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Research article

Factors that lead Generation Y nurses to consider or reject nurse leader roles



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ARTICLE INFO

Article history:

Received 21 February 2015

Received in revised form

1 May 2015

Accepted 8 May 2015

Keywords:

Generation Y

Millennials

Nursing leadership

Succession planning

ABSTRACT

Objective: This study examined factors that lead Generation Y nurses to consider or reject nursing leadership roles.

Background: Almost half of the current nurse leaders in the country are expected to retire by the end of the decade. Generation Y will soon comprise 50% of the nursing workforce and organizations look to them to assume leadership roles. Learning how to effectively recruit, motivate and retain Generation Y nurse leaders will be critical to the future of nursing.

Methods: This was a qualitative study that used a ConCensus™ process approach to collect the themes and factors of importance to participants related to nursing leadership roles. Three focus groups were conducted during 2013 and 2014 with 32 Generation Y Registered Nurses, not currently in leadership positions and born on or after January 1st, 1981.

Key findings: Feedback from current nurse leaders about their roles is primarily negative. The strongest incentive for Generation Y nurses to seek leadership roles is the potential to create meaningful change in healthcare. Fear of failure in the role and lack of work-life balance are significant deterrents to accepting a leadership role.

Conclusions: Generation Y nurses do see the value and importance of nursing leadership in making a difference in patient care but have concerns about the level of support that will be available to them as they assume these roles. Attention must be directed toward providing resources and strategies to develop skilled Generation Y nurse leaders in order to promote effective succession planning.

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Introduction

Nursing leaders in the United States were challenged by the landmark report, *The future of nursing: Leading change, advancing health* (Institute of Medicine, 2010) to embrace their role in the transformation of health care delivery. Planning for a different health care future will require strong nursing leadership. These opportunities and demands for leadership come at time when the nursing profession is experiencing massive demographic shifts in the workforce. For the past three decades, nursing has largely been led by nurses in the Baby Boomer cohort born between 1946 and 1960 (Hader, Saver, & Steltzer, 2006). This is now rapidly changing with the three million Baby Boomers turning 65 each year and

many beginning to retire (American Hospital Association, 2014). Recruitment to replace retiring nurse leaders is expected to be challenging. It is anticipated that by 2020, more than 50% of the nursing workforce will be Generation Y nurses born after 1980 (American Hospital Association, 2014). These nurses are the future of nursing leadership but some question whether they will be interested and/or prepared to step into leadership roles (Lund & Thomas, 2012).

As nurse leaders commit to address the challenges of an aging workforce and imminent leadership vacancies (Griffith, 2012; Sherman, Dyess, Hannah, & Prestia, 2013; Stanley, 2010; Thompson, 2008), there is an urgency to operationalize efforts to increase the pipeline of prospective leadership candidates. Learning how to effectively recruit, motivate and retain Generation Y nurse leaders will be critical to the future of nursing. This article presents data from a research study that was designed to examine factors that lead Generation Y nurses to consider or reject nursing leadership roles. The implications for current nurse leaders and health care organizations will be discussed.

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Background

Currently, four generations are employed in the health care environment: The Veterans (Silent Generation) born before 1945, Boomers (Baby Boomers) born between 1946 and 1964, Generation X (Gen Xers, Gen X) born between 1965 and 1979, and Generation Y (Millennials, Gen Ys) born between 1980 and 2000 (Foley, Myrick, & Yonge, 2012; Hansen & Leuty, 2012; Lavoie-Tremblay, Leclerc, Marchionni, & Drevniok, 2010; Stanley, 2010). Each generation brings a specific set of values, beliefs and expectations to the workplace. Understanding what drives their decision to accept or reject leadership roles has many implications for effective succession planning.

Transitioning nurses into leadership roles requires a comprehensive understanding of a multi-generational workforce. Until recently, most of the senior administrative positions were held by the structured and traditionalist values of Veterans. Today many of those leadership positions are held by Boomers (Berkowitz & Schewe, 2011; Sherman, 2006). This general cohort is known for valuing their individuality, protesting authority, and 'living to work' (Boychuk-Duchscher & Cowin, 2004).

In contrast to Boomers who were raised knowing post-war prospects and job security; Generation X nurses value 'working to live' reserving their loyalty for principles rather than institutions (Stanley, 2010). Considered to be pragmatic and independent, Xers are known for appreciating outcomes over processes and valuing autonomy (Bell, 2013; Hendricks & Cope, 2013; Mhatre & Conger, 2011).

Characterized as technologically savvy, independent and optimistic, Generation Y is the newest generation of nurses to join the workforce. They value work-life balance and have grown to expect instant access to information and feedback (Berkowitz & Schewe, 2011; Smith, Malone, Agwu, & Clark, 2009). They are known as

adept multi-taskers and globally aware team players (Hutchinson, Brown, & Longworth, 2012). Members of Generation Y are often regarded as less loyal than their Xer colleagues. Mhatre and Conger (2011) propose from their work that what is sometimes characterized as disloyalty in this generational group may be their unwillingness to be loyal to an institution when it is perceived to be at the expense of their career growth and realization of professional goals.

Tulgan's (2011) research suggested the reluctance of emerging leaders to assume leadership positions stems from their observing leadership roles that are wrought with responsibility but without needed support. Generation Y view their organizational self-worth as a commodity worthy of courting at the onset of employment, and one which requires significant attention throughout their professional development (Tulgan, 2011). The key findings from Tulgan's work urge current leaders against approaching the transition of Gen Ys into leadership roles through traditional trial by fire methodologies citing support and mentoring as generational requisites.

Hershatte and Epstein (2010) suggest from their organizational work that directing and developing 'the next great generation' requires leaders to embrace this new generation's preferences for accommodations, structure and clarity. Generation Y will align themselves with companies who meet these fundamental needs. Loyalty for the Generation Y comes with a price tag. Hershatte and Epstein (2010) contend the cost of doing business with Generation Y requires nothing short of ongoing organizational support, opportunity for growth and mentoring (PricewaterhouseCoopers, 2008).

To date, there are no studies in the nursing literature that look specifically at the perspectives of Generation Y about leadership as a career goal in today's health care environment. In order to do more effective succession planning, a better understanding is

Concept	Focus Group Question Items
Responsibilities	From your perspective, what are the major role responsibilities of nursing leaders today?
Feedback	What feedback do you hear about nursing leadership as a career choice from nurses who are currently in leadership roles?
Incentives	What professional or personal incentives would there be for you in a nursing leadership role?
Fear	What would you fear most and what might stop you from considering a leadership role?
Ideal	What would the ideal nurse leader role look like?
Values	What do you see as essential values needed to ground the practice of nursing leadership?
Contributions	What contributions do you think you could make in a nursing leadership position?
Support	What type of support would you need to move into a nursing leadership role?
Qualities	What qualities would you look for in a mentor if you were considering a nursing leadership role?

Fig. 1. Focus group questions.

needed about what will motivate Generation Y nurses to become leaders and what factors might lead them to not to consider these roles. The findings from the research outlined in this article provide important insights into the viewpoints of current Generation Y nurses not in formal leadership roles on the factors that would lead them to accept or reject leadership roles in the future.

Study design

The research question asked in this study was “*What are the factors that lead Generation Y nurses to consider or reject nurse leader roles?*” The design was an exploratory, descriptive qualitative study that used focus groups to identify the themes and factors of importance to Generation Y nurse participants. Three focus groups were conducted between October of 2013 and August of 2014 with 32 nurses from acute care settings in South Florida. Two of the focus groups were conducted onsite in hospitals and one was conducted in a university setting. Participants were asked to complete a consent, and demographic form. They were then asked nine questions (Fig. 1).

The focus groups were designed to last 90 min. Approval for the study was given by the Institutional Review Boards at both Florida Atlantic University and Nova Southeastern University.

Focus group methodology

The focus group sessions were conducted using a ConCensus™ process approach to collect the themes and factors of importance to participants related to nursing leadership roles. The ConCensus™ method is a proprietary computerized/live group decision-making process that automatically sets up binary choices, enabling multiple factors to be collaboratively prioritized. The method has been used over 800 times in complex and controversial situations where there was a need to reach group agreement about planning priorities ranging from healthcare workforce strategic initiatives to governmental policies.

Table 1
Focus group participants demographics $N=32$.

Characteristic	Demographic data	
	Mean (range)	N (%)
Age	28 (24–34)	
Gender		
Male	6 (18)	
Female	26 (82)	
Highest level of education		
Associates degree	6 (18)	
Bachelor's degree (BSN)	24 (76)	
Master's degree	2 (6)	
Years of experience	3.4 ($\leq 1-9$ /yrs)	
Current employer		
Hospital	32 (100)	
For Profit	15 (46)	
Not for Profit	17 (54)	
Clinical area of assignment		
Med/Surg, Oncology, Neuro/Ortho	7 (22)	
Telemetry	10 (31)	
ICU/PACU/Cath Lab	11 (32)	
ER	3 (12)	
Psych	1 (3)	
Would consider a leadership role		
Yes	25 (78)	
No	2 (6)	
Maybe	5 (16)	

The ConCensus™ process included a neutral facilitator, a ConCensus™ device (a computerized hardware/software package), an LCD projector with a screen or large flat-screen TV, and an audience of participants. Factors identified by the participants for each of the nine questions (Fig. 1) during the ConCensus™ session were listed by the facilitator. Then a comparison of all possible factor combinations were voted on within pairs by the participating group. The votes were then electronically tabulated and the factors were reordered into a ConCensus™ matrix resulting in a distinct hierarchy of prioritization. The findings were then disseminated to the participants in real time.

An advantage to the ConCensus™ focus group process was that all participants had an opportunity to identify critical factors for each question and then voted on their relative importance when compared to one another. Generation Y participants found this process very appealing because it is technology-based and provided immediate feedback on answers given by the group.

Data analysis

As is true with most ConCensus™ projects, three individual focus groups were conducted at different sites. Once all three focus groups were completed, the investigators initially reviewed the matrices of the individual questions from the three sites. The matrix scores were adjusted to the same scale of prioritization (from 1 to 10). The investigators then combined like categories of factors relating to each comparative question. Factors were weighted based on the rankings that they received from the three groups and an overall ranking for factors was established. It was that ranking that determined the prioritization of the answers found in Tables 2–7.

Sample

The 32 registered nurses who volunteered for the study all worked in acute-care hospital settings in South Florida. They represented diverse specialty areas (Table 1). All were born after 1980 and were not in positions defined as formal leadership roles by their organizations.

Participants ranged in age from 24 to 34 with a mean age of 28. A significant percentage were baccalaureate degree graduates (76%). They ranged from less than one year of experience to nine years with 3.4 years as the experience mean. 18% of the sample were male and the majority (78%) indicated on the demographic form that they would consider a leadership role.

Key findings

The focus groups were conducted to gain insight into the factors that lead Generation Y to consider or reject leadership

Table 2
Major role responsibilities of nurse leaders.

Rank	Role responsibility
1	Safety
2	Customer satisfaction
3	Supervisor as a resource for staff
4	Unit/department organization
5	Delegation of patient care responsibilities
6	Education of staff
7	Managing administrative issues
8	Outside liaison
9	Motivating others
10	Budgeting

Table 3
Feedback about nurse leader positions.

Rank	Feedback themes by focus group participants
1	Lots of responsibility
2	Budget constraints
3	Stressful
4	Time consuming/no work-life balance
5	Lack of support from peers
6	Unrealistic expectations
7	Too much paperwork
8	There are some positives: some love their jobs, make good money, find work rewarding
9	Long hours for not much money
10	Lack of job security

Table 4
Incentives in leadership positions.

Rank	Incentive themes by focus group participants
1	Make a difference/inspire meaningful change
2	Personal growth
3	Money
4	Experience
5	Being a mentor
6	Status
7	Better schedules

Table 5
Fears about taking a nurse leader role.

Rank	Fear themes by focus group participants
1	Fear of failure
2	Work-life stress/imbalance
3	Job security
4	Lack of control
5	Too much responsibility
6	Need to please everyone
7	Loss of clinical skills

Table 6
Contributions in a leadership role.

Rank	Contribution themes by focus group participants
1	Fostering cooperation
2	Support for staff
3	Initiator of ideas for change
4	Good role model
5	Vision
6	Budgeting skills
7	Charisma

Table 7
Support needed to move into a leadership role.

Rank	Support themes by focus group participants
1	Administration support
2	Mentorship
3	Family support
4	Education about leadership
5	Staff support
6	Self-confidence
7	Elimination of barriers to advance into leadership

roles. Key findings from the study included the following: their prioritization of leadership role responsibilities; the feedback that they have received about leadership roles; incentives that would lead them to assume a leadership role; their fears about taking a leadership position; what they could contribute in a leadership role and what support they would need from the organization.

Major role responsibilities of nurse leaders

We were interested in their perceptions about the major role responsibilities of their leaders. Safety was identified as the top priority in leadership roles with customer satisfaction ranking second (Table 2).

These two findings were not surprising and reflect what Generation Y nurses observe as priorities in their organizational work settings. Nurse leaders are held accountable for key performance measures in these two areas which ultimately impact the level of reimbursement for care. Unit administration, organization and delegation of care were also identified as important in the role. Interestingly, staffing was not mentioned as a key role responsibility in any of the three focus groups. Budgeting was ranked last in priority role responsibilities. Research with nurse managers indicates that they consider it a much higher priority among their role responsibilities than does their staff (Sherman, 2005).

Feedback about nurse leader positions

Feedback about leadership roles from current nurse leaders could potentially be a very strong source of influence in career decision making by younger nurses. The top seven feedback factors that emerged from ConCensus™ voting by participants were all negative (Table 3).

The high level of responsibility and accountability associated with these roles was identified as the most common feedback shared by focus group members followed by the budget constraints faced by leaders. The Generation Y study participants had heard some positive comments from current leaders who reported that they love their jobs, make good money and find their work rewarding. But they also hear that leaders work long hours without adequate compensation. Although it ranked last, lack of job security in leadership roles is part of the feedback that current leaders communicate to younger nurses.

Incentives in leadership positions

A key area of interest in this study were motivating factors that would lead Generation Y nurses to consider leadership roles. When asked about the incentives that would be there for them if they did take a leadership role, Generation Y ranked the ability to make a difference and inspire meaningful change as the most important incentive (Table 4).

The opportunity for personal and professional was also seen as a significant incentive. Money was indicated as an incentive but ranked 3rd on a list of the 7 factors.

Fears about taking a nurse leader role

Asked what they would fear the most in taking a leadership role, the possibility of failure in the position was a key concern (Table 5).

The focus group participants observed that organizations have high expectations of leaders and very low tolerance if goals are not met. When nurse leaders fail, it is very public failure. These young nurses worry about whether they would have the control they needed to be successful in the role. Many things can and do go wrong but people want to hold someone responsible. This is feedback that they are hearing from current leaders. Not surprisingly, a lack of job security in leadership roles emerged as a third factor of concern. Other concerns included lack of control, work-life stress and imbalance associated with the demands of leadership roles. Focus group participants also had concerns about the potential for not having enough time for a family life.

Contributions in a leadership role

Our Generation Y participants were quick to identify the contributions that they could make in a leadership role. Their biggest contribution was identified as their potential to foster cooperation through the empowerment of others and promoting effective teamwork (Table 6).

The ability to provide better support for staff and increase staff satisfaction also rated high as areas for contributions. They see themselves as a generation who can serve as a catalyst for positive and innovative change in healthcare.

Support needed to move into a leadership role

In order to be effective in a leadership role, focus group participants were clear about the type of support that they would need for a successful transition (Table 7).

Administrative support would be a major need and this was defined as having adequate resources, budget and direct support of their decisions. Focus group participants also identified the need for an experienced mentor with strong administrative skills who could be trusted as a second major area of concern. In a follow-up question on mentorship qualities, there was recognition that an ideal mentor should be a great role model and love their jobs. While mentorship would play an important role in a successful transition, education and leadership development would also be needed. Generation Y recognized that to be successful in leadership, they would need not only the support of administration and staff but also that of their families.

Discussion and implications

The findings from this research provide important insights into what might be needed to effectively recruit, motivate and retain Generation Y nurse leaders. Despite negative feedback about leadership roles from current leaders, the young nurses who participated in this study are interested in nursing leadership. They see the value and importance of nursing leadership in making a difference in patient care. This could be good news for organizations as they do succession planning to replace retiring Baby Boomer leaders. However, current nurse leaders who expect that Generation Y nurses will adapt to all the current work norms in nurse leader roles may find themselves within a few short years in a situation with high leadership turnover. Porter-O'Grady and Malloch (2015) provide good advice in this arena. They suggest that leaders should recognize that the shifts

happening in the healthcare environment demand that they challenge their own thinking and practices. The crux of leadership, they observe, is in the power of relationships and ability to adapt to a changing world.

These research findings seem to suggest that current nurse leaders are often so consumed with their day to day work that they are unaware of the impressions that young emerging leaders may have about their roles and impact. Nurse leaders may inadvertently sabotage succession planning efforts when they send negative verbal or non-verbal messages about leadership roles. There is a failure to communicate how nurse leaders make a difference in patient care and can serve as catalysts for change on their units. Some key aspects of the leadership roles such as financial management responsibilities may not be well understood by staff who have limited opportunity to observe or talk with their leaders about their day to day activities.

The current role and span of control in nurse leader roles especially in the United States may need to be revisited as part of succession planning. Generation Y nurses crave work-life balance. They are concerned that current leadership roles may come with too much responsibility. In recent research done with perioperative leaders in the US, it was found that these nurse leaders agreed with Generation Y nurses. They report that their spans of control have become unmanageable over the past two decades. Multiple unit management has become a norm (Sherman, Patterson, Schmidt, & Dahl, 2014). While this may have worked for Baby Boomer nurses who picked up these additional responsibilities incrementally, the span of control and range of responsibilities in the current nurse leader roles could be a recruitment deterrent in the future.

Historically, most nurse leaders assumed their roles with little or no formal leadership training (Sherman, Bishop, Eggenberger, & Karden, 2007). Generation Y nurses clearly understand that the growing complexity of nurse leader roles has had a significant impact on the ability of nurses to thrive in these roles without the proper education and mentoring. Without a high level of administrative support in transitioning to these roles, Generation Y nurses worry that they will fail. They crave feedback and the opportunity for professional development. Intentional mentoring, leadership development and experiential practice in leadership situations in advance of accepting a leadership role may help to alleviate the fears of the emerging nurse leaders.

Limitations

This study captured the perceptions of a relatively small purposive sample of Generation Y nurses from one geographic area in the United States at an early point in their nursing careers. The findings may not be generalizable to nurses in other countries where workforce and organizational challenges may be different. More than 75% of participants (Table 1) who volunteered for the focus groups indicated they would consider a leadership role. This sample could have different viewpoint than a larger population of Generation Y nurses who might be less interested in leadership. The results of this research may also not be generalizable across time or with a more geographically diverse group of young nurses even within the United States. This is a study limitation, but these focus group findings are an important reminder about the need to seek information about what will be needed to effectively motivate, recruit and retain our next generation of nurse leaders.

Conclusion

Generation Y nurses view themselves as leaders (Sherman et al., 2013). With careful mentorship and nurturing, they could be

excellent candidates to step into leadership roles in the future. They worry about failure and whether these roles are consistent with their personal values and beliefs based on the feedback they hear from current leaders. The future of nursing leadership in the United States could be in jeopardy if Generation Y nurses make a decision to just say no to leadership based upon their experiences in the practice environment. Despite more immediate leadership challenges in their environments, nurse leaders have to embrace the importance of initiating intentional leadership succession planning with Generation Y nurses. Meeting the challenge will require innovative thinking and a willingness to question current leadership practices and roles.

Role of funding source

This study is a replication of research that was done in 2003 with Generation X nurses. The original study was grant funded by the American Organization of Nurse Executives. The results were considered so significant that the research has been cited over 40 times in the nursing leadership literature.

Acknowledgments

The project was supported by grant funding from Florida Atlantic University's Office of Sponsored Research.

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