Retention of New Graduate Gen Y Nurses

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Abstract
The purpose of this paper is to review the research of new residency programs on Generation Y retention and the quality implications that influence the organization. General orientation of all nurses upon hire has been the standard practice with preceptoring of senior nurses from the individual units. The process of each unit’s orientation and standards was different without respect to the individual nurse’s experience. Prior to the implementation of the Nurse Residency program for new graduate generation y nurses, the turnover rate within the first year was greater than 50 percent. Health care organizations and their leaders need to anticipate differences among newly licensed Generation Y nurses and provide supportive nurse residency orientation programs. Future research should focus on evaluating the effectiveness of orientation and residency programs between different generations with special focus on Generation Y.

Keywords: Nurse Residency, Gen Y, Retention, Intergenerational Workforce, Multiple Generational, Silent Generation, Baby Boomers, Gen X, New Graduate Nurses
Retention of New Graduate Gen Y Nurses

According to the WHO (2006a), nurses make-up 40-50% of the global health care workforce. Nurses occupy the largest share of the health workforce. A viable health system, providing optimum health outcomes relies on a sustainable and healthy nursing workforce.

The mixed generation work force is nothing new. It now exists in a flatter (LEAN) organizational structure where diverse ages work together and are not afraid to argue their points. The impact of this variety and diversity of multigenerational groups working together increases the risk of conflict based on misperceptions when communicating.

New Graduate Generation Y nurses are coming from ADN and BSN programs. Each program meets national and state nursing requirements though their focuses and experience within areas are different, thus creating orientation and preceptor challenges for organizations.

As the new graduate Generation Y nurses add to the workforce, one third will leave their job within the next two years. Over two thirds plan to be gone within the next five years, due to their desire for career advancement.

Clearly, the perception of one-size-fits-all does not apply any longer to retention programs, as they do not address the individualized needs of the mixed generational health care nursing force. What drives, motivates or hinders nurses from different generations is the underlying challenge. However, the key to retention is creating an environment where all the generations feel welcome and valued.

As the acuity of the patient raises, the complexity of the equipment increases and the length of stay decreases, hospitals struggle to maintain safe staffing guidelines and implement a sustainable quality orientation. Nursing management is faced with recruiting and retaining a
workforce that is increasingly made up of nurses from many generational groups, each requiring specific needs as internal customers.

**Problem Statement**

Generation Y new graduate nurse’s high turnover rate is costing millions of dollars nationally in the acute care hospital setting. The orientation process that is currently in place without a residency program implemented is not retaining these new graduate nurses.

**Generational Workforce Demographics**

Generations are considered products of a common history defined by moments as well as economic, social, and sociologic circumstances. What this refers to is a group of people born during the same general time span shaped or molded by the events and conditions prevalent during their youth and adolescence, and their function as a co-culture. Interestingly enough with the rapid expansion of technology, particularly with regard to the World Wide Web, some of these common characteristics within generations now cross international boundaries.

Never before in the history of nursing has the healthcare workplace been comprised of such a span of generations. The current workforce includes three main generations: Baby Boomers (born between 1946 and 1963), Generation X (born between 1964 and 1980), and Generation Y (born between 1981 and 2000).

The result is a truly multi-generational workplace with the diversity of creative and innovative strengths, expertise, and viewpoints embodied within the different groups. Unfortunately, this blending can also lead to conflicts, tension, misunderstandings and decreased productivity. Spence (2009) acknowledged DiRomualdo’s (2006) works in observing, “the generational groups of older and younger workers do not perceive intergenerational tensions in
the same way. The younger workers are more sensitive to these differences both positive and negative” (p13).

In a study done in 2008, Leiter, Price, Spence & Lashinger (2010) found that the most recent generation (Millennials) had lower job satisfaction scores than older cohorts. This cohort had the highest proportional scores for burn out focusing primarily on emotional exhaustion and depersonlization.

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For leaders in today’s organizations to be effective they must develop an extensive range of leadership styles, utilizing them in a flowing manner to meet daily demands of given situations. Leaders must recognize the individual and cultural differences present in their followers, and determine how best to engage them in ways to reach common goals.

**Generation Y, Millennials, Generation NeXt, 1981-2000**

The Millennials also known as the “multi-cultural generation” ranked second in size comparison to the Boomers at seventy thousand. In an era of skyrocketing tuition costs, their “Helicopter Parents,” are eager to get their money’s worth and technology now allows this to occur from home. They are realists, comfortable in both virtual and physical space, greatly appreciative of and expecting diversity.

Thriving on instant gratification, these young professionals perform their best when plugged into or active within social networks. Thriving on instant gratification, these young professionals perform their best when plugged into or active within social networks. As Spence (2009) discussed, Generation Y does not remember a time before personal computers, the
Internet, microwave ovens, and cell phones. With more than a third of the generation consisting of minorities, it is by far the most tech-savvy. Empirical evidence through research shows that Millennials valued focus, dedication, and optimism more highly than other generations.

Millennial scores were significantly higher though than Gen Xers on rule consciousness, reasoning, emotional stability, perfectionism, warmth, sensitivity, apprehension, social boldness, and openness to change. DeClerk found (2007) that managers who use transformational leadership can expect their Generation Y employees to give extra effort, be satisfied and to see their leader as effective.

According to Weingarten (2009) they are a product of their times, being more numerous, affluent, better educated and ethnically diverse than any of the previous generational groups wedded to belonging to a group. Employers need to take notice of this vital resource and tap in to this priceless human capital.

Retention. Lockwood (2007), “The challenge today is not just retaining talented people, but fully engaging them, capturing their minds and hearts at each stage of their work lives” (p.2). Bass and Avolio (1993), “In a transformational culture, one fitting with the model of the four I’s, there is generally a sense of purpose and a feeling of family. Commitments are long-term, leaders and followers sharing mutual interests and a sense of shared fates and interdependence, a transformational culture can build on or augment the transactional culture of the organization” (p.116).

Lancaster and Stillman (2004), younger employees desire something the Traditionalist top-down model did not allow—feedback that travels up the ladder as well as down. While politically conscious Boomers would have thought twice (or more) about telling the boss what was wrong with department operations, Traditionalists wouldn’t have even considered it, and
Xers and Millennials seem to have problems being upfront with higher-ups, which isn’t always appreciated. (it goes both ways, para 1).

Wieck, Dols & Landrum (2010), the key to retention is creating an environment that all the working generations feel welcome and valued; it is not a one-size-fits-all culture anymore.

Bruch, Tekie, Voelpel & Walter (2006), “Transformational leadership style and goal commitment was strongly positive for younger employees, while this relationship was slightly negative for older employees. In contrast, age was not found to moderate the relationship between transactional leadership and goal commitment” (p. 6).

Lockwood (2007) stated that a recent global workforce study by Towers Perrin considered key success factors of employee engagement, job satisfaction, and high performance. It surveyed 86,000 employees at all levels of the organization in mid-size and large companies in 16 countries across four continents about attitudes, needs, work ethic and personal commitment of people to their jobs and companies. The findings reveal that people tend to stay with organizations considered as “talent-friendly” and progressive—that is, organizations having leading-edge work environments and people practices (p.7).

Webb (2007) cited Montana & Charnow (1993), “By utilizing knowledge of these behaviors, leaders can guide the development of systems, methods, and personal behaviors to create a motivated workforce. Highly motivated and satisfied employees also demonstrate a decrease in incidences of absenteeism and an increase in production while on the job. (p. 68).

Leiter, Price, & Spence Laschinger (2010) contribution of generational differences to the workplace social environment can influence the collaboration or integrity of the teamwork environment between new graduates and mid-late career nurses.
Eddy et al. (2009), discussed nurse managers will need to be mentored to develop and transform management skills into leadership behaviors. Wieck, Dols & Landrum (2010), to be effective in their communication and interaction with employees at different levels requires additional support and motivation. An example of this leadership style may be found in APPENDIX B: Situational Leadership.

**Two Peer Article Residency Program Review**

Retention of nurses is a global nursing concern with new graduate nurses having the lowest retention rates. The present study focused on the unique needs of Generation Y to maintain engagement of their new position and profession (Hillman & Foster, 2011). Due to high costs associated with new graduate nurse turnover, an academic-service partnership developed a nurse residency program that provides a comprehensive support system that spans 15 months (Bratt, 2009).

What types of strategies in today’s market will help organizations increase retention and maintain core measures in their staff as well as increase or improve quality customer service? Over the last 5-year experience of tailoring a standardized transition program to fit their organization’s needs, essential elements of an effective program were identified that will help new nurses make the transition into their first job as a registered nurse (RN) in a children’s hospital (Hillman & Foster, 2010). Now in its fourth year, with more than 50 urban and rural hospitals involved, the program in Wisconsin formalized preceptor training, monthly daylong educational sessions, and mentoring by clinical coaches (Bratt, 2009).

New graduates are the potential employee pool and the current primary source for staffing for acute care hospitals and current research (Hillman & Foster, 2011). Valid and
reliable tools must be utilized to evaluate work satisfaction and clinical decision-making, organizational commitment and skill development during and after each residency (Bratt, 2009).

**Why Use New Graduate Nurse Residency Programs?**

Hillman & Foster (2011) discussed in 2004, as a freestanding pediatric hospital, we had no difficulty recruiting new graduate nurses who wanted to work with children and families. The problem was in retaining them. After reviewing the data of past records, it was determined that among all new hires, no distinction was made between experienced RN hires, new RN hires or graduate nurse hires.

Retention of these new hires before the start of our residency program was between 50 and 70% and the 2-year retention was between 40 and 63% with a greater problem in nurses because many resigned within the first year. In some cases, the tenure was as short as 1 week (Hillman & Foster, 2011).

Hillman & Foster (2011) discussed that it not only prepares the new graduate nurse hires to be competent, confident and critical thinking novice nurses, it provides support to and establishes commitment from our residents. The nursing residency program has truly become a valued part of the hospital's culture and we continue to reap the benefits.

Bratt (2009) referred to the richness of the data because of the program’s implementation across the hospital setting process of continuous evaluation and data analysis resulting in recommendations and strategies for success. The quality improvement process created recommendations organized around four key areas essential toward the success of the transition program for new graduate nurses:

- Academic-service partnerships are a win-win strategy to promote new graduate
nurses' smooth transition into professional practice and development of clinical competency.

- The structured education element of a residency program should be tailored to the emerging needs of the new graduate nurse, should be engaging, and should be focused on helping the new nurse to think and act like a professional.

- Because the transition process for new graduate nurses takes place over several months, a successful residency program should include a long-term psychosocial support system provided by well-trained preceptors, coaches, in addition to other mentors.

- Stakeholder buy-in, transparent communication, adequate resource allocation, as well as ongoing data collection are essential elements to sustain a nurse residency program.

**Strategies for Change**

**Tools**

In reviewing the peer-reviewed evidence based information the following tools were Used: Problem Statement, Bone diagram, Benchmarking and PDSA.

After reviewing the research evidence, the data supported the problem of new graduate nurse retention with the current methods of orientation to acute care was apparent and the formulation of a problem statement occurred. The problem statement supported the current situation or existing state of the nursing problem, the impact that this problem has on the organization and the desired state to be achieved by improving the process.
The bone diagram assists systems of organizations to identify the drivers of their current state and desired state by utilizing reflection and planning (Langford, 2010). The reasons for the turnover of the newly hired staff found to be due to the orientation process or the lack thereof. Further investigation into the orientation process uncovered the inconsistencies from unit to unit (Hillman & Foster, 2011).

Hillman & Foster (2011) reviewed the decision made to contract a company to provide a comprehensive and evidence-based residency program in March 2005. This contract was for a 3-year term and included research support and a curriculum. The reflective tool such as the bone diagram will assist focus groups within the organization in following up with implementation of strategic planning.

This improved hiring strategy now enables the organization to select the best candidates from a large pool of applicants who we feel are best suited to be a nurse at our hospital. In fact, presently we have a waiting list and new graduates have recognized that the selection process is both competitive and rigorous (Hillman & Foster, 2011).

Hillman & Foster (2011) supported the valid and reliable tools used to evaluate work satisfaction, clinical decision-making, organizational commitment and skill development during and after each residency completion. In addition, they compared associated cost savings in relationship with nursing resident retention.

Benchmarking information from the researched articles in this paper is available through attachment APPENDIX D: Benchmarked Residency Results.

The PDSA, is one of the first tools utilized by Deming in the 1950’s and remains a valuable assessment of continuum for quality improvement (Omachonu & Ross, 2004). The people dimension in the organization is important in understanding the differences of nursing
schools in the area with regard to their clinical programs. It became clear that the training, skill level and knowledge of new RN hires were dependent upon the school at which they had studied (Hillman & Foster, 2011).

A review of current literature on new hiring and interviewing of new graduate nurses stresses the need of a nurse residency program. Without such a program in place, the transition to a professional nursing job will be difficult. For the successful transition to the professional nurse role, additional competencies and knowledge beyond what is obtained within the educational programs was voiced as a necessity by schools of nursing, hospital nursing leadership, new graduates and the authors themselves (Hillman & Foster, 2011).

Hillman & Foster (2011) developed the foundational goals and philosophy:

1. Support the transition from student to RN staff nurse.
2. Increase commitment and retention.
3. Validate competence and confidence in safe care of patients and families.
4. Create a culture of professionalism and support.

Residents complete five valid and reliable evaluation tools during their residency that address nurse and work satisfaction, organizational commitment, clinical decision making, empowerment, support and retention. The residents evaluate each class and content expert and changes to the presentations based on direct feedback provided by the residents (Hillman & Foster, 2011).

Through application of this reflective process to real clinical problems, learning activities connected to the experiences of the nurse residents through continuous cycles of taking action and reflecting on actions to generate results and create knowledge. This model continues to
provide a framework for lifelong learning and professional development that articulates through each nurse resident’s personal professional development plan (Bratt, 2009).

With the goal of retaining and sustaining the future nurse work force, programs create a continuous cycle that supports the newly licensed nurse and builds intellectual capacity in experienced nurses to sustain cultures of retention. With this cultivation of new nurses’ development of knowledge, skills, and professional behaviors, the program strives to promote effective role transition and the development of competent practitioners who engage in evidence-based practice and can think critically, make clinical decisions effectively, and become leaders and lifelong learners (Bratt, 2009).

**Organization**

**Customer Focus**

Customer directed focus is the beginning of quality whether your organization is for-profit or not-for-profit. When internal conflict is present, it directly influences the eight dimensions of quality: performance, features, reliability, conformance, durability, serviceability, aesthetics, and perceived quality (Omachonu & Ross, 2001).

The transition from novice to competent nurse is an iterative, complex process requiring a number of support systems through the dedicated roles of preceptors, clinical coaches, and program facilitators (Bratt, 2009). One other important aspect of having a high turnover is the negative impact on the unit staff as they orient new graduates to their units and then watch them leave (Hillman & Foster, 2011).

Formalized education of preceptors increased their capacity to assist new nurses’ thinking about nursing practice through intellectual stimulation and motivation versus merely focusing on completing a skills competency checklist. Employing active learning strategies and providing
ample opportunities engages new graduate nurses through mentoring techniques proven extremely valuable (Bratt, 2009).

Costs associated with offering a nurse residency program arise primarily from the expenditure of education dollars for ten nurses’ salaries, which averaged approximately $62,000. Replacement costs were reported to be equal to a nurse’s annual salary, which is $62,140. If the residency program prevents at least one new graduate nurse from leaving the organization, the program becomes cost-neutral (Bratt, 2009).

**Structure**

Organizations utilizing an organized structure based on quality values as the competitive edge will continue to dominate and maintain a strong and active market share. Research indicates that customers who are happy with the service will share this experience with at least three family members, friends or coworkers, whereas if they are dissatisfied they will share with eight people (Omachonu & Ross, 2001).

Moving from a decentralized hiring and orientation process to a residency program signaled a significant change in operation. The newly committed mindset of candidates was now focused on excellence and confidence involving the entire organization and multiple stakeholders (Hillman & Foster, 2011).

After making significant changes in the program, it is important to determine that goals are achieved. A reduction in turnover of graduate nurses, increased job satisfaction and increased confidence and competence was expected (Hillman & Foster, 2011).

Service partners reported that their involvement has built capacity within their organization by strengthening internal and external resources, building morale, and stimulating professional development throughout multiple levels of nursing personnel. Organizations have
shared that the program is one of their best recruitment tools and has led to significantly decreased nurse vacancy rates (Bratt, 2009).

**Intracompany Quality**

Managers were aware of an ineffective hiring/interview process, which included fragmented individualized orientation, however, both the managers and educators were resistant to change. A radical change in practice was needed because the risk of losing another large group of orientee’s was too great and too costly (Hillman & Foster, 2011).

Commitment of senior leadership was present though the managers and unit-based nurse educators voiced opinions of doubt surrounding the ability to recruit and hire new graduates within certain time constraints. To achieve the goals for increasing retention and developing an effective residency program, it was critical to incorporate and assess some specific components and strategies: content of the program, teaching and mentoring, the interview and hiring process and learning through experiences (Hillman & Foster, 2011).

Managers indicated that the program has increased their staff of ready leaders, and nurse residents quickly channeled into leadership training programs. Differences in the nurse residents, including enhanced critical thinking, engagement in evidence-based care, and increased awareness and use of organizational resources were observed (Bratt, 2011).

Nurse residents are working on hospital committees, participating in projects to improve patient care or work environments, and infusing new learning into patient care. Managers have also noted that nurse residents have advanced faster and are assuming preceptor and coaching roles at a more rapid pace than new graduates who have not participated in the residency program (Bratt, 2011).
Maintenance of intracompany quality by utilizing the inverted organizational method will improve the quality service provided to both the internal and external customers. When integration toward a common goal is adopted by all levels horizontal and vertical within the organization, properly managing this process is the key to achieving customer satisfaction and ratings (Omachonu & Ross, 2001).

**Culture**

Bass and Avolio (1993) quoted Bass (1991), an organizational culture is the "glue" that holds the organization together early in its development, as a source of identity and distinctive competence. Unfortunately, in an organization's decline, its culture can become a constraint on innovation since its roots are in the organization's past glories (p.114).

Bass and Avolio (1993) when trying to promote cultural changes in an organization, leaders should first understand and respect the past, returning to it for inspiration, instruction, and identification of past objectives, principles, and strategies that still must be maintained. Supporting Gardner (1990) who pointed out that leaders need to understand and appreciate the "interweaving of continuity and change" for long-term purposes and values (p.115).

DeClerk (2004) quoted both Faber (2001) and Augustine (2001) in discussing older and younger generational unique attributes with regard to their personal and professional culture. The older generations value relationships, wanting to know people before they trust them in their professional domain. Younger generations, such as Gen X and Gen Y, who were influenced by after-school television and internet are not as concerned with rules and formal structures. Everyone has an equal chance for promotions; they work together as a team, and desire success, though not at the expense of their family (p. 20).
Ideas to Improve Quality

To improve the retention of Generation Y new graduate in the acute care hospital setting a change in the process should be implemented. The orientation process that is in place without implementation of a residency program is not retaining these new graduate nurses.

Utilization of the inverted pyramid, a flexible and approachable management system, will assist organizations in retaining newer generational workers longer by actively engaging them. Deming’s approach to customer satisfaction, buy in and retention of all employees strives toward the common goal of continuous quality improvement.

Creating an environment that increases their competence and self-confidence and decreases the turnover intent and actual turnover. New nurses will benefit from strategies aimed at supporting their career advancement in the workplace focusing on their human capital and intellectual capacity.

What Specific Ideas do You Have for Improvement of Quality?

Training the new graduate Gen Y nurses through preceptorship and a generation specific nurse residency will increase retention. With the diversity and multiple generations in the current job market general and unit orientation should accommodate those specific needs.

The organization should provide training to advance the skill and development of their staff through yearly competency and support certification within the sub specialty area. Utilizing the inverted pyramid or organizational chart, Juran discussed this cross-functional quality improvement using a wide lens approach on both the internal and external customers.

All staff monthly unit council meetings facilitate buy-in from top management to direct patient care staff. Posting storyboards showing benchmarks and active participation to date will assist in promoting engagement of staff.
What Have You Learned Outside the Course to Support your ideas (research)?

Wieck, Dols & Landrum (2010) supported by their data collection of twenty-two southern hospitals regarding retention of all working generational nurses, creation of model managers, empowered staff nurse councils, stabilized staffing, revamped incentives and a focus on safety was recommended. Reference APPENDIX A: Manager Traits Comparison discussed in Wieck, Dols & Landrum (2010) their research showed the top five Gen Y desired manager traits are dependable, team player, supportive, available and fair.

The American Nurses Association endorses this Registered Nurse Safe Staffing Act of 2013. It amends title XVIII (Medicare) of the Social Security Act, to require each Medicare participating hospital to implement a hospital-wide staffing plan for nursing services furnished in the hospital.

The plan requires an appropriate number of registered nurses providing direct patient care in each unit and on each shift of the hospital to ensure staffing levels that: (1) address the unique characteristics of the patients and hospital units and (2) result in the delivery of safe, quality patient care consistent with specified requirements.

This House of Representatives bill (H.R.1821), is coming at a critical time in the United States and is impacted by the Patient Protection and Affordable Care Act and the far-reaching nursing shortage. This bill requires each participating hospital to establish a hospital nurse staffing committee, which shall implement such plan.

What Have You Learned in the Course that Will Support Your Ideas for Improvement?

Management must have a true and active role in the horizontal and vertical process flow to encourage buy in from supervisors, team leads and employees of all areas. Monitoring and maintaining control of low performers of the organization as they are toxic to the working
environment and will drive high performers away and decrease retention and quality of the organization down.

Total Quality Management (TQM) is thinking about quality as it relates to all services of the organization for start-to-finish integration of all interrelated functions at all levels. The overall effectiveness of the system is greater than the sum of the individual outputs with one goal in mind, customer satisfaction.

A continuous process improvement tool, the feedback loop provides an active voice for these valuable internal customers. Intrinsic motivation, the heart of TQM, would help to empower employees within the organization. The satisfaction of these internal customers through intellectual stimulation and inspiration motivation are key elements toward retention and maintenance of core competencies and quality necessary in the current health care market sector.

**What Recommendations Would You Use to Implement Your Changes?**

A questionnaire sent to all nurses that would include a series of questions regarding their orientation process, current concerns and requests that they have. Compile and utilize data from the questionnaires as a benchmark toward changing the process flow going forward in the new residency program. Using evidenced based documentation that support changes within a scholar paper to help assist with brain storming or updating current orientation practices, competencies and unit educational programs. Presenting the information in a power point presentation with statistics and outcomes based on evidence including citations.

A Nursing Orientation Program with different applicable strategies that apply specifically to that generation and allow for individual specific needs as demonstrated through a process flow graph. The process flow would start out the same for all new hires and depending on the generation or diversity; some additional orientation measures could be utilized. Each unit would
have their own preceptors that are provided educational tools to assist them with the differences in communication and technique.

Conclusion

Based on peer reviewed research evidence, the Nurse Residency Program is an effective means toward retention of Gen Y nurse graduates. Total Quality Management is a full time commitment involving all levels of an organization. There is no instant pudding recipe for a successful quality program.
References


Wieck, K. D. (2010). Retention priorities for the intergenerational nurse workforce. *Nursing Forum, 45*(1), 7-17

### APPENDIX A: Manager Traits Comparison

<table>
<thead>
<tr>
<th>Rank</th>
<th>Gen Y</th>
<th>Gen X</th>
<th>Baby Boomers</th>
<th>Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dependable</td>
<td>Supportive</td>
<td>Supportive</td>
<td>Supportive</td>
</tr>
<tr>
<td>2</td>
<td>Team Player</td>
<td>Team Player</td>
<td>Trustworthy</td>
<td>Dependable</td>
</tr>
<tr>
<td>3</td>
<td>Supportive</td>
<td>Dependable</td>
<td>Professional</td>
<td>Professional</td>
</tr>
<tr>
<td>4</td>
<td>Available</td>
<td>Trustworthy</td>
<td>Dependable T</td>
<td>Trustworthy</td>
</tr>
<tr>
<td>5</td>
<td>Fair</td>
<td>Professional</td>
<td>Team Player</td>
<td>Respectful</td>
</tr>
<tr>
<td>6</td>
<td>Professional</td>
<td>Receptive to people</td>
<td>Respectful</td>
<td>Good People skills</td>
</tr>
<tr>
<td>7</td>
<td>Communicating skills</td>
<td>Clinically competent</td>
<td>Good people skills</td>
<td>Receptive to people</td>
</tr>
<tr>
<td>8</td>
<td>Trustworthy</td>
<td>Responsive to subordinates</td>
<td>Clinically competent</td>
<td>Interested in quality</td>
</tr>
<tr>
<td>9</td>
<td>Clinically competent</td>
<td>Fair</td>
<td>Motivates others</td>
<td>Clinically competent</td>
</tr>
<tr>
<td>10</td>
<td>Positive attitude</td>
<td>Available</td>
<td>Positive Attitude</td>
<td>Caring</td>
</tr>
</tbody>
</table>

(Wieck, Dols, & Landrum, 2010, 10)
APPENDIX B: Situational Leadership

The situational approach is illustrated in the model developed by Blanchard (1985) and Blanchard and Hershey (1985), called the Situational leadership II model. This model is an extension and refinement of the original situation leadership model developed by Hershey and Blanchard (1969a.).

## APPENDIX C: Generational Differences

<table>
<thead>
<tr>
<th>Generational Differences</th>
<th>Retention of Generation Y Nurses</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study</strong></td>
<td><strong>Results</strong></td>
<td><strong>Conclusion</strong></td>
</tr>
<tr>
<td>Lavoie-Tremblay et al. (2010, August 18) Quantitative study with a correlational descriptive design: psychological climate questionnaire. Sample size 1,376 hospital workers of three generations</td>
<td>Generation Y lower score challenge scale. Goal emphasis scale negative perception Intent to quit is almost 3 x higher: reason career advancement</td>
<td>Retention strategies improving work climate international differences: challenges, absence of conflict and warmth.</td>
</tr>
<tr>
<td>O'Donnell, Livingston &amp; Bartram (2012) Qualitative study in Australia of two focus groups, one group of nine-nurse unit manager's NUM and one group of five staff nurses. Descriptive phenomenological approach informed data generation and analysis.</td>
<td>NUMs reported inadequate training in skills to effectively manage staff conflict: bitterness manipulation. NUMs Increased stress reduced staff morale decreased staff satisfaction retention issues for both NUMs and staff</td>
<td>Impact of inadequate implementation and understanding on front line with NUMs and staff</td>
</tr>
<tr>
<td>Keepnews, Brewer, Kovner &amp; Shin (2010) Quantitative, non-randomized Study with 2 questionnaires implemented. 2,369 newly licensed registered nurses from 3 generation: Baby Boomers, Generation X and Generation Y.</td>
<td>Literature suggests interventions to reduce generation conflict in nursing promote positive work environment Management styles differentiated with employee values and attitudes</td>
<td>Organizational nursing leader levels including CNO need to anticipate generational differences and provide a positive environment encourage staff nurses to understand and respect coworkers commitment to common goals delivery of safe high quality pt. care</td>
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### Appendix D: Benchmarking

<table>
<thead>
<tr>
<th>Gen Y Nurse Residency Retention Results</th>
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<tbody>
<tr>
<td>Studies</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Hillman &amp; Foster (2010)</td>
</tr>
<tr>
<td>- Study: 1 facility 232 beds, with over 3000 employees, 13000 admissions annually, 90000 ER visits, 150,000 ambulatory visits. Magnet designated.</td>
</tr>
<tr>
<td>- Problem 30% new graduate gen Y will leave during the first year.</td>
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<tr>
<td>Bratt (2009)</td>
</tr>
<tr>
<td>- Nurse residency program: 15 months 50 Urban and rural hospitals of varying sizes and geographic locations.</td>
</tr>
<tr>
<td>- 2 pilot projects focused on newly licensed nurses</td>
</tr>
<tr>
<td>Kowalski &amp; Cross (2010)</td>
</tr>
<tr>
<td>- Study: Nurse resident program assessing the reduction of new graduate nursing turnover:</td>
</tr>
<tr>
<td>- Voluntary participation two-phase program approximately 30 yearly participants (BSN and ADN).</td>
</tr>
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</table>
APPENDIX E: Process Flow

Process Flow for Nursing Residency Programs

- New Gen Y Nursing Graduates
- Residency Programs
- Retention and Quality