

Looking ahead to our next generation of nurse leaders: Generation X Nurse Managers

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KEYS Y. (2014) *Journal of Nursing Management* 22, 97–105.

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Aim(s) The present inquiry identifies elements of professional success, and personal and professional fulfilment as defined by Generation X Nurse Managers. *Background* Although work concerning Nurse Manager preparation has been documented, there is a paucity of research specific to the generation of nurses next in line to assume leadership roles.

Method(s) For the purposes of this study, a qualitative approach was used to develop insight regarding Generation X Nurse Managers and their perspectives on professional success, personal and professional fulfilment, and organisational environments that are conducive to loyalty and long-term professional commitment.

Results Findings from this study reinforced those identified in the original study in that inflexible organisational cultures, a lack of opportunities for upward mobility, the need to be available at all times, feeling stereotyped or undervalued can all be barriers to members of Generation X perceptions of professional success and professional and personal fulfilment.

Conclusions and implications for nursing management Study findings suggest that Generation X Nurse Managers would benefit from initiatives focused on better preparation for the Nurse Manager role, openness to innovative scheduling alternatives and tailored support and feedback.

Keywords: generation X, leadership, Nurse Manager, succession planning

Accepted for publication: 10 October 2013

Introduction

The majority of nurse managers are nearing retirement age and there is not a readily available supply of nurses to fill vacancies that will occur as these mid-level leaders leave (Duffield & Franks 2001, Hodes Group 2006, Mackoff & Triolo 2008a). Nurse managers are a critical component of any health care organisation. These nurses are the link between administration and the frontline workforce. Their influence on productivity, nurse retention and the organisational environment has been well documented (Taunton *et al.* 1997, Aiken

et al. 2002, Mackoff & Triolo 2008a,b, Shirey *et al.* 2010, Gaskin *et al.* 2012).

Nurse Managers have a complex and stressful job (Shirey *et al.* 2008). Hiring the right person is important and retaining good managers is essential to good organisational performance. Nurse Managers are an essential contributor to excellence in nursing practice, staff nurse engagement and patient satisfaction, and are responsible for creating and supporting an environment to develop staff nurses into leaders (Espinoza *et al.* 2009, Thompson 2009). Consider also the high costs associated with preparing nurses for management

positions and it is evident that there is a need to understand and engage the next cohort of managers (Mackoff & Triolo 2008b, Wendler *et al.* 2009, Gaskin *et al.* 2012).

While succession planning, mentoring and coaching future leaders is not new, Chief Nursing Officers (CNOs) can do more than orient their replacements (Coughlin & Hogan 2008, Thompson 2009, Wendler *et al.* 2009). **With a health care system characterised by unprecedented complexity it is important for CNOs to adopt unique strategies to increase organisational capacity and develop leaders to represent the nursing profession (Coughlin & Hogan 2008, Thompson 2009, Wendler *et al.* 2009, Gaskin *et al.* 2012).**

One way to promote positive changes in both nursing and health care is to devote generation-specific attention to younger cohorts of nurses who have traditionally been outnumbered by baby boomer nurses (Cadmus 2006, Sudheimer 2009, Wendler *et al.* 2009). By tailoring succession efforts to specific generational cohorts, CNOs may recruit, inspire and retain younger generations of nurses into the challenging mid-level management role and at the same time extend support to ambitious staff nurses (Duffield & Franks 2001, Connaughton & Hassinger 2007, Shirey *et al.* 2008). The purpose of this inquiry was to identify elements of professional success, and personal and professional fulfilment as defined by Generation X Nurse Managers in order to provide stakeholders with information to promote professional success, personal fulfilment and retention within the Generation X Nurse Manager population.

Background

Although work concerning Nurse Manager preparation has been documented, there is a paucity of research specific to the generation of nurses next in line to assume leadership roles: the Generation X cohort born between 1965 and 1980 (Connaughton & Hassinger 2007, Mackoff & Triolo 2008a,b, O'Neil *et al.* 2008). Generation X nurses are beginning to speak out or be recognised in spite of their small cohort size. There is a lot to be appreciated regarding how they differ from the baby boomers and what it will mean for CNOs to develop them into the next group of leaders (Feyerherm & Vick 2005, Mensik 2007, Sudheimer 2009, Gaskin *et al.* 2012). Characteristics of Generation X have often been described from a negative perspective but the elements that make them unique can also be seen in a positive light

(Kupperschmidt 1998, Cadmus 2002). **Comperatore and Nerone (2008) outline the following characteristics of Generation X:**

- Grew up in a disturbing political environment, so they are suspicious of politics and may be cynical about the world around them.
- Sensitive to hype and insincerity.
- Independent and self-reliant.
- Value teamwork and connection to a network of friends.
- Value flexibility. Balancing the demands of their jobs and their personal lives is very important.
- Not intimidated by authority. Gen Xers are very outspoken and often unafraid of questioning authority.
- Results and goal-oriented.
- Take a situational view rather than seeing things in black and white.

Because of their unique experiences, Generation X nurses' perspectives may be leveraged to make positive changes to the nurse work environment.

The proposed study is an extension of the research done by Feyerherm and Vick (2005), which looked at high-performing Generation X women in the technology industry. The intent of the original study was:

‘to uncover the meaning Generation X women gave to the concepts of professional success, personal fulfilment, and corporate environments that were conducive to loyalty and long term commitment’. (Feyerherm & Vick 2005, p. 219)

The present study will add to the body of knowledge of Generation X and Nurse Managers.

Methods

Design

Topics related to nursing administration/leadership often call for a qualitative approach because research in this area remains somewhat limited (Speziale & Carpenter 2007). For the purposes of this study, a qualitative approach was used to develop insight regarding Generation X nurse managers and their perspectives on professional success, personal and professional fulfilment, and organisational environments that are conducive to loyalty and long-term professional commitment (Feyerherm & Vick 2005).

Chief Nursing Officers from the researcher's professional network and from randomly selected hospitals across the United States were invited to recommend

potential participants. An electronic mail was sent to recommended participants and those interested were screened to ensure they met study criteria. Purposive, criterion sampling was used to ensure participants (1) had at least 1 year of nurse management experience, (2) were agreeable to be recorded and (3) were willing to review the interview transcription for accuracy (Speziale & Carpenter 2007). When multiple participants were available from a single hospital, a maximum of two were chosen in order to obtain a broad range of perspectives.

Research participants

Perspectives of 16 Generation X Nurse Managers from various hospitals within the United States were included in this study. All participants were born between 1965 and 1980. Six were born between 1965 and 1969, five were born between 1970 and 1975, and five were born between 1976 and 1980. All participants had at least 1 year as a nursing unit manager. Eight had 1–5 years of experience, six had 6–10 years and two had more than 10 years. States represented included Colorado, Florida, Indiana, Kentucky, Massachusetts, Missouri, Nebraska and Texas. Fourteen participants were from Magnet hospitals. Educational preparation was varied with one Nurse Manager prepared with an Associate Degree, nine with Bachelor's degrees and six with Master's Degrees.

Data collection

Interviews took place during the summer of 2011. After appropriate informed consent was obtained and participant questions related to the study were addressed, telephone interviews with individual participants were conducted by the primary investigator. Telephone interviewing is an appropriate method of qualitative inquiry (Lincoln & Guba 1985, Burke & Miller 2001, Opdenakker 2006). Interviews were conducted via telephone using a speakerphone in a secluded room to allow for recording and to ensure confidentiality. While some researchers consider recording to be intrusive and potentially destructive to full participant disclosure, the benefits of recording include: (1) an inarguable data record; (2) assurance of material completeness; (3) the opportunity for repeated review to ensure full understanding; and (4) the opportunity to engage fully in the interview and not be immersed with note taking, which could potentially distract the interviewer and interviewee (Burke & Miller 2001, Opdenakker 2006). Interviews ranged from 30 minutes to 1 hour in length. Alphanu-

meric coding was used to keep interview data organised and secure during transcription and data analysis (Box 1).

Box 1

Questions asked during Generation X interviews

- 1 How would you define success? (In other words, what is your vision of professional success? How can you tell if you are successful?)
- 2 What has influenced your definition of success?
- 3 Have you encountered any barriers or difficulties (barriers/obstacles) to your attainment of success as you have defined it? If so, what are they? If not, have you heard of other women encountering barriers?
- 4 When have you felt particularly encouraged or supported from outside of work (i.e. home or family) to attain your unique vision of success? What are some of those times?
- 5 Consider for a moment the things that matter to you most in your life right now. How would you allocate 100% among those things in order of their importance to you right now?
- 6 What are elements of personal fulfilment for you? What makes you happy? How do you tell if you are fulfilled?
- 7 What has influenced your definition of fulfilment?
- 8 Do you see professional success and personal fulfilment connected? If so, how? If not, why not? Is one more important than the other?
- 9 If you were going to stay with this company for 5 more years, what would it take for you to want to stay?
- 10 What recommendations would you make to your facility to be an even more effective in attracting, developing, and retaining Generation X women?
- 11 If you had a magic wand, what one thing would you say is most important for your facility to retain Generation X nurse managers?
- 12 Taking everything into consideration, how likely is it that you will make a genuine effort to find a new job (with another employer or another employment situation) within the next 2 years?
- 13 Is there anything I haven't asked that you would like to comment on regarding Generation X nurse managers and the workplace?

Analysis

Every effort was made to describe participant experiences as they were presented without any attempt to impart partiality, preference or judgment. All participant descriptions were considered equally so no hierarchy whereby one reality may be more valued than another was evident.

Directed content analysis was employed using the original study by Feyerherm and Vick (2005) as a guide. Care was employed in combining structures to ensure (1) they indeed belonged together or that (2) they were not invariant structures in their own right (Creswell 1998, Hsieh & Shannon 2005). First, categories using findings from the original Generation X study were established as an organising framework for

data analysis. Initial categories included perceptions of professional success, perceived barriers to professional success, perceptions of fulfilment, perceived barriers to fulfilment, work life balance and retention elements. Second, after careful consideration of participant responses, Nurse Manager perspectives were coded and additional themes were identified under each initial category (Table 1; Hsieh & Shannon 2005). Participant descriptions were coded with NVivo (version 8, QSR International Pty Ltd., Doncaster, Vic., Australia) qualitative software to examine essential features, structures, relationships or invariants among the accounts. Finally, the resultant coding was reviewed through a peer debriefing process.

Methods for verification

Traditional, quantitative measures related to validity and reliability are not appropriate for qualitative research. Instead, credibility, transferability, dependability and confirmability are more apt (Lincoln & Guba 1985). Credibility for this study was demonstrated through peer debriefing. A doctorally prepared academic colleague who was familiar with qualitative methods, but who demonstrated no vested interest in either the research or the researcher was consulted for the debriefing. While Lincoln and Guba (1985) note there is no standard procedure for conducting a peer

debriefing encounter, the approach they outlined was followed such that the primary investigator engaged with:

‘... a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer’s mind’. (p. 308)

Credibility was further addressed via member checking in that transcriptions of interview tapes were verified with participants for accuracy (Lincoln & Guba 1985, Creswell 1998).

Because transferability refers to the application of findings to other settings or groups, research efforts must rely on a thick description to inform rather than to generalise (Lincoln & Guba 1985, Creswell 1998). Participants were provided with the question guide prior to the interview to encourage their thinking related to the subject area. Interviews were loosely structured but participants were allowed to describe their experiences without interruption and interviews were professionally transcribed verbatim.

Dependability and confirmability were demonstrated through an audit trail that included information related to data collection such as interview recordings, interview transcripts, analysis notes, categorical considerations, themes, ideas, relationships between categories, and methodological notes that describe procedures, interpretations and decisions (Lincoln & Guba 1985).

Table 1

Summary of findings

Professional success
Perceptions of success
Barriers to success
Perceived lack of skills
Lack of opportunity for upward mobility
Not feeling valued
Examples of success
Meeting established metrics
Knowing the unit is providing quality care
Fulfilment
Perceptions of fulfilment
Barriers to fulfilment
24/7 unit accountability
Examples of fulfilment
Feeling joy or calmness
Making a difference
Work–life Balance in the context of Professional Success and Fulfilment
Feel pulled in different directions
Would like to perceive that families are their priority
Retention
Better preparation for nurse managers
Innovative scheduling options
Regular support and feedback
Unexpected findings
Co-managers

Findings

While categories were used from the original study as a starting point, specific elements under each category were unique to the present inquiry. The following section summarises participant perceptions of how Generation X nurse managers perceived professional success, how they perceived personal fulfilment, how they sought a work life balance in the context of being a Nurse Manager and what they perceived would promote retention of Generation X nurse managers.

Professional success

Participants perceived professional success when they felt they were able to positively impact their staff. Knowing the nurses on their unit provided excellent patient care or high-quality patient outcomes were two of the examples provided. One participant noted:

'I always get chills when I hear a family giving kudos to one of the nurses because even though it's not me directly, I feel like it's a reflection of something I've done professionally'.

Several of the participants also mentioned the importance of meeting metrics as a source of professional success. Metrics such as patient satisfaction benchmarks, core measures, revenue markers and low turnover were among those noted. Participants also listed personal goals as a source of feeling successful from a professional standpoint. Specifically mentioned personal goals included additional education and getting no or at least fewer after-hours calls from the unit.

Nurse Managers in this study described several barriers to professional success. The most frequently mentioned barrier was not appreciating the gravity and demands of the position prior to accepting the position. Another barrier was not having the skills needed to be successful. Not having the skills needed to be successful. Specifically, several participants mentioned that the realisation of having 24-hour responsibility for the unit and the fact that the work is never 'finished' was a shock. One participant noted:

'I felt like I was pretty good clinically and I think that I see that happen quite a bit. People are excellent clinically and then they get into this job and it might not be the right fit for those people. Um, so I think just education and really letting people know what they're getting into'.

When elaborating on the skills they lacked but which were required for professional success, participants specifically mentioned business and management skills. One participant mentioned:

'I wasn't educated on how to do ROI (return on investment) or any kind of business plan'.

Several participants thought that an Masters of Science in Nursing degree (MSN) would have been helpful prior to accepting the position – rather than something they were working on after they were hired. Expanding on her lack of management skills, another participant mentioned:

'you leave the bedside nursing and you're used to making people feel better and help them and make their families feel better and then you turn around and get to tell those people on the backend what they're doing wrong or how they can improve'.

This shift in perspective was difficult for some participants.

Another area that participants perceived as a barrier to perceiving professional success was lack of opportunity for upward mobility. One participant noted:

'There is this sense that I would need to leave to get my next opportunity and then perhaps come back because there isn't really that opportunity for new challenges or growth. There isn't that opportunity for rapid, promotion. Recently there were several applicants for an open position and one internal candidate is an exceptional director. Someone that the group really admires and looks up to, and to see that she could not get this promotion from within made a lot of people in our group, including myself, feel as though there's not really any opportunity for promotion here'.

Regularly being micro-managed or second-guessed is a barrier to feeling professionally successful that was mentioned by several participants. A specific participant described her experience as follows:

'It can be frustrating if I make a decision that's the best I feel at the time but you know, my director or whomever may have a different way of getting there, but it's still the same result. If I'm not able to really be flexible and be myself in doing that, to me, that's a success barrier to me'.

Fulfilment

Participants described their experiences of fulfilment in both the personal and professional realms. In general they described feeling fulfilled when they experienced joy or a sense of calm. When speaking of personal fulfilment, participants most frequently mentioned spending time with family, especially children. Several participants specifically mentioned how much they value the support of their supervisors when they are allowed the flexibility to leave the workplace to attend significant events for their children. Additionally, several participants made a point to mention how much support they received from their spouse. The assistance provided by spouses in getting kids ready and out the door in the mornings or picking kids up was mentioned several times by younger participants. They appreciated the opportunity to go to work early or stay late in order to be present to various shifts of staff. Maintaining these relationships was important to them because they helped them to feel successful personally as well as professionally.

From a professional standpoint, participants mentioned they perceived professional fulfilment when

their unit is running smoothly or when they feel like they make a positive impact. One participant shared the following:

‘I think about an example of implementing a new initiative on the unit and it’s evidence based and we’re sure it’s going to work and we work really hard at it as a team and we get engagement and the staff is excited and I’m excited and all that really makes me happy. Even if we don’t get the outcome we’re expecting’.

Barriers to fulfilment described by this group of Nurse Managers included the schedule required of them. One participant stated:

‘The one thing, and I’ve been doing this job, oh, gosh, six and a half years – that I’ve never really gotten over is taking calls and having that expectation to drop everything and have to come to work’.

The expectation that Nurse Managers will always be available – even when they are given permission to be off is a definite issue for the participants. One participant explained:

‘I think that although we hear work/life balance, we don’t really see a lot of options to get there with the rigidity of the schedule’.

Several participants noted that their immediate supervisors were typically more accommodating with the need for schedule flexibility on a one-one basis for periodic issues such as children’s illnesses or school functions.

Those participants with children or grandchildren expressed a desire to be present and available to them. They want family to come first but they also take their job responsibilities very seriously. When challenged to share what percentage of their time is spent on work, family or themselves, participants reluctantly shared that the majority of their time was spent on work-related obligations but they wanted more of a balance to be able to attend to family and self-care needs.

Participant recommendations to create an environment to promote and retain Generation X Nurse Managers

Better preparation

No participants mentioned a higher salary as a recommendation to promote the retention of Generation X Nurse Managers. The item most frequently mentioned

was better preparation for the role. One participant elaborated on her lack of preparation by saying:

‘We orient new nurses to anywhere from 12 weeks to 6 months depending on where they work, you know? The new nurse managers usually find out they’re hired and the next day; they’re in an office, here you go’.

Most participants indicated they wanted tools and skills to help them perform optimally and many sought opportunities for improvement through formal education and nurse manager training programmes.

Innovative scheduling

Meetings seemed to be mentioned often and three participants requested that the number of meetings they were required to attend be reduced because information was often redundant. **Participants suggested that employers leverage technology by using online meetings and teleconferencing to allow scheduling flexibility.** Suggestions of this sort related to organisations where nurse managers spend significant time in the car commuting across their respective city to attend a meeting. Some also mentioned they would appreciate the opportunity to work from home on occasion.

Support and feedback

Another area specifically mentioned by four of the younger Nurse Managers to promote retention of Generation X Nurse Managers included support and feedback. Several participants mentioned feeling targeted by older Nurse Managers because of their youth or inexperience. One participant shared her position by stating:

‘Someone saw leadership traits in me and sought me out for this position, it is really difficult then to have to prove yourself as worthy of that title and that you are deserving of that position and trusted with that position, with that very big responsibility and can be effective, but then not to come across as arrogant or a know it all, always learning...you know, always learning from others, but still being able to be respected to be taken seriously. Because what I encounter a lot of times is people who measure deservability of a leadership role in years of service rather than in ability to lead’.

Efforts to help this group feel supported versus deficient because of age or lack of experience were requested by participants. Many participants felt they were supported by their direct supervisors but often

felt subverted by more experienced or more tenured nurse manager colleagues.

Unexpected findings

During the recruitment of participants it became evident that some units used a co-manager model to oversee operations. Two pairs of Generation X co-managers from two distinct specialty areas were included in the participant pool. Each co-manager was interviewed individually. Each co-manager described an excellent relationship with their co-manager partner. **The importance of good, consistent communication was described as essential for a successful co-manager relationship.** Because they felt that they were able to step-away from their managerial duties when their partner was 'on duty' as a manager, they described high job satisfaction levels. While co-managers still communicated with emails and texts even when one of the co-managers was off, the perceived break from responsibility was appreciated. More than one of the co-manager participants stated:

'I would not consider being in charge of a unit if I did not have a co-manager'.

Discussion

Participants in the original study reported that **inflexible organisational cultures, a lack of opportunities for upward mobility, the need to be available at all times and feeling stereotyped or undervalued can all be barriers to members of Generation X not perceiving professional success** (Feyerherm & Vick 2005). Findings from this study reinforced those from the original research. All participants indicated they wanted to experience success in their Nurse Manager role, but many felt ill equipped. Gaskin *et al.* (2012) came to similar conclusions regarding Nurse Manager experiences in general when they outlined participant concerns related to insufficient skills, under preparation and insufficient understanding of requirements related to the regulatory aspects of the Nurse Manager role.

The experiences of current participants are similar to those in the original study where professional and personal fulfilment were linked and family was a significant source of fulfilment (Feyerherm & Vick 2005). Nurse Managers in this study described feeling torn between wanting to be successful in their professional role and wanting to be present in their roles as parents or grandparents.

The promotion of clinically proficient nurses to managerial positions has been identified as a challenge

(Gaskin *et al.* 2012). While initiatives exist to improve Nurse Manager preparation, tailoring mentoring or coaching efforts to the specific generation may be a prudent addition to succession planning efforts.

Opportunities to explore unique scheduling arrangements are not unique to the Generation X cohort (Gaskin *et al.* 2012). **Allowing Nurse Managers freedom to work from home or participate in meetings from a distance are just a few options that may increase employee satisfaction.** One of the most important considerations is managing a team where more experienced Nurse Managers who were not afforded such opportunities are open to the possibility.

Similar to the original study (Feyerherm & Vick 2005), participants experienced professional success when they were able to autonomously proceed with initiatives to improve the functioning of their units; unfortunately this was often mitigated by colleagues or even superiors. Peer and superior support was identified to be an important Nurse Manager coping strategy by Udod and Care (2012). Continued development of both new and experienced Nurse Managers has also been supported (Bressler 2012, Zwink *et al.* 2013).

The phenomenon of co-manager arrangements is not completely unheard of however little has been documented about the potential benefits (Carroll *et al.* 2004, Shirey *et al.* 2013). While there may be a financial advantage to such an arrangement, this research gives added support from the standpoint of greater Nurse Manager satisfaction in the role (Carroll *et al.* 2004). Arrangements such as those described by Carroll *et al.* (2004) where Nurse Managers jointly manage unit-based patient care services would allow for a broader span of control and greater satisfaction for Nurse Managers seeking a greater balance between their professional and personal lives.

Limitations

The qualitative nature of this inquiry presented two significant limitations. First, the sampling methods used attempted to garner a broad spectrum of perspectives, but participation by Nurse Managers from Magnet designated hospitals was prevalent limiting the transferability of findings. Second, single interviews provided a limited perspective that may not be representative of participants' day-to-day experiences.

Conclusions and implications

Generation X nurse managers work within structures that were created by Matures and are now managed

by Baby Boomers (Feyerherm & Vick 2005). Study findings suggest that **Generation X Nurse Managers would benefit from initiatives focused on better preparation for the Nurse Manager role, openness to innovative scheduling alternatives and tailored support and feedback that engages tenured Nurse Managers.** The Nurse Manager participants in this inquiry were dedicated to the nursing profession, to their organisations and to their families. They wanted to perform at a high level but felt ill prepared to do so.

Complex changes in the health care environment will require new and innovative ways of thinking. By creating systems to support new generations of nurse leaders, organisations will position themselves to be proactive. Any efforts to create a collaborative team among the various generational cohorts of Nurse Managers will not only reinforce the value of more tenured nurse managers, but will serve to recruit nurses with leadership potential and preserve organisational knowledge. The present study contributes current perspectives on elements impacting Generation X Nurse Manager perceptions of professional success, personal fulfilment and retention.

Areas for future research

Further inquiry into how to best identify and nurture future nurse leaders might include more non-Magnet hospital participants to look for potential variations. Another area to consider would be the experience of male Generation X Nurse Managers to see how experiences of Nurse Managers might vary by gender. Additional inquiry into benefits and challenges related to co-manager arrangements might help to inform future structures to promote the work–life balance that many young Nurse Managers seek. Finally, examining Generation Y as emerging leaders might help organisations to identify promising individuals that might be groomed to assume the important role of a Nurse Manager in the coming years.

Source of funding

Special appreciation is given to the AONE Foundation for Nursing Leadership Research and Education for supporting this inquiry with a Research Seed Grant.

Ethical approval

Institutional Review Board approval for study #138-09 provided by Texas A & M University-Corpus Christi, Corpus Christi, TX, USA.

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