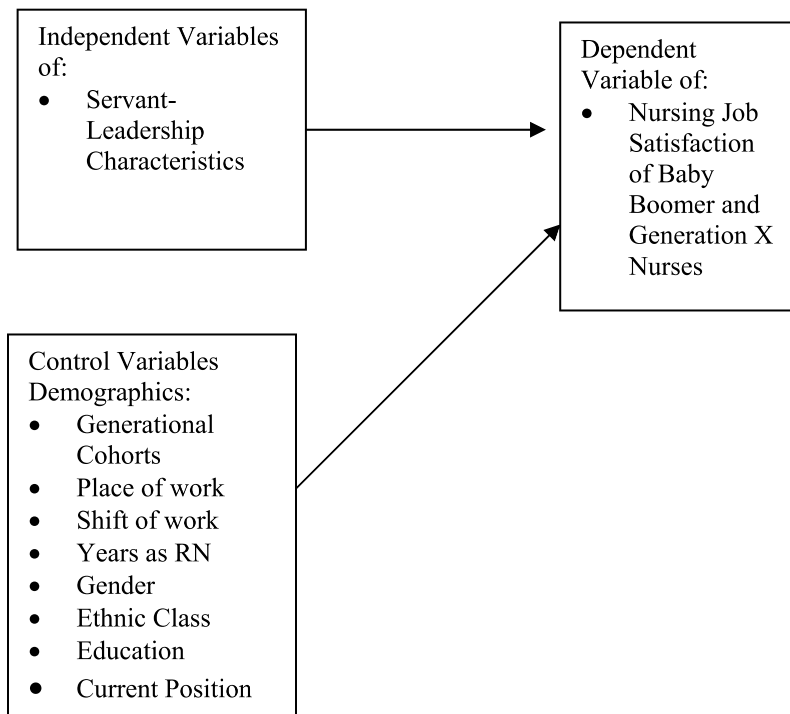

Figure 4 : Servant Leadership Characteristics and Its Impact on Nursing Job Satisfaction (Hypothesis 5)

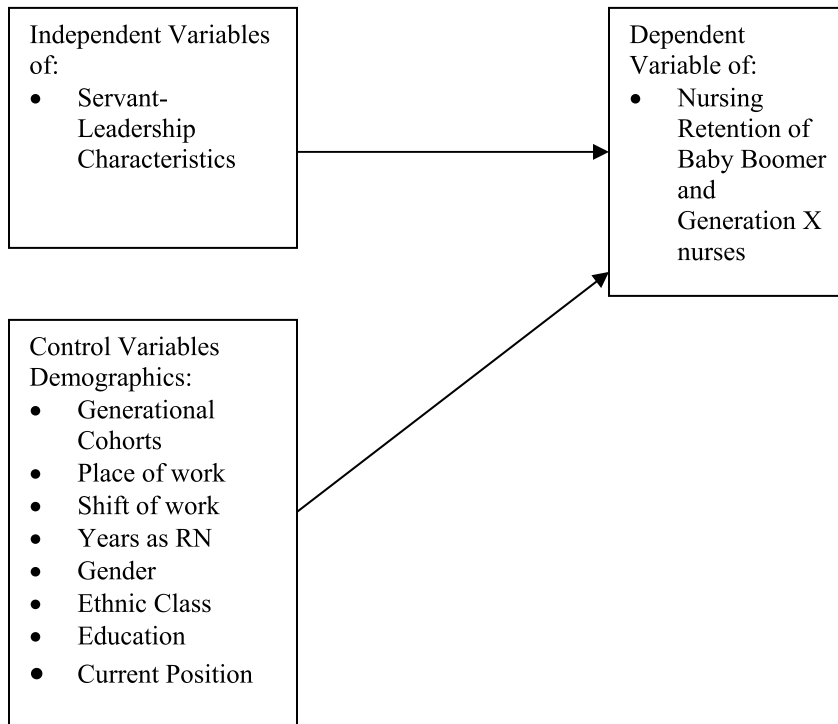

Figure 5: Servant Leadership Characteristics and Its Impact on Nursing Retention (Hypothesis 6)

Delimitations and Limitations

One of the limitations of the study relates to the generalizability of the sample. The sample is of large healthcare systems, located in Central Florida, which may lead to an inability to generalize the data to other groups and other areas. In addition, both organizations are non-profit and this may impact the finding in relation to for-profit healthcare organizations. The findings of the data for this sample set may or may not be applicable to other geographic areas.

Another limitation of this research relates to the fact that the researcher is interested in the personal attributes of leadership and not in contextual attributes such as organizational climate and professional practice. These contextual attributes may have a positive relationship with nursing job satisfaction and retention.

A delimitation of the study may be in the researcher bias that is felt in relation to current leadership methodologies in nursing. The researcher is aware of these biases and will strive to keep them from contaminating the data analysis.

List of Abbreviations and Definitions

For the purposes of this research the following abbreviations and definitions are utilized.

1. Acute Care Hospital – A hospital offers services more intensive than required for just room, board, personal services and general nursing care. A range of health care services are offered with beds for use beyond 24 hours by individuals requiring medical, surgical, psychiatric, testing, diagnosis, and treatment for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy. Also available are clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent (Agency of Health Care Accreditation (AHCA), 2004).
2. Advanced Registered Nurse Practitioner (ARNP) – Advanced or specialized nursing practice means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board, which, by virtue of post basic specialized education, training, and experience, are proper to be performed by an advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation, which are identified and approved by a joint committee.

Unless otherwise specified by the joint committee, such acts shall be performed under the general supervision of a practitioner licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348 (State of Florida Board of Nursing, 2004).

3. Assistant Nurse Manager – The Assistant Nurse Manager (ANM) supports the Nurse Manager in the management of the Unit. The Assistant Nurse Manager (ANM) performs additional duties as appropriately assigned by the Nurse Manager. The ANM's primary focus is supervision daily patient care and ensuring that the care meets quality standards in a cost effective manner. In addition, the ANM aids in human resources management, performance improvement, and fiscal management, of organizational change and goal setting, and program planning for the unit. The ANM provides consistent and timely information and feedback to the Nurse Manager. The ANM assumes Nurse Manager responsibilities in the Nurse Manager's absence (Stanford Hospitals and Clinics, 2004).
4. Baby Boomer nurses – nurses born between 1943 and 1959.
5. Generation X nurses, Gen X, Gen X'ers – nurses born between 1960 and 1980.
6. Home Health – Nurses visiting sick individuals in their homes to evaluate their condition and determine the type of nursing care required to fill prescribed medical care. They provide direct treatment, monitor treatment and refer the client to other social and medical supports as needed. Nurses provide health education and instruct the patient and

family on basic home-care techniques, such as changing sterile dressings, catheter care and insulin injections (Ferrini & Ferrini, 2000).

7. Leadership Characteristics – The leadership traits to be investigated are: trust, skill, respect for the employee, acknowledgement, motivational skills, accessibility, team work, communication skills of the leader, ability of leader to elicit loyalty of staff to the organization, overall satisfaction with current position, overall satisfaction of staff with nursing as a career choice, empathy shown by leader towards employee, leaders ability to foster healing relationships, awareness of employee needs, persuasion ability of the leader, conceptualization ability of the leader, foresight of the leader, stewardship of the leader, commitment to employee growth, and role modeling ability of the leader.
8. Long-term care – refers to the medical, social, personal care, and supportive services needed by people who have lost some capacity for self-care because of a chronic illness or condition. That definition excludes medical care for acute conditions; however, post acute care, such as skilled nursing care and home health care, is often classified as long-term care. (Congressional Budget Office, 1999).
9. Nurse Manager – A Nurse Manager is a specialist in human resource management and information management. Under indirect supervision, manages the day-to-day nursing operations of a specified clinical area, including coordination of patient care, supervision of a professional team which includes multiple nursing staff and other staff as appropriate, administrative and budget management, and troubleshooting of problem areas. Ensures adherence to hospital or department and university policies and to nursing procedures, standards, and practices (University of New Mexico, 2004).

10. Registered Nurse (RN) – A Registered Nurse is a person who practices professional nursing. Professional nursing means the performance of substantial specialized knowledge, judgment, and nursing principles of psychological, biological, physical, and social sciences but not be limited to: The observation, assessment, nursing diagnosis, planning, and evaluation of care; health teaching and counseling of the promotion of wellness; maintenance of health and prevention of illness of others; the administration of medications and treatments as a duly licensed practitioner authorized by the laws of the state of Florida to prescribe such medications and treatments; and, the supervision and teaching of other personnel in the theory of any of the above acts (State of Florida Board of Nursing, 2004).
11. Shift Diff – Abbreviation for Shift Differential. A differential in pay that is given to healthcare staff for working hours that are other than normal day time hours. Includes evenings, nights, weekends, and holiday shifts and can range from 15% to 60% of their hourly rate of pay.
12. Veteran nurses, also called Mature Nurses – nurses born before 1943.

Summary

In summary, leadership skills have an impact on nursing satisfaction and nursing retention. In light of the aging population, current nursing leaders retiring, and current nursing dissatisfaction levels; the values and culture of the generational cohorts may positively change current nursing leadership characteristics.

CHAPTER TWO: THEORY AND LITERATURE REVEIW

This chapter will present a theory and literature review that relates to the independent variables of the generational cohorts (Generation X and Baby Boomer nurses), nursing leadership characteristics, Servant-Leadership characteristics, and the dependent variables of nursing job satisfaction and retention of nurses as demonstrated by loyalty to the organization. The Nursing Leadership Characteristics are: trust in leadership, support by leader, skill of leader, respect given by leader to the employee, acknowledgment of employee by leader, the leaders ability to motivate the employee, accessibility of the leader, leaders ability to foster teamwork among employees, leader's communication ability, the loyalty of staff to the organization, employee's current job satisfaction, overall satisfaction with nursing as a career, empathy shown by leader, awareness of employee needs, ability to foster healing relationships, persuasion ability, conceptualization ability, foresight of the leader, stewardship of the leader, commitment to growth of employees, and role modeling ability of the leader.

Table 1: Theory Review Table

Author/Year	Relevant Theoretical Concepts	Relation to Variables
Greenleaf/1977 Spears, 2003 Swearingen, Liberman /2004b	Servant –Leadership	Servant-Leadership is a way for nursing to return to the basics of leadership and supply a work environment that is conducive to employee job satisfaction. It is also a way to deal with the conflict that is present between the generational cohorts in nursing.
Higgins/ 1987 Robbins, Boldero/ 2003 Bizman, Yinon/2004	Self-Discrepancy Theory	In self-discrepancy theory, individuals demonstrate self-guides (values and norms) that may be shared with others (Baby Boomer nurses as a group or Generation X nurses as a group). These self-guides may also cause job dissatisfaction if the individuals needs are not being met (different generation's values and norms not being met by leadership). Failure to meet the self-guides of a nurse can lead to the nurse withdrawing personal investment in the organization and loosing motivational engagement therefore, increasing retention.
Ryder/1959 Strauss and Howe/1991	Cohort Theory	The independent variables of the cohorts in nursing, i.e. Baby Boomers and Generation X, are causing an interesting climate for nurses to work in. Each has different values and norms, which are sometimes at odds with each other and therefore, decreasing job satisfaction and nurse retention.
Sherif, Harvey, White, Hood and Sherif/ 1961 (originally written in 1954) Jackson/1993 Turner/1975	Conflict Theory	There is conflict among the generations due to competition to obtain many like goals so that the success of one group necessarily means the failure of another thus increasing the conflict between groups (Jackson, 1993; Turner 1975). Increased conflict between the generations equates to decreased job satisfaction and nurse retention.
Swearingen and Liberman, 2004a	Conflict and Cohort Theory	Never before have so many generations in nursing been asked to work together. The coexistence of three different generations is causing intergenerational conflict. Using the frameworks of Conflict and Cohort Theories the article examines and suggests the impact of generational diversity on job satisfaction, retention, and the future of nursing.

Theory Review

Servant-Leadership

Greenleaf (1977) is best known for his series of essays using the servant-leader theme. Greenleaf felt that a great leader is seen as a servant first, and that was the key to greatness. In all of his writings, he discusses the need for a new kind of leadership model, one that puts serving others, including employees, customers, and the community, at the top of the leadership pyramid. Personal power, recognition, or money is not the servant-leader's focus (Table 1). The servant-leader's purpose is to help others become freer, more autonomous, more capable, and more effective (Greenleaf, 1977). Servant-Leadership differs from other types of leadership because the servant – leader makes sure that other people's highest priority needs are being met. The servant leader helps people to grow as persons (Swearingen and Liberman, 2004b).

There are 10 characteristics of the servant-leader that are viewed as being of critical importance to the development of servant-leaders (Spears, 2003). The 10 characteristics are as follows: (1) Listening – a leader must listen intently to what is being said and what is unsaid. (2) Empathy – the servant-leaders strives to understand and emphasize with other people. They realize that people need to be accepted and recognized for their special and unique spirits. (3) Healing – servant-leaders heal relationships between people. They recognize that they have the opportunity to make people whole. (4) Awareness – a key to the strength of the servant-leader is general awareness, especially self-awareness. This awareness helps the servant-leader view most situations from a more integrated and holistic approach (5) Persuasion – servant-leaders rely on persuasion rather than on one's positional authority when they make decisions in an organization. The servant-leaders seek to convince rather than coerce others. (6)

Conceptualization – servant-leaders dream great dreams. They think beyond day-to-day realities. The servant-leader is consumed by the need to obtain long-term goals, not just short-term ones. (7) Foresight – foresight enables the servant-leader to understand the lessons from the past, the realities from the present, and the likely consequences of the future. (8) Stewardship servant-leadership assumes a commitment to serving the needs of others. Servant-leaders need to hold their institutions in trust for the greater good of the society. (9) Commitment to the growth of people – the servant-leader is deeply committed to the growth of each individual in his or her organization. They feel they must do everything in their power to nurture the professional and personal growth of employees and colleagues. (10) Building Community – The servant leader is aware of the shift from communities to large organizations as the primary influence on people's lives. They strive to build communities that meet the needs of all stakeholders in the organization.

The elements and characteristics of servant-leadership could be implemented in health care and possibly help to resolve some of its current problems. Any field that is concerned with people and making others' lives better can utilize the elements of servant-leadership (Swearingen & Liberman, 2004b). This theory applies to resolving the conflict between the cohorts (independent variable) and positive leadership characteristics (independent variable) in order to improve nursing job satisfaction (dependent variable) and nurse retention (dependent variable).

Self-Discrepancy Theory

Higgins (1987, 1989) postulated the Self-Discrepancy Theory (SDT). SDT identified three domains of the self: (a) the actual self, which includes the attributes that people believe they actually possess; (b) the ideal self, which contains the attributes that people would like to

possess; and, (c) the ought self, which contains the attributes that people believe they ought to possess.

Self-regulatory models such as SDT (Table 1) describe how individuals regulate their thoughts, feeling, and behaviors to maintain, or change their self through evaluation with a particular reference value. Depending on the outcome of the evaluation and its significance to the individual, certain emotional, motivational, and behavioral consequences ensue. SDT specifies that self-regulation occurs with respect to at least two distinct types of reference values, the ideal-self guides and the ought-self guides. (Robbins and Boldero, 2003).

Robbins and Boldero (2003) state that the ideal-self guides represent the attributes that one would like to possess. Thus, it represents aspirations and wishes. While the ought-self guide represents the attributes, that someone believes the individual should possess. Thus, it represents duties and obligations. The self-guides can function as both standards and goals. The ideal and ought self-guides are distinct because they represent different psychological situations. The ideal-self guide represents the presence of positive-outcomes whereas ought self-guides represents the absence of negative outcomes (Robbins & Boldero, 2003).

SDT proposes that specific types of self-discrepancies are differentially related to distinct types of emotional distress. Actual-ideal discrepancies are associated with dejection-related emotions (e.g., disappointment, sadness, dissatisfaction) while actual-ought discrepancies result in agitation-related emotions (e.g., apprehension, nervousness) (Bizman and Yinon, 2004).

Robbins and Boldero (2003) state that in work environments, individuals often find themselves with supervisors and colleagues who are a potential foci of comparison, but whose qualities in terms of self-guides may not be highly commensurable with their own, therefore

leading to job dissatisfaction and decreased retention of employees. Short of leaving the job, the employee is constrained to continue such relationships.

In nursing, if a nurse's actual self-attributes, (e.g., caring, compassion) and their ideal self-attributes, (e.g., ability to deliver effective and efficient care to patients, ability to be the patient's advocate) are discrepant with the leadership actual ought self-attributes, (e.g., control, efficiency, the ability to handle more patients, the ability to do more with less), then the nurse will experienced dejection related emotions of disappointment and dissatisfaction with the workplace. If the nurse works with supervisors who do not have commensurable self-guides, the employee may be encouraged to leave the workplace and seek a job in an organization that has supervisors with commensurable self-guides. This theory supports the independent variable of generations and their impact on the dependent variables of job satisfaction and retention.

Cohort Theory

A cohort, as defined by Ryder (1959), is the aggregate of individuals (within some population definition) who experienced the same event within the same time interval. In almost all cohort research, the defining event has been birth. Cohort data are assembled sequentially from observation of the time of occurrence of the behavior being studied to the interval since occurrence of the cohort-defining event. For the birth cohort, this interval is age (Strauss & Howe, 1991; Ryder, 1959).

Alwin (1997) defines the cohort effect as a term used to refer to differences in the formative experiences of members of different cohorts/generations, which abide throughout the life span. Alwin (1997) states that that social change occurs, at least in part, by processes of cohort succession, with each new cohort being exposed to a unique group of ideas and eventually replacing older ones in the overall composition of society (Table 1). Each cohort has a

distinctive composition and character reflecting the circumstances of their unique origination and history (Alwin, 1997; Strauss & Howe, 1991). Thus, if particular periods in history have distinct effects on members or cohorts undergoing critical experiences that will shape them for life, it is then possible to imagine that social change comes in part from the succession of cohorts (Strauss & Howe, 1991; Alwin, 1997).

Strauss and Howe (1991) treat generations as people moving through time, with each group or generation of people possessing a distinctive style of self worth. They stress the links between age and events that occur to shape groups and call these groups a cohort-group. Strauss and Howe (1991) define a generation as a special cohort-group whose length matches that of a basic life span. Each cohort-group brings its own set of values, beliefs, life experiences, and attitudes, to the workplace and this generates conflict in the work environment (Karp et al., 2002). The ramifications of the cohort-group differences in the workplace are numerous; these include everything from reduced profitability, to the loss of valuable employees, higher payroll costs, poor customer service, derailed careers, wasted human potential, and even serious health problems caused by stress (Karp et al., 2002). Many of these ramifications have affected the nursing profession. Research done by Kimball and O'Neil (2002) found that there are fewer workers entering the workplace, sparking a "war for talent": Generation X, the prime source of young workers, perceives nursing as unappealing. Fewer resources and greater demands result in job dissatisfaction and job disillusionment among nurses, growing consumer activism has highlighted the perception of poor customer service, and many nurses currently practicing cannot practice past the age of 55 due to the demanding and stressful nature of nursing.

Many statistical factors of cohort compositions, broadly influential as independent variables, differ at age zero from one cohort to the next, and remain unchanged throughout the

cohort's history (Ryder, 1959). As each of us grows older, we look at people of different ages and wonder if they are changing or if we are changing. The answer is neither. " We were both different to begin with. We were born at different times. We belong to different cohort groups" (Strauss & Howe, 1991, p. 48). Cohort differentiation is not confined only to characteristics found at birth. Age ascription is the cross-sectional counterpart of cohort differentiation (Ryder, 1959). Similarities of experience within, and differentiation of experiences between age groups cohorts, are observable in every culture. Similar functioning is imposed by society on those sharing an age cohort at a particular time. The same is true of any major event in personal history, which is identified by age (Ryder, 1959). In addition, each generational type specializes in its own unique brand of positive and negative endowments (Strauss & Howe, 1991). Cohort group membership forges a sense of collective identity and reinforces a common personality (Strauss & Howe, 1991).

In nursing, the generational cohorts are defined by age: The Veterans born 1922 to 1943, the Baby Boomers born 1944-1959, and the Generation Xers born 1960 to 1980. Each cohort in nursing has a distinctive composition and character reflecting the circumstances of their unique origination and history (Weston, 2000; Zemke et al., 2002). The Veterans have the Great Depression, the New Deal, World War II, and the Korean War as defining events in their history (Zemke et al., 2002). The Baby Boomers have the Vietnam War, the Civil Rights movement, the Cold War, and Women's Liberation (Bennis & Thomas, 2002). The Generation Xers have Watergate, the Wall Street frenzy, the Persian Gulf War, and the fall of the Berlin Wall (Bennis & Thomas, 2002) as some of their defining historical events.

The Veteran cohort is a proponent of "American Values" including civic pride, loyalty, and respect for authority. The Veteran generation frequently reminisces about yesteryear. The

Veteran generation is considered archaic, slow and old-fashioned by action-oriented Baby Boomers and technology-crazy Xers (Bennis & Thomas, 2002; Zemke et al., 2002).

The Baby Boomer's cohort has never met a problem that they could not bluff, blunder or power through (Zemke et al., 2002). They are usually self-centered and think of themselves first, last and only when making decisions. At the same time, this cohort group invented the 60-hour workweek. They are passionate about participation and spirit in the workplace; they are, after all, the civil rights, empowerment, and diversity generation (Lancaster & Stillman, 2002; Zemke et al., 2002).

The Generation Xers are a deeply segmented, fragmented cohort. From the hyper traditionalists, who revere in pseudo-1950's Fifth-Avenue views, values, and dress styles, to the leather-jacketed Black Stockings who try to reinvent the Beat, they are a perplexing lot for Baby Boomers and Veterans to work with (Zemke et al., 2002). Their need for feedback and flexibility, coupled with their hatred of close supervision, is but one of the many challenges they present to employers (Bradford & Raines, 1992; Karp et al., 2002; Raines, 1997). At the same time, they are personally adept and comfortable with change; after all, they have changed cities, home and parents all their lives. They are indeed the new change masters (Lancaster & Stillman, 2002; Tulgan, 1997). They are very clear about the meaning of the word "balance" in their lives: Work is work (Lancaster & Stillman, 2002; Zemke et al., 2002). Generation X employees work to live, they do not live to work (Tulgan, 1997).

Swearingen and Liberman (2004a) state that as Generation X becomes a greater segment of the nursing workforce, their values and norms will cause changes in the nursing profession. The values and norms of Generation X will result in changes in the work environment for nurses, which will result in increases in retention and recruitment of nurses (Table 1). Increases in

retention and recruitment of nurses will result in a decrease in the nursing shortage. The authors state that one of the problems with cohort theory is the fact that the stereotyping of people by this theory often ignores ways in which people are similar.

Conflict Theory

Sherif, Harvey, White, Hood, and Sherif (1961), defined a group as a social unit which consists of a number of individuals who, at a given time, stand in more or less definite interdependent status and role relationships with one another, and which explicitly or implicitly possesses a set of norms or values regulating the behavior of the individual members, at least in matters of consequences to the group. With the generational differences that are currently in nursing today, there are many sets of values and norms that regulate the behavior of the individual members of the groups (Cordeniz, 2002; Weston, 2001).

Intergroup relations refer to relations between defined groups (Hennessy & West, 1999; Reuss, 2002). Intergroup attitudes (such as prejudice) and intergroup behaviors (such as discriminatory practices) refer to the attitudes and behaviors manifested by members of groups collectively or individually (Sherif et al., 1961; Strauss & Howe, 1991). The characteristic of an intergroup attitude or an intergroup behavior is that it is related to the individual's membership in the group (Hennessy & West, 1999; Sherif et al., 1961). This is clearly demonstrated in the conflict that is currently found in relation to Generation X and Baby Boomers throughout all industries (Karp et al., 2002). Each group is prejudiced against the other due to their different values, norms, and perceived threats to the sanctity of their specific group (Strauss & Howe, 1991). Many of the undesirable traits that are attributed to each group, such as slowness for the

Veterans, selfishness for the Baby Boomers and perceived laziness for Generation X, are a result of intergroup behavior (Hennessy & West, 1999; Turner, 1975; Sherif et al., 1961).

The groups in question may be competing to attain some goal so that the success of one group necessarily means the failure of another increasing job dissatisfaction for the group that failed and decreasing organizational retention of staff. One group may have claims on another group in the way of managing, controlling, or exploiting them, in the way of taking over their actual or assumed rights and possessions (Hennessy & West, 1999; Turner, 1975; Sherif et al., 1961). In health care, the Baby Boomers are the in group and have claims on the out-group, Generation Xers, just by benefit of being there first (Cordeniz, 2002). In addition, the Baby Boomers are not leaving the workforce as rapidly as the Generation Xers would like; therefore, Generation Xers feel that Baby Boomers are restricting their career goals and aspirations (Cordeniz, 2002).

Jackson (1993) stated that dysfunctional intergroup relations are undoubtedly among the most crucial threats facing our species. The species of nursing is currently experiencing large shortages in the workforce (Kimball & O'Neil, 2002). Many of these shortages are related to dysfunctional intergroup relations among the generations in nursing. The adage of "Nurses eat their young" is evidence that the species of nursing is crucially threatened.

Jackson (1993) utilized the works of Muzafer Sherif as his philosophical grounding for his realistic group conflict theory (RGCT). The basic posit of RGCT is that intergroup hostility is increased by the existence of conflicting goals (i.e., competition) and reduced by the existence of mutually desired superordinate goals obtained only through intergroup collaboration (Jackson, 1993). According to RGCT, when groups are engaged in reciprocally competitive and frustrating activities, such that the gain of desired goals by one results in loss for the other, the

out-group will become unfavorably stereotyped as the loosing group. Over time, such stereotypes will become normalized and lead to a high degree of intergroup social distance. In other words, competition over scarce resources causes the beginnings of intergroup hostility to take hold (Jackson, 1993, Turner, 1975).

Turner (1975) stated the more unequal the distribution of scarce resources in a system, the greater will be the conflict of interest between dominant and subordinate segments in a system. Nursing has continual conflict over scarce resources (Weston, 2000; Kupperschmidt, 2000). Nurses compete for assistive personnel, equipment, supplies and other resources for their patients, physician time and attention, leadership time and attention, higher wages, lower patient ratios, and to have a voice in their work environment (Cordeniz, 2002; Kupperschmidt, 2000; Watson, 2002; Weston, 2000). With the addition of generational conflicts in nursing, there is now competition for the "best" work schedule, the "highest" wages, and the "best" positions (Watson, 2002).

Jackson (1993) also states that as the group becomes more important to the self (i.e., as intergroup identification increases), it becomes more important for the individual to internalize and express the normative attitude, things such as liking the same people, having the same views about situations, and working towards the group goals. Consequently, the likelihood of intergroup conflict escalates. This indicates that the more each group is stereotyped, the more the undesirable traits of each group, will solidify as a permanent part of that group; also, the more society enforces these beliefs, the more conflict evolves between the groups (Lancaster & Stillman, 2002; Turner, 1975). The Baby Boomers have stereotyped the Generation Xers as lazy, shiftless, and spoiled; and Generation Xers have stereotyped the Baby Boomers as

dictatorial, technologically illiterate, and power mongers, leading to a high degree of intergroup conflict (Lancaster & Stillman, 2002; Raines, 1997).

In nursing, this becomes a "Catch 22". The greater the stereotyping within the groups, the less likely either group will compromise on their beliefs and values. If the groups cannot compromise and redirect their efforts on a superordinate goal (i.e., establishing leadership for the future), few will have the training and skill necessary to lead the nurses of the future (Jackson, 1993; Turner 1975).

Intergroup conflict may explain much of the distrust between the generations that work in healthcare. The basic posit of intergroup conflict is that intergroup hostility is produced by the existence of conflicting goals (i.e., competition) and reduced by the existence of mutually desired superordinate goals attainable only through intergroup collaboration (Jackson, 1993).

Conflict continually agitates relationships between Xers and Baby Boomers. They bicker incessantly, complain of bad faith, and harp upon each other's hypocrisy and propensity for betrayal when things go askew (Bradford & Raines, 1992; Lancaster & Stillman, 2002; Rosen 2001). Generation Xers see their predecessors as self-indulgent, incompetent, morally bankrupt, and ruthlessly exploitative of the weak (Bennis & Thomas, 2002; Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; Zemke et al., 2002). Baby Boomers render their young detractors as shiftless slackers unwilling to pay their dues and as truculent rebels who expect free rides to the good life (Bennis & Thomas, 2002; Bradford & Raines, 1992; Karp et al., 2002; Lancaster & Stillman, 2002; Zemke et al., 2000). In short, they view each other with intense dislike. The two generations rub each other the wrong way and make each other apprehensive (Rosen, 2001). The increased conflict effects job satisfaction of both generations.

Swearingen and Liberman (2004a) state that generational diversity is resulting in intergroup conflict because of the existence of conflicting goals (Table 1). Conflict and tension in the nursing work environment may cause nurses to leave the field and seek jobs that are more satisfying. This results in the needs of the patients not being met because there are not enough nurses to tend to their needs. The authors also state that although generational conflict is present in nursing, the ethical and moral training of professional nurses may override the conflict; if it is in the best interest of the patient, that conflict can be positive. Conflict is considered positive if it generates more open, creative, and more productive teams, or if it will cause organizations to change in a positive manner.

Table 1 summaries the relation of Conflict theory to the independent variable of generations. In conclusion, the scope of issues that conflict theory relates to in nursing generational diversity is broad. The generational groups in nursing are competing to obtain many like goals, so that the success of one group necessarily means the failure of another, thus increasing the conflict between groups (Jackson, 1993; Turner, 1975). The resources are limited and competition over scare resources is leading to the rudiments of intergroup hostility being felt (Turner, 1975). Intergroup hostility increases job dissatisfaction therefore, decreasing retention of nursing staff.

Literature Review

Despite an increased interest in generational issues in the American workplace (Bennis & Thomas, 2002; Bradford & Raines, 1992; Cordeniz, 2002; Hatfield, 2002; Hill, 2004; Jurkiewicz & Brown, 1998; Karp, Fuller & Sirias, 2002; Kupperschmidt, 2000; Lancaster & Stillman, 2002; Santos & Cox, 2000, Santos & Cox, 2002), review of the literature has demonstrated a paucity of

research in relation to intergenerational conflict issues and the role of nursing leadership. There are also very few scholarly articles written about Generation X in regards to any role in nursing. No literature was found that specifically addressed Generation X and its impact on nursing leadership in the future.

There was literature found that addressed parts of the issues in nursing, such as conflict between Baby Boomers and Generation Xers irrelevant of leadership characteristics or the perception of current leadership characteristics by each generation irrelevant of generational conflict. There were articles found that addressed the issues of generational conflict and perception of leadership characteristics in non-healthcare industries. This literature will be reviewed as it pertains to current problems identified in relation to generational cohorts (Table 2) and nursing leadership characteristics (Table 3).

Table 2: Literature Review Table – Independent Variables of Generations as Related to Job Satisfaction and Retention

Author/Year *Article Title*	Sample	Method of Data Collection	Setting	Results
Cordeniz/2002 *Recruitment, Retention, and Management of Generation X: A Focus on Nursing Professionals*	Meta analyses of six authors regarding distinctions in cultural characteristics of work ethics between Generation X and Baby Boomers.	Meta Analyses		Two thirds of the nurse workforce in now over the age of 40, and between 40 percent and 60 percent are expected to retire within the next 15 years. Generation X has their own ideas about what constitutes an acceptable workplace and it does not match what is currently in the workplace. The challenge will become one of understanding and creating harmony between the Baby Boomers and Generation X nurses in order to increase job satisfaction and therefore increase recruitment and retention of theses nurses.
Jurkiewicz and Brown/1998 *GenXers vs. Baby Boomers vs. Matures:*	278 municipality employees	Survey	Five municipalities within a large Midwestern metropolitan area	There is very little difference between the cohorts wants and desires in relation to leadership characteristics and employment opportunities. Job satisfaction was demonstrated by fifteen work related motivational

Author/Year *Article Title*	Sample	Method of Data Collection	Setting	Results
Generational Comparisons of Public Employee Motivation				factors that were measured. These factors did not show any significant difference between the generational cohorts in relation to job satisfaction and retention.
Santos and Cox/2000 *Workplace Adjustments and Intergenerational Differences between Matures, Boomers, and Xers*	413 nurses surveyed and 44 nurses interviewed in a follow up focus groups	Survey and focus group interviews	16 nursing units at a large pediatric hospital located in the Midwest	Systems themes identified because of this research related to issues of personnel (intermittent increased needs), and issues of communication (inter and intra departmental). Generational themes identified were orientation towards work (Baby Boomers are angry with the perceived lack of commitment of the Generation X nurses), length of service (Baby Boomers did not like the revolving door orientation of Generation X nurses), and workplace behavior (Baby Boomers did not appreciate the perceived "slacker attitudes" of the Generation X nurses). The researchers called for further investigation to illuminate intergenerational conflict that compounds stress in the nursing workplace, therefore increasing job dissatisfaction of nurses and negatively impacting nurse retention.
Wieck, Prydum and Walsh /2002 *What the Emerging Workforce Wants in Its Leaders*	108 nursing students 126 hospital nursing managers	Survey	National Sample of Nursing Students and a Midwestern Hospital Administrators	The entrenched and emerging workforce in nursing agree on what characteristics are important in a leader. The entrenched workforce desires(in order of importance) honesty, high integrity, good people skills, receptiveness to people, good communication skills, positive attitude, fairness, empowering, supportiveness and approachability in their leaders. The emerging workforce desire (in order of importance) honesty, motivational ability, receptiveness to people, positive attitude, good communication skills, team player, good people skills, approachability, knowledge and supportiveness in their leaders. The perception of positive nursing leadership characteristics has a direct impact on nurse job satisfaction and retention.

Literature Relating to the Independent Variable of Generational Cohorts and the Dependent Variable of Retention and Nurse Job Satisfaction

Recruitment, Retention and Management of Generation X in Nursing

Cordeniz (2002) investigated recent literature and studies that explained the basic distinctions in cultural characteristics of work ethics between Generation X and Baby Boomers (Table 2). The purpose of the study was to utilize the information as a guideline for recruiting, retaining, and managing Generation X workers in the nursing field. Cordeniz (2002) reviewed the differences between the Baby Boomers and Generation X in relation to their work ethic, competition between the two generations, their economic status, their work motivation, the concept of dues paying, and how not to manage Generation X employees.

Cordeniz (2002) performed a Meta analysis of pertinent generational literature written by the nursing profession. The end result of her reviews demonstrated that the challenges of recruiting a younger generation of nursing staff and meeting retention and job satisfaction demands of cross generational needs will be a challenge like no other in healthcare (Cordeniz, 2002). This article is used to support the independent variables of the differences in the generational cohorts in nursing and the dependent variables of nursing job satisfaction and retention of these generational cohorts.

GenXers vs. Baby Boomers vs. Matures

Jurkiewicz and Brown (1998) performed a cross sectional study in relation to the similarities and differences between three age cohorts of public employees on 15 motivational

factors. They found that comparisons between public and private sectors have indicated dramatic differences in employee motivation in areas not predicted by stereotypes, and, within the public sector, substantially greater significant differences between hierarchical levels have been found.

A sample of 278 employees was taken from five municipalities within a large Midwestern metropolitan area representing a variety of departments, including public works, fire and police, and administration (Jurkiewicz & Brown, 1998). Overall, Jurkiewicz and Brown's (1998) results suggested that there is very little difference between the cohorts in relation to job satisfaction and retention. Generation Xers want to learn new things. Baby Boomers want freedom from supervision. Mature workers feel that their special abilities are underutilized and that their opportunities for advancement are minimal.

The implication for nursing is that generational differences are not the reasons that so many nurses are leaving the field and so few are entering it (Table 2). The findings support research that states that the nursing profession and health care organizations are the reasons for our current shortage of nursing personnel. The actual process of nursing and health care is not attractive to the workforce of the future. This article supports the independent variable of leadership characteristics among the leaders, the independent variable of generational cohorts in the workforce, and the dependent variables of job satisfaction and retention.

Workplace Adjustment and Intergenerational Differences between Matures, Boomers, and Xers

Santos and Cox (2000) state that keeping pulse on staff concerns, particularly in times of intense change; can help promote not only goodwill but also a sense of community for all levels of the organization. RN's at sixteen units in a Midwest pediatric hospital were given a

comprehensive instrument to measure three components of occupational adjustment. Four hundred-thirteen (N=413) RN's completed the survey and ten focus groups (N=44) were held to clarify findings associated with problematic scales (Table 2).

The research demonstrated that Baby Boomers have significantly higher mean scores in relation to role overload, when resources exceed demand and role boundaries, conflicting demands, and loyalties. When Baby Boomers experience role overload, job satisfaction is impacted negatively. Matures demonstrated significantly higher mean scores in relation to role insufficiency, and training and skills exceed job demands. Generation X nurses demonstrated significantly higher mean scores in physical environment, where the workplace itself provides extreme conditions. System themes demonstrated issues of personnel (intermittent increased needs) and issues of communication (inter and intra departmental). Generational themes of: orientation towards work (Baby Boomers think that Generation X has little commitment towards the workplace and are considered slackers), length of service (Baby Boomers are tired of the revolving door of Generation X nurses), and workplace behavior (Baby Boomers think Generation X are considered self-absorbed and arrogant). Generation X nurses did not have negative perceptions of Baby Boomer nurses. Generation X nurses clearly indicated they anticipated movement out of the institution one day and a few indicated they would leave the profession entirely in order to supply themselves with a more diversified skill set (Santos & Cox, 2000).

This article supports the independent variable of generations and the conflict it is presenting in the nursing profession. It also substantiates how leadership characteristics (independent variable), such as the need for increased personnel and increased communication, impact nursing generations in relation to the dependent variable of job satisfaction and retention.

What the Emerging Work Force Wants in its Leaders

Wieck, Prydum, and Walsh (2002) performed a study to describe desired leadership traits as perceived by emerging and entrenched workforce members in nursing. A national sampling of nursing students (n=108) and a sample of Midwestern American hospital managers (n=126) were categorized by age and asked to rank the traits desired in their leaders. Participants ranked the most desired and least desired traits of leaders. Rankings were compared between groups and with desired traits from leadership studies completed in the 1990s. Wieck et al. (2002), felt that nurses have a history of delineating target behaviors and characteristics desired in leaders. Continuing interest in leadership development in nursing indicates that nurses are concerned about how to attract and retain nurses.

The mean age of the emerging workforce was 25.7 years. The entrenched workforce sample was an average 45.7 years of age. “Honest” was the highest ranked characteristics of both emerging and entrenched groups (Wieck et al., 2002). The younger group also valued leaders who motivated others, were receptive to people, had a positive outlook, and used good communication skills. They preferred a leader who was a team player with good people skills, who was approachable, knowledgeable, and supportive (Wieck et al.2002). The entrenched workforce group agreed with most of these characteristics. However, instead of motivating, team player, and knowledgeable, the older respondents selected the characteristics of high integrity, fair, and empowering, as more important (Wieck et al., 2002).

This apparent agreement between emerging and entrenched workforce groups regarding desired traits in their leaders appears to bode well for nurses as they strive to mentor and coach the emerging workforce nurses in leadership traits (Table 2). Knowledge of the findings of this research can be directly applied to development of the younger nurse who may be seeking

leadership development. This research will help guide the current leaders in selecting, nurturing and "growing" the new nurse leaders of the future. This study supports the independent variables of leadership characteristics of honesty, knowledge, supportiveness, team building, and motivation in relation to the independent variables of the entrenched (Baby Boomer) workforce and the emerging (Generation X) workforce as delineated in this current research.

Literature in Regards to the Independent Variable of Leadership Characteristics and the Dependent Variable of Nursing Satisfaction

Measuring Nurse Job Satisfaction

Best and Thurston (2004) utilized a modified Index of Work Satisfaction along with qualitative data to provide nurse-sensitive quality indictor data and clarification of work life concerns. This research was done in response to healthcare restructuring that has taken place over the last ten years in Canada. The researchers felt that nurse job satisfaction had not been measured rigorously in most hospitals since the onset of healthcare restructuring measures, despite numerous comments from RN's and Nurse Managers about satisfaction and dissatisfaction with these measures (Table 3). A major study was undertaken to identify the level of job satisfaction and identify any major issues for acute care RN's employed by the Canadian health authority.

Respondents for the study consisted of a stratified random sample of 20% of approximately 4000 full-time, part-time, and casual (PRN) staff nurses working in one (1) child and three (3) adult care hospitals. In total, 800 questionnaires were distributed and 387 returned

for a return rate of 48%. Satisfactions with job scores were compared by age groups. The study found that nurses in the 35-39 year age group had the lowest satisfaction scores among age groups with the 45-49 year-old nurses having the highest scores.

Negative responses were due to lack of staff, lack of time, the need to decrease the workload, the need for improved nurse-to-patient ratios, the need for more on-the-job education and the desire for more respect and recognition from physicians and administration. This research supports the impact that nursing leadership characteristics (independent variable) has on nursing job satisfaction and retention (dependent variables).

Hospital RN's Job Satisfactions and Dissatisfactions

Fletcher (2001) initially conducted a study examining whether stress experienced by RN's was associated with illness and injuries. Part of the initial survey contained questions that related to nursing job satisfaction and job dissatisfaction. Findings of the survey indicated that nurses reported relatively low levels of job satisfaction independent of whether there was a nursing shortage or surplus. The study population consisted of 1,780 RN's who were employed by ten hospitals in southern Michigan.

The study revealed that the satisfaction or dissatisfaction with their jobs could no longer be considered independent of patient satisfaction. Patient satisfaction is related to nursing satisfaction (Table 3). The few nurses left are supposed to cover what is not done (i.e., labs, respiratory treatments, meal set up, etc.). Ultimately, unhappy patients tend to vent to the RN, who must fix the problem. A big stressor is that patients and families expect the nursing care of 25 to 30 years ago, which is no longer available. Nurses appear to be compassionless. The tenseness is passed on to the patient (Fletcher, 2001).

The survey instrument demonstrated that the quality of leadership is not highly rated. Many staff felt that their own managers were trying to help them, but many times upper management blocked them. They perceived the managers as not being present on the unit very often, failing to address problems, and detached from the problem of staffing shortages.

Because of Fletcher's (2001) study, questions were raised about: (1) whether nurse managers were being chosen because they were exceptional nurses (not always a good predictor of being a successful manager); (2) whether they were provided with adequate training in the skills needed by a nurse manager; and, (3) whether they were being adequately mentored to promote their leadership skills. This article supports the independent variable of leadership characteristics in relation to the dependent variable of nursing job satisfaction.

Table 3: Literature Review Table – Independent Variables of Nursing Leadership Characteristics as Related to the Dependent Variable of Nursing Job Satisfaction

Author/Year	Sample	Method of Data Collection	Setting	Variable Addressed	Results
Best and Thurston/2004 *Measuring Nurse Job Satisfaction*	387 nurses	Survey and qualitative interviews	Four acute care hospitals in Canada	Impact of leadership characteristics, nursing job satisfaction in today's current healthcare climate	The study demonstrates that nurses view their work life (job satisfaction) as important and are willing to provide input for change. It also demonstrated that increases in the amount of on the job education and respect given by physicians and administration are important to overall job satisfaction of nurses.
Fletcher/2001 *Hospital RN's Job Satisfaction and Dissatisfaction*	1,708 nurses	Survey	Southern Michigan Hospitals	Impact of leadership characteristics on nursing job satisfaction.	The study revealed that patient satisfaction is related to nursing job satisfaction. The survey demonstrated that the quality of leadership is

Author/Year	Sample	Method of Data Collection	Setting	Variable Addressed	Results
					not highly rated among staff and therefore has a negative impact on job satisfaction.
Fottler and Widra /1995 *Intention of Inactive Registered Nurses to Return to Nursing*	1,235 RN's	Survey	Nurses licensed in the State of Alabama who met specific inclusion criteria	Impact of leadership characteristics.	Administrative support was found to rank fifth out of 16 factors measured to determine the relative importance of personal and professional factors in the decision to return or not return to nursing.
Frame and Hendren/2004 *Digging Out of the Leadership Hole*	35 hospital Admin. Personnel (CEOs, VPs Nursing and VPs HR)	Interview	United States Hospitals of all sizes	Impact of leadership characteristics on nursing job satisfaction and retention	Examined the symptoms of floundering departments and successful departments. Found that leadership was what made a department successful; lack of leadership made departments fail. Departments that failed demonstrated decreased job satisfaction of their nurses and decreased retention.
Gifford, Zammuto, Goodman/ 2002 *The Relationship between Hospital Unit Culture and the Quality of Nurses Work Life*	230 nurses	Survey	7 hospitals located in five western U.S cities	Impact of leadership characteristics on nursing job satisfaction and retention	Improving nurse retention is a difficult challenge to managers. Management style was found to be a key variable in predicting nurse retention. Improving quality of work life (job satisfaction) may be a more practical approach to improving hospital nurse retention. Quality of work life refers to job satisfaction of nurses.

Author/Year	Sample	Method of Data Collection	Setting	Variable Addressed	Results
Howastson – Jones /2004 *The Servant Leader*	Non-Empirical Article		National Health Services of Britain	Impact of leadership characteristics on nursing job satisfaction and retention.	NHS has had many shortcomings in recent years. The majority of problems have been directly tied to ineffective leadership. This finding has led to implementation of leadership training for all staff. This article discusses the appropriateness of applying Servant-Leadership in order to improve the leadership problems at NHS and therefore increase nursing job satisfaction and retention.
Larrabee, Janney, Ostrow, Withrow, Hobbs and Burant /2003 *Predicting Registered Nurse Job Satisfaction and Intent to Leave*	90 RN's – staff level	Survey	450 bed University Hospital in WV	Impact of leadership characteristics.	The findings reaffirm the importance of nurse leaders routinely monitoring satisfaction and evaluating and implementing strategies for creating and maintaining a work climate of participative management.
Loke/2001 *Leadership Behaviors: Effects on Job Satisfaction, Productivity and Organizational Commitment*	100 Registered Nurses and 20 Nurse Managers	Survey	Singapore Acute Care Tertiary Hospital	Job satisfaction and leadership characteristics	The regression results demonstrated that 29 percent of job satisfaction, 22 percent of organizational commitment and 9 percent of productivity were explained by the use of leadership behaviors.
Manion/2004 *Nurture a Culture of Retention*	26 Nurse Managers 3 RN focus groups	Interview	Hospitals around the country (US)	Job satisfaction and the importance of leadership in retention of nurses.	Nurse Managers that are successful in creating a culture of retention are expert at creating an environment where people want to stay. This environment is

Author/Year	Sample	Method of Data Collection	Setting	Variable Addressed	Results
					established through appropriate leadership techniques.
Martin/2004 *Turn on the Staying power*	Non-Empirical Article			Importance of appropriate leadership in relation to nurses job satisfaction and retaining nurses.	Nurses leaders are in the pivotal position to influence recruitment and retention. The number one reason people *stay* at an organization is the leadership characteristics of the manager and their relationship with them. A position relationship with leadership lead to improved job satisfaction. The number one reason that people *leave* an organization is the leadership characteristics of the manager and their relationship with them.
McNeese-Smith and Crook/2003 *Nursing Values and a Changing Workforce: Values, Age and Job Stages*	412 nurses	Survey	Three hospitals in Los Angeles County	Impact of leadership characteristics on job satisfaction and nurse retention.	This study revealed that as managers struggle to recruit and retain nurses, the highest rated value of the nurses surveyed was good supervisory relations. Good supervisory skills equate to increased job satisfaction for nurses. Skillful nurse managers need to focus more on supporting nurses in relation to treating each person individually and investing time in employees.
McVicar/2003 *Workplace Stress in Nursing; A Literature*	Meta Analysis of Literature relating to Work	Meta Analyses		Impact of leadership characteristics on nursing job satisfaction.	The meta analyses demonstrated that leadership/management style was one of the main sources of distress and

Author/Year	Sample	Method of Data Collection	Setting	Variable Addressed	Results
Review	Place Stress in Nursing				nursing job dissatisfaction for nurses for many years, but there is disagreement as to the magnitude of their impact.
Moss and Rowles/1997 *Staff Nurse Job Satisfaction and Management Style*	623 staff nurses	Survey	Three Midwestern Hospitals	Job satisfaction and leadership characteristics	Demonstrates that staff nurse job satisfaction clearly improves as the management style nears the participative management style.
Self Gresham and Brown/1997 *Supervision: How Satisfied are Middle Nurse Managers?*	44 Chief Nurse Executives 140 Middle Nurse Managers	Survey	North Carolina acute care hospitals with a census greater than 100	Job satisfaction and leadership characteristics	The study examines the relationship between middle nurse managers' job satisfaction and how they perceive their chief nursing executives' leadership style and adaptability. It was found that those middle nurse managers who agreed with the chief nursing executives' leadership style were more satisfied than those who disagreed.
Senge/1990 *The Fifth Discipline. The Art and Practice of a Learning Organization* Senge/1996 *Leading Learning Organizations*	Non-Empirical Article			Leadership characteristics and impact on nursing job satisfaction and nurse retention.	Little significant change can occur if it is driven from the top. Top management is no substitute for genuine commitment at many levels and leadership from the top can make such commitment less rather than more likely. This has implications for leadership in nursing in relation to changing the current work environment to an environment that is more conducive to nursing job satisfaction and the retention of nursing personnel.
Strachota, Normaudin,	84 nurses who had	Phone Survey	Midwestern healthcare	Leadership characteristics and	Managers leadership styles contribute to the

Author/Year	Sample	Method of Data Collection	Setting	Variable Addressed	Results
O'Brien, Clary and Krukow /2003 *Reasons Registered Nurses Leave or Change Employment Status*	voluntarily terminated within a 9-month period		system	nurse retention.	job satisfaction of nurses and the retention of professional nurses. 37 percent of the nurses surveyed were unhappy with management support. 52 percent shared concerns about hospital or nursing unit management, and 15 percent of the 84 nurses surveyed actually left due to lack of management support.
Swearingen, Liberman/2004 *Nursing Leadership: Serving Those Who Serve Others*	Non-Empirical Article			Impact of leadership characteristics	The current shortage of nurses could be positively and directly impacted through servant-leadership. Nurses who feel that they contribute experience job satisfaction but when management prevents nurses from accomplishing personal missions, nurses experience poor job satisfaction and eventually leave the organization.
Upenieks/2003 *What Constitutes Effective Leadership? Perceptions of Magnet and Nonmagnet Nurse Leaders.*	16 nurse leaders – 7 from Magnet hospitals, 9 from non-Magnet hospitals	Interview	Four acute healthcare settings – two accredited Magnet hospitals and two non-accredited Magnet hospitals	Leadership Characteristics in relation to nurse job satisfaction and retention of nurses.	This qualitative study provides insight into the types of leadership traits considered valuable in today's healthcare setting in relation to nurse job satisfaction and retention of nurses: Honesty, Visibility Supportiveness, Collaborative, Good Listener/Communicator Skills, Influential, Passion for Nursing, Strong Nursing Advocate and Business Astuteness.

Intention of Inactive Registered Nurses to Return to Nursing

There is a substantial pool of RNs who are not employed in nursing, but are still eligible for employment. A study performed by Fottler and Widra (1995) proposed that the nurses who are not currently working in healthcare, but who are eligible to perform nursing duties, could be drawn upon to alleviate the current nursing shortages in the nursing work force. The study examined various aspects of the RN's decision to work, to work in nursing, or to return to work in nursing, in conjunction with career, demographic, and work history (personal and organizational) variables on the intentions of inactive RNs to return to the nursing work force.

The study demonstrated that nurses who left for professional reasons were more likely to not return to the hospital setting for employment. In addition, the study found that the decision to return to the work force is influenced by professional factors more than it is influenced by personal factors (Table 3). The top ten professional factors were defined as (in order of importance): assurance of working in unit of choice, flexibility in scheduling, assurance of a safe working environment, improved nurse/patient ratios, administration support for nursing, availability of personalized orientation program, higher salary, greater physician acceptance of nursing's contribution, reduction in non-nursing responsibilities, and improved fringe benefits. This study further supports the need for the independent variable of leadership support for nursing and its impact on whether a nurse desires to return to work.

Digging out of the Leadership Hole

A study performed by Frame and Hendren (2004) demonstrated that departments fail or succeed because of the leadership characteristics of their leaders. An interview of 35

representatives from hospitals of all sizes across the United States was done to better understand how some hospitals overcome leadership challenges and increase staff satisfaction (Table 3). This was done from the perspective of Chief Executive Officers, Vice Presidents of Human Resources and Vice Presidents of Patient Care Services.

The study demonstrated that the hospitals that were able to reverse negative work cultures and therefore, increase job satisfaction did so through leadership characteristics. Those administrative personnel that succeeded were noted to take actions around the premise of right people such as placing the right people in the right position, investing in development of employees, encouraging balance in the workers life, eliminating hierarchy and implementing collaboration and problem solving instead, using meaningful feedback, mentoring and consistent and clear communication (Frame & Hendren, 2004).

Frame and Hendren (2004) proposed that by filling leadership gaps in their organizations they were able to turn floundering departments into successful departments. Successful departments have more satisfied employees and retain those employees The success of a department is based on their regard for people's talents and strengths and appropriate leadership. This article supports the independent variable of appropriate leadership characteristics in nurse leaders and the dependent variables of nursing job satisfaction and retention.

Relationship between Hospital Unit Culture and Quality of Nurse Work Life

A study performed by Gifford, Zammuto, and Goodman (2002) demonstrated that unit organizational culture does affect nurse's quality of work life factors and that human relations cultural values are positively related to organizational commitment, job involvement, and job satisfaction, and negatively related to intent to turnover (retention).

Human relations cultural values include managerial communications that are open, focused on building trust, and are honest (Table 3). Qualities of work life (job satisfaction) factors include individual attitudes concerning commitment, motivation, job satisfaction, and morale. The recommendations of this study call for a balance between labor cost-saving practices and increased investment in human resource management practices that enhance nurses' and other health professionals' quality of work life (job satisfaction). This study is relevant to the research in relation to management style being a key variable in improving the dependent variable of nursing retention, and improving quality of work life, which leads to increases in the dependent variable of job satisfaction for nurses.

Predicting Registered Nurse Job Satisfaction and Intent to Leave

Nurse job dissatisfaction has been the primary predictor of intent to leave. The purpose of this study was to investigate the relative influence of nurse attitudes, context of care and structure of care on job satisfaction, and intent to leave. A survey was performed of RNs employed in two medical, two surgical, and three intensive care step-down nursing units, at a 450-bed university medical center in north central West Virginia. A sample of 90 RNs was utilized for this study.

Results of the study demonstrated that context (transformational leadership) exerted influence on job satisfaction indirectly through influence on psychological empowerment. Toomey (2000) defines transformational leadership as "a style of leadership that promotes employee development, attends to the needs of the followers, inspires through optimism, influences changes in perception, provides intellectual stimulation, and encourages follower creativity" (p.145). The findings of the study demonstrate the importance of maintaining a work

environment that supports participative management styles (Table 3). The relationship between intent to leave and RN job dissatisfaction reaffirms the importance of nurse leaders routinely monitoring satisfaction and evaluating and implementing strategies to address dimensions of nurses satisfaction, such as the dimension of participative management (Larrabee, Janney, Ostrow, Withrow, Hobbs, & Burant, 2003). This study is relevant to the current research as it further supports the need for development of appropriate leadership characteristics (independent variable) in nurse leaders and its relation to nursing job satisfaction (dependent variable).

The Servant Leader

Lioba Howastson-Jones (2004) states that leadership is difficult to define but, when things go wrong due to its absence, the missing behavior indicates what it could be. The author states that Servant-Leadership with its capacity for serving the needs of the followers, empowering them to achieve their potential, and aspiring and maturing others into leadership, contradicts traditional forms of leadership, which almost always begin with power based leading and then consider the serving aspect, which is usually when things go awry. Servant-Leadership employs a different approach by considering followers' needs and collaborating with them to achieve organizational goals. The Servant Leader has a style that is based on mutual trust and empowerment of followers.

The founding principles of Servant-Leadership involve the building of collegiate relationships. Trust and empathy bring clarity to expectations and sustain change and growth. The author states that Servant-Leadership would improve communication and co-operation in the National Health Services therefore, increasing nursing job satisfaction and retention (Table 3). Nevertheless, for the National Health Services to benefit from Servant-Leadership, it must be

applied to the organization as a whole and not just to individual groups (Lioba Howatson-Jones, 2004). This article supports the independent variables of leadership characteristics, especially Servant-Leadership characteristics, and its impact on nursing job satisfaction, retention, and healthcare organizations.

Leadership Behaviors: Effects on Job Satisfaction, Productivity and Organizational Commitment

This study explored the relationships between five leadership behaviors identified by Kouzes and Posner (1988): Challenging the Process, Inspiring a Shared Vision, Enabling Others to Act, Modeling the Way, and Encouraging the Heart. These five leadership behaviors were explored with RNs practicing in general wards, intensive care units, and the coronary care units, in an acute care hospital. Survey questionnaires were used to elicit responses from 100 staff RNs and 20 nurse managers belonging to an acute care hospital located in Singapore.

The findings showed a trend similar to the original studies in the United States. Use of leadership behaviors and nursing job satisfaction were significantly correlated (Table 3). The regression results indicated that 29 percent of job satisfaction, 22 percent of organizational commitment, and 9 percent of productivity were explained by the use of leadership behaviors (Loke, 2001). This article supports the current research in relation to the independent variables of leadership characteristics in nursing and its importance in relation to the dependent variable of job satisfaction.

Nurture a Culture of Retention

Manion (2004) performed a study to determine what successful nurse managers actually do to create a culture of job satisfaction and retention in their areas of responsibility. The

researcher interviewed 26 nurse managers from around the country and interviewed three (3) focus groups made up of participating managers' employees and three (3) of the managers' direct supervisors (Table 3). The results of the research demonstrated consistency in specific leadership behaviors.

The leadership characteristics that were consistently reported were: 1) The characteristic of putting the staff first – successful managers clearly believe that their job is to put the staff first, and, if they are successful, the staff will put the patient first. They strive to meet the needs of the staff, listen and respond to what the staff is saying, treat others with respect, appreciate and recognize each staff member and support each staff member in their actions. 2) The ability to forge authentic connections – leaders takes the time to forge a connection with staff members. It is important to leaders to get to know them. They create a sense of community. They hire the right people and have fun together. 3) The leader coaches for and expects competence by setting high standards, supporting development of the employees, modeling appropriate behaviors and managing the performance of their employees. 4) Leaders focus on results by solving problems, and empowering and involving staff. They continually seek input from staff members as to what needs improvement, and then they set out to affect changes on identified issues, giving staff feedback as to the progress of the change. 5) The leader partners with staff – successful leaders describe a style that is based on partnership. They are visible and they jump in and help when needed. They are accessible – they emphasize the importance of availability. They set clear boundaries between themselves and their staff so they can stay focused and dedicate their time to what they can do to make the most difference. Finally, they communicate openly and honestly. They keep information flowing and keep people informed (Manion, 2004).

In the end, Manion (2004), states that strategies used by the nurse leaders in the study were not complex, glitzy or expensive. Appropriate leadership characteristics are simple and when authentically expressed, can create a workplace where people want to be, where nurses are satisfied with their jobs and where nurses stay. This article supports the independent variable of leadership characteristics and their impact on nursing job satisfaction and retention (dependent variables).

Turn on the Staying Power

Martin (2004) notes that the number one reason that employees stay in an organization is their immediate manager and their leadership abilities. Unfortunately, the immediate manager and their leadership characteristics is also the number one reason that many employees leave an organization. The nurse manager is the new Chief Retention Officer and the one who must effectively coach, mentor, reward, assess performance and hold individuals accountable for results.

Martin (2004) states that in order for a nurse manager to become the Chief Retention Officer they must begin retention planning from day one. First year nurses begin to think about leaving 180 days into their job and over one half of them leave after the first year. A large part of retention planning is the ability to lead others effectively. Effective leaders maximize everyone's knowledge, experience, and skills, which in turn motivates people and increases morale. Another leadership characteristic needed is the ability to become a coaching-style manager. No matter what age or position an employee is, most talented people no longer want a boss at work. They want a coach. The author states that one of the best ways to get the best

work from the best people, keep the employees satisfied and retain them in the process is through a coaching-style management practice.

Martin (2004) also purports the need for honesty in communication, accurate feedback, customizing incentives, and listening closely to the employee. This article supports the independent variable of leadership characteristics and their importance in the dependent variables of nursing job satisfaction and retention.

Nursing Values and a Changing Nurse Workforce

McNeese-Smith and Crook (2003) performed a study to identify the extent values are associated with age group, job stage, and job satisfaction. The study demonstrated that values direct the priorities that nurses live by and are related to employee loyalty and commitment. Lack of congruency between a nurse's personal values and those of the organization decrease job satisfaction and may lead to burnout and turnover.

The setting was three private, not-for-profit hospitals in Los Angeles County. The hospitals were of moderate size with a licensed bed capacity of 386, 460, and 551 beds, respectively. Three hundred fifty-seven nurses were given a questionnaire and 169 questionnaires were returned for a response rate of 47 percent. Results of the study demonstrate that nurse managers need to attempt to identify the values that influence motivation and job satisfaction for caregivers. The study supported previous findings of positive correlations between organizational commitment and positive relations with the supervisors (Table 3). Effective managers are extremely important to staff job satisfaction and a critical strategy for recruitment and retention of nurses is having skilled managers who are actively involved with their staff. This study supports the current research in relation to the dependent variable of job

satisfaction for nurses. It also demonstrates that effective management (independent variables of nursing leadership characteristics) is extremely important to staff in relation to the dependent variable of retention.

Workplace Stress in Nursing: A Literature Review

McVicar (2003) performed a literature search from January 1985 to April 2003 using the key words nursing, stress, distress, stress management, job satisfaction, staff turnover, and coping, to identify research on sources of stress in adult and child care nursing. Findings of this review demonstrated that leadership/management style is one of the main sources of distress and job dissatisfaction for nurses for many years, but there is a disagreement to the magnitude of its impact (Table 3).

Recommendations included that the assurance of an inclusive leadership style is crucial to improving staff satisfaction and therefore, retention. Inter-professional and intra-professional conflict could also be improved by leadership/management styles, since conflict within and between groups is a group cohesion/management issue. This article is supportive of the research in relation to management/leadership styles having an impact on the dependent variable of staff retention.

Staff Nurse Job Satisfaction and Management Style

This study performed a review of management styles utilized by nurse managers in regard to their affect on staff nurse job satisfaction (Table 3). A survey was completed by 623 staff nurses in three Midwestern hospitals. This study addressed the perception of the management style and job satisfaction through a 26-item questionnaire.

Through measurement of the instrument, it was demonstrated that job satisfaction clearly improves as the management style of nurse managers approaches the participative style. One implication of this study is that head nurses need to develop self-awareness; they may perceive using one management style when, in fact, staff are experiencing a different level of management style (Moss and Rowles, 1997). This study supports the research in relation to management style and the dependent variable of nursing job satisfaction.

Supervision: How Satisfied are Middle Nurse Managers?

Self-Gresham and Brown (1997) examined the relationship between middle nurse managers' job satisfaction and how they perceived their Chief Nurse Executives' leadership style and adaptability. This study used a survey instrument that was distributed to 44 Chief Nursing Executives and 140 middle nurse managers at several North Carolina acute care hospitals with a census greater than 100. The response rate for the Chief Nursing Executives was 50 percent and 62 percent for the middle nurse managers.

The results of the study demonstrated that Chief Nurse Executives felt that their leadership style reflected the relationship style of selling and participating. The middle nurse managers demonstrated that they preferred high relationship styles of management (selling and participating). Middle nurse managers, who agreed with their Chief Nurse Executives' leadership style, were more satisfied than those who did not agree with their Chief Nurse Executives' leadership style (Table 3). This article supports the current research in relation to the independent variable of leadership characteristics and their relevance to the dependent variable of nursing job satisfaction.

Leading Learning Organizations

Senge (1996) states that many leaders think that significant change will not occur unless it is driven from the top. Due to the fear of stepping out of line with the hierarchy, people tend to cling to the view that only the top can initiate significant change in the workplace (Table 3). In reality, little significant change can occur if it is driven from the top. Genuine commitment at many levels is needed to foster and implement lasting change. When genuine employee commitment is needed, hierarchical authority becomes a problem.

According to Senge (1990) organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together, are deemed learning organizations. Organizations need to discover how to tap people's commitment and capacity to learn at all levels. In order for people to learn, the structures in which they have to perform must be conducive to reflection and engagement.

Real learning gets to the heart of what it is to be human and people are able to re-create themselves. This applies to both people and organizations. For a learning organization, it is not enough to just survive. Survival learning must be coupled with generative learning or learning that enhances a person's capacity to create.

In nursing, hierarchical authority is the norm. Hierarchical authority is not conducive to learning that enhances a person's capacity to create. This article supports the need for changes in current leadership characteristics (independent variable) and methodologies in order to assure growth of organizations and the profession of nursing. Nursing and healthcare organizations are in need of change in order to decrease the nursing shortage and resolve recruitment/retention problems (dependent variable). Until the current hierarchical authority is dissolved, and genuine

commitment is fostered in the profession of nursing and the organization as a whole, nursing will not be able to improve the environment in which they work and improve their levels of satisfaction with their jobs (dependent variable). Without improvement in the work environment, nursing will not prosper, as a profession, and healthcare organizations will not be able to grow.

Reasons Registered Nurses Leave or Change Employment Status

Strachota, Normaudin, O'Brien, Clary, and Krukow (2003) surveyed registered nurses who voluntarily terminated or changed their employment status within a nine month period at three separate hospitals: a 578-bed tertiary care center, a 465-bed community hospital, and a 96-bed pediatric hospital. All three hospitals were part of a major Midwestern health system. The survey was developed to determine why nurses changed their employment status. A survey questionnaire and telephone interviews were used to collect data.

It was found that the nurses surveyed expressed dissatisfaction with management support 37 percent of the time as their sole reason for leaving (Table 3). Fifty-two percent of all the nurses shared concerns about hospital or nursing unit management (Strachota et al., 2003). This article supports the current research in relation to the importance of the independent variable of nursing leadership characteristics and the fact that nurses do leave nursing positions (dependent variable of retention) based on their perception of nursing leadership characteristics (independent variable).

Nursing Leadership: Serving Those Who Serve Others

Because of the current and projected continuance of an acute care nursing shortage, healthcare organizations are increasing their attention on the workplace environment. Swearingen and Liberman (2004) propose that implementing the Servant-Leadership model is a possible methodology for securing and retaining current and future nursing staff.

The nursing shortage has aroused the intense interest of all sectors of the health care industry, not just the nursing profession (Kimball & O'Neil, 2002). Swearingen and Liberman (2004) feel that it is time for nursing leadership to return to the basics of leadership in order to supply the environment for which many of the nurses are wanting. Servant-Leadership provides an environment of trust, listening, empathy, healing, awareness, commitment, foresight, stewardship and community building. The desire for this environment is supported through research contained in this paper (Fletcher, 2001; Fottler & Widra, 1995; Loke, 2001;Moss & Rowles, 1997; Wieck, Prydum & Walsh, 2002; Upenieks, 2003).

This article supports the independent variable of the importance of nursing leadership characteristics. Through implementation of Servant-Leadership, nurses may experienced increased job satisfaction (dependent variable), and therefore, not leave their current work environment (dependent variable of retention).

What Constitutes Effective Leadership?

Upenieks (2003) contrasts the opinions of magnet and nonmagnet leaders relating to their leadership traits, organizational structures they discern as being supportive of professional nursing practice, and their perceptions of how a successful organization is created. A magnet

hospital is one that has embarked on an extensive review and systematic evaluation of its nursing practice by the American Nurses Credentialing Center (ANCC). Magnet hospitals must meet stringent quantitative and qualitative standards that define the highest quality of nursing practice and patient care. Becoming a magnet hospital means that the organization must meet over 65 standards developed by the ANCC. The standards must be demonstrated in a very extensive written document, validated, and clarified by a site visit. There are only 67 magnet hospitals in this country (Lifespan, 2004).

Interviews of 16 nurse leaders from magnet and nonmagnet hospitals were performed. Magnet nurse leaders perceived their most consistent attributes were being supportive, honest, visible, accessible, collaborative, influential, positive, and good listeners, and communicators (Table 3). The results of this study suggests that magnet hospitals encompass nurse leaders who are people-oriented, visible, and empowering – and this type of leadership style is conducive to creating an environment that is supportive, collaborative, autonomous, and leads to increased job satisfaction for nurses. There is a need to balance leadership traits in order to reflect the needs of the organization and needs of nurses. This study supports the independent variables of supportiveness, honesty, accessibility, and communication skills as cited in the current research (independent variables of Nursing Leadership Characteristics) and the dependent variable of nursing job satisfaction.

In summation, a review of the literature demonstrated a lack of direct information in regards to the effect of leadership characteristics on Generation X or Baby Boomer nurses. The literature did demonstrate the overall effect of leadership characteristics on employee job satisfaction and retention as it relates to nursing.

CHAPTER THREE: METHODOLOGY

The purpose of this study is to determine if nursing leadership characteristics have a direct impact on nursing job satisfaction. The study will also investigate nursing job satisfaction as it relates to Servant-Leadership characteristics, Generational Cohorts and nursing retention.

Empirical Model

The level of differences in the perceptions of the current leadership characteristics (Y) by nurses can be explained by the following components:

X =*f* (T, S, R, A, M, LA, T, C, O, J, N, E, H, AW, P, CA, F, SW, G, RM)

X = the independent variable – Leadership Characteristics in Nursing

T =Trust in leader

S = Skill of leader

R = Respect given to employee by the leader

A = Acknowledgement of Employee given by the leader

M = Ability of the leader to motivate the employee

LA = Accessibility of the leader

T = Ability of the leader to foster teamwork

C = Communication ability of the leader

O = Leader's ability to elicit loyalty of staff to the organization

J = Overall satisfaction of staff with their current job

N = Overall satisfaction of staff with nursing as a career choice

E = Empathy shown by leader towards employee

H = Leader's ability to foster healing relationships

AW = Leader's awareness of employee needs

P = Persuasion ability of the leader

CA = Conceptualization ability of the leader

F = Foresight of the leader

SW = Stewardship of the leader

G = Commitment to the growth of employees

RM = Perception of leader as a role model

X_i= Independent variables of Nursing Leadership Characteristics and Servant-Leadership Characteristics will undergo principal component analysis in order to obtain one construct to represent the Nursing Leadership Characteristic variable and one construct to represent the Servant-Leadership Characteristics variable. The Nursing Leadership Characteristic and the Servant-Leadership Characteristics variable will be determined through survey questions as follows:

Table 4: Leadership Characteristics and Underlying Survey Questions

Leadership Characteristic	Survey Questions
Trust in your leader	• What percentage of time do you feel that leadership can be trusted?
	• What percentage of time do you feel you can speak openly with leadership without fear of retaliation?
	• What percentage of time do you feel that leadership is respected?
	• What percentage of time do you feel that leadership at your facility is ethical in their practices?
Skill of your leader	• What percentage of time do you feel that leadership is competent to do their jobs?

Leadership Characteristic	Survey Questions
	• What percentage of time do you think that leadership is doing a good job? • What percentage of time do you think your leader really understands the job you do? • What percentage of time do you feel like the current levels of leadership are effective in their positions? • What percentage of time do you think that leadership is overstaffed?
Respect given to you by the leader	• What percentage of the time do you think leadership respects you as a person? • What percentage of the time do you feel that leadership is fair and equitable in their treatment of employees? • What percentage of the time do you think that your contributions to patient care are valued and seen as important by the leadership at your organization? • What percentage of time do leaders let you know that you are appreciated?
Acknowledgement of the employee given by the leader	• What percentage of the time do you feel like you have a voice in the decision making process in you workplace? • What percentage of the time do leaders ask your opinion when making decisions that impact you? • What percentage of time do you feel like you are in control of your work environment? • What percentage of time is leadership flexible in meeting your needs?
Ability of the leader to motivate the employee	• What percentage of time do you think that leadership motivates you to do a better job? • What percentage of time do you agree with what leadership is doing?
Accessibility of the leader	• What percentage of time does leadership work longer hours than the staff members? • What percentage of time is leadership accessible to you to answer your

Leadership Characteristic	Survey Questions
	questions and assist you if needed?
	• What percentage of time do you feel that leadership is visible?
	• What percentage of time do you think leadership is understaffed?
Ability of the leader to foster teamwork	• What percentage of time does leadership encourage the team concept in performing duties?
	• What percentage of time do you feel like you are an equal partner with leadership in caring for the patients and getting the work done?
	• What percentages of the time does leadership encourage cohesiveness of the work group?
Communication ability of the leader	• What percentage of the time does your leader communicate information that is important to you?
	• What percentage of the time does leadership actually listens to what you are saying?
Ability of the leader to elicit loyalty of staff to the organization	• This is an indirect measure of nursing satisfaction's relation to nursing leadership characteristics. The greater the positive perception of nurses of the leadership characteristics, the more satisfied they are with the work environment and therefore, the more loyal they will be to the organization.
	• What percentage of your personal time are you willing to give to meet the needs of the organization, i.e., miss your children's school events, work extra shifts on your day off, change your plans to meet the needs of the organization?
	• What percentage of time do you feel loyal to the organization?
Satisfaction with current job	• What percentage of the time are you satisfied with your job?
	• What percentage of the time does leadership strive for increases in staff satisfaction in relation to their jobs?
Overall satisfaction of staff	• This is an indirect measurement of nursing's satisfaction with nursing

Leadership Characteristic	Survey Questions
with nursing as a career choice	leadership characteristics and will be compared against the level of satisfaction with current job. Nurses that are satisfied with nursing as a career but not with their current job demonstrate that the reason for job dissatisfaction may be related to their negative perception of nursing leadership characteristics in the work environment • What percentage of time are you satisfied with your career choice of nursing?
Empathy	• What percentage of the leaders at your organization care about the employees? • What percentage of time do you think the leaders understand you? • What percentage of the leaders at your organization care about you personally?
Healing Relationships	• What percentage of time do you think that your leaders try to strengthen the relationship between you and them? • What percentage of time do you think leaders try to strengthen relationships among employees? • What percentage of time do you think that your leaders try to strengthen relationships between departments?
Awareness of the leader	• What percentage of the time do you feel like you are working short staffed? • What percentage of the time does leadership start a new way of doing something only to abandon it before it has time to work?
Persuasion ability of the leader	• What percentage of time do your leaders use their positional authority to get you to perform a duty? • What percentage of time do your leaders use persuasion to get you to perform a duty?
Conceptualization ability of the leader	• What percentage of time do you think that leadership is focused on customer service?

Leadership Characteristic	Survey Questions
	• What percentage of time do you think that your leaders emphasize short-term efficiencies and profit over long-term effectiveness?
Foresight of the leader	• What percentage of the time do you think that leadership seeks to hire the very best person available instead of just anyone who has an RN license?
	• What percentage of the time do you think that leadership understands the long-term consequences of their decisions?
	• What percent of the time does leadership implement processes that you feel are sustainable over the long run?
Stewardship of the leader	• What percentage of time do you think that leadership implements changes that are for the greater good of the employee?
	• What percentage of the time do you think that leadership implements changes that are for the greater good of the patient?
	• What percent of time does leadership encourage you to volunteer in the community and supports you (i.e., by giving you paid time off or changing your schedule) in order that you may volunteer?
Commitment to the growth of people	• What percentage of the time do you think that leadership is committed to helping you grow and improve professionally?
	• What percentage of the time do you think that your leaders consider employee training as very important?
	• What percentage of the time do you think that you leader mentors you?
Role Modeling	• What percentage of time is your leader a positive influence?
	• What percentage of time do you think that leadership is a good role model

In order to demonstrate the Servant-Leadership Characteristics required for Hypotheses 5 and 6, a principal component analysis of the Servant-Leadership tenants of listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of employees, and community building abilities, will be performed to obtain a construct which will be called the Servant-Leadership variable. The Servant-Leadership tenants will be determined through the same survey questions utilized to determine the Nurse Leadership Characteristics variables.

Estimates for the dependent variables are as shown:

$\hat{Y}_1$ = Job Satisfaction (dependent variable)

$\hat{Y}_2$ = Retention (dependent variable)

$\hat{Y}_1 = f\ (X_i + X_1 + X_2 \ldots + X_{20})$

$\hat{Y}_2 = f\ (X_i + X_1 + X_2 \ldots + X_{20})$

Estimates for the reduced form model are as shown:

B_0 = intercept for the model

B_i = resultant coefficient for the independent variables

X_i = Independent variables of Leadership Characteristics and Servant-Leadership Characteristics

$X_i = B_0 + B_iX_1 + B_iX_2 \ldots. + B_iX_{20} + \epsilon$

X_1 = Generations as demonstrated by:

- O = 1943 – 1959 (Baby Boomers)
- 1 = 1960 – 1980 (Generation X)

X_2 = the control variables demonstrated by the demographics:

- Primary Area of Work:
  - 0 = Acute Care Hospital
  - 1 = Home Health
- Birth Date Range
  - 0 = 1960-1980
  - 1 = 1943-1959
- Shift of Work
  - 0 = 7-3
  - 1 = 3-11
  - 2 = 11-7
  - 3 = 7A-7P
  - 4 = 7P-7A
  - 5 = Other______________________________________
- Gender
  - 0 if Male
  - 1 if Female
- Ethnic Class
  - 1 if White, 0 if otherwise
  - 1 if Black, 0 if otherwise
  - 1 if Hispanic, 0 if otherwise
  - 1 if Asian, 0 if otherwise
  - 1 if American Indian, 0 if otherwise

- 1 if Other race, 0 if otherwise

- Highest Degree of Education Obtained: (mark all that apply)
    - 0 = Diploma in Nursing
    - 1 = Associate in Nursing
    - 1 = Associate in other field
    - 2 = Bachelor in Nursing
    - 2 = Bachelor in other field
    - 3 = Masters in Nursing
    - 3 = Masters in other field
    - 4 = Doctorate in Nursing
    - 4 = Doctorate in other field
- Years practicing as a Registered Nurse
    - 0 = 0-5 years
    - 1 = 6-10 years
    - 2 = 11-15 years
    - 3 = 16-20 years
    - 4 = 21 – 25 years
    - 5 = 26 years or more.
    - 6 = Not Applicable

- Current Position 0 (Clinical)
  - 0 = Staff Nurse
  - 1 = Charge Nurse
  - 2 = Supervisor
  - 3 = Assistant Manager
  - 4 = Nurse Manager
  - 5 = CNO/VP/Administrator for Clinical Services

Current Position 1 (Non-Clinical)

1 = Consultant or other Support RN

0 = Otherwise

A separate model will be required for each of the hypotheses. The structural form for each will be very similar to each other. Since the models use separate dependent variables, problems such as endogeneity may result in an instrument variable substituting for any variable subject to reverse causation. It appears more probable that the only readily noticeable change from model to model will be the dependent variable.

Dimensions of the Research Design

The study made group comparisons between subjects: participants from the registered nursing profession. Data was collected at one point in time, over a period from June 1, 2004 through September 1, 2004. The study was prospective, beginning with the independent variables of the perception of leadership characteristics by nurses and the dependent variables (nursing job satisfaction and nursing retention). Nurses born between 1960 and 1980 (Generation Xers) and born between 1944 and 1959 (Baby Boomers) were also studied to see if the generational perceptions have a positive relationship with job satisfaction, nursing retention, and Servant-Leadership characteristics. A mixed methods approach, which included both open-

and closed-ended questions with quantitative and qualitative data analysis, was utilized to obtain and analyze data. By utilizing a mixed methods approach, the researcher felt that any biases inherent in any single method could neutralize or cancel the biases of other methods.

Sample/Subjects for the Study

The accessible population of RNs in a Central Florida healthcare organization was used to obtain the sample of RNs for the study. Randomized, samples of 440 nurses were given the questionnaire on nursing leadership to determine their values and beliefs as they relate to leadership in their environment. Eighty nurses born between 1960 and 1980 and 102 nurses born before 1960 responded to the questionnaire for a total response rate of 182 or 41%. The demonstrated power for the sample size utilized for this research was 0.99.

In addition to the survey respondents, interviews were performed to determine beliefs and values in relation to nursing leadership characteristics desired by the nurses, changes needed in leadership to increase retention of nurses and job satisfaction, generational impact and Servant-Leadership traits that were present. This data was used to enrich the findings of the survey questionnaires and to supplement the quantitative data obtained. Five interviews were secured on a randomized; non-probability, sample of nurses currently in a leadership role that were born between 1943 and 1960 (Baby Boomer nurses) and five additional interviews were secured on nurses born between 1960 and 1980 (Generation X nurses) who were currently in leadership positions. The Nurse Executive Interview Questionnaire was utilized. Additional interviews were used to obtain information from a focus group of four non-administrative, non-leadership, staff nurses who were born between 1960 and 1980 (Generation X nurses), and individual interviews of three nurses, who were in non-administrative, non-leadership staff nurse positions,

born between 1960 and 1980 (Generation X nurses). The researcher also interviewed five nurses who were in non-administrative, non-leadership staff nurse positions, born between 1943 and 1960 (Baby Boomer nurses). The Interview Questionnaire for Staff Nurses was utilized for this part of the research. In order to obtain additional leadership input, three interviews with Administrative Executives were performed using the Administrative Interview Questionnaire. Informed consent was obtained before interviews and surveys are given to participants for completion (Refer to Appendixes A, B, C, and D).

Survey Instrument

To test the hypothesis of this study, a structured survey, with closed-ended questions, was utilized, as well as structured, recorded interviews utilizing open-ended questions (Refer to Appendixes A, B, C, and D). After much research, it was determined that an instrument needed to be formulated in order to measure all the attributes that the researcher was seeking to measure. There were no established instruments found that were appropriate to the needs of the researcher. The survey instrument in the original pilot study was subjected to internal consistency reliability to the extent that all its subparts measured the same characteristics. Coefficient alpha was utilized to compute internal consistency estimates. The reliability coefficient was found to have an alpha of .977, therefore demonstrating the internal consistency of measurement. The instrument was also pilot tested for validity and modifications were made as suggested by the pilot study survey respondents.

The interview questions that were used in the study were formulated by the researcher and were tested on two Nurse Executives, two nurses born between 1943 and 1960, and a focus group of five nurses born after 1960. In addition, an expert in the qualitative field reviewed the

questions and the original interviews. All changes recommended were incorporated into the interview questionnaires. The data obtained from the interview questions was used to validate the responses obtained from the survey questionnaires and provided for greater depth of understanding and richness of data.

After approval of the Institutional Review Board of the participating healthcare entity and the Institutional Review Board of the University of Central Florida, the instruments were distributed to the sample population in order to obtain data for research purposes. The study utilized survey questions rated on a percentage score of 0 to 100 percent in equal 10 percent measurements, therefore utilizing ratio measurement. The scale used was rank ordered, mutually exclusive, and mutually exhaustive, and had a meaningful zero.

Procedures to Control Extraneous Variables-Survey Instrument

Research controls in this study were concerned with eliminating possible extraneous influences in the dependent variable so that a relationship between the dependent and independent variable could be understood. Research control attempted to exclude contaminating factors that might obscure the relationship between the variables.

The study attempted to control the environment in which the survey was given. All surveys were given to the respondents with a request that they be completed in the authors' presence during an uninterrupted period, preferably during break time or during their lunch period. If the staff members were unable to complete the survey at the initial time of distribution, the respondents were asked to complete the survey in private and to return the survey in a sealed envelope. To increase interest in completion of the survey and to decrease possible temporary personal factors of hunger, which can influence people's motivation to

cooperate, food was provided. All respondents were asked to not discuss the survey with other people, even those persons not taking the survey, in order to prevent contamination of responses.

Procedures to Control Extraneous Variables – Interview Instrument

The interviews were tape recorded and manually recorded for accuracy of data. The author performed transcription of interviews.

Internal Reliability and Credibility – Survey and Interview Instruments

Due to the nature of the human subjects in this study, it was necessary to quantify the attributes that were consistent among the subjects. Numbers were utilized to differentiate among people who possessed varying degrees of the critical attributes. Rules were used to assign the numbers to responses and minimize subjectivity.

Credibility of the data was enhanced with data triangulation (survey and interviews conducted on nurses born before 1960, nurses born between 1960 and 1980, Nurse Executives and Administrators) and method triangulation (data gathered through interviews, analysis of survey documents and observation of responses to feedback given to study participants regarding the preliminary findings and interpretation of the data).

Pilot Study

A Pilot study was performed to test the reliability of the questionnaires and the interview questions that were used in the study. An accessible population of RNs in Central Florida healthcare organizations was used to obtain the sample of RNs for the pilot study.

Randomized samples of 35 nurses born between 1960 and 1980 and 35 nurses born between 1944 and 1959 were given a questionnaire on nursing leadership characteristics to determine their values and beliefs as they relate to leadership characteristics in their environment and to assure validity of the questions that are being asked. Questionnaires were distributed randomly on four different units, at two different hospitals in Central Florida. Twenty-one nurses born between 1960 and 1980 and 21 nurses born between 1944 and 1959 returned the survey instrument. Returned surveys resulted in a 60 percent response rate. Informed consent was obtained before surveys were given to participants for completion.

The survey instrument in the original pilot study was subject to internal consistency reliability to the extent that all its subparts measured the same characteristics. Coefficient alpha was utilized to compute internal consistency estimates. Indices of internal consistency should range in value between .00 and 1.00. The reliability coefficient for the survey instrument utilized in the pilot study was found to have an alpha of .9012 therefore, demonstrating the internal consistency of measurement.

Through the results of the pilot study, and by conversation with the survey and interview respondents, it was demonstrated that there was need to modify both instruments slightly, with an addition of a question concerning the appropriateness of the numbers of leaders in nursing, (i.e., are there too many in the opinion of those to be surveyed). In addition, there was demonstrated need to blend questions in the interview format to assure that there is not redundancy.

Conclusions of the Pilot Study

The development of leadership qualities that are perceived positively by the entire workforce is critical to the recruitment and retention of nurses. This pilot study demonstrates that although nurses as a whole in the sample population are satisfied with their choice in nursing as a career, it does point to differences in the leadership traits as perceived by the different generations. Even more concerning is the overall lower mean scores of the Baby Boomer nurses in their perception of leadership traits. Perhaps the unpredicted differences in the responses of Generation X nurses versus Baby Boomer nurses is in response to the fact that organizations are focusing a great deal of effort on the Generation X nurses in trying to secure their retention in the work force and playing less attention to the more mature Baby Boomer nurse. It is also possible that the Baby Boomer nurses feel that leadership is less desirable due to the overall length of time that they have been exposed to nursing leadership.

Procedure

After approval of the Institutional Review Board of the University of Central Florida and the participating healthcare institution, the instruments were utilized to obtain data for research purposes. All participants who agreed to participate in the survey were given an instruction sheet with informed consent and feedback information included. The participants completing the Interview Questionnaire were read a preface to the interview that explains the reason for the interview. In addition, these participants were given an informed consent form to sign before the interview was commenced (Refer to Appendixes A, B, C, and D).

Threats to Internal Validity – Survey Questionnaire and Interviews

The problem of internal validity refers to the possibility that the conclusions drawn from the results may not accurately reflect what has gone on in the experiment itself. The threats to internal validity present in this study are as follows:

Maturation: Because there is currently a large shortage of nurses in the workforce, there is a possibility that changes in the leadership strategy are being made concurrently. The leadership strategies currently utilized may change by the time the data gathering is complete, therefore nullifying the results of the study.

Selection: Even though the sample is randomized, there is a possibility that the groups being compared will not be equivalent. It is hoped that the procedures implemented to increase external validity will decrease the probability of the groups not being equivalent.

Testing: Often, the process of testing influences people's behavior. Subjects may answer questions as to how they think they should, not necessarily, as they truly believe. With the fact that the survey questions are anonymous, there should be less of this type of influence on the answers that the subject gives. Unfortunately, the interview questions are subject to this type of influence.

Diffusion or imitation of treatments: Since all of the surveys and all the interviews cannot be completed simultaneously, there is always the possibility that subjects may discuss their answers with one another. Subjects will be asked to not discuss the questions in order to reduce this limitation.

Study Design: Since the design of the study is explanatory, it is especially susceptible to threats to internal validity. The aim of this research design and methodology is to rule out competing explanations and increase internal validity

Organizational Culture: Since the sample is from only two organizations, both non-profit healthcare entities, it is possible that the culture of these organizations will affect the generalizability of the answers in relation to other organizations.

Statistical Testing for Quantitative Data

Descriptive statistics were utilized to describe and synthesize the data. Frequency distributions for each question and measures of central tendency were used to find a single number that best represented the whole distribution of responses for each question. Tests for Kurtosis and Skewness were performed to assure that all variables were normally distributed. The standard deviation from the mean was calculated for each question in order to summarize the average amount of deviation of values from the mean.

Qualitative Data Analysis

Editing analysis style was used to interpret the data in search of meaningful segments. Once the segments were identified and reviewed, a categorization scheme and corresponding code that can be used to sort and organize the data was established. The author then searched for patterns and structure that connected the categories.

The analysis of the data was an active and interactive process. The four processes that will play a role in the analyses are as follows:

1) Comprehending – the author strove to make sense of the data and learn the direction it is leading;
2) Synthesizing – the author sifted through the data and determined what is typical with regards to the phenomenon and what the variations are;

3) Theorizing – the author systematically sorted the data and developed alternative explanations of the phenomenon under study. The author then saw if these explanations fit with the data: and,
4) Recontectualizing – the author further developed the data's applicability to other settings or groups (Polit, Beck, and Hungler, 2002).

The data was organized and a method for classification and indexing of the materials was formulated. In order to design a mechanism for gaining access to parts of the data, without having to continually reread the data in its entirety, the author developed a preliminary categorization scheme (Refer to Appendix E). This scheme was modified as necessary upon actual scrutiny of the data. The preliminary categorization scheme utilized concrete categories with related concepts being grouped together to facilitate the coding process.

Once the categorization scheme was fully developed, all the data was then reviewed for content and coded for correspondence to or exemplification of the identified categories. If upon reviewing the data, the author discovered that the initial category system was incomplete or inadequate, and that themes were emerging that were not initially conceptualized, then the data was reread to ensure that a complete grasp of all categories was present.

The analysis of the qualitative data obtained through the interview process began with a search for recurring regularities and a search for themes of data within the categories. The search for themes not only involved the discovery of commonalities across participants, but also searched for natural variation. Investigator triangulation helped to ensure theme validity by minimizing idiosyncratic biases.

At this point, frequency tables were constructed with which certain themes, relations, or insights, were supported by the data. A simple frequency count of the number of times a given

theme appeared made it evident that some null hypothesis themes were infrequent, or that an alternative theme not predicted was present, therefore making a stronger conclusion.

Strengths

One strength of this study is in the fact that it is new research into a pending problem. The literature and empirical data available on generational diversity in the nursing profession is minute, as is any information regarding Servant-Leadership in healthcare organizations. Currently, there is no research on the possible impact of generational diversity, especially Generation X, on the leadership methodologies as they are in 2004 and no empirical research as to the effectiveness or ineffectiveness of the Servant-Leadership method in healthcare.

Another strength is that the study should be applicable to other settings and contexts in the nursing profession. Although the generalizability of the sample may be limited, the actual study could be replicated in other areas and settings with larger sample parameters, therefore increasing the generalizability of the study.

CHAPTER FOUR: FINDINGS

Demographics

The total sample of 182 nurses for the quantitative survey portion of the study consisted of 80 (44%) Generation X nurses (nurses born between 1960 and 1980) and 102 (56%) Baby Boomer nurses (nurses born between 1943 and 1959) (Table 5).

Table 5: Quantitative Demographics

Sample Statistics	**Primary Area of Work**	**Clinical versus Non-Clinical**
Total Sample = 182 Generation X Nurses = 80 (44%) Baby Boomer Nurses = 102 (56%)	Acute Care (hospital based) = 139 (76.4%) Home Health = 23 (12.6%) Non-Clinical = 19 (10.4%) Rehabilitation = 1 (.5%)	Managers Non-clinical = 9 (4.9%) Clinical Support Staff = 46 (25.3%)
Gender	**Educational Level**	**Ethnic Group**
Male = 19 (10.4%) Female = 163 (89.6%)	Diploma Graduates = 17 (9.3%) Associate Degree = 43 (23.6%) Bachelors Degree = 96 (52.7%) Masters Degree = 25 (13.7%) Doctorate = 1 (.5%)	White/Caucasian = 144 (79.1%) Hispanic = 8 (4.4%) Black/African American = 15 (8.2%) Asian = 9 (4.9%) Other = 1 (.5%)
Years Practicing as an RN	**Title of Work Position**	**Shifts Worked**
0-5 yrs = 29 (15.9%) 6-10 yrs = 32 (17.6%) 11-15 yrs = 21 (11.5%) 16-29 yrs = 22 (12.1%) 21-25 yrs = 31 (17.0%) 26 yrs or > = 45 (24.7%)	Staff Nurses = 84 (46.2%) Charge Nurses = 13 (7.1%) Supervisor = 1 (.5%) Assistant Nurse Managers = 7 (3.8%) Nurse Managers = 19 (10.4%) CNO/VP/Administrator for Clinical Services = 3 (1.6%)	7A – 3P = 22 (12.1%) 3P – 11P = 9 (4.9%) 11P – 7A = 4 (2.2%) 7A – 7P = 62 (34.1%) 7P – 7A = 16 (8.8%) Other Shift = 69 (37.9%)

The surveys were initially divided by age of the respondents in relation to their mean scores on the 57 questions of the study. Table 6 demonstrates the means and standard deviation scores of the survey question responses for both generations combined and the each generational cohort. In addition, Independent T- tests were performed to determine the presence or absence of significant between the mean differences of the two generational cohorts responses.

Of the 57 total means calculated for this study, the highest mean score for both groups is noted to be in relation to "Leader is focused on customer service" at 87.25. The lowest mean is in relation to "Leadership is understaffed" at 30.17. The range of scores for the total means of the questions are as follows: 7 % of the scores demonstrated a mean range 80-84; 26% of the scores demonstrated a mean range of 70-79; 46% of the scores demonstrated a mean range of 60-69%; 14% of the scores demonstrated a mean range of 50-59%; 5% of the scores demonstrated a mean range of 40-49%; and, 2% demonstrated a mean range of 30-39%.

For the purposes of this research, a higher mean score demonstrates a positive correlation between the leadership characteristic and nursing job satisfaction. There are six questions that, due to the nature of the question, a lower mean score demonstrate a positive correlation between the leadership characteristic and nursing job satisfaction. These questions are as follows: Leadership is overstaffed; Leaders starts a new way of doing something only to abandon it before it has had time to work; Leader uses authority to get work done; Leader emphasizes short term efficiencies and profits over long term effectiveness; Amount of time you feel that you are working short staffed; and Staff's fear of retaliation from the leader. The question "Leader works longer hours than staff" has no desired mean attached to it and is neutral.

Table 6: Comparisons of Total Means, Standard Deviations of Total Means and Generational Means

Variable	Total Mean	Std. Deviation	Gen X Mean	Std. Deviation	Baby Boomer Mean	Std. Deviation	Independent T-Test for Differences Between the Means
Location	.57	1.063	.11	.503	.93	1.237	P =.000
Shift	3.36	1.672	3.21	1.481	3.48	1.806	P > .05
Years as an RN	2.73	1.852	1.30	1.267	3.87	1.398	P =.000
Gender	.90	.307	.88	.333	.91	.285	P > .05
Ethnic – White	.79	.408	.71	.455	.85	.356	P > .05
Ethnic – Hispanic	.04	.206	.03	.157	.6	.236	P > .05
Ethnic – African American	.08	.276	.12	.333	.05	.217	P > .05

Variable	Total Mean	Std. Deviation	Gen X Mean	Std. Deviation	Baby Boomer Mean	Std. Deviation	Independent T-Test for Differences Between the Means
Ethnic – Asian	.05	.217	.09	.284	.02	.139	P > .05
Ethnic – American Indian	.00	.000	.00	.000	.00	.000	P > .05
Ethnic – Other	.01	.074	.01	.112	.00	.000	P > .05
Degree	.1.73	.835	1.85	.748	1.63	.889	P > .05
Position 1	1.00	1.623	.93	1.624	1.09	1.632	P > .05
Position 2	.84	.373	.78	.441	.85	.363	P > .05
Leader is Ethical	84.45	16.900	82.50	17.026	85.98	16.725	P > .05
Leader is Trusted	75.88	20.840	75.50	18.954	76.18	22.296	P > .05
Leader is Respected	73.92	19.821	73.00	19.771	74.65	19.928	P > .05
Leader is Visible	68.79	23.731	68.38	22.695	69.12	24.620	P > .05
Leader is Competent	78.29	20.544	78.12	19.623	78.42	21.342	P > .05
Leader is Fair	73.68	22.328	74.88	20.000	72.75	24.053	P > .05
Leader works longer hours than staff	60.84	32.084	58.86	32.581	62.39	31.766	P > .05
Leader gives personal attention to staff	51.87	28.918	50.88	27.978	52.65	29.749	P > .05
Leader is doing a good job	73.46	21.013	74.38	18.883	72.75	22.610	P > .05
Staff agree with leader	72.53	19.922	73.38	18.068	71.86	21.329	P > .05
Leader supports team concept	77.97	20.832	77.87	20.044	78.04	21.528	P > .05
Leader cares about employees	70.99	25.579	73.13	23.578	69.31	27.041	P > .05
Leader cares about you personally	64.95	27.866	66.00	26.795	64.12	28.782	P > .05
Leader seeks your opinion	58.30	29.711	59.38	29.397	57.45	30.072	P > .05
Leader listens to the employee	62.94	28.395	62.00	29.784	63.14	27.394	P > .05
Leader demonstrates appreciation	63.79	28.273	65.63	27.414	62.35	28.982	P > .05
Leader understands you	64.89	27.479	65.25	27.558	64.55	27.551	P > .05
Leader seeks to improve relationships between employees	63.74	27.698	62.75	27.373	64.51	28.060	P > .05
Leader seeks to improve their relationship with you	61.55	29.737	60.76	30.118	62.16	29.572	P > .05
Leader seeks to improve relationships between departments	62.56	27.014	59.88	28.037	64.70	26.110	P > .05
Leader uses persuasion to get work done	53.59	30.255	56.00	27.815	51.68	32.065	P > .05
Leader uses authority to get work done	54.17	32.595	53.38	32.176	54.80	33.074	P > .05
Leader respects you as a person	72.31	25.795	71.00	25.636	73.33	25.998	P > .05
Leader values your contributions	72.87	25.939	71.88	25.611	73.66	26.295	P > .05
Leader emphasizes short term efficiencies and profits over long term effectiveness	58.99	28.681	58.38	28.571	59.49	28.904	P > .05
Leader starts a new way of doing something only to	47.51	31.386	47.27	29.093	47.71	33.261	P > .05

Variable	Total Mean	Std. Deviation	Gen X Mean	Std. Deviation	Baby Boomer Mean	Std. Deviation	Independent T-Test for Differences Between the Means
abandon it before it has had time to work							
Leader implements changes that are for the greater good of the employee	58.79	25.655	61.88	23.765	56.37	26.913	P > .05
Leader implements changes that are for the greater good of the patient	75.22	24.623	76.13	26.023	74.51	23.573	P > .05
Leader helps the employee grow professionally	66.10	29.238	66.25	20.095	65.98	29.493	P > .05
Leader motivates staff	64.73	29.314	64.25	28.806	65.10	29.843	P > .05
Leader is a good role model	65.30	29.694	64.56	28.947	65.88	30.389	P > .05
Leader hires the best candidates	61.38	29.321	61.50	28.952	61.29	29.754	P > .05
Leader considers training important	73.26	24.920	72.66	24.688	73.73	25.209	P > .05
Leader understands the job you do	63.57	28.243	65.50	28.010	62.06	28.471	P > .05
Leader is focused on customer service	87.25	19.157	88.13	17.725	86.57	20.270	P > .05
Leader communicates information important to staff	70.55	24.737	70.62	22.295	70.50	26.622	P > .05
Leader is a positive influence	71.17	26.347	70.00	24.547	72.08	27.760	P > .05
Leader strives for increases in staff satisfaction	62.80	28.311	63.25	27.457	62.45	29.093	P > .05
Leader strives for increases in patient satisfaction	52.97	28.420	54.00	26.366	52.16	30.037	P > .05
Leader mentors employees	60.22	30.538	60.00	30.105	60.39	31.020	P > .05
Amount of time you feel that you are working short staffed	61.04	31.962	65.13	28.418	57.84	34.286	P > .05
Leader is effective	66.74	25.361	65.19	24.540	67.94	26.036	P > .05
Leader involves staff in decision making	56.21	30.528	56.12	30.791	56.27	30.472	P > .05
Leader is accessible	69.97	26.549	68.75	25.625	70.39	27.356	P > .05
Staff loyalty to organization	80.38	23.087	77.50	23.361	82.65	23.502	P > .05
Staff satisfaction with current job	77.14	18.255	75.88	16.891	78.14	19.281	P > .05
Staff satisfaction with nursing as a career	86.04	16.876	86.12	16.030	85.98	17.590	P > .05
Staffs fear of retaliation from leader	67.36	29.929	66.00	30.382	68.43	29.676	P > .05
Staff is an equal partner with leadership in getting work done	60.99	29.435	60.63	29.951	61.27	29.169	P > .05
Staff feels in control of their work environment	66.85	26.906	64.00	26.510	69.11	27.133	P > .05
Leader is flexible in meeting staff needs at work	69.50	26.672	68.61	25.856	70.20	27.394	P > .05
Leadership is understaffed	30.17	30.235	32.41	28.699	28.37	31.449	P > .05
Leadership is overstaffed	42.96	37.546	41.01	34.478	44.50	39.908	P > .05

Variable	Total Mean	Std. Deviation	Gen X Mean	Std. Deviation	Baby Boomer Mean	Std. Deviation	Independent T-Test for Differences Between the Means
Leader understands long-term consequences of their decisions	60.89	27.850	62.15	25.853	59.90	29.422	P > .05
Leader implements processes that are sustainable over the long run	62.00	22.804	61.12	22.161	62.70	23.392	P > .05
Leader encourages cohesiveness in the workplace	68.61	25.865	67.50	25.573	69.50	27.648	P > .05
Leader encourages volunteer activity by the staff	43.57	35.552	40.75	34.413	45.78	36.436	P > .05

Skewness and Kurtosis tests were performed on the data contained in Table 5 and it was noted that all variables met the criteria for a normal distribution. An ANOVA test was performed to compare the means between the Generation X nurses and the Baby Boomer nurses in relation to the 57 questions asked of the respondents. In all instances, there was not a significant difference found in the mean comparisons of the two groups in relation to the survey question responses.

In order to reduce the 57 questions to a construct of one leadership characteristic variable for hypotheses 1 through 3, a principal component analysis (PCA) was performed and the 57 questions were recoded into a construct of one leadership characteristic variable required for the study. This was done in order to produce a smaller amount of linear combinations of the original variables in a way that captured most of the variability in the pattern of correlations. Once the PCA was performed and the component matrix values were multiplied against groups of the 57 original variables contained in the questionnaires, a new variable was produced, called leadership characteristic. At this point statistical tests were performed as needed to test the hypotheses of the study.

In order to perform statistical analysis on hypothesis number four, the tenants of Servant-[1]Leadership that were contained in the survey questionnaire underwent principal component analysis and 25 variables were transformed into a construct of one Servant-Leadership Characteristic variable. Once the Servant-Leadership variable was constructed, regression analysis was performed to test the hypothesis.

Quantitative Data Analysis

Hypothesis Number One and Two - Results

A standard multiple regression analysis was performed to determine if the level of job satisfaction of Generation X nurses has relationship to nursing leadership characteristics.

Hypothesis number one is as follows:

Ha 1: All things being equal, nursing staff who have a positive experience with nursing leadership are more likely to demonstrate job satisfaction.

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[1] Because each Leadership Characteristic variable and each Servant-Leadership variable had numerous questions attached to each variable, principal components analysis was performed to obtain the underlying relationship among the variables. Those components that retained eigenvalues above one were utilized to determine the factors for further investigation. The component matrix values were then transformed into a new set of variables (Appendix F) by multiplying the component matrix values by the results of the variable as demonstrated in the following equation:

$$V = W_1 \text{ x } V_1 + W_2 \text{ x } V_2 + W_3 \text{ x } V_3 + W_4 \text{ x } V_4 + \ldots\ldots\ldots W_{20} \text{ x } V_{20}$$

Hypothesis number two is as follows:

Ha 2: All things being equal, Baby Boomer nurses will have a higher level of job satisfaction than Generation X nurses.

Results of the regression analysis (Table 7) demonstrated a statistically significant positive relationship between nursing job satisfaction and leadership characteristics, ($F_{13, 152}$ = 4.187, p =. 000). There was not a statistically significant relationship between generational cohort, shift worked, years as an RN, clinical versus non-clinical location of work and acute care versus home health as position of work, ethnic class, degree of education and clinical versus non-clinical position of work.

Because of the statistically significant positive relationship between nursing satisfaction and leadership characteristics, we accept hypothesis number one that with all things being equal, nursing staff who have a positive experience with nursing leadership are more likely to demonstrate job satisfaction. However, because there was not a statistically significant relationship between nursing job satisfaction and generational cohorts (Baby Boomer Nurses versus Generation X nurses) we fail to accept hypothesis number two that with all things being equal, Baby Boomer nurses will have a higher level of job satisfaction than Generation X nurses.

Table 7: Regression Analysis for Hypotheses One and Two

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	110.825	19.389		5.716	.000
	Leadership Characteristics	.001	.000	.473	6.216	.000
	Generational Cohort (Baby Boomers -1 vs. Generation X -0)	-1.731	7.516	-.024	-.230	.818
	Acute -0 vs. Home Health -1	7.629	4.618	.146	1.652	.101
	Shift	-.199	1.871	-.009	-.107	.915
	Years as RN	.994	2.020	.051	.492	.623
	Gender	-4.854	8.916	-.042	-.544	.587
	White	-13.496	16.646	-.155	-.811	.419
	Hispanic	-22.208	21.697	-.110	-1.024	.308
	Black	7.006	18.383	.056	.381	.704
	Asian	-12.819	19.405	-.084	-.661	.510
	Other Ethnic	-50.212	36.011	-.113	-1.394	.165
	Degree	2.333	3.476	.052	.671	.503
	Clinical -0 vs. Non-clinical -1	-6.165	7.150	-.072	-.862	.390

a Dependent Variable: Job Satisfaction
$F_{(13, 152)} = 4.187$, p. = .000
$R^2 = .281$

R-square for this regression demonstrates that 28.1 % of the variance in the relationship between nursing job satisfaction is explained by leadership characteristics when controlled for birth cohort (generation), whether the nurse works acute care or home health, shift of work, years as an RN, ethnic class, degree of education and clinical versus non-clinical position of work.

Hypothesis Number Three and Four - Results

Hypothesis number three is as follows:

Ha 3: All things being equal, Baby Boomer nurses are more likely to stay employed at one job longer (retention) than Generation X nurses.

Hypothesis number four is as follows:

Ha 4: All things being equal, nursing leadership characteristics will have a positive relationship to the retention of nurses as demonstrated by current levels of loyalty to the organization.

Results of the regression analysis (Table 8) demonstrated a statistically significant positive relationship between nursing leadership characteristics and the retention of nurses ($F_{13, 144} = 10.329$, p =. 000) with all things being equal. The regression analysis demonstrated that Generational Cohort (Baby Boomer versus Generation X) does not have a statistically significant relationship to retention at the 5% level but, would be found to be statistically significant at the 10% level. The regression demonstrated that 50.6 % of the variance in nursing retention is explained by nursing leadership characteristics with all things being equal.

We fail to accept hypothesis number three due to the lack of statistical significance at the 5% level. Baby Boomer nurses are not more likely to stay employed at one job longer (retention) than Generation X nurses are. Because of the statistically significant positive relationship demonstrated, hypothesis number four will be accepted in that with all things being equal, nursing leadership characteristics do have a positive relationship to the retention of nurses as demonstrated by current levels of loyalty to the organization.

Table 8: Regression Results for Hypothesis Three and Four

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	20.216	11.201		1.805	.073
	Leadership Characteristics	.027	.003	.666	10.450	.000
	Generational Cohort (Baby Boomers -1 vs. Generation X -0)	6.964	3.980	.154	1.750	.082
	Acute -0 vs. Home Health -1	1.205	2.618	.034	.460	.646
	Shift	.173	.991	.012	.175	.861
	Years as RN	-.042	1.077	-.003	-.039	.969
	Gender	2.083	4.667	.030	.446	.656
	White	-1.095	8.700	-.020	-.126	.900
	Hispanic	7.824	11.345	.063	.690	.492
	Black	-2.253	9.689	-.028	-.233	.816
	Asian	-6.779	10.132	-.072	-.669	.505
	Other Ethnic	-22.972	18.969	-.084	-1.211	.228
	Degree	1.557	1.846	.055	.844	.400
	Clinical-0 vs. Non-Clinical -1	-5.039	3.813	-.092	-1.322	.189

a Dependent Variable: Retention as demonstrated by loyalty to organization
$F_{13, 144} = 10.329$, p =. 000
$R^2 = .506$

Hypothesis Number Five - Results

A standard multiple regression analysis was performed to determine if the presences of Servant-Leadership characteristics have a relationship to nursing job satisfaction. Hypothesis number five is as follows:

Ha 5: The presence of the Servant-Leadership characteristics of listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of employees, and community building abilities have a positive relationship to nursing job satisfaction, with all things being equal.

Results of the regression analysis (Table 9) demonstrated a statistically significant positive relationship between nursing satisfaction and the presence of Servant-Leadership characteristics ($F_{13, 143} = 28.164$, p=. 000). Controls of generational cohort, whether the nurse works in home health or acute care, shift of work, years as an RN, gender, ethnic class (except for Hispanic), degree of education and clinical versus non-clinical position of work did not demonstrate statistical significance.

Table 9: Regression Analysis for Hypothesis Five

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	31.261	12.967		2.411	.017
	Servant Leadership Characteristics	.079	.004	.841	18.217	.000
	Generational Cohorts (Baby Boomer -1 vs. Generation X - 0)	.558	4.664	.008	.120	.905
	Acute -0 vs. Home Health -1	.392	3.002	.007	.131	.896
	Shift	-.127	1.175	-.006	-.108	.914
	Years as an RN	.693	1.264	.035	.549	.584
	Gender	-2.850	5.611	-.025	-.508	.612
	White	-11.063	10.232	-.128	-1.081	.282
	Hispanic	-28.555	13.350	-.143	-2.139	.034
	Black	-4.732	11.286	-.038	-.419	.676
	Asian	-19.243	11.930	-.128	-1.613	.109
	Other Ethnic	-23.539	22.225	-.054	-1.059	.292
	Degree	2.348	2.163	.052	1.085	.280
	Clinical -0 vs. Non-clinical -1	-.788	4.430	-.009	-.178	.859

a Dependent Variable: Job Satisfaction
$F_{13, 143} = 28.164$, p =. 000
$R^2 = .738$

Because there is a significant statistical relationship between nursing satisfaction and Servant-Leadership characteristics with all things being equal, we accept the hypothesis that

Servant-Leadership Characteristics have a positive relationship to nursing job satisfaction. R-square for this regression demonstrates that 73.8 % of the variance in the relationship of nursing job satisfaction, is explained by the presence of Servant-Leadership characteristics with all things being equal. In addition, ethnic class of Hispanic also demonstrates a positive statistical significance (p = .034) in relation to Servant-Leadership Characteristics.

Hypothesis Number Six - Results

A standard multiple regression analysis was performed to determine if the presences of Servant-Leadership characteristics have a relationship to nurse retention. Hypothesis number six is as follows:

> Ha 6: The presence of the Servant-Leadership characteristics of listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of employees, and community building abilities have a positive relationship to nurse retention, with all things being equal.

Results of the regression analysis (Table 10) demonstrated a statistically significant relationship between nurse retention and the presence of Servant-Leadership characteristics ($F_{13, 143} = 7.327$, p=. 000). In addition, Generational Cohort (Baby Boomer versus Generation X) demonstrated positive statistical significance (p. = .013) and Other Ethnic group demonstrated a positive statistical significance (p. = .026) in relation to retention. Degree was found to be insignificant at the 5% level but was noted to be significant at the 10% level with p. = .090. White Ethnic Group was insignificant at the 5% level but was noted to be significant at the 10% level with p. = .061. Controls of whether the nurse works in home health or acute care, shift of

work, years as an RN, gender, ethnic class (except for Other Ethnic group and White group), and clinical versus non-clinical position of work did not demonstrate statistical significance.

Because there is a significant statistical relationship between nurse retention and Servant-Leadership characteristics, with all things being equal, we accept the hypothesis that Servant-Leadership Characteristics have a positive relationship to nurse retention. R-square for this regression demonstrates that 42.3 % of the variance in the relationship of nurse retention, is explained by the presence of Servant-Leadership characteristics with all things being equal.

Table 10: Regression Analysis for Hypothesis Six

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	55.887	15.723		3.555	.001
	Servant-Leadership Characteristics	.042	.005	.540	7.879	.000
	Generational Cohort (Baby Boomers -1 vs. Generation X -1)	14.290	5.655	.240	2.527	.013
	Acute -1 vs. Home Health -0	-3.040	3.640	-.068	-.835	.405
	Shift	.038	1.424	.002	.027	.979
	Years as an RN	-1.090	1.532	-.066	-.711	.478
	Gender	-.353	6.803	-.004	-.052	.959
	White	-23.486	12.406	-.331	-1.893	.061
	Hispanic	-4.570	16.187	-.028	-.282	.778
	Black	-17.724	13.685	-.176	-1.295	.198
	Asian	-9.627	14.466	-.078	-.665	.507
	Other Ethnic	-60.871	26.948	-.170	-2.259	.026
	Degree	4.478	2.623	.121	1.707	.090
	Clinical -0 vs. Non-Clinical -1	.747	5.372	.010	.139	.890

a Dependent Variable: Nurse Retention as demonstrated through loyalty to the organization
$F_{13, 143}$ = 7.327, p=. 000
R^2 = .423

Qualitative Data Analysis as it Relates to the Independent Variable of Generations

Qualitative interviews were done on 21 individuals and 1 focus group of 4 staff nurses that work in a Central Florida Healthcare Agency. Information obtained from the interviews was reviewed and editing analysis style was used to interpret the data. Data was categorized and organized into patterns and structures that connected the categories. The data was searched for recurring regularities and for themes of data within the categories. Table 11 demonstrates the demographics of the qualitative surveys.

Table 11: Qualitative Demographics

Sample Statistics	**Primary Area of Work**	**Gender**
Total Sample = 25	Acute Care (hospital based) = 16 (25%)	Male = 3 (12%)
Generation X Nurse Executives = 5	Home Health = 2 (8%)	Female = 22 (88%)
Baby Boomer Nurse Executives = 5	Non-Clinical = 7 (28%)	**Educational Level**
Baby Boomer CEO/Administrators = 3	**Number of RN Interviews** = 23	Associate Degree = 3 (12%)
Generation X Staff Nurses = 3		Bachelors Degree = 8 (32%)
Baby Boomer Staff Nurses = 5	**Ethnic Group**	Masters Degree = 13 (52%)
Focus Group of Generation X Staff Nurses = 4 Generation X Nurses	White/Caucasian = 25 (100%)	Doctorate = 1 (4%)

Changes the Generations Wants in Relationship to Leadership Characteristics

The number one change wanted by leadership cited by both generations is the need for increased flexibility in scheduling and how the work is done. “The newer generation wants flexibility in scheduling. Instead of them working around the employer, the employer needs to work around them.” The Baby Boomer generation wants “flexibility in scheduling” also.

We are going to have to start looking at different models of nursing – like the fact that residents used to work 48-hour shifts and now they don't. We can't expect a 50-year-old nurse to work 12 straight hours a day and still be happy with nursing.

Another area of flexibility related to leadership "punishing employee's for spreading their wings and trying other things.' It was felt by both generations that nurses should be allowed to move around in an organization and not just "stay in one job" their whole career. One nurse executive stated,

> We need to accept that as long as a nurse stays in the corporation its OK for them to move around – get rid of the six months that you have to stay in a position before you can transfer. If they don't like the job, let them move to another one in the organization. Sometimes lateral moves are all a person needs or maybe even a promotion.

One Administrator interviewed felt that,

> Hospitals need to get away from telling employees if you leave us, don't ever come back. We need to make it OK to try out new jobs and new companies. We need to welcome those employees back with open arms instead of banning them from every working here again. We are cutting off our nose to spite our face.

The second most cited area of change that both generations desired were better pay, benefits and vacation. "Most healthcare organizations do not have exemplary retirement plans, we need to do better in this area to encourage people to stay" was the feeling of one Baby Boomer nurse executive. Most of the staff nurses interviewed (both generations) desired "PTO upon hire" and employee satisfaction benefits such as "day care on site, dry cleaning services on site, the ability to buy meals to take home from the cafeteria, and a place to work out after they are off duty".

The third area cited as desired by both generations, but expected by Generation X employees, related to participation in management decisions. The Generation X employee state that they want "more responsibility sooner than may have occurred in the past". Generation X also wants "more input into decisions that affect them". Even the Baby Boomer nurses stated that they "want to be involved in decisions that affect them and to be treated as a valuable member of the healthcare team".

Other areas cited as needing change related to letting staff work the hours scheduled and not expecting them to stay over once their shift is finished, do things by policy and don't expect extras, and increase technology and training for all staff members.

Changes that Leadership Will Have to Implement to Retain Nursing Staff

The number one change that both generations see as having to happen if we are to retain nurses is "increased flexibility by leadership". This is not only in relation to scheduling but it also relates to leadership needing to " understand the differences in employees and not consider them as short falls – but as differences". Generation X, interestingly enough, felt that leadership must become more flexible in relation to making it easier for the Baby Boomer nurses to keep working.

> We need their knowledge and experience. Leadership should try to support the Baby Boomers by increasing lifting equipment, changing their job structure to one that is more adaptable to the physical restrictions that an aging nurse has, and they need to look at the twelve-hour shifts – they are too hard on some of the older nurses.

The other area that was cited as a change that will have to be implemented relates to the leader taking a personal interest in employees and helping them grow. "Leaders need to treat you right every day and make you feel valued and important." A strong theme generated by both generations relates to the leader being "more approachable, visible, helpful, encouraging and coaching". Both generations want and desire more "one-on-one" with leadership, although the Generation X employees want it in greater quantities of time. Being a "hands off" manager is no longer acceptable. Employees of both generations want interaction with leadership – all leadership, even the senior executives. Leaders need to "recognize and reward" employees more. This is desired by both generations and is cited by leadership interviewed as an area where they are aware they are not, "doing as well as we should".

Generational Cohort was noted to demonstrate a statistically significant positive relationship in regards to nursing retention in the statistical analysis of this study. Qualitative data demonstrates that Generation X nurses are more likely to "job hop", "leave an organization if they don't like their work environment", and not see a job as a "lifelong commitment".

Generation X's Impact on the Nursing Profession: Changes in Leadership and Retention Methodologies

Through qualitative data obtained, it is evident that Generation X nurses have impacted the leadership and retention methodologies of current nursing leadership. The number one area that both generations cited as an impact that they feel Generation X has had on nursing is in the organization's understanding that in order to retain and recruit Generation X nurses, better salaries must be offered. It was felt by the interviewees that one of the reasons that Generation X

choose nursing as a profession, is the money. Organizations have had to increase their salaries in order to recruit and retain these nurses.

Another area cited that Generation X has impacted relates to increased flexibility by leadership. Despite there not being the desired level of flexibility, it is felt by the interviewees that the Generation X nurses have encouraged, or in some instances demanded, increased flexibility by leadership, especially in relation to scheduling. With Generation X's desire for a balanced life, leadership has had to meet some of their requests in order to retain them.

Even though there are still perceived deficiencies in the work environment, it is felt by the interviewees, that Generation X has positively impacted the environment in relation to their refusal to accept status quo and willingness to try new things. "Generation X does not take crap from the physicians. They demand respect and don't think twice about challenging a physician if they are wrong. They won't tolerate oppression like the Baby Boomers did." Since Generation X "questions everything and wants to know why it is done that way", leadership has had to think about what processes are in place and evaluate their effectiveness. One area where process changes have occurred relate to computerization of many processes that once were manual. "Generation X hates using pencil and paper to document something, they want computers and technology, they want to do it as quick as they can." An Administrator summed up the need for a good work environment in relation to Generation X employees, "Have to have a good work environment, because no Generation X nurse is going to stay with a bad work environment – not like the Baby Boomers did".

Generation X employees have made the organizations consider how to market the appeal of nursing to the Generation X employees. One Administrator stated, "We need to send a different message – one about nursing being very appealing to Gen Xers. What we do as nurses

and how great it is, needs to be relayed to Gen Xers". A point that was cited repeatedly was in relation to their being so many different careers available to women in today's world: healthcare organizations are starting to realize that they must market nursing and its many different facets to the newer generations in order to ensure a sufficient supply of nurses for the future.

Qualitative and Quantitative Analysis Results as they pertain to Servant-Leadership

During the structuring of the survey questions and interview questions, 25 survey questions and five interview questions were specific to the precepts of Servant-Leadership. Regression analysis done with the leadership characteristics variable of Servant-Leadership against employee job satisfaction demonstrated a statistically significant relationship. The specific leadership characteristics of Servant-Leadership do have a relationship with nurse job satisfaction.

In the analysis of the interview questions, data was categorized in relation to not only generational cohorts, nursing retention, and leadership characteristics evident, it was also categorized as to 10 precepts of Servant-Leadership. The Servant-Leadership precepts utilized were: 1) listening abilities of the leader, 2) empathy, 3) healing relationships, 4) awareness ability of the leader in relation to the employees, 5) persuasion ability of the leader, 6) conceptualization ability of the leader, 7) foresight ability of the leader, 8) stewardship ability of the leader, 9) leaders commitment to growth of the employees, and 10) leader's role modeling ability.

Listening Abilities of the Leader

The mean score for the question dealing with listening abilities of the leader was 62.79. Both generations demonstrated concern over the listening abilities of leadership. Neither generation felt that leadership really listened to them. One Baby Boomer stated,

> My supervisor doesn't communicate well, is moody and difficult to read. Only spends time with me if I ask her to – but it isn't much. Would be nice if they would speak to you when they walk by. They don't care about our opinion or respect what we say. It would be nice if they consulted us for input prior to making final decisions that impact us.

However, leadership interviewed was able to name numerous things that they have changed or implemented because of listening to employees. One administrator shared her ideas about listening to employees,

> Oh, [have changed] everything, from hours of operation, to uniforms, to services that we offer for our patients, just everything, you name it. There really are no brilliant management ideas when you get down to it – there are only brilliant team member ideas that management implements. Management is not that smart – they are only smart if they listen to employees.

It is evident by the interviews that leadership does make changes based on what they perceive the employees want, but they do not necessarily listen to the employees as people nor do they make the employee feel that they value their input in decisions. The organizations have various ways of communicating with the employees such as small group meetings, monthly staff meetings, branch meetings, communication books, memos, electronic e-mail, interactive pagers, morning information huddles and lunch and learns. Unfortunately, this type of communication can be mostly one sided – the leaders communicate information and the employees listen. There

was evidence of more interactive communication between leaders and employees in some areas of the organization. Things like one-on-ones with team members, team member dialogs that meet once a quarter in order to find out what issues the staff has, the addition of a staff level nurse council to relay needs and issues to the upper level management teams, and rounding on the units.

Empathy

Mean scores for the questions relating to empathy ranged from a high of 70.99 to a low of 64.89. One theme that was evident throughout the qualitative interviews for both generations is the perceived lack of the leader caring about the employee personally.

One Generation X leader with less than 6 months in their position felt that they were being a good leader by not "getting involved in the personal lives of their employees" but went on to state "employees demand that I get involved in their personal lives, they want to have showers here, celebrate birthdays and other things". One Baby Boomer nurse felt that they were less valued as an employee because of the lack of empathy from their leader,

> My supervisor expresses no concern on the personal level. Doesn't care about my well-being. Shows no interest in my family. She didn't even know that it was my birthday and we have only a few people in our department.

Another Baby Boomer employee felt that the leaders lack of concern about them personally tended to make them paint everyone "with the same brush". If one employee abused or took advantage of the system, all employees must do it and therefore, all must be punished.

> One employee in our department recently lost her husband to a long illness. During the process of this illness, this employee had used all their PTO in running back and forth to

the hospital. She was actually traveling to a hospital every weekend so that she could be with him. She would come back here to work during the week. When her husband was actively dying, she took a leave of absence. Despite the fact that the manager knew she was at her husbands bedside while he was dying, the manager insisted she call in every day. All because at one time or another, someone didn't call off everyday that they were going to be absent. That manager lost a lot of respect from all the employees in the department, in the building actually, and it is still talked about a year or two later.

Although, there were instances of a lack of empathy there were noted to be positive demonstrations of empathy such as trying to show support when employees have personal problems, being considerate of the employee's feelings and by trying to understand the job that the nurses perform.

Healing Relationships

Mean scores for questions relating to the healing of relationships ranged from a low of 61.55 to a high of 63.74. At the time of the initial interviews there was evidence that leadership was aware of the need to improve and heal relationships between departments and had implemented ways to improve relationships between departments at one facility.

Nurses felt like they were serving the ancillary instead of the ancillary serving them. Ancillary departments need to serve the nurse so the nurse can serve the patient. We worked to improve relationships between nursing and the ancillary departments. We set up a system where they physically visit the other departments and see how they operate. This has torn down a lot of barriers.

The same facility that is attempting to improve relationships between departments is also striving to improve relationships between leadership and the employees, "We lost sight of the employees. We were shoving customer services down their throats. We have finally figured out that you have to take care of the employees and they will take care of the patients".

Awareness of the Leader

Two questions were asked to determine the employee's perception of the leaders awareness. One of the questions dealt with the issue how often employees are working short staffed as an indication of how aware the leader is of the needs of the employees. The other related to leadership abandoning new ideas before they have the time to work and was used as an indication of the leader's awareness of the different influences upon new ideas that are present in the work environment. Employees responding to the survey demonstrated a mean of 61.04 in relation to feeling that they were working short staffed. Employees demonstrated a mean of 47.51 in relation to their perception of leadership prematurely abandoning new ideas before they have the time to take affect (a higher score in regards to this variable is less desired). Generation X nurses interviewed felt it is important that the leader demonstrates awareness in order to be satisfied in their job but the Baby Boomer nurse does not attach the same level of importance to this variable in relation to job satisfaction. Baby Boomers did not verbalize that they felt that the leadership should always be aware of what was happening on the units at all times and did not seem to expect it from their leaders.

One Baby Boomer nurse discussed the effects of understaffing on day-to-day operations of the units and on her role as a previous nurse manager,

> Due to understaffing, it's hard to schedule and keep information timely without stressing the nurses. I used to be a manager but due to understaffing, I was always being called back to work. I never spent a single holiday with my family or an uninterrupted weekend. It got to be too much and I just got out of it.

Other comments about staffing shortages related to frustration felt with the current processing of new applicants for open positions. Administration and Nurses Executives both expressed concern that it takes much too long to process a new employee and some employees are lost due to the organizations inability to "move faster" in securing possible applicants for open positions. Employees did not necessarily blame leadership for working short but felt it was more of a "sign of the times" that there were not enough nurses to take care of the patients.

As to abandoning new ideas before they have the time to take effect, part of the problem identified in the interviewee responses was the fact that the employee or employees did not feel that they had enough input into changes made and therefore new changes were frequently abandoned due to lack of support from the employees. The leaders are not always aware of the necessity of obtaining stakeholder buy in before a new change is implemented and therefore they abandon them before they have a chance to work or the staff buys into the new change.

Persuasion Ability of the Leader

Servant-Leadership has the persuasion ability of the leader as an important tenant to satisfied employees. The mean response for the question dealing with persuasion ability of the leader was 53.59. Qualitative interview responses did not see this as an issue despite the score. When asked about whether the nurse executives and administrators utilized persuasion in getting work done or dictate to the employees, the respondents as a whole stated they used persuasion to

get things done. One nurses executive stated, “I tried the dictator role, it didn’t work for me and it sure didn’t work for the employees”. Perhaps since the organizational leadership consistently tries to utilize persuasion, employees do not necessarily see it as important in relation to job satisfaction unless it is absent.

Conceptualization Ability of the Leader

As with the variable of persuasion ability of the leader, conceptualization ability of the leader did not seem important in the qualitative results of the research. One of the questions for conceptualization ability of the leader was in relation to the emphasis on customer service. The mean for this variable was the highest of all scores obtained at 87.25. The other question asked related to propensity of the organization to emphasize short-term efficiencies and profit over long-term effectiveness and demonstrated a mean of 58.99.

Customer service for the organizations participating in the research is highly emphasized and for many employees is an ingrained standard, which may account for the high mean score of the variable. Qualitative information obtained from the interviews helps to understand why the employees may feel that leaders are sometimes emphasizing short-term profits over long-term effectiveness. As one administrator verbalized,

> Sometimes the employees gets upset because they think that we should be able to do things that may require a lot of time and money to do. If we can’t financially do those things, we tend to as leaders, pick things that give us the most ‘bang for our buck’ at that time. Even though we as leaders may be building up our funds to implement things that bring long-term effectiveness, the employees don’t see that and therefore, they think we

are after the short-term profits and effectiveness at the expense of long-term effectiveness.

Foresight of the Leader

Three questions were asked of the survey respondents, which applied to the foresight of the leader. The first question related to whether or not the leader seeks to employee the best person available instead of just any RN. The mean score for this was 61.38. A question regarding the long-term consequences of decisions demonstrated a mean of 60.89 and a question concerning the implementation of sustainable processes demonstrated a mean of 62.00.

When inquiries were made of the interviewees concerning foresight and the ability of leadership to implement sustainable processes, hire the best people available and think of the long-term consequences of decisions, specific examples were given that help to explain the scores. One Baby Boomer staff nurse relayed that,

> A couple of years ago, there was a huge nursing shortage. The hospitals started a "bonus" war where nurses were offered huge bonuses to come and work our facility. The next thing you know the other hospital in town offered the same. Nurses were hopping back and forth between the two systems like jackrabbits. All we did was trade nurses – not sure we really gained any new positions. All it managed to do was piss off the older nurses who had been loyal to the organization for a long time. They are not as loyal now.

One nurse executive referred to the emphasis on patient satisfaction at the expense of the employees satisfaction and how they "didn't see the huge fall out on employee moral that it caused until the damage was done".

The consensus among the staff interviewed and even among some of the executives is that sometimes the organization, “even though they mean good” tends to “leap before it looks” and don’t always realize what the long term impact of their decisions are going to be.

Stewardship of the Leader

Stewardship demonstrated two of the lowest overall mean scores of any of the Servant-Leadership Characteristics. The questions asked pertained to leadership implementing changes that are good for the employee – a mean of 58.79, leadership implementing changes that are for the good of the patient – a mean of 75.22, and leadership encourages volunteerism – a mean of 43.57.

Qualitative data analysis supports that the employees feel that the majority of the changes that are implemented are for the greater good of the patient and not for the greater good of the employee, which may explain the difference in these two means. “Customer satisfaction is taken too literally, we have taught people to complain. Sometimes people will not admit that they are satisfied unless we WOW them 100% of the time and that is almost impossible to do.”

Volunteerism, except at the administrator or nurse executive level is not evident in the organization. The administrators see volunteerism as a function of their “job” and embrace it whole-heartedly. Many administrative personnel volunteer at numerous community organizations, sit on boards and participate in clubs like the Rotary on a regular basis.

Nurse Managers and department heads do not volunteer. Most of them feel that they do not “have the time” to devote to volunteering due to the large demands of their job. “I frankly don’t know where I would find the time with working 50 or more hours a week.” “The job takes all my time and energy.”

Staff level nurses also do not volunteer. As one staff nurse stated,

> In order to volunteer on the part of the organization, I have to take my PTO and still work my three shifts that week – if I can arrange my schedule to meet the scheduling needs of the organization. It's just not worth it.

Commitment to the Growth of People

The qualitative information obtained in relation to leaderships commitment to the growth of people did not necessarily support the mean scores obtained through the survey process for the three questions that apply to commitment to the growth of people. Nurses feeling that leadership see employee training as important demonstrated a mean of 73.26. Leaders being committed to the professional growth of employees demonstrated a mean of 66.10 and leaders mentoring employees demonstrated a mean of 60.22.

The organizations involved in the research have formal education departments and have continual offerings for continuing education credit. One of the organizations has frequent lunch and learns on the units in order to make it easier for staff to attend in-service education. Many programs have been placed on line in order to increase the ease of the employee in obtaining the needed education. Many of the nurse executives and managers supported employees in obtaining further formal education by flexing their schedules in order to allow class attendance and one facility has a new program that emphasizes and supports the obtainment of nursing certification for all professional nurses. All facilities encourage membership in the professional organizations that apply to the nursing discipline that the nurse currently practices.

One area of concern for employees is the tuition reimbursement that is offered by the organizations. Even though the organizations have tuition reimbursement, the employees feel that it is not sufficient to pay for more than one or two formal education classes a year.

Those interviewees in higher positions in the organization, at the nurse executive or administrative level, expressed great satisfaction with their positions and wanted to share their knowledge with others interested in assuming leadership roles, therefore, they tended to mentor individuals.

Although the administrators and nurse executives normally had people that they were mentoring for positions, the nurse managers did not. With the differences in the generations in relation to mentoring and the Baby Boomers feeling that Generation X only wants mentoring "so they don't have to take the time to look something up", the qualitative data supports the mean score for mentoring.

Role Modeling

A mean of 71.17 was demonstrated in relation to the leader being a positive influence on the work environment and a mean of 65.30 was demonstrated in relation to leadership being a good role model for the employees.

At times employees are confused as to what upper management sees as good leadership potential. One Generation X nurse expressed her confusion,

> Leaders here are really mean. We have a male nurse who is trying to be promoted into a leadership position. All the employees love him – he talks to us and helps us – he is not even a boss. We were told by higher ups that he wouldn't get the position – he was too

nice to the employees. You have to be mean to get a leadership position here and they wonder why nurses don't stay.

Another area of confusion is in relation to the perceived political climate of the organization. Repeatedly the staff nurse interviewees expressed that the only people who were in leadership positions or being mentored for leadership positions are there because they "know someone" or are part of the "good ole girl" group. In addition, the staff nurses feel that there is a "lack of respect from the organization" towards some of the employees in leadership roles. It seems that "the job [leader's] is never done to anyone's satisfaction".

CHAPTER FIVE: DISCUSSION, IMPLICATIONS, LIMITATIONS, AND CONCLUSIONS

Discussion

Nursing Leadership Characteristics and Nursing Job Satisfaction

Nursing Leadership Characteristics demonstrated a statistically significant positive relationship to the level of nursing job satisfaction. Nurses who had a positive experience with nursing leadership characteristics are more likely to demonstrate job satisfaction. This was supported by the qualitative data in that nurses who spoke of experiencing negative nursing leadership characteristics in their work environment verbalized higher degrees of dissatisfaction with their current position. Although statistical significance in relation to generational cohorts and their perceptions of nursing leadership characteristics was not present, qualitative interview data obtained supports that both of the generational cohorts are not always satisfied with nursing leadership characteristics and their jobs. This is especially prevalent in the Generation X nurses. When Generation X nurses talked about job satisfaction, they verbalized that they would " leave a job" if they did not agree with their leadership and the way they treated them. One continuing theme identified for the Generation X nurses was that,

> Title or position does not automatically gain the respect of a Generation X nurse. You have to earn it. With Baby Boomers, a person who is in a position of authority automatically has respect. Power and authority positions have less meaning to the Generation X employee.

This demonstrates that the Generation X nurse has an innate distrust of leadership or authority positions and do not have a stake in "changing" the way leadership is. Repeatedly during the interviews of Generation X nurses, it was made very clear that if they don't like the

way that leadership treats them, they will just go somewhere else to work. They would not try to "change" the way leadership treated them.

Literature by Best and Thurston (2004) further supports these findings since their study demonstrated that nurses who view their work life as important are willing to provide input for change. Since Generation X works to live and does not live to work, work life is important to them only as a means to have a life outside of work. Generation X is not willing to provide input for change. If Generation X is not satisfied with nursing leadership characteristics, they will not be satisfied with their jobs, but they will not try to improve the work environment, they will just leave.

The Baby Boomer nurses also demonstrated frustration with negative leadership characteristics in relation to nursing job satisfaction. Some interviewees had voiced that they had attempted to change the "way leaders treated them" and their work situations without success. Due to their tenure in the positions, they were not willing to "start over" some place else with benefits and pay rates. These nurses were not necessarily satisfied with their jobs but they were not willing to push for changes that might further alienate leadership or seek employment elsewhere. They just disengaged from the issues and did their jobs the "best they could" in the environment they worked in. Since Fletcher (2001) demonstrated that patient satisfaction is related to nursing satisfaction, disengagement from any aspect of the nursing profession cannot be good for the nurses, the organization or the patients.

One interesting aspect of the qualitative data results found during the interviews and written as additional comments on the survey questionnaires, relates to the increased job satisfaction verbalized by nurses in relation to a positive perception of leadership characteristics in those leaders which they felt were "good Christian women" that "really cared about their

employees". This area may be a result of the fact that the population surveyed and interviewed were from the deep south, which is known for its Christian populous, but requires further research to determine if leadership behavior that is "Christian like" makes a difference in relation to nursing job satisfaction.

The control variables of generational cohort, shift worked, years practicing as an RN, acute care versus home health, gender, ethnic class, degree of education, and clinical versus non-clinical and did not demonstrate statistical significance in relation to nursing job satisfaction.

Because the sample was obtained from only two healthcare organizations in Central Florida, further research is needed to regionalize or nationalize the sample to assure generalizability of the results.

Nursing Job Satisfaction and Generational Cohorts

Nursing job satisfaction did not demonstrate a statistically significant relationship when regressed against the variable of generational cohorts. The generational cohort of the nurse does not make a difference in the level of nursing job satisfaction. The control variables of shift worked, years practicing as an RN, acute care versus home health, gender, ethnic class, degree of education, and clinical versus non-clinical and did not demonstrate statistical significance in relation to nursing job satisfaction. Again, because the sample was obtained from only two healthcare organizations in Central Florida, further research is needed to regionalize or nationalize the sample to assure generalizability of the results.

Nursing Satisfaction and Retention of Nurses

Nursing job satisfaction was found to have a positive relationship to retention of nurses. In addition, generation cohort demonstrates a positive relationship with nursing retention. The quantitative data was supported by the qualitative data in demonstrating a positive relationship between nursing satisfaction and retention of nurses. Themes uncovered in the qualitative interviews demonstrated that nurses, especially the Generation X nurses, will not stay if they are not satisfied. Baby Boomer and Generation X nurses will not encourage other nurses to come to work in organizations that do not provide for employee satisfaction. In addition, of the eleven Baby Boomer nurses interviewed, only three verbalized that they would encourage their own children to become nurses.

Gifford, Zammuto, and Goodman (2002) support these findings in their research. They found that the best way to retain nurses was to improve the quality of work life: the job satisfaction of nurses. Although the results of this hypothesis demonstrated statistical significance, it did not delineate what exact leadership characteristics have the greatest impact on nursing retention. Further research is needed in this area to identify the specific leadership characteristics that have the greatest impact on nursing retention. In addition, the sample size needs to be increased in order to obtain a regional, if not national, sample of the impacts that nursing leadership characteristics has on nursing retention.

Nursing Satisfaction and Servant-Leadership

During the interview and questionnaire process, information was obtained that related to the tenants of Servant-Leadership. Statistically the variables of Servant-Leadership demonstrated a significant relationship to nursing job satisfaction. Qualitatively, the information obtained in

the interviews supported the tenets of Servant-Leadership. Many of the characteristics desired by nurses in relation to leadership characteristics are the characteristics of Servant-Leadership.

Since this is a sample of only a small part of the overall nursing population, further research needs to be under taken in order to fully substantiate the importance of implementing Servant-Leadership in healthcare facilities as a means to increase nursing satisfaction.

Implications

Organizational Level Implications

The National Opinion Research Center's General Social Survey indicates that, from 1986-1996, 85 percent of workers in general and 90 percent of professional workers expressed satisfaction with their job (National Opinion Research Center, 2000), and Spratley et al. (2000) reported that 69.5 % of the Registered Nurses surveyed reported being satisfied in their current positions. Since the largest range of means was in the 60-69% range for the questions asked, the implications of this study are important to the organizations surveyed and for nursing in general. The organizations need to evaluate if nurses being satisfied with current leadership characteristics at this range is sufficient to retain nurses who are satisfied with their positions. If organizations are going to retain nurses and encourage new nurses into the profession of nursing, they must find a way to increase nursing satisfaction and retention.

For the organizations that were sampled for this research study, there are immediate implications as to the job satisfaction and retention of nurses in relation to leadership characteristics. One area identified as an area that could be immediately impacted and possibly improve nursing satisfaction relates to the leaders giving personal attention to the staff. The total mean for this question was 51.87 for the sample and the perceived lack of personal attention was

supported in the qualitative data. Nurses want leadership to take a personal interest in them as employees and as people. Increased one-on-one contact with all levels of leadership is desired. It was interesting to note that during the survey process, many of those surveyed would add the disclaimer that the information provided was for their "immediate supervisors only" and that if they were answering this about upper level management, the scores would be much "lower". Since the mean scores for the immediate leadership were in the 60's, one has to wonder how much lower the scores would be for upper level management. Further research into this area would be needed to quantify this response but when nurses were questioned as to how upper level management was perceived, it was as if they "were invisible entities that did not mix with the worker". This area could be readily addressed through increased contact by all the leaders with the nurses that work under them. Simply walking around and talking to the employees on a frequent basis could positively impact the staffs perception of this leadership characteristic.

Since Servant-Leadership Characteristics demonstrated a strong relationship to nursing job satisfaction and retention, organizations could utilize the tenants of Servant-Leadership as a basis for evaluating and modifying current leadership methodologies. Servant-Leadership has been successfully utilized in large corporations such as GE. If Servant-Leadership can be effectively utilized to lead employees in large corporations to a successful outcome, then application to healthcare organizations could possibly produce an increased level of job satisfaction and retention in nursing.

Increased flexibility is another area that can be addressed. Organizations need to look at different ways to deliver health care to the patients. The addition of supportive staff that would allow the RN to only perform the duties that an RN is required to do, would help to ease the work load on the older Baby Boomer nurses and increase the job satisfaction of both generations.

As one, Nurse Executive stated in the interview process, “ancillary services need to support nursing in the job of caring for the patients and not expect nursing to support them in doing their jobs”. Too many times nursing ends up doing all the jobs that no one else wants to do such as passing dinner trays, drawing lab samples, or even cleaning up spills. All though these services are an integral part of the patient care process, they do not require the skill levels of an RN to be performed efficiently and effectively. By requiring an RN to perform these non-nursing duties, the RN has less time to perform the duties of the job that only an RN can do. Due to the current nursing shortage, it only makes sense to take away the non-nursing duties and give them to those that don’t have an RN license, therefore, freeing up the RN to perform the duties that only an RN can perform.

In relation to the qualitative research that states nurses want better pay, benefits, and vacation, this is an area where many organizations can implement improvement. The job of nursing is a job that is hard, stressful, and emotional. Nurses in this research felt that they were underpaid, but the most complaints heard were in relation to benefits and vacation. Perhaps, due to the nature of the nursing profession, many nurses need additional time away from the job in order to decrease their stress levels. It was found that the desire for more free time to pursue outside interests led many nurses, especially Generation X nurses, to work 12 hour shifts, three days a week. Although the majority of the nurses interviewed who worked twelve hour shifts stated that they were exhausted after a shift, the very much desired the four days a week away from work. The Baby Boomer nurses also worked the 12-hour shifts but readily admitted that they needed the extra days off to “rest up” for their next 12-hour shifts and didn’t necessarily use the four days off to pursue other activities. Perhaps, organizations can seek ways to increase the yearly allotment of vacation days for a nurse and make it easier for nurses who are too exhausted

to work or are experiencing illness to call off without being punished for an "unscheduled absence". In addition, organizations can continue to implement flexible scheduling consisting of 4 hour, 6 hour, 8 hour, 10 hour and 12 hour shifts that allows the nurses to work different shifts of work, depending on the needs of the organization and the needs of the nurse.

Many nurses expressed they are so drained from working, that they find it difficult to deal with the everyday functions of their lives outside of work. Things such as stopping on the way home to purchase groceries, pick up dry cleaning, or cooking dinner for their families once they are home, increase the stress level of nurses. One of the organizations that participated in this research had addressed some of these "daily stressors" by adding a small grocery on campus where staff could pick up milk and bread before leaving work and providing dry cleaning services for the employees. These kinds of "benefits" were well received by the nurses interviewed and would be a possible way for organizations to increase nursing and overall employee satisfaction.

Another implication for organizations is that despite literature stating that Baby Boomer nurses and Generation X nurses differ in what they want in a job in order to be satisfied, this research did not demonstrate this difference. There is not a difference between the two groups and therefore, leadership does not need to consider the needs and desires of the different generations individually when seeking ways to increase job satisfaction. Each generation wants the same things. They both want positive leadership that has a positive impact on their job satisfaction.

Community Level Implications

If leadership characteristics are not modified in order to encourage job satisfaction and retention of current nurses in the work force, communities and the patients residing in the communities may continue to face a worsening nurse shortage. An increase in the current nurses shortage may limit patient access to health care services, especially in areas that are already deemed as underserved areas by the government. Currently many areas are experiencing severe shortages of Registered Nurses. These shortages have caused beds to be closed and services to be eliminated. In a climate where nurses are already in demand, any loss of nursing personnel can be devastating to not only the organization, but to the community as a whole. The availability of healthcare in a community is a fundamental drawing card for community growth. The lack of healthcare in or near a community leads to a decrease in the growth of the community. Hospitals and clinics are useless if there are not nurses to staff them and take care of the patients.

Education Implications

Unless a nurse is Master's prepared, they are not normally taught management or leadership techniques. Basic nursing education is clinically oriented and not oriented heavily towards leadership. Since many nurses in leadership positions have an Associate or Bachelors degree only, it is doubtful that many of these nurses have a good foundation in management skills, much less leadership skills. This coupled with the fact that nurses are usually promoted to leadership positions due to their expertise at clinical skills and not for their expertise as leaders, leads to a lack of formal leadership education for many of the leaders in nursing.

Nursing education at all levels needs to add management and leadership education as core classes in nursing school. Even graduates of associate or diploma schools need basic education in leadership and management. Many times new nurses struggle not only with adapting to the demands of managing patients on a unit but they also struggle with the demands of directing and leading support personnel in meeting the patient's needs. Upon graduation, a new nurse is expected to manage five or more patients a day and the support staff needed to assure that the patients receive a satisfactory level of care. The lack of skill in leading others increases the new nurses frustration and decreases their satisfaction with their chosen career.

Nationwide Implications

For a nation that is known for its high quality healthcare, a continuing loss of nurses will impact the quality of healthcare that is delivered and the amount of access to healthcare. Despite the fact that the states and federal governments are putting incentives in place to encourage people to become nurses, if nurses do not experience job satisfaction and leave the profession, no amount of incentives can replace the losses at a rapid enough pace to ensure nursing levels remain status quo; much less grow. Government must determine the true root problems of the nursing shortage and work to improve those problems in order to assure sufficient quantities of quality nursing staff.

Leadership can impact the levels of nursing job satisfaction and retention of nurses. Federal and State governments need to support further research to determine if the results of this study are applicable to other areas. State and Federal governments need to fund a study to determine if leadership characteristics are impacting nursing job satisfaction and retention on a statewide and/or a nationwide basis. Because of the findings of research regarding the impact of

leadership characteristics on nursing satisfaction and retention, the government may need to mandate leadership education much as it mandates levels of licensure for professions in healthcare. In addition, the government would need to supply funding for leadership education of nurses that are currently in the field or who are training to be a nurse. This would help to assure that nurses who go into leadership have at least a minimum level of management and leadership education. To ensure compliance with standards set, the federal government and other regulatory agencies for healthcare could require proof of leadership education at the time of survey of organizations as one of the Leadership and Administration standards.

In addition, the state licensing boards can mandate continuing leadership education, much as they mandate specific continuing education credits (CEU's) in order to renew an RN license. Unless a nurse leader maintains a preset amount of CEU's, they will not be allowed to practice as a nursing leader. This would help to assure at least a minimum amount of nursing management and leadership knowledge for all nurses who are practicing in a leadership role.

National Nursing Associations can also help to encourage the education of nurses in leadership and management skills. The Associations can help to lobby the federal and state governments for increases in funding for leadership education for nurses. In addition, they could require that association members demonstrate continuing education that relates to leadership enhancement.

Study Limitations

Additional research of a much larger sample is needed to more fully understand the relationships of nursing leadership characteristics, impact of years of nursing service, shifts worked, location of work, clinical versus non-clinical positions, and nursing satisfaction of the

generations in nursing and the role of Servant-Leadership in relation to nursing satisfaction and nurse retention. Future research should also consider the effects of variables such as the profit status of the organizations, the absence or presence of unionization, the cultural diversity of the workforce, the presence of “Christian Like” leadership characteristics and the absence or presence of Servant-Leadership concurrently being practiced by the leaders of the organization.

Another limitation of the study relates to the generalizability of the sample. The sample is of large healthcare systems, located in Central Florida, which may lead to an inability to generalize the data to other groups and other areas. In addition, both organizations are non-profit and this may impact the finding in relation to for-profit or governmental healthcare organizations. The findings of the data for this sample set may or may not be applicable to other geographic areas.

An additional limitation of this research relates to the fact that the researcher is interested in the personal attributes of leadership and not in contextual attributes such as organizational climate and the impact of professional practice. These contextual attributes may have a positive relationship with nursing job satisfaction and retention and need to be further explored.

Conclusions

This research demonstrates that nursing leadership characteristics do impact nursing satisfaction. The more positive the perception or experience of nurses in relation to nursing leadership characteristics, the more satisfied nurses are with their jobs. Even though literature states that Generation X employees are less satisfied in their jobs, because of their generational specific values and norms, generational cohort did not demonstrate significance in this research. Generation cohort does not make a difference in relation to nursing job satisfaction. It makes no

difference if you are a Generation X nurse or a Baby Boomer nurse as it relates to nursing job satisfaction.

A positive perception of nursing leadership characteristics demonstrated a positive impact in relation to the retention of nurses in an organization. Nurses who are satisfied with the leadership characteristics of their work place tend to stay with the organization. The presence of Servant-Leadership characteristics demonstrated a positive impact on nursing job satisfaction and nurse retention. Those leaders that demonstrate Servant-Leadership characteristics result in increased job satisfaction for their employees and increased nurse retention for their organizations.

Nursing and healthcare organizations can no longer ignore the connection between leadership characteristics and nursing satisfaction. If nurses are not happy with leadership they may seek employment elsewhere. Nursing and organizations need to assess their current leadership practices to determine if they are having a positive or negative effect on nursing satisfaction and therefore, on nursing retention. The first step towards assessing nursing job satisfaction is to evaluate leadership characteristics currently in the workforce. Once these characteristics are evaluated, any deficiencies identified can be addressed therefore, resulting in improved leadership characteristics, which may improve nursing job satisfaction and retention. Servant-Leadership characteristics have demonstrated a positive relationship to increased job satisfaction and retention of nurses in this research, and would be appropriate to implement if there are identified deficiencies in current leadership characteristics. The leadership style of serving the nurses in order that they may better serve the patients makes sense in today's environment of work force shortages and the need to actively strive for patient satisfaction.

Shortages in the nursing workforce are sure to continue, especially with the upcoming surge of Baby Boomers who will be retiring in the next 15 years. It is imperative that organizations take every step possible to ensure that nurses are satisfied in their job and that the nurses continue practicing in their organizations. In addition, with the continued importance of patient satisfaction with health care services, it is even more important that nurses are satisfied in their jobs. As one leader interviewed stated, “happy nurses mean happy patients”.

APPENDIX A: NURSING LEADERSHIP SURVEY

Consent

Dear Professional Registered Nurse:

I am a doctoral student at the University of Central Florida. As part of my coursework, I am conducting an opinion survey, the purpose of which is to determine if there are differences in the perception of current leadership characteristics between different generations of nurses and what impact, if any, nursing leadership characteristics have on job satisfaction for different generations of nurses. I am asking you to participate in the survey, which should take no longer than 20 minutes to complete. The survey is enclosed with this letter. You will not have to answer any question you do not wish to answer. Your identity will be kept confidential and will not be revealed in the final manuscript.

There are no anticipated risks, compensations or other direct benefits to you as a participant in this interview. You are free to withdraw your consent to participate and may discontinue your participation in the interview at any time without consequence. Furthermore, regardless of your decision to participate in this survey, your identity will remain anonymous.

If you have any questions about this research project, please contact me at 863-420-3983. My faculty supervisor is Dr. Aaron Liberman who can be reached at 407-823-3264 on Mondays from 9 – 11:30 AM or from Wednesdays from 3:30 – 6 PM. Questions or concerns about research participants' rights may be directed to the Institutional Review Board Coordinator of Orlando Regional Healthcare Systems, phone number 312-841-5895 or to the UCFIRB office, University of Central Florida Office of Research, Orlando Tech Center, 12443 Research Parkway, Suite 207, Orlando, Florida 32826, phone number is 407-823-2901.

Thank you in advance for your time and consideration of this survey research project. Please note that your participation serves as permission for me to report your anonymous responses in the final manuscript to be presented to my faculty supervisor and faculty committee as part of meeting my degree requirements for a Ph.D. in Public Affairs.

Sincerely,

Sandy Swearingen

Attachments: Leadership Characteristics Survey
Envelope for returning the survey

CC: Dr. Aaron Liberman, Professor Health Professions, University of Central Florida

Instructions for Completing the Questionnaire

On

Nursing Leadership Characteristics

The following questions are part of research being carried out to determine if the current leadership characteristics of nurse executives are meeting the needs of the nursing professionals.

All questions are ranked on a 0 percent to 100 percent satisfaction score. Please indicate your response by circling one percentage answer for each question.

Example:

What is the percentage of time that you feel satisfied with life?

0 10 20 30 40 50 60 70 80 90 100 percent

In the interest of research validity, please do not discuss the information contained in these questions with anyone else.

When you are finished with your questionnaire, please seal in the attached envelope and place in the leadership questionnaire box on your unit, or you may return the questionnaire via interoffice mail addressed to Sandy Swearingen at mail point 37.

Thank you for your participation in this research study.

Sandy Swearingen
University of Central Florida
PHD Candidate

Leadership Survey Demographics

Please complete the following information. This information will be used for demographic purposes only.

Please check only one answer for each question unless otherwise noted.

Primary Area of Work:

____Acute Care Hospital
____Rehabilitation
____Home Health
____Non Clinical Area

Shift Worked:

____7A-3P
____3P-11P
____11P-7A
____7A-7P
____7P-7A
____Other: Please explain___________________________

Birth Date Range:

____1960-1980
____1943-1959
____Before 1943

Years Practicing as a Registered Nurse: 0-5____ 6-10____ 11-15____ 16-20____ 21-25____ 26 or more____
Not Applicable____

Gender: Male____ Female____

Ethnic Class:

____White/Caucasian
____Hispanic
____Black
____Asian
____American Indian
____Other: Please specify___________________________

Highest Degree of Education Obtained: (you may check more than one answer if appropriate)

____Diploma in Nursing
____Associate in Nursing
____Associate in other field
____Bachelor of Nursing
____Bachelor in other field
____Masters in Nursing
____Masters in other field
____Doctorate in Nursing
____Doctorate in other field

Current Position:

____Staff Nurse
____Charge Nurse
____Supervisor
____Assistant Manager
____Nurse Manager
____CNO/VP/Administrator for Clinical Services
____Other: Please specify___________________________________

Leadership Characteristics Survey

1.What percentage of time do you feel that leadership at your facility is ethical in their practices?

0 10 20 30 40 50 60 70 80 90 100 percent

2.What percentage of time do you feel that leadership can be trusted?

0 10 20 30 40 50 60 70 80 90 100 percent

3.What percentage of time do you feel that leadership is respected?

0 10 20 30 40 50 60 70 80 90 100 percent

4.What percentage of time do you feel that leadership is visible?

0 10 20 30 40 50 60 70 80 90 100 percent

5.What percentage of time do you feel that leadership is competent to do their jobs?

0 10 20 30 40 50 60 70 80 90 100 percent

6.What percentage of time do you feel that leadership is fair and equitable in their treatment of employees?

0 10 20 30 40 50 60 70 80 90 100 percent

7.What percentage of time does leadership work longer hours than the staff members?

0 10 20 30 40 50 60 70 80 90 100 percent

8.What percentage of your personal time are you willing to give to meet the needs of the organization, i.e., miss you children's school events, work extra shifts on your day off, change your plans to meet the needs of the organization?

0 10 20 30 40 50 60 70 80 90 100 percent

9.What percentage of time do you think that leadership is doing a good job?

0 10 20 30 40 50 60 70 80 90 100 percent

10.What percentage of time do you agree with what leadership is doing?

0 10 20 30 40 50 60 70 80 90 100 percent

11.What percentage of time does leadership encourage the team concept in performing your duties?

0 10 20 30 40 50 60 70 80 90 100 percent

12.What percentage of time do you think the leaders at your organization care about the employees?

0 10 20 30 40 50 60 70 80 90 100 percent

13.What percentage of time do you think the leaders at your organization care about you personally?

0 10 20 30 40 50 60 70 80 90 100 percent

14.What percentage of time do leaders ask your opinion when making decisions that impact you?

0 10 20 30 40 50 60 70 80 90 100 percent

15.What percentage of time do leaders actually listen to what you are saying?

0 10 20 30 40 50 60 70 80 90 100 percent

16.What percentage of time do leaders let you know that you are appreciated?

0 10 20 30 40 50 60 70 80 90 100 percent

17.What percentage of time do you think your leaders understand you?

0 10 20 30 40 50 60 70 80 90 100 percent

18.What percentage of time do you think your leaders try to strengthen relationships among employees?

0 10 20 30 40 50 60 70 80 90 100 percent

19.What percentage of time do you think that your leaders try to strengthen the relationship between you and them?

0 10 20 30 40 50 60 70 80 90 100 percent

20.What percentage of time do you think that your leaders try to strengthen relationships between departments?

0 10 20 30 40 50 60 70 80 90 100 percent

21.What percentage of time do your leaders use persuasion to get you to perform a duty?

0 10 20 30 40 50 60 70 80 90 100 percent

22.What percentage of time do your leaders use their positional authority to get you to perform a duty?

0 10 20 30 40 50 60 70 80 90 100 percent

23.What percentage of time do you think that leadership respects you as a person?

0 10 20 30 40 50 60 70 80 90 100 percent

24.What percentage of the time do you think that your contributions to patient care are valued and seen as important by the leadership at your organization?

0 10 20 30 40 50 60 70 80 90 100 percent

25.What percentage of time do you think that your leaders emphasize short-term efficiencies and profit over long-term effectiveness? 0 10 20 30 40 50 60 70 80 90 100 percent

26.What percentage of the time does leadership start a new way of doing something only to abandon it before it has had time to work? 0 10 20 30 40 50 60 70 80 90 100 percent

27.What percentage of the time do you think that leadership implements changes that are for the greater good of the employee? 0 10 20 30 40 50 60 70 80 90 100 percent

28.What percentage of the time do you think that leadership implements changes that are for the greater good of the patient? 0 10 20 30 40 50 60 70 80 90 100 percent

29.What percentage of the time do you think that leadership is committed to helping you grow and improve professionally? 0 10 20 30 40 50 60 70 80 90 100 percent

30.What percentage of the time do you think that leadership motivates you to do a better job?

0 10 20 30 40 50 60 70 80 90 100 percent

31.What percentage of time do you think that leadership is a good role model for you?

0 10 20 30 40 50 60 70 80 90 100 percent

32.What percentage of time do you think that leadership seeks to hire the very best person available instead of just anyone who has an RN license?

0 10 20 30 40 50 60 70 80 90 100 percent

33.What percentage of the time do you think that your leaders consider employee training as very important?

0 10 20 30 40 50 60 70 80 90 100 percent

34.What percentage of the time do you think that your leaders really understand the job that you do?

0 10 20 30 40 50 60 70 80 90 100 percent

35.What percentage of time do you think that leadership is focused on customer service?

0 10 20 30 40 50 60 70 80 90 100 percent

36.What percentage of time does your leader communicate information that is important to you?

0 10 20 30 40 50 60 70 80 90 100 percent

37.What percentage of time is your leader a positive influence on the work environment?

0 10 20 30 40 50 60 70 80 90 100 percent

38.What percentage of time does leadership strive for increases in staff satisfaction in relation to their jobs?

0 10 20 30 40 50 60 70 80 90 100 percent

39.What percentage of the time does leadership balance patient satisfaction and staff satisfaction equally?

0 10 20 30 40 50 60 70 80 90 100 percent

40.What percentage of time do you think that your leader mentors you to help you improve in your job?

0 10 20 30 40 50 60 70 80 90 100 percent

41.What percentage of time do you feel like you are working short staffed?

0 10 20 30 40 50 60 70 80 90 100 percent

42.What percentage of the time do you feel like the current levels of leadership are effective in their positions?

0 10 20 30 40 50 60 70 80 90 100 percent

43.What percentage of the time do you feel like you have a voice in the decision making process in your workplace?

0 10 20 30 40 50 60 70 80 90 100 percent

44.What percentage of time is leadership accessible to you to answer your questions and assist you if needed?

0 10 20 30 40 50 60 70 80 90 100 percent

45.What percentage of time do you feel loyal to the organization?

0 10 20 30 40 50 60 70 80 90 100 percent

46.What percentage of time are you satisfied with your job?

0 10 20 30 40 50 60 70 80 90 100 percent

47.What percentage of time are you satisfied with your career choice of nursing?

0 10 20 30 40 50 60 70 80 90 100 percent

48.What percentage of time do you feel like you can speak openly with leadership without fear of retaliation?

0 10 20 30 40 50 60 70 80 90 100 percent

49.What percentage of time do you feel like you are an equal partner with leadership in getting work done?

0 10 20 30 40 50 60 70 80 90 100 percent

50.What percentage of time do you feel like you are in control of your work environment?

0 10 20 30 40 50 60 70 80 90 100 percent

51.What percentage of time is leadership flexible in meeting your needs at work?

0 10 20 30 40 50 60 70 80 90 100 percent

52.What percentage of time do you think that leadership is understaffed?

0 10 20 30 40 50 60 70 80 90 100 percent

53.What percentage of time do you think that leadership is overstaffed?

0 10 20 30 40 50 60 70 80 90 100 percent

54.What percentage of time do you feel your leaders understand the long-term consequences of their decisions?

0 10 20 30 40 50 60 70 80 90 100 percent

55.What percentage of the time does leadership implement processes that you feel are sustainable over the long run?

0 10 20 30 40 50 60 70 80 90 100 percent

56.What percentage of the time does leadership encourage cohesiveness in the workplace?

0 10 20 30 40 50 60 70 80 90 100 percent

57. What percentage of time does leadership encourage you to volunteer in the community and supports you (i.e., by giving you paid time off or changing your schedule) in order that you may volunteer?

0 10 20 30 40 50 60 70 80 90 100 percent

Please feel free to add any comments about leadership that you think might assist in this research.

APPENDIX B: INTERVIEW QUESTIONS STAFF NURSE

Consent

Dear Professional Registered Nurse:

I am a doctoral student at the University of Central Florida. As part of my dissertation, I am conducting and interview, the purpose of which is to determine if the current leadership methodologies in nursing will meet the needs of the new nursing professionals entering the field and what impact the new nursing professionals entering the field will have on current nursing leadership methodologies. Interviewees will be asked to participate in an interview lasting no longer than 45 minutes. The schedule of questions is enclosed with this letter. You will not have to answer any question you do not wish to answer. Your interview will be conducted in person at a location that is convenient to you. With your permission, I would like to audiotape this interview. Only I will have access to this tape. The tape will then be erased. Your identity will be kept confidential and will not be revealed in the final manuscript.

There are no anticipated risks, compensations or other direct benefits to you as a participant in this interview. You are free to withdraw you consent to participate and may discontinue your participation in the interview at any time without consequence.

If you have any questions about this research project, please contact me at 863-420-3983. My faculty supervisor is Dr. Aaron Liberman who can be reached at 407-823-3264 on Mondays from 9 – 11:30 AM or from Wednesdays from 3:30 – 6 PM. Questions or concerns about research participants' rights may be directed to the Institutional Review Board Coordinator of Orlando Regional Healthcare Systems, phone number 312-841-5895 or to the UCFIRB office, University of Central Florida Office of Research, Orlando Tech Center, 12443 Research Parkway, Suite 207, Orlando, Florida 32826, phone number is 407-823-2901.

Thank you in advance for your time and consideration of this research project. Please note that your participation in this interview serves as permission for me to report your anonymous responses in the final manuscript to be presented to my faculty supervisor and faculty committee as part of meeting my degree requirements for a Ph.D. in Public Affairs.

Sincerely,

Sandy Swearingen

Attachments: Leadership Characteristics Interview Questionnaire

CC: Dr. Aaron Liberman, Professor Health Professions, University of Central Florida

Leadership Survey Demographics

Please complete the following information. This information will be used for demographic purposes only.

Please check only one answer for each question unless otherwise noted.

Primary Area of Work:

____Acute Care Hospital
____Rehabilitation
____Home Health
____Non Clinical Area

Shift Worked:

____7A-3P
____3P-11P
____11P-7A
____7A-7P
____7P-7A
____Other: Please explain___________________________

Birth Date Range:

____1960-1980
____1943-1959
____Before 1943

Years Practicing as a Registered Nurse: 0-5____ 6-10____ 11-15____ 16-20____ 21-25____ 26 or more____ Not Applicable____

Gender: Male____ Female____

Ethnic Class:

____White/Caucasian
____Hispanic
____Black
____Asian
____American Indian
____Other: Please specify___________________________

Highest Degree of Education Obtained: (you may check more than one answer if appropriate)

____Diploma in Nursing
____Associate in Nursing
____Associate in other field
____Bachelor of Nursing
____Bachelor in other field
____Masters in Nursing
____Masters in other field
____Doctorate in Nursing
____Doctorate in other field

Current Position:

____Staff Nurse
____Charge Nurse
____Supervisor
____Assistant Manager
____Nurse Manager
____CNO/VP/Administrator for Clinical Services
____Other: Please specify___________________________________

Interview Preface

To be read to each interview candidate before the interview is begun.

In nursing in 2004, there are different generations of nurses practicing; the nurses born before 1943 (the Veteran nurses), the nurses born between 1943 and 1959 (the Baby Boomer nurses), the nurses born 1960 to 1980 (the Generation X nurses): and the nurses born after 1980 (Generation Y nurses). I am trying to determine the perception that different generations have in relation to nursing leadership characteristics currently practiced. I am especially interested in Generation X's and Baby Boomer's perceptions of leadership characteristics. Questions that will be asked of you will relate to these areas.

Interview Questions – Staff Nurse

1. Talk to me about what the differences are between the newer generation of nurses (nurses who are between 24 and 44 years of age) in the profession and the nurses born who are older than 44 years of age?
2. What kind of changes do you believe the newer generation of nurses wants in the work environment?
3. In what ways do you think leadership in nursing will have to change in order to recruit and retain nurses in the future?
4. How do you see the newer generation of nurses impacting the nursing profession?
5. How accessible is your immediate supervisor?
6. How do you feel that your immediate supervisor values you as an employee?
7. How do you feel that your immediate supervisor shows respect to you?
8. How does your job interfere with your personal life?
9. Are you satisfied with your job? Why or Why not?
10. In what ways do you feel able to do your job as you see it needs to be done? Can you give me an example as to why or why not you feel or do not feel able?
11. In what ways do you feel like your leader is helping you to become a better professional through their support and encouragement? How are they doing this or not doing this?
12. What could happen that would make you leave your current job?
13. How do you want to be treated as an employee?
14. In what ways is your leaders ability to motivate you?
15. What are your personal reasons for assuming or not assuming a position of leadership in your career?

16. If you want to assume a position of leadership in your career, what is current leadership doing to help you meet your career aspirations.
17. What do you see as possible roadblocks of you assuming a leadership role?

APPENDIX C: INTERVIEW QUESTIONS NURSE EXECUTIVE

Consent

Dear Nurse Executive:

I am a doctoral student at the University of Central Florida. As part of my dissertation, I am conducting and interview, the purpose of which is to determine if the current leadership methodologies in nursing will meet the needs of the new nursing professionals entering the field and what impact the new nursing professionals entering the field will have on current nursing leadership methodologies. Interviewees will be asked to participate in an interview lasting no longer than 45 minutes. The schedule of questions is enclosed with this letter. You will not have to answer any question you do not wish to answer. Your interview will be conducted in person at a location that is convenient to you. With your permission, I would like to audiotape this interview. Only I will have access to this tape. The tape will be erased once it is transcribed. Your identity will be kept confidential and will not be revealed in the final manuscript.

There are no anticipated risks, compensations or other direct benefits to you as a participant in this interview. You are free to withdraw you consent to participate and may discontinue your participation in the interview at any time without consequence.

If you have any questions about this research project, please contact me at 863-420-3983. My faculty supervisor is Dr. Aaron Liberman who can be reached at 407-823-3264 on Mondays from 9 – 11:30 AM or from Wednesdays from 3:30 – 6 PM. Questions or concerns about research participants' rights may be directed to the Institutional Review Board Coordinator of Orlando Regional Healthcare Systems, phone number 312-841-5895 or to the UCFIRB office, University of Central Florida Office of Research, Orlando Tech Center, 12443 Research Parkway, Suite 207, Orlando, Florida 32826, phone number 407-823-2901.

Thank you in advance for your time and consideration of this research project. Please note that your participation in this interview serves as permission for me to report your anonymous responses in the final manuscript to be presented to my faculty supervisor and faculty committee as part of meeting my degree requirements for a Ph.D. in Public Affairs.

Sincerely,

Sandy Swearingen

Attachments: Leadership Characteristics Interview Questionnaire
CC: Dr. Aaron Liberman, Professor Health Professions, University of Central Florida

Leadership Survey Demographics

Please complete the following information. This information will be used for demographic purposes only.

Please check only one answer for each question unless otherwise noted.

Primary Area of Work:

____Acute Care Hospital
____Rehabilitation
____Home Health
____Non Clinical Area

Shift Worked:

____7A-3P
____3P-11P
____11P-7A
____7A-7P
____7P-7A
____Other: Please explain___________________________

Birth Date Range:

____1960-1980
____1943-1959
____Before 1943

Years Practicing as a Registered Nurse: 0-5____ 6-10____ 11-15____ 16-20____ 21-25____ 26 or more____ Not Applicable____

Gender: Male____ Female____

Ethnic Class:

____White/Caucasian
____Hispanic
____Black
____Asian
____American Indian
____Other: Please specify___________________________

Highest Degree of Education Obtained: (you may check more than one answer if appropriate)

____Diploma in Nursing
____Associate in Nursing
____Associate in other field
____Bachelor of Nursing
____Bachelor in other field
____Masters in Nursing
____Masters in other field
____Doctorate in Nursing
____Doctorate in other field

Current Position:

____Staff Nurse
____Charge Nurse
____Supervisor
____Assistant Manager
____Nurse Manager
____CNO/VP/Administrator for Clinical Services
____Other: Please specify___________________________________

Interview Preface

To be read to each interview candidate before the interview is begun.

In nursing in 2004, there are different generations of nurses practicing; the nurses born before 1943 (the Veteran nurses), the nurses born between 1943 and 1960 (the Baby Boomer nurses), the nurses born 1960 to 1980 (the Generation X nurses): and the nurses born after 1980 (Generation Y nurses). I am trying to determine the perception that different generations have in relation to nursing leadership characteristics currently practiced. I am especially interested in Generation X's and Baby Boomer's perceptions of leadership characteristics. Questions that will be asked of you will relate to these areas.

.

Interview Questions – Nurse Executive

1. What do you think are the differences between the Generation X nurses (24-44 years of age) and the Baby Boomer nurses (45-61 years of age) currently practicing?
2. What changes do you believe Generation X nurses will want in the work environment?
3. What changes in nursing will nurse leaders have to incorporate in order to recruit and retain nurses in the future?
4. How do you see Generation X nurses impacting the nursing profession?
5. How do you communicate with your staff members?
6. What things have you done or changed because of listening to your employees?
7. How do you show respect to your staff?
8. How much time each week do you spend with staff nurses? How much time would you like to spend with them.
9. What things do you do as a leader do to able your staff to do their jobs more easily?
10. Do you think it's the organizations duty to serve the employees or the employee's duty to serve the organization?
11. Do you think your staff trusts you and your judgment at all times?
12. How do your show support for your employees?
13. In what ways do you acknowledge your employees?
14. How do you motivate your employees?
15. How do you deal with mistakes your staff makes?
16. How loyal do you think your staff is to the organization?

17. How satisfied are you with your career choice?

18. Why did you become a leader?

19. Do you have a specific leadership theory or style that you pursue actively? What is it?

20. Do you volunteer for community service activities?

21. What do you do to help your employees grow professionally?

APPENDIX D: INTERVIEW QUESTIONS ADMINISTRATOR

Consent

Dear Administrator:

I am a doctoral student at the University of Central Florida. As part of my dissertation, I am conducting and interview, the purpose of which is to determine if the current leadership methodologies in nursing will meet the needs of the new nursing professionals entering the field and what impact the new nursing professionals entering the field will have on current nursing leadership methodologies. Interviewees will be asked to participate in an interview lasting no longer than 45 minutes. The schedule of questions is enclosed with this letter. You will not have to answer any question you do not wish to answer. Your interview will be conducted in person at a location that is convenient to you. With your permission, I would like to audiotape this interview. Only I will have access to this tape. The tape will be erased once it is transcribed. Your identity will be kept confidential and will not be revealed in the final manuscript.

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Sincerely,

Sandy Swearingen

Attachments: Leadership Characteristics Interview Questionnaire
CC: Dr. Aaron Liberman, Professor Health Professions, University of Central Florida

Leadership Survey Demographics

Please complete the following information. This information will be used for demographic purposes only.

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Birth Date Range:

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Years Practicing as a Registered Nurse: 0-5____ 6-10____ 11-15____ 16-20____ 21-25____ 26 or more____
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____Black
____Asian
____American Indian
____Other: Please specify__________________________

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____Masters in Nursing
____Masters in other field
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____Doctorate in other field

Current Position:

____Staff Nurse
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____Assistant Manager
____Nurse Manager
____CNO/VP/Administrator for Clinical Services
____Other: Please specify__________________________________

Interview Preface

To be read to each interview candidate before the interview is begun.

In nursing in 2004, there are different generations of nurses practicing; the nurses born before 1943 (the Veteran nurses), the nurses born between 1943 and 1960 (the Baby Boomer nurses), the nurses born 1960 to 1980 (the Generation X nurses): and the nurses born after 1980 (Generation Y nurses). I am trying to determine the perception that different generations have in relation to nursing leadership characteristics currently practiced. I am especially interested in Generation X's and Baby Boomer's perceptions of leadership characteristics. Questions that will be asked of you will relate to these areas.

.

Interview Questions – Administrator

1. What do you think are the differences between the Generation X nurses (24-44 years of age) and the Baby Boomer nurses (45-61 years of age) currently practicing?
2. What changes do you believe Generation X nurses will want in the work environment?
3. What changes in nursing will nurse leaders have to incorporate in order to recruit and retain nurses in the future?
4. How do you see Generation X nurses impacting the nursing profession?
5. What things have you done or changed because of listening to your employees?
6. How much interaction do you have with the nurses at your facility?
7. How do you communicate with the nurses at your facility?
8. Do you think it's the organizations duty to serve the employees or the employee's duty to serve the organization?
9. How do you practice consensus building among your staff?
10. Do you direct or convince your staff to do their jobs?
11. What do you do to help your employees grow professionally?
12. How do you deal with mistakes your staff makes?
13. How satisfied are you with your career choice?
14. Why did you become a leader?
15. Do you have a specific leadership theory or style that you pursue actively? What is it?
16. Do you volunteer for community service activities?

APPENDIX E: CATEGORIZATION SCHEMATIC

Categorization Schematic

Perception of leadership characteristics (to be sorted per generation):

a. Trust in leader
b. Skill of leader
c. Respect Given to the employee by leader
d. Acknowledgement of employee by leader
e. Leaders ability to motivate
f. Accessibility of leader
g. Leader ability to foster team work
h. Communication ability of leader
i. Ability of leader to elicit loyalty of staff to the organization
j. Overall satisfaction with current job
k. Overall satisfaction with nursing as a career
l. Empathy shown by leader
m. Ability of the leader to foster healing relationships
n. Awareness of by the leader of the employee
o. Persuasion ability of the leader
p. Conceptualization ability of the leader
q. Foresight of the leader
r. Stewardship of the leader
s. Leaders commitment to growth of employees
t. Role modeling ability of the leader

Generation impact already evident in the workplace:

a. Change in hours worked

b. Changes in hierarchy of nursing

c. Changes in leadership style desired

d. Changes in the environment

Leadership Changes perceived as desired by the different generations:

a. Style changes

b. Participatory changes

c. Reaction to changes

d. Personal life versus work life

e. Willingness to give up personal time for work

f. Frequency of sacrifice

g. Work impact on personal needs and goals

Evidence of Servant-Leadership skills

a. Empathy shown by leader

b. Ability of the leader to foster healing relationships

c. Awareness of by the leader of the employee

d. Persuasion ability of the leader

e. Conceptualization ability of the leader

f. Foresight of the leader

g. Stewardship of the leader

h. Leaders commitment to growth of employees

i. Role modeling ability of the leader

APPENDIX F: PRINCIPAL COMPONENT ANALYSIS

A principal component analysis was performed of all survey questions contained in the data analysis. Results obtained in the component matrix were multiplied against the leadership characteristics and a new contrast called the leadership characteristic variable.

Leadership Characteristics construct is a function of:

Table 12: Leadership Characteristics Construct

Leadership Characteristic	Rotated Component Matrix
Respects you	.863
Respects your opinion	.857
Staff satisfaction	.854
Competent	.852
Employee growth	.842
Motivates employee	.838
Fair to employees	.869
Agree with leader	.830
Accessible to employees	.827
Leadership is expected	.819
Leaders emphasize patient satisfaction	.819
Leaders encourage cohesiveness	.805
Leaders ask you about decisions concerning you	.804
Leaders value your contribution	.804
Leadership is trusted	.802
Leaders are equal partners with employees	.800
Leaders are flexible	.794
Leaders encourage team concept	.793
Leaders make sustainable decisions	.786
Leaders encourage positive relationships among departments	.783
Leaders mentor	.786
Leaders value employee training	.783
Leaders make changes for the good of the employee	.768
Leaders realize the consequences of their decisions	.744
Leaders hire the best RN's available	.743
Leaders are ethical	.732
Employees feel in control of their environment	.728
Leaders understand the job you do	.724
Employees can talk to leader without fear of retaliation	.713
Employee loyalty to the organization	.696
Leader is visible	.633

Leadership Characteristic	Rotated Component Matrix
Leader makes changes for the good of the patient	.578
Leaders emphasize customer service	.565
Leaders work longer hours than the employees	.526
Leaders encourage volunteer ship	.525
Employee demonstrates career satisfaction with nursing	.351
Leadership makes decisions that look at the long term goals and not just the short term benefits	.689
Leadership abandons new projects before they have time to work	.686
Leadership utilizes persuasion in getting work done	.621

Extraction Method: Principal Component Analysis
Rotation Method: Varimax with Kaiser Normalization

Servant Leadership construct is a function of:

Table 13: Servant-Leadership Characteristics Construct

Leadership Characteristics	Rotated-Component Matrix
Listening ability of leader	.865
Leader caring about employees	.879
Leadership understands the job you do	.876
Leadership cares about you personally	.876
Leadership works to improve their relationship with you	.928
Leadership works to improve relationships between departments	.813
Employees feel that they are working short staffed	.802
Leadership abandons new projects before they have time to work	.671
Leadership uses persuasion in getting work done	.702
Leadership emphasizes customer service	.564
Leadership makes decisions that look at the long term goals and not just the short term benefits	.722
Leaders realize the consequences of their decisions	.740
Leadership makes sustainable decisions	.797

Leadership Characteristics	**Rotated-Component Matrix**
Leadership communicates with employees	.875
Leadership makes changes to benefit employees	.767
Leadership makes changes to benefit patients	.584
Leadership encourages volunteer activity	.532
Leadership helps employees grow	.852
Leadership values employee training	.796
Leadership mentors	.806
Leadership is a good role model	.919
Leadership is a positive influence	.916

Extraction Method: Principal Component Analysis
Rotation Method: Varimax with Kaiser Normalization

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