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Leadership Role in Decreasing Nurse Turnover

by

Gwynne Turney

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

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Abstract

Nursing shortages are reaching crisis level in the United States. Many of the nurses who fill these needs will be millennials. In order to address this crisis, nurse leaders must develop strategies to reduce turnover and retain nurses on their units. This research investigates how leader-member relationship affects turnover intention of millennial nurses. A nonexperimental correlational design was used to examine the relationship between nurse turnover intention and quality of relationships with leaders in millennial nurses. A 13-question survey including the 6-Item Turnover Intention Scale (TIS-6) and the Leader-Member Exchange 7-Questionnaire (LMX-7) were utilized to survey 20 millennial nurses through an online platform. The 95% confidence interval from this study revealed a negative correlation between leader-member relationship and turnover intention of millennial nurses. In other words, as leader-member scores increased, turnover intention scores decreased. If nurse managers want to retain millennial nurses they must learn how to improve relationships and create lasting partnerships with their team members. Nurse managers must partner with their team members to create a healthy working environment that fosters positive relationships, teamwork, communication, respect, safe care, collaboration, and quality patient outcomes.

Keywords: nursing shortages, turnover intention, leader-member relationships

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With God all things are possible

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CHAPTER I

Introduction

Nursing shortages are reaching crisis level in the United States. An aging generation of baby boomers, that is living longer than ever, coupled with retiring nurses and shortages in nursing faculty to train new nurses is pushing an already overloaded system beyond its capacity. New nurses are needed to care for this aging population and replace retiring nurses. But according to Twibell et al. (2017), new nurse turnover rates in 2012 were “roughly 30% in the first year of practice and as much as 57% in the second year” (2012, para. 1). In other words, new nurses are not staying in practice. The inability to retain new nurses will push the healthcare system from overloaded to crisis level shortages. As nursing shortages increase “effective management of millennial [nurses will take] on a magnified significance” (Faller & Gogek, 2019, p. 135). In order to address this crisis, nurse leaders must develop strategies to reduce turnover and retain new and experienced nurses on their units. Many managers do not have the knowledge or skill to effectively do so, especially with millennial nurses.

Millennial nurses have different ideals than their peers, and nurse managers should be aware of these differences to effectively manage and retain millennial nurses. According to Faller & Gogek (2019), millennial nurses place a higher value on leadership than their peers and feel that effective leadership contributes significantly to the quality of patient care they provide. Millennial nurses want to be involved in operational and patient care decisions (Faller & Gogek, 2019). Millennial nurses also believe that the quality of care they provide is improved through quality leadership, professional development opportunities, culture, and transparency of quality measures (Faller &

Gogek, 2019). This focus on quality of patient care will need to be met in order to attract and retain millennial nurses.

Leading by example, encouraging continued education and leadership opportunities, and engaging in conversations rather than giving commands will be important practices for nurse managers. Managers should be present, involved, create a positive work culture with opportunities for growth, and encourage “projects to expand transparent quality measures” (Faller & Gogek, 2019, p. 139). These interventions can all help engage and retain millennial nurses. While many of the issues affecting staff turnover are out of nurse managers control, the manager can make micro-level unit-based changes to engage nurses and therefore decrease turnover.

Significance

Aging baby boomers are creating a greater demand for nurses. Medical advancements, new technologies, and drug interventions are allowing people to live longer. Changes in legislation, implementation of electronic medical records, and a push to improve patient satisfaction has left the nursing profession struggling with a critical shortage predicted to continue through 2025 (Bong, 2019). New nurses are not alone in leaving nursing practice. According to Middaugh (2016) the average age of today’s RN is 50. As nurses age they will retire. A predicted 700,000 nurses will retire by 2024 (Grant, 2016). The American Nurses Association (ANA) (2017) considers the shortage a health crisis in the United States. There is a shortage of nurse educators which limits capacity in nursing programs. High staff turnover rates add to the already overloaded system. When you combine increased demand with shortages of qualified staff the outcome is overworked staff who find it nearly “impossible to provide the kind of care that staff,

[patients] and families desire and find rewarding” (Touhy et al., 2005, p. 31). This can lead to increased job dissatisfaction, higher staff turnover rates, and lowered quality of care. Staffing shortages can impact patient satisfaction, quality of care, and quality outcomes (Bong, 2019). They can also significantly increase adverse patient outcomes (Bong, 2019). High turnover rates are also detrimental to hospitals. Nurse turnover can cost \$90,000 - \$145,000 per nurse and force hospitals to spend premiums on overtime and temporary nurses to cover staffing needs (Bong, 2019).

Purpose

The purpose of this study was to explore the nurse manager’s role in decreasing staff turnover on their unit, specifically of millennial nurses. It is predicted that 1.2 million RN’s will be needed by 2022 (Casler et al., 2020). Many of the nurses who fill these positions will be new graduate nurses, and many of those will be millennials (born 1980-2000) (Casler et al., 2020). According to Faller & Gogek (2019), millennial nurses have greater interest, expectations, and confidence in their leaders than their peers. Millennial nurses are more interested in becoming leaders and in advancing their education (Faller & Gogek, 2019). This interest “suggests greater engagement with values-based practices and servant-leader styles, and maybe some dissonance toward command-and-control leadership models” (Faller & Gogek, 2019, p. 135). There is fear that command style leadership will reduce new millennial workers engagement in their work (Graen & Schiemann, 2013). It could also drive boomers to retire early (Graen & Schiemann, 2013). Creating an environment where nurses young and old want to stay requires effort on the managers part. The purpose of this study was to explore where and how that effort could be applied to successfully reduce turnover.

Research Question

The goal of this research was to look at the nurse manager role in reducing turnover of millennial nurses. It was hypothesized that millennial nurses who have high quality leader-member relationships will have lower turnover intention. The researcher looked at turnover intention as “turnover cannot be measured actually” (Yang & Kim, 2016, p. 562). If nurse managers allow for autonomy and clinical skill use, and encourage structural empowerment they can increase productivity, job satisfaction, job commitment and reduce turnover of millennial nurses (Spence Laschinger et al., 2009).

Theoretical Framework

Quality nursing research should be based on a theoretical framework. Theories describe relationships between variables, explain experiences, interpret observations, and project outcomes (Smith & Parker, 2015). They help understand and create meaning from experiences, organize and articulate knowledge, and lead to new insights (Smith & Parker, 2015). Leadership-motivated excellence theory (LMX-T), which is an extension of Leader Member Exchange (LMX) Theory, was used as the conceptual framework. LMX Theory describes how leaders maintain their position in groups and how they develop relationships with other members that can contribute to growth or hinder development (Janse, 2019). It is based on the belief that all managers engage in a relationship with their employees that can yield positive or negative outcomes for the manager, employee, and unit. This relationship usually goes through three phases: Role-Taking, Role-Making, and Routinization (Janse, 2019). During the Role-Taking phase the manager forms an impression of the employee, and vice-versa. The second phase Role-Making is when the employee begins completing assigned tasks. The manager at this

point usually classifies the employee into one of two groups: In-Group or Out-Group. Members in the ingroup are generally more trusted, receive more attention, resources, and opportunities than members in the outgroup. Members in the outgroup do not have the manager's trust. They receive fewer challenging tasks, fewer resources, and less opportunities to develop professionally. The third phase is routinization. This is when patterns are formed between manager and employee. The ingroup employees continue to work hard to curry managers favor, while outgroup employees stay in the outgroup, finding it difficult to change the opinion of their manager. This can lead to dissatisfaction, poor work performance, and staff turnover. LMX-T takes LMX a step farther to "enhance employee engagement and team performance" (Graen & Schiemann, 2013). It is still based on the relationships formed between managers and employees, but also includes relationships formed between employees. It emphasizes that leaders should enhance employee opportunities, change rewards to encourage alliances between managers and employees, and recognize those who successfully create alliances (Graen & Schiemann, 2013). Strategic alliances allow units to gain resources such as "mutual trust, respect, commitment, loyalty and "family-like" protection" to achieve mutual objectives (Graen & Schiemann, 2013). Strong alliances promote employee engagement, feelings of control, and personal confidence (Graen & Schiemann, 2013). These alliances lead to stronger engagement, which translates into lower turnover (Graen & Schiemann, 2013). This was found to be true by Graen et al. (1982) and Ferris (1985) in two independent studies. Graen et al. (1982) found "members tend to remain in the organization when they see themselves actively exchanging support, resources, extra effort, and the like with their leaders". Ferris (1985) found that "leader-member exchange was a stronger

predictor of turnover than leadership style”. LMX-T shows that management style has a strong impact on nurse retention. If managers recognize the importance of relationships formed with employees, include all employees as part of the team, change to a “followership” style of leadership, and recognize those who successfully create alliances they can decrease turnover and improve outcomes for their unit (Graen & Schiemann, 2013).

Definition of Terms

- **Millennial:** person born between 1980-2000 (Casler et al., 2020)
- **Turnover intention:** Turnover intention is an employee's intent to find a new job with another employer (Yang & Kim, 2016).
- **Leader-member relationship:** The quality of the relationship that a team member perceives they have with their leader (Graen & Schiemann, 2013)

CHAPTER II

Literature Review

Turnover Intention

There are many factors associated with turnover intention. Turnover intention is an employee's intent to find a new job with another employer (Yang & Kim, 2016). For a nurse this could include leaving their job or leaving the nursing profession completely. There have been several studies to determine the causes of turnover intention.

Yang & Kim (2016) conducted a study to construct and verify a model of turnover intention in clinical nurses. Their study considered the effects of compassion fatigue, coping, social support, and job satisfaction (Yang & Kim, 2016). They used a convenience sampling of 330 clinical nurses working full time for at least one year in a direct patient care role (Yang & Kim, 2016). They used a questionnaire to determine personal characteristics, occupational trauma events, coping, social support, compassion fatigue, job satisfaction, and turnover intention (Yang & Kim, 2016). They found high levels of stress, compassion fatigue, and lack of perceived social support reduced job satisfaction and increased turnover intention (Yang & Kim, 2016). They found that occupational trauma such as verbal and behavioral violence from patients was the most common cause of compassion fatigue (Yang & Kim, 2016). They found that verbal abuse by both patients and physicians/supervisors is widespread in the field of nursing (Yang & Kim, 2016). One strength of this study was that their results were in line with previous research on the topic (Yang & Kim, 2016). One of the weaknesses was that the departments from which participants were obtained were controlled by the researcher, which might skew results (Yang & Kim, 2016).

Rahnfeld et al. (2016) conducted a study to examine the association of care setting with nurses' intention to leave their job and their profession. They looked at job demands (time pressure, social conflicts) and resources (task identity, supervisor support, and co-worker support) and nurses' perceived health and job satisfaction on turnover intention (Rahnfeld et al., 2016). They utilized a questionnaire to survey 278 nurses and nurse care technicians in geriatric care settings (Rahnfeld et al., 2016). Nurses' turnover intention did not differ between care settings (Rahnfeld et al., 2016). They did find that unclear task identity and lack of supervisor support decreased job satisfaction and increased turnover intention (Rahnfeld et al., 2016). Task identity is doing a job from beginning to end with a visible outcome or completing an "identifiable piece of work" (Rahnfeld et al., 2016, p. 160). Nurses want to feel like they are accomplishing something visible or measurable. One of the weaknesses of this study was that it looked at turnover intention rather than actual turnover (Rahnfeld et al., 2016, p. 160). While turnover intention is a good indicator of turnover, it must be further studied to be certain.

Borhani et al. (2014) conducted a cross sectional study to examine the relationship between moral distress, professional stress, and intent to stay in nursing. They looked at intensity and frequency of moral distress and professional stress, and the correlation between moral distress, professional stress, and the desire to stay in nursing (Borhani et al., 2014). The researchers utilized a 52-item questionnaire to survey 220 full-time nurses with a minimum BSN degree and one year's experience (Borhani et al., 2014). They found that nurses with a medium level of moral distress did not wish to stay in the profession (Borhani et al., 2014). Moral distress happens when nurses feel that the task they must accomplish is not the ethically correct choice. Even a medium level of

moral distress contributes to higher turnover of nurses (Borhani et al., 2014). One of the weaknesses of this study was that it was conducted in a single region and thus the results may not be generalizable (Borhani et al., 2014). The sampling was also conducted in a census method so it would be difficult to assess the cause and effect relationship between variables (Borhani et al., 2014).

Nascimento et al. (2019) performed a scoping review and found that many factors contribute to turnover. They modified PICO (population, intervention, comparison, outcomes) to PCC (population, concept, context) for their review (Nascimento et al., 2019). They reviewed articles that included P: nursing professionals, C: turnover retention strategies, and C: hospitals (Nascimento et al., 2019). They concluded that individual (gender, age), work-related (workload, promotional opportunities), interpersonal (support, management style) and organizational factors (work environment, financial) are all associated with turnover intention (Nascimento et al., 2019). They found work environments with more autonomy, opportunities to use different skills, and recognition of the work performed, resulted in more satisfied nurses (Nascimento et al., 2019). Environments with more professional appreciation are more motivating and lead to increased job satisfaction. Nurses are looking for autonomy, opportunities to use skills, and recognition (Nascimento et al., 2019). Nurses value work environments that promote autonomy, team collaboration, and accountability (Nascimento et al., 2019). They are more satisfied in jobs that utilize effective communication, provide opportunities to contribute to the decision-making process, and utilize the clinical skills that nurses possess (Nascimento et al., 2019). One of the weaknesses of this research was that it does not gather any new data, rather it relies on existing studies. Also, it is a scoping review

not a meta-analysis, so it provides only an overview of the literature available (Nascimento et al., 2019).

The literature supports multiple reasons for nurse turnover. Stress, compassion fatigue, job demands, lack of resources, moral distress, and lack of positive work environment are just some of the reasons that nurses leave their jobs/the nursing profession. There are few studies that look at why millennial nurses in particular leave their jobs/the nursing profession. This research attempted to look at one reason why millennial nurses may be looking to leave.

Cost of Turnover Intention

Decreasing turnover intention is more important than ever for nurse administrators. Bong (2019) looked at moral distress and how to decrease turnover rates of new graduate pediatric nurses. She found that there are not enough new graduate nurses to compensate for the current nursing shortage (Bong, 2019). New graduate nurses in practice are not retaining hospital positions (Bong, 2019). As previously mentioned about one-third of nurses leave in the first year of practice and more than half in the second year. Nursing Solutions Inc. also conducted a nationwide Health Care Retention and Staffing Survey to investigate staff turnover (Nursing Solutions, 2019). They found that in 2018 hospital turnover increased by 0.9%, compared to 2017 (Nurse Solutions, 2019) This is the worst increase in a decade (Nurse Solutions, 2019). Turnover in the first year of practice was higher than all other tenure categories (Nursing Solutions, 2019). This high turnover rate is not only harmful to patient outcomes, but to hospitals and the healthcare system (Bong, 2019). Nurse turnover can cost \$90,000 - \$145,000 per nurse (Bong, 2019). This results in an average loss to hospitals of \$4.4M-\$6.9M (Nurse

Solutions, 2019). Each percent decrease in nurse turnover can save a hospital an average of \$328,400 (Nurse Solutions, 2019). When hospitals are short staffed they are often forced to spend premiums on overtime and temporary nurses to cover staffing needs (Bong, 2019). Nurse patient ratios and skills mix are affected by staffing shortages and/or high temporary coverage. This can negatively impact patient outcomes. Temporary staffing such as travel nurses also cost hospitals a significant amount of money. For every 20 travel nurses a hospital spends an average of \$1,435,000 (Nursing Solutions, 2019). If hospitals can decrease staff turnover and reduce their reliance on supplemental staff they can reduce their financial burden.

Young et al. (2018) looked at improving staffing through interprofessional strategic workforce action planning. They found that when temporary staff reached 15% or greater nurse satisfaction decreased, and turnover intention increased (Young et al., 2018). They attempted to address both nurse satisfaction and fiscal responsibility with an interprofessional approach (Young et al., 2018). They developed metrics to track interventions with the goal of having the “right staff at the right time at the right cost” (Young et al., 2018, p.164). They addressed communication delays and difficult to fill positions (Young et al., 2018). They were able to decrease the number of nurses working over their budgeted hours (Young et al., 2018). This resulted in an enterprise wide increase in nurse satisfaction scores and a 51% reduction in premium staffing costs (Young et al., 2018).

Job Satisfaction

According to Yang & Kim (2016), job satisfaction is the most important variable of turnover intention. Positive work environments lead to more satisfied nurses. Job

satisfaction leads to decreased turnover intention.

Mills et al. (2016), looked at retaining early career registered nurses. They used a single case study design to follow 35 early career graduate nurses in one hospital. They used telephone interviews and focus groups to collect data (Mills et al., 2016). They found that finding one's place or "niche" in the hospital is important in their development and impacts their desire to stay or leave their job (Mills et al., 2016). Several nurses in the study stated that unsolicited advice from other nurses telling them which path to take was confusing. Other nurses in the study pointed to the positive effect that objective career advice and support had on their careers (Mills et al., 2016). The study shows that nurse managers can have a positive effect on early career registered nurses job satisfaction and turnover intention by providing unbiased career advice (Mills et al., 2016). Addressing turnover intention in new graduate nurses must be a priority for administrators. High turnover destabilizes nursing teams, increases workloads, alters clinical practice, and increases stress and burnout, which can decrease job satisfaction (Mills et al., 2016). One of the weaknesses of this study was that it is such a small sampling from one hospital.

Millennial Nurses

Millennial nurses are those that were born between 1980-2000 (Casler et al., 2020). Millennials are the largest generational segment in the American work force at 35% (Faller & Gogek, 2019) and this includes nurses. In fact, millennials will soon comprise 50% of the nursing workforce (Saifman & Sherman, 2019).

Anderson et al. (2017), conducted a systematic review to investigate the differences between millennial workers and workers of other generations. They looked specifically at 16 propositions related to millennial nurses. Proposition six relates

specifically to LMX theory. It states that “because of the value they place on extrinsic rewards, today’s employees are more likely to attribute leadership to others as a function of the rewards that others can provide (Anderson et al., 2017). Anderson et al. (2017) feels that a LMX model of leadership would be challenging with millennial nurses as it relies on effort from both parties to form and build a relationship. They found that many managers “bemoan” the lack of work ethic, narcissism, and sense of entitlement often associated with millennials (Anderson et al., 2017). Millennials have a greater desire for leisure, work-life balance, individualism, and support from managers (Anderson et al., 2017). They place a higher value on work life balance including leisure activities and meaningful lives outside of work, than their peers (Anderson et al., 2017). They expect to be well paid and promoted quickly (Anderson et al., 2017). They do not believe they should have to wait for rewards. They also think highly of themselves (Anderson et al., 2017). Managers who understand these differences can form positive relationships with millennial nurses. Anderson et al. (2017) found that some organizations utilize “reverse mentoring” to promote positive relationships between unit team members. Millennial nurses’ mentor their more senior peers in the use of technology which benefits both groups of nurses. The more senior nurses improve their technological expertise and the millennial nurses often learn valuable leadership skills and even adapt some attitudes and values of their more senior peers (Anderson et al., 2017). This positive team member interaction is part of the expanded LMX-T theory. If nurse managers support work life balance, clarify what qualifies as high-level performance , and encourage positive leader and team member interactions they can develop positive relationships with their millennial employees. This is a strong, comprehensive review of available research at the

time the article was written.

Twenge (2010) also researched generational differences in work values. She looked at time-lag and cross-sectional studies and found that millennials are different than their peers. Twenge (2010) found that millennials are more individualistic and less altruistic than their peers. They are more motivated by extrinsic than intrinsic rewards (Twenge, 2010). They place less value on work for its own sake (Twenge, 2010). They desire more autonomy or “freedom from supervision of others” (Twenge, 2010, p.203). They are interested in jobs that are interesting, provide opportunities to learn new skills, and where you can see the results of what you do (Twenge, 2010). These differences can pose challenges for nurse managers. Twenge suggests that managers look for ways to attract above-average employees whose values align with the organization as opposed to trying to change the values of the average employee (Twenge, 2010). One weakness of this research was that most studies are cross-sectional, looking at different generations at one point in time, as opposed to the same generation as they age. Differences found could be related more to age and/or stage of life than true generational differences.

If managers can overcome these challenges, millennials also have many positive qualities that managers can capitalize on. Montenery et al. (2013) utilized a 9-item survey with nursing students (mostly born 1980-1992) to determine the effect of technology on attentiveness, knowledge, critical thinking, and satisfaction. They found that millennial’s worldview is comprehensive and multi-cultural (Montenery et al., 2013). They can multitask and develop critical thinking through experimentation and participation (Montenery et al., 2013). They are fluent with and reliant on technology in their daily lives (Montenery et al., 2013). Millennials are more technology savvy than their peers

(Anderson et al., 2017). One of the weaknesses of this article was that it uses a different definition of millennial nurse than the researcher which may not exactly represent the study population. The researcher utilized millennials reliance on technology to conduct this study. Participants were recruited through social media.

Today's millennial nurse wants meaningful input, collaboration, autonomy, and more authority (Faller & Gogek, 2019). If nurse managers can learn how to effectively lead millennials, they have significant contributions to make to the field of nursing. Millennial nurses are curious, creative, socially aware, technologically innovative, and while individualistic they enjoy collaboration. These are all qualities that can advance nursing practice and contribute to positive patient outcomes.

Leadership-Motivated Excellence Theory (LMX-T)

The Leadership-Motivated Excellence Theory (LMX-T), which is an extension of Leader Member Exchange (LMX) Theory, was used as the conceptual framework. LMX Theory describes how leaders maintain their position in groups and how they develop relationships with other members that can contribute to growth or hinder development (Janse, 2019). LMX-T takes LMX a step further to “enhance employee engagement and team performance” (Graen & Schieman, 2013). It is still based on the relationships formed between managers and employees, but also includes relationships formed between employees. There is significant research on the role that nurse leaders play in job satisfaction.

Leadership in LMX-T is defined as the behavior of the person in charge (Graen & Schieman, 2013). The behavior of the person in charge is driven by their leadership style. Magbity & Wilson (2020) conducted a study on leadership style and nurse turnover

intention. They used the Turnover Intention Scale (TIS-6) and Multifactorial Leadership questionnaire to survey 250 nurses in five hospitals. They found that participatory and transformational leadership styles decrease turnover intention while autocratic, and laissez-faire leadership styles increase turnover intention (Magbity & Wilson, 2020). Both participatory and transformational leadership rely on relationships between nurse managers and employees. Nurse managers value their employees' input, and work with them to identify needed changes, create visions, and make decisions (Magbity & Wilson, 2020). Autocratic or authoritarian leaders receive little to no input from followers, choosing instead to make decisions on their own. Laissez-faire leaders are the opposite of autocratic leaders, making few decisions for their followers, instead allowing them to self-lead. Neither of these latter leadership styles promotes the formation of strong relationships between leaders and followers. This research used two known scales to examine the correlation between leadership and turnover intention. The researcher used two scales, TIS-6 and LMX-7, to examine the correlation between relationships with leaders and turnover intention in millennial nurses.

Graen & Schiemann (2013) wrote a conceptual paper based on their research on the millennial generation and LMX-T. It should be noted that George Graen was one of the original researchers who developed LMX theory. LMX-T suggests that leaders who form unique strategic alliances with “instrumental people to jointly tackle common problems” will lead their teams to excellence in performance (Graen & Schiemann, 2013, p. 453). Graen and Schiemann (2013) found that individuals with positive leader-member alliances communicated more with each other, combined resources, problem solved, settled disputes, were more satisfied with their jobs and more engaged in their

organizations. These individuals experienced faster and more promotions throughout their career as well as greater access to resources (Graen & Schiemann, 2013). They found managers who rely on command style leadership instead of engagement with employees have higher turnover and less satisfied employees (Graen & Schiemann, 2013). To engage with employees LMX-T states that leaders should (1) enhance team member opportunities to achieve team excellence, (2) change rewards to encourage alliances and engage in new behaviors, and (3) recognize successful role models to motivate others to create alliances (Graen & Schiemann, 2013). Graen & Schiemann (2013) believe that leadership influences the effectiveness of the team and that LMX-T improves the effectiveness of the team. They believe that changing to this type of inclusive managerial climate will make it more friendly to new generations (Graen & Schiemann, 2013). One of the weaknesses of their paper was that it employs no new research.

The quality of leader-member exchange, a foundation of LMX-T, has been linked to job performance, job satisfaction, and organizational commitment (Spence et al., 2009). Spence Laschinger et al. (2009) investigated the link between leader-member exchange quality, structural empowerment and organizational commitment. They surveyed 3,156 nurses in 217 hospitals. They found that leader-member exchange quality had a direct effect on job commitment (Spence Laschinger et al., 2009). Positive manager-employee relationships lead to positive work environments where employees feel more empowered. They also found new graduate organizational commitment is strongly related to structural empowerment (Spence Laschinger et al., 2009). Leaders can encourage structural empowerment through policies and procedures that allow for a high

level of autonomy and clinical skill use (Spence Laschinger et al., 2009). When leaders encourage structural empowerment, it can lead to higher job satisfaction, increased job commitment, and less work stress (Spence Laschinger et al., 2009). One of the limitations of this study was the cross-sectional design which limits the ability to make strong cause-effect statements. Managers may find it difficult to employ the LMX-T model of leadership with millennials.

Strengths and Limitations of Literature

The literature had both strengths and limitations. One of the strengths was the amount of research on staff retention. There has been significant research on the causes and results of high turnover of nursing staff. There is also research on ways managers can reduce turnover intention. There is research on new graduate nurses and helping the transition to practice. There is some research on millennial nurses and how they are different from their peers, but not as much as anticipated considering the changing face of the working population of nurses. There is a significant amount of research on LMX, but limited research on LMX-T. Some researchers have utilized LMX-T as a conceptual framework, but many were student published articles as opposed to professional research. While not specifically LMX-T, there is research that discusses the role that relationships with leaders and co-workers play in engagement and job satisfaction.

The literature shows that turnover of current staff and shortages in replacement nursing staff are significant issues facing nurse managers. Many of the nurses who are needed to address these shortages will be millennials. The literature suggests that millennial nurses have different values and goals than their peers. They cannot be managed in the same way. Recruiting and retaining millennial nurses will be more

important than ever as the healthcare system faces these critical shortages in nursing staff. Nursing shortages are costly to hospitals and negatively impact patient care, outcomes, and job satisfaction of the current workforce.

Considering the current and predicted nursing shortages, high turnover rate of new graduate nurses, and number of millennial nurses currently practicing and entering nursing practice, there is a lack of literature to support the role of nurse managers in reducing turnover of millennial nurses. This paper sought to investigate the specific impact of leader-member relationships on turnover intention of millennial nurses. The researcher hypothesized that millennial nurses with high quality leader-member relationships would have lower turnover intention than those with low quality leader-member relationships.

CHAPTER III

Methodology

The retention of millennial nurses is more important than ever in today's ever-changing healthcare landscape. Leadership must take an active role in reducing turnover intention and retaining millennial nurses. The purpose of this study was to determine if there is a correlation between strength of leader-member relationships and turnover intention of millennial nurses. Millennial nurses were recruited through a social media post to participate in an online survey including TIS-6 and LMX-7 questionnaires. Data was analyzed using Excel Analysis Tool Pack and IBM SPSS.

Design for Data Collection

This study was conducted using a nonexperimental correlational design. Data was collected to determine turnover intention and strength of leader-member relationships in millennial nurses. These results were used to examine the relationship between nurse turnover intention and quality of relationships with leaders in millennial nurses.

Setting and Sample

The researcher utilized social media to recruit participants who were millennial nurses. A recruitment flyer was posted on social media in an attempt to reach millennial nurses. Subjects volunteered to be part of the research project.

The sample used was millennial nurses who responded to the social media recruitment post. There is no clearly defined millennial generation, so for the purposes of this study the researcher used the Goldman Sachs (2020) definition of millennials as those being born between 1980-2000. Being a nurse and a millennial (born 1980-2000) were criterion for participation in the survey. The researcher used all 20 responses to

the questionnaire.

Measurement Methods

The survey tools used in this study included 6-Item Turnover Intention Scale (TIS-6) (Appendix A) created by Gert Roodt and LMX-7 questionnaire created by Graen & Uhl-Bien. Request for permission to use 6-Item Turnover Intention Scale was granted by Professor Gert Roodt (Appendix B). Request for permission to use LMX-7 was granted by Elsevier Science (Appendix C).

TIS-6 scale consists of six questions that determine an employee's turnover intention. The answers are a five-point Likert scale ranging from 1-5. The lower the total score, the lower the turnover intention of the employee. The researcher utilized this scale to determine turnover intention of nurses who participated in this investigation. The TIS-6 scale was modified by Professor Gert Roodt from the 15-question Turnover Intention Scale (TIS) that he developed. Table 1 shows the 15-item TIS with the six items for the TIS-6 bolded by Professor Roodt. The TIS-6 has an alpha reliability of .80.

Table 1

Turnover Intention Scale

Turnover Intention Scale				
The following section aims to ascertain the extent to which you intend to stay at the organization. Please read each question and indicate your response using the scale provided for each question during the past 9 months:				
1	How often have you considered leaving your job?	Never	1-----2-----3-----4-----5	Always
2	How frequently do you scan the newspapers in search of alternative job opportunities?	Never	1-----2-----3-----4-----5	All the time

3	How satisfying is your job in fulfilling your personal needs?	Very satisfying	1-----2-----3-----4-----5	Totally dissatisfying
4	How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	Never	1-----2-----3-----4-----5	Always
5	How often are your personal values at work compromised?	Never	1-----2-----3-----4-----5	Always
6	How often do you dream about getting another job that will better suit your personal needs?	Never	1-----2-----3-----4-----5	Always
7	How likely are you to accept another job at the same compensation level should it be offered to you?	Highly unlikely	1-----2-----3-----4-----5	Highly likely
8	How often do you look forward to another day at work?	Always	1-----2-----3-----4-----5	Never
9	How often do you think about starting your own business?	Never	1-----2-----3-----4-----5	Always

10R	To what extent do responsibilities prevent you from quitting your job?	To no extent	1-----2-----3-----4-----5	To a very large extent
11R	To what extent do the benefits associated with your current job prevent you from quitting your job?	To no extent	1-----2-----3-----4-----5	To a very large extent
12	How frequently are you emotionally agitated when arriving home after work?	Never	1-----2-----3-----4-----5	All of the time
13	To what extent does your current job have a negative effect on your personal well-being?	To no extent	1-----2-----3-----4-----5	To a very large extent
14R	To what extent does the “fear of the unknown”, prevent you from quitting?	To no extent	1-----2-----3-----4-----5	To a very large extent
15	How frequently do you scan the internet in search of alternative job opportunities?	Never	1-----2-----3-----4-----5	All of the time

Note. This table is the 15-Item Turnover Intention Scale with the six items for the TIS-6 bolded by Professor Roodt. Copyright © 2004

The LMX-7 questionnaire (Table 2) consists of seven questions that indicate the degree to which an employee’s relationship with their leader is a partnership. The answers are a five-point Likert scale ranging from 1-5. Total scores in the upper

ranges indicate stronger, higher-quality leader–member exchanges, whereas scores in the lower ranges indicate exchanges of lesser quality. The researcher utilized this scale to determine the quality of leader-member relationships of nurses who participated in this investigation. Data collected was used to determine a correlation between leader-member relationships and turnover intention. The LMX-7 has an alpha reliability of .91

Table 2

Leader-Member Exchange 7 Questionnaire

LMX-7 Questionnaire				
Instructions: This questionnaire contains items that ask you to describe your relationship with either your leader or one of your subordinates. For each of the items, indicate the degree to which you think the item is true for you by circling one of the responses that appear below the item.				
1. Do you know where you stand with your leader (follower) . . . [and] do you usually know how satisfied your leader (follower) is with what you do?				
Rarely	Occasionally	Sometimes	Fairly often	Very often
1	2	3	4	5
2. How well does your leader (follower) understand your job problems and needs?				
Not a bit	A little	A fair amount	Quite a bit	A great deal
1	2	3	4	5
3. How well does your leader (follower) recognize your potential?				
Not at all	A little	Moderately	Mostly	Fully
1	2	3	4	5

4. Regardless of how much formal authority your leader (follower) has built into his or her position, what are the chances that your leader (follower) would use his or her power to help you solve problems in your work?

None	Small	Moderate	High	Very high
1	2	3	4	5

5. Again, regardless of the amount of formal authority your leader (follower) has, what are the chances that he or she would “bail you out” at his or her expense?

None	Small	Moderate	High	Very high
1	2	3	4	5

6. I have enough confidence in my leader (follower) that I would defend and justify his or her decision if he or she were not present to do so.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

7. How would you characterize your working relationship with your leader (follower)?

Extremely Ineffective	Worse than Average	Average	Better than Average	Extremely effective
1	2	3	4	5

Note: Reprinted from “Relationship-Based Approach to Leadership: Development of Leader–Member Exchange (LMX) Theory of Leadership Over 25 Years: Applying a Multi-Level, Multi-Domain Perspective,” by G. B. Graen and M. Uhl-Bien, 1995, Leadership Quarterly, 6(2), 219–247. Copyright © 1995. Reprinted with permission from Elsevier Science.

Data Collection Procedure

Convenience sampling was used to obtain eligible participants through social media. Subjects that participated in this research first saw a recruitment post on Facebook® (Appendix D). The survey was posted two times a week for 3-weeks. The link remained the same for each posting. The post had a link to an informed consent and Google Forms survey for the project (Appendix E). Participants had the option of clicking on the link to read the informed consent. If they chose to click on the link they were taken to the informed consent and Google Forms survey. After reading the informed consent participants could begin the survey or exit the screen. If they chose to continue, they would scroll down and begin answering the survey questions. The survey consisted of 13 total questions (TIS-6 scale) consisting of six questions and the LMX-7 questionnaire consisting of seven questions (Appendix F). Participants clicked on their answer for each question before submitting. They could exit any time before completion of the survey. Once the survey was complete and participants clicked “submit” they were no longer able to opt out of the survey. Surveys were anonymous and there was no way to individually identify and remove a participant’s survey. This information was included in the informed consent. Once the survey was completed only the researcher had access to the data collected. It was kept on a password protected computer, in the password protected database Google Forms, and there was no identifying component to link the participant with the survey. Upon completion of the thesis the results will be presented at a formal presentation at the University’s Hunt School of Nursing Scholars Day. At this time, data will be given to the University where it will be maintained for 3 years, then destroyed. The completed thesis will be uploaded to the Library’s electronic

database.

Protection of Human Subjects

Appropriate permissions were obtained from the University's Institutional Review Board and from the administrator of the private group "Nurses with Cards" Facebook® page (Appendix G). Subjects were asked to participate in an anonymous survey. They were notified of the option to participate or not participate without prejudice. Education regarding the purpose of the research, the collection method, and the use of data received was contained in the informed consent for subject information purposes. There was no demographic data collected. Subjects were informed that upon submission of data, subject could not withdraw from the study due to data being de-identified. The subjects could choose to not participate in the research project by not completing the questionnaire and closing their browser window. This research posed no more than minimal psychological risk to the subject. Subjects who felt affected by this study were informed that they could contact the Substance Abuse and Mental Health Hotline Monday – Friday 8:00am – 8:00pm EST, at 1-877-726-4727 to get general information on mental health and locate treatment services in their area. There should not have been an alteration in job security or workplace conditions based on participation. Once the survey was completed only the researcher had access to the data collected. It was kept on a password protected computer, in the password protected database Google Forms, and there was no identifying component to link the participant with the survey. Upon completion of this thesis, data was given to the University where it will be maintained for 3 years, then destroyed.

Data Analysis

The survey was posted to social media two times a week for 3-weeks. Twenty people participated in the online survey. All 20 participants indicated that they were nurses and were born between the years 1980-2000. All 20 surveys were analyzed and included in the results.

Data was entered by the researcher into an excel spreadsheet. Each individual respondent's answers were grouped together. This allowed scores to be calculated for both TIS-6 and LMX-7 for each respondent. The resulting data was then analyzed. The Excel Analysis Tool Pack was used to perform a one-way ANOVA which calculated the correlation between turnover intention and leader-member relationship. The researcher looked for a statistically significant difference between turnover intention based on leader-member relationship scores. Significance was determined by $p < \alpha$. For the purposes of this research $\alpha = 0.05$

CHAPTER IV

Results

It is predicted that 1.2 million Registered Nurses will be needed by 2022 (Casler et al., 2020). Many of the nurses who fill these positions will be new graduate nurses, and many of those will be millennials (born 1980-2000) (Casler et al., 2020). Leadership must take an active role in reducing turnover intention and retaining millennial nurses. Today's ever changing healthcare landscape has made this task a priority for managers. The purpose of this study was to determine if there is a correlation between the strength of leader-member relationships and the turnover intention of millennial nurses. Millennial nurses were recruited through a social media post to participate in an online survey including TIS-6 and LMX-7 questionnaires. Data was analyzed using Excel Analysis Tool Pack and IBM SPSS.

Sample Characteristics

Data was collected for this research through an online survey platform. Convenience sampling was used to obtain eligible participants through publicly accessible social media. A survey link was posted two times a week for 3 weeks. The sample size used were millennial nurses who responded to the social media recruitment post. There is no clearly defined millennial generation, so for the purposes of this study the researcher used the Goldman Sachs (2020) definition of millennials as those being born between 1980-2000. Being a licensed or registered nurse and a millennial (born 1980-2000) were criterion for participation in the survey. There were 20 millennial nurses who responded to the online survey from the possible 267,369 members of the private group. All 20 respondents indicated they were nurses and born between 1980-

2000 and completed the survey in its entirety. All 20 responses to the questionnaire were utilized for the purposes of this research. After the survey closed the researcher entered the responses (Table 3) into an Excel spreadsheet. It was then entered into Excel Analysis Tool Pack and IBM SPSS for further evaluation.

Table 3

Results for Online Survey

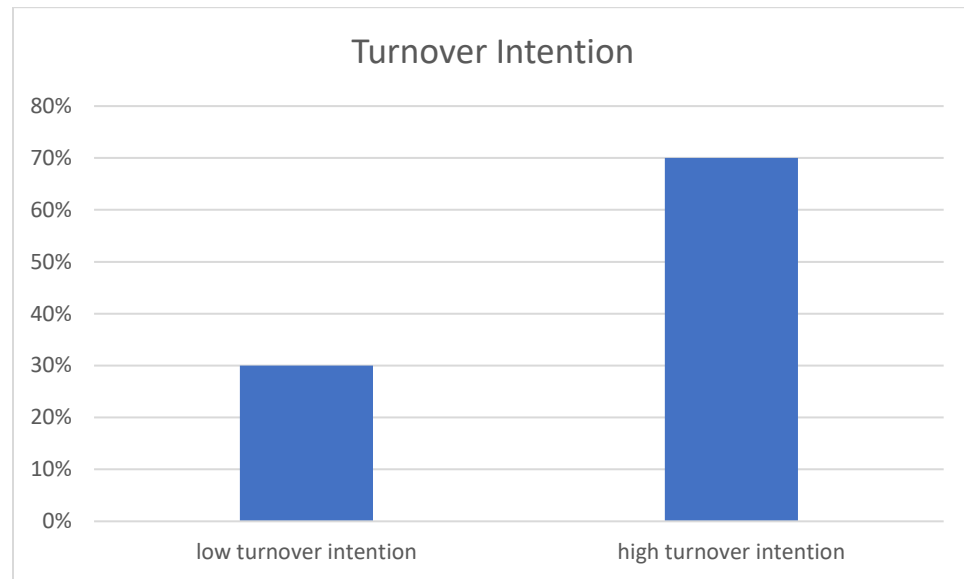
Responses	TIS-6 Questions							LMX-7 Questions							Total
	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Total	Q 7	Q 8	Q 9	Q 10	Q 11	Q 12	Q 13	
1	2	2	2	2	2	2	12	4	4	3	4	3	4	3	25
2	4	3	4	5	2	5	23	4	5	4	4	1	4	4	26
3	2	2	4	3	1	3	15	3	5	4	5	2	4	4	27
4	4	2	4	5	4	4	23	3	3	4	2	1	3	3	19
5	3	3	2	4	4	5	21	3	2	3	2	3	2	3	18
6	5	3	1	4	4	3	20	4	3	4	3	1	3	3	21
7	4	3	4	4	5	4	24	5	1	4	3	3	2	4	22
8	4	4	3	4	3	4	22	4	4	2	5	2	3	4	24
9	4	3	3	4	3	4	21	4	3	5	4	2	3	4	25
10	5	5	5	5	5	4	29	1	1	3	1	1	1	2	10
11	3	2	4	3	3	2	17	2	1	1	1	1	2	3	11
12	4	3	5	4	5	2	23	1	1	1	1	1	1	1	7
13	2	4	3	1	3	4	17	4	3	4	3	2	3	3	22
14	3	3	3	4	1	3	17	4	4	3	3	2	2	3	21

Responses	TIS-6 Questions							LMX-7 Questions							Total
	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Total	Q 7	Q 8	Q 9	Q 10	Q 11	Q 12	Q 13	
15	5	3	2	3	3	4	20	2	3	2	3	2	3	3	18
16	3	3	2	3	3	3	17	5	3	4	3	3	4	4	26
17	4	3	3	4	4	5	23	3	1	3	1	1	1	1	11
18	5	5	2	5	5	5	27	2	1	2	1	1	1	2	10
19	4	1	5	4	5	1	20	5	2	2	3	2	2	4	20
20	4	2	4	5	1	4	20	3	3	3	4	2	3	4	22

Findings

Turnover Intention

The survey results for turnover intention of the participants were then entered into an Excel spreadsheet. Turnover Intention was calculated based on questions 1-6. The total score for each participant was then calculated. The possible range of scores was 6-30. The participants were then placed into categories based on their score. The category was calculated based on the TIS-6 rating scale provided to the researcher by Gert Roodt. Professor Roodt stated that those with scores less than or equal to 17 are considered to have low turnover intention and those with scores greater than or equal to 18 are considered to have high turnover intention. Based on these criteria 70 % (n=14) of the 20 participants had high turnover intention and 30% (n=6) of participants had low turnover intention (Figure 1).

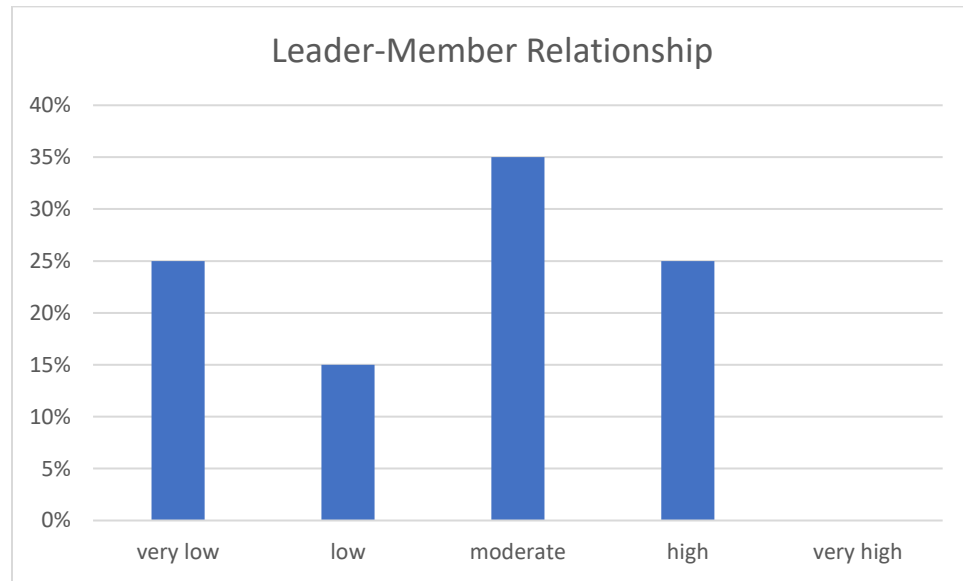
Figure 1*Turnover Intention of Participants***Leader-Member Relationship**

The researcher then entered the survey results for leader-member scores into the Excel spreadsheet. Leader-member scores were based on questions 7-13. The researcher entered the numerical value for each answer on the LMX-7 survey in order to quantitatively evaluate and compare data. LMX-7 data was then analyzed to determine the leader-member scores of the participants. Participants were then placed into categories based on their total score. According to Graen & Uhl-Bien (1995), LMX-7 scores can be interpreted using the following guidelines: very high = 30–35, high = 25–29, moderate = 20–24, low = 15–19, and very low = 7–14. Scores in the upper ranges indicate stronger, higher-quality leader–member exchanges (e.g., in-group members), whereas scores in the lower ranges indicate exchanges of lesser quality (e.g., out-group members). Based on these criteria 25% (n=5) were in the very low group, 15% (n=3)

were in the low group, 35% (n=7) were in the moderate group and 25% (n=5) were in the high group. There were no participants in the very high group (n=0) (Figure 2).

Figure 2

Leader-Member Relationship Scores of Participants



Correlation Between Variables

The correlation between LMX-7 scores and TIS-6 scores were then analyzed. To accomplish this the participants were divided by their leader-member score (LMX-7) into four design groups (very low, low, moderate, and high) and the turnover intention (TIS-6) of each group was calculated (Table 4). Average turnover intention varied between design groups. The high design group had low average turnover intention at 17.6. The very low, low, and moderate groups had high average turnover intention at 23.8, 21.3, and 20 respectively. As leader-member scores increased, turnover intention scores decreased.

Table 4*Average Turnover Intention by Design Group*

Groups	Count	Sum	Average	Variance
very low	5	119	23.80	21.20
low	3	64	21.33	2.33
moderate	7	140	20.00	6.33
high	5	88	17.60	19.80

Once it was determined that the scores were different, the data was further analyzed using the confidence interval. Confidence interval is the range of values around the mean that contain the true value of a statistic. In this case the researcher looked at the 95% confidence interval for each design group, or the range of values that are 95% probable to contain the true average turnover intention of each design group. The 95% confidence interval gives a range of values with an upper and lower limit. It is reported as 95% CI [LL,UL] where LL is the lower limit and UL is the upper limit. Confidence intervals are important to research because they represent a range of values that are likely if the same survey is repeated and so they help us better generalize results. The 95% confidence interval range for each design group was calculated (Table 5). The results are as follows: Very low 95% CI [19.8,27.8], Low 95% CI [19.6,23.1], Moderate 95% CI [18.1,21.9], High 95% CI [13.7,21.5].

Table 5*95% Confidence Interval by Design Group*

	Very Low	Low	Moderate	High
Mean	23.8	21.33333333	20	17.6
Standard Error	2.059126028	0.881917104	0.951189731	1.989974874
Median	23	21	20	17
Mode	23	#N/A	20	#N/A
Standard Deviation	4.604345773	1.527525232	2.516611478	4.449719092
Sample Variance	21.2	2.333333333	6.333333333	19.8
Kurtosis	0.274118904	#DIV/0!	-0.350692521	-1.580961126
Skewness	-0.606481999	0.93521953	0.263512227	0.015890232
Range	12	3	7	11
Minimum	17	20	17	12
Maximum	29	23	24	23
Sum	119	64	140	88
Count	5	3	7	5
Confidence Level (95.0%)	5.717050382	3.794583034	2.327477426	5.525055999
95%CI UL	27.8	23.1	21.9	21.5
95%CI LL	19.8	19.6	18.1	13.7

Next a one-way ANOVA was performed to determine if the difference in TIS-6 scores between design groups was statistically significant (Table 6). A one-way ANOVA was used as there were four groups and the one-way ANOVA tests whether there are any

statistically significant differences between the means of three or more independent groups. The one-way ANOVA tests for statistical significance. Significance is determined by $p < \alpha$. For the purposes of this research $\alpha=0.05$. The one-way ANOVA showed that there was not a significant difference between the average turnover intention scores for any of the groups ($p=0.089$).

Table 6

One-Way ANOVA

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	100.28	3	33.428	2.588	0.089	3.239
Within Groups	206.67	16	12.917			
Total	306.95	19				

The data showed that 70% ($n=14$) of the respondents had a high turnover intention and that no nurses ($n=0$) surveyed indicated that they had a very high leader-member relationship. As leader-member scores increased turnover intention scores decreased. And while the one-way ANOVA showed that there was not a statistically significant difference between the average turnover intention scores for any of the groups ($p=0.089$), the data does suggest that the correlation between leader-member relationships and turnover intention in millennial nurses should be further investigated. Reducing turnover intention of millennial nurses, and thereby reducing turnover, could help address the continued staffing shortages facing today's healthcare system.

CHAPTER V

Discussion

Millennial nurses have unique ideals as compared to their peers; nurse managers need to address these differences to effectively manage and retain millennial nurses. The purpose of this research was to determine if there was a relationship between leader-member relationships and turnover intention in millennial nurses. Data was collected through an online survey and entered into an Excel spreadsheet. It was then entered into Excel Analysis Tool Pack and IBM SPSS for further evaluation. A one-way ANOVA was performed to determine if there was a statistically significant relationship between leader-member relationship and turnover intention.

In order to interpret results of a one-way ANOVA it must first be determined that a one-way ANOVA was the appropriate tool to analyze the data. The one-way ANOVA makes six assumptions about data that must be true in order for it to be utilized (Laerd Statistics, 2018).

- Assumption #1: The dependent variable should be measured at the interval or ratio level (Laerd Statistics, 2018). The dependent variable for this data is the turnover intention score (TIS-6) of the participants, which is an interval score.
- Assumption #2: The independent variable should consist of two or more categorical, independent groups (Laerd Statistics, 2018). The independent variable is the design group into which the participants fall. There are four independent design groups.

- Assumption #3: There should be independence of observations, which means that there is no relationship between the observations in each group or between the groups themselves (Laerd Statistics, 2018). Each participant in the survey is only in one design group therefore there is no overlap of data points.
- Assumption #4: There should be no significant outliers (Laerd Statistics, 2018). There were no significant outliers in the data collected.
- Assumption #5: The dependent variable should be approximately normally distributed for each category of the independent variable (Laerd Statistics, 2018). This was determined using Shapiro-Wilk test for normality. All of the design groups were normally distributed with a Shapiro-Wilk significance value $p > 0.05$ (Table 7).

Table 7*Shapiro-Wilk Test for Normality*

		Kolmogorov-Smirnov ^b			Shapiro-Wilk		
TIS-6		Statistic	df	Sig.	Statistic	df	Sig.
LMX-7	high	0.178	5	.200*	0.969	5	0.867
	low	0.253	3		0.964	3	0.637
	moderate	0.214	7	.200*	0.909	7	0.388
	very low	0.231	5	.200*	0.943	5	0.685

- Assumption #6: There needs to be homogeneity of variances (Laerd Statistics, 2018). This was determined using Levene's test of Homogeneity of Variances.

All of the design groups had equal population variances with a significance value $p > 0.05$ (Table 8).

Table 8

Levene's Homogeneity of Variances

Tests of Homogeneity of Variances					
		Levene Statistic	df1	df2	Sig.
Turnover Intention	Based on Mean	1.584	3	16	0.232
	Based on Median	1.166	3	16	0.353
	Based on Median and with adjusted df	1.166	3	12.000	0.363
	Based on trimmed mean	1.611	3	16	0.226

Once it was determined that all the criteria were met a one-way ANOVA was performed (Table 6). A one-way ANOVA was used as there were four groups and the one-way ANOVA tests whether there are any statistically significant differences between the means of three or more independent groups. The one-way ANOVA tests for statistical significance. Significance is determined by $p < \alpha$. For the purposes of this research $\alpha = 0.05$. The one-way ANOVA cannot tell which specific groups are statistically significant, only whether at least two of the groups are or are not significantly different. The researcher must use a post hoc. test to determine statistical significance between groups if any exists. The one-way ANOVA showed that there was not a significant difference between the average turnover intention scores for any of the design groups in this study ($p = 0.089$). There was no need for further post hoc testing of the data. This does not mean that the data is useless or that nothing was learned.

Implication of Findings

It was surprising that only 20 people responded to the online survey. The researcher utilized Facebook to recruit participants. According to Clement (2019), 27.4% of Facebook® users are millennials. There were 267,369 members of the private group on which the survey was posted. If approximately 27% of the pages' users are millennials, that would be 53,473 potential participants. Since this was a social page (with the topic of nursing), and not every member of this page was a nurse, the researcher expected a response from 1% (n=534) of the target audience and planned to only use the first 100 surveys. After 3-weeks only 20 eligible participants had responded to the survey and the researcher proceeded with those responses. The next surprise in the data was that none of the participants indicated that they felt they had a "very high" leader-member relationship. Even with only 20 participants, the fact that zero of them felt that they have a very high leader-member relationship was an interesting data point worthy of further research and discussion. What was not surprising was that 70% (n=14) of millennial nurses indicated a high turnover intention and only 30% (n=6) indicated a low turnover intention. This high turnover intention is in line with current research.

While the one-way ANOVA showed that there was not a significant difference between design groups, if we look back at the confidence interval we can see a trend in the data that should also be further investigated. The 95% confidence interval range for each design group was calculated (Table 5). The results are as follows: Very low 95% CI [19.8,27.8], Low 95% CI [19.6,23.1], Moderate 95% CI [18.1,21.9], High 95% CI [13.7,21.5]. The 95% confidence interval gives a range of values with an upper and lower limit that the researcher can say is 95% probable to contain the true average turnover

intention of each design group. There is overlap in turnover intention scores between all the design groups, but the researcher can say with 95% confidence that as the leader-member scores increased turnover intention scores decreased. This trend should be investigated using a larger sample size in order to determine if a true statistical significance exists between leader-member relationship and turnover intention.

Evaluating the 95% confidence interval from this study revealed a negative correlation between leader-member relationship and turnover intention of millennial nurses. In other words, as leader-member scores increased, turnover intention decreased. Reducing staff turnover is of prime concern for most health care institutions. Staffing shortages can impact hospital costs, patient satisfaction, quality of care, and quality outcomes (Bong, 2019). This study points to the need for nurse managers to have positive leader-member relationships in order to reduce staff turnover intention. It is the nurse managers responsibility to prioritize staff retention by creating a healthy work environment and fostering positive relationships with their millennial nurses. Knowing the effect that leader-member relationships have on turnover intention of millennial nurses is an important step to achieve that goal. Considering that the nursing profession is struggling with a critical shortage predicted to continue through 2025 (Bong, 2019), positive leader-member relationships should be a top priority for nurse managers. Positive leader-member relationships could help combat impending nursing shortages.

Application to Theoretical/Conceptual Framework

The data did not support the Leadership-Motivated Excellence Theory (LMX-T) that strong leader-member relationships lead to stronger engagement, which translates into lower turnover (Graen & Schieman, 2013). Neither did it disprove LMX-T, but

rather showed data trends that should be further investigated. Literature supports multiple reasons for nurse turnover: Stress, compassion fatigue, job demands, lack of resources, moral distress, and lack of positive work environment are just some of the reasons that nurses leave their jobs/the nursing profession. There are few studies that look at why millennial nurses in particular leave their jobs/the nursing profession. The quality of leader-member exchange, a foundation of LMX-T, has been linked to job performance, job satisfaction, and organizational commitment (Spence Laschinger et al., 2009). This has not been studied specifically with millennial nurses but combining the results of this study with prior research on leader-member exchange and organizational commitment leads this researcher to the conclusion that further study using LMX-T would be appropriate and beneficial in the pursuit of reducing turnover intention of millennial nurses. High quality leader-member exchanges have been linked to increased job performance, increased job satisfaction, and higher levels of organizational commitment (Spence Laschinger et al., 2009). This study revealed a negative correlation between leader-member relationship and turnover intention in millennial nurses. This makes LMX-T an appropriate theoretical framework for further research on this topic.

Limitations

The primary limitation to this study was the limited response to the online survey. The small sample size makes it more difficult to prove statistical significance or generalize results of data. Convenience sampling was used to obtain eligible participants through social media. Subjects that participated in this research first saw a recruitment post on a social media platform. The survey was posted two times a week for 3 weeks. There were only 20 responses to the survey. The main obstacle to recruit participants

were the online platform settings. The post contained a link to a Google forms survey outside of the platform. The settings did not allow the link to be shared on the page. Once the recruitment post was entered it could be seen at the top of the page. Since it could not be shared, it would then move down the page when something new was posted making it less visible with each new post. Each time the survey was posted three to four participants would respond and then no more until the next time it was posted. Another limitation to responses could have been COVID-19. This study was conducted at the height of nurses battling COVID-19. The focus on COVID-19, increased work hours, high stress levels, and exhaustion could have contributed to a lower number of responses to a social media survey.

Implications for Nursing

While this study did not show conclusive evidence of a relationship between leader-member relationship and turnover intention of millennial nurses there was still data collected that has implications for nurse managers. None of the participants surveyed indicated that they felt they had a “very high” leader-member relationship. Even with only 20 participants, the fact that zero of them felt that they have a very high leader-member relationship needs to be addressed by nurse managers. Quality relationships are the very bedrock of nursing practice and should be of highest priority for nurse managers. If 20 patients on a unit were surveyed and none of them felt that they had a good relationship with their nurse, it would be immediately obvious that something was wrong on that unit. The same is true for nurse-leader relationships. The LMX-7 is not a measure of how popular or well-liked a leader is, but rather an indication of the degree to which an employee’s relationship with their leader is a partnership. Nurses partner with patients,

providers, and ancillary staff to provide integrated quality care for their patients. In the same way nurse managers must partner with their team members in order to create a healthy working environment that fosters positive relationships, teamwork, communication, respect, safe care, collaboration, and quality patient outcomes. This can in turn benefit the organization as a whole through the reduction in turnover intention. If turnover intention (TIS-6) of millennial nurses is reduced it could reduce organizational costs, increase patient satisfaction, improve quality of care, and increase quality outcomes (Bong, 2019). Reduced turnover of millennial nurses is an important part of addressing the current and impending nursing shortages. Opportunities for both managers and team members to purposefully engage, such as one-on-one meetings with the manager or pairing team members to problem solve a unit issue, could contribute to better quality relationships. Additional training for nurse managers on how to create and foster relationships with their team members would also be beneficial. If nurse managers want to retain millennial nurses they must learn how to improve relationships and create lasting partnerships with their team members.

Recommendations

The researcher would recommend conducting the research again using either a different Facebook® page or a different online survey platform. According to the 2020 Consumer Culture report Facebook® is the most utilized platform of the millennial generation (Whitehead, 2020). The second most popular social media channel among millennials is Instagram® (Whitehead, 2020). Using either a different page on Facebook® or posting the survey on Instagram®, or both, with a shareable link would contribute to more potential participants seeing the post. Millennials are typically technologically

savvy and therefore an online platform is an appropriate way to recruit participants. Ensuring that millennial nurses who see the post can share it with their nurse friends and coworkers allows the survey to reach more potential participants. Alternatively, the survey could be conducted in a hospital setting, on a unit, or even an educational setting such as a nurse residency class. This could be done via email or traditional paper surveys. The benefit of this type of recruitment is that it removes some of the unknowns of an online survey. The maximum number of potential participants being recruited would be known and the researcher would know they are all nurses. While they would not all be millennial nurses it does help narrow in on the demographic being studied. It would also provide specific information on leader-member relationships and turnover intention of millennial nurses for a particular organization. On the flip side this might make the results less generalizable to millennial nurses as a whole.

Conclusion

The small sample size obtained for this research did not support the claim that higher leader-member relationships lead to decreased turnover intention of millennial nurses. It did lead to some interesting data points that indicate the need for further research on this topic. No participants surveyed felt that they had a “very-high” leader-member relationship. This needs to be further investigated to determine why millennial nurses do not feel that they have very-high quality relationships with their leaders and what can be done to improve these relationships. The research also showed that while there was not a statistically significant difference in turnover intention between the four design groups that as leader-member scores increased, turnover intention decreased (95%

confidence interval). This trend calls for further investigation with a larger sample size to determine significance.

Nursing shortages are an ever-present problem for today's nurse managers and the problem will only grow if it is not addressed. An estimated 1.2 million RN's will be needed by 2022 and many of the nurses who fill these positions will be millennials (born 1980-2000) (Casler et al., 2020). Millennial nurses have different ideals and values than their peers. Nurse managers must be aware of these differences and learn strategies to reduce turnover of these millennial nurses. Each percent decrease in nurse turnover can save a hospital an average of \$328,400 (Nursing Solutions, 2019). Reducing turnover and retaining millennial nurses on their units needs to be a priority for nurse managers. Further research into the effect of leader-member relationship on turnover intention might provide one avenue for nurse managers to follow in pursuit of this goal.

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Appendix A

6-Item Turnover Intention Scale (TIS-6)

(Turnover Intention Scale (TIS) sent to me by Professor Gert Roodt includes all 15 items on TIS, with the six items for the TIS-6 highlighted by Professor Roodt.)

TURNOVER INTENTION SCALE (TIS)

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The following section aims to ascertain the extent to which you intend to stay at the organisation.

Please read each question and indicate your response using the scale provided for each question:

DURING THE PAST 9 MONTHS

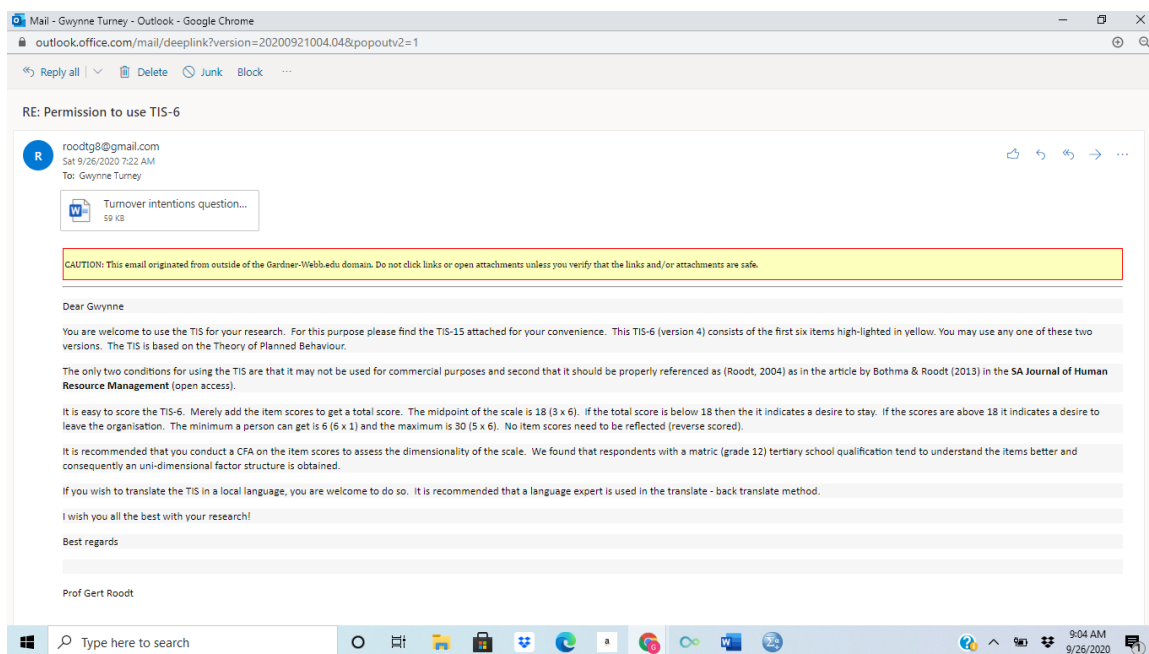


1	How often have you considered leaving your job?	Never	1—2—3—4—5	Always
2	How frequently do you scan the newspapers in search of alternative job opportunities?	Never	1—2—3—4—5	All the time
3	How satisfying is your job in fulfilling your personal needs?	Very satisfying	1—2—3—4—5	Totally dissatisfying
4	How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	Never	1—2—3—4—5	Always
5	How often are your personal values at work compromised?	Never	1—2—3—4—5	Always
6	How often do you dream about getting another job that will better suit your personal needs?	Never	1—2—3—4—5	Always
7	How likely are you to accept another job at the same compensation level should it be offered to you?	Highly unlikely	1—2—3—4—5	Highly likely
8	How often do you look forward to another day at work?	Always	1—2—3—4—5	Never
9	How often do you think about starting your own business?	Never	1—2—3—4—5	Always
10R	To what extent do responsibilities prevent you from quitting your job?	To no extent	1—2—3—4—5	To a very large extent
11R	To what extent do the benefits associated with your current job prevent you from quitting your job?	To no extent	1—2—3—4—5	To a very large extent
12	How frequently are you emotionally agitated when arriving home after work?	Never	1—2—3—4—5	All of the time
13	To what extent does your current job have a negative effect on your personal well-being?	To no extent	1—2—3—4—5	To a very large extent
14R	To what extent does the "fear of the unknown", prevent you from quitting?	To no extent	1—2—3—4—5	To a very large extent
15	How frequently do you scan the internet in search of alternative job opportunities?	Never	1—2—3—4—5	All of the time



Appendix B

Permission to Use 6-Item Turnover Intention Scale



Appendix C

Permission to Use LMX-7 Questionnaire

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20. Other Conditions:

v1.10

Questions? customer care@copyright.com or +1-855-239-3415 (toll free in the US) or +1-978-646-2777.

Appendix D

Recruitment Post on Facebook®

Please click the link below to participate in a short survey: <https://forms.gle/JsSVWXfyGxuedBYJA>



Are you a millennial nurse?
Looking for nurses born between 1980-2000 to participate in a short survey. The purpose of the research is to investigate the role of nurse managers in decreasing turnover intention of millennial nurses.

Requirements:

- Have been born between 1980-2000
- Be a nurse (any degree level)
- Be willing to give 15-20 minutes of your time
- Be willing to answer 13 questions, in an online survey, related to your intention to leave your current job and the quality of the relationships between yourself and your leader.



shutterstock - 404955949

For your information:

- Data from this study will be used in a formal presentation at Gardner Webb University, Hunt School of Nursing Scholars day and uploaded to a GWU Dover Library electronic database. Results will also be posted on Facebook® page "Nurses with Cards". It may also be used or distributed for future research studies.
- Participation in this study is voluntary.
- No compensation will be provided to participants.

Appendix E

Informed Consent & Google Forms Survey

Gardner-Webb Informed Consent for Online Survey

The purpose of this research is to investigate the role of nurse managers in decreasing turnover intention of millennial nurses. As a participant in the study, you will be asked to answer 13 questions related to your intention to leave your current job and the quality of the relationships between yourself and your leader. It is anticipated that the study will require about 15-20 minutes of your time. Participation in this study is voluntary. You have the right to withdraw from the research study at any time without penalty, up to the point of submission of data. Data is submitted anonymously therefore the researcher cannot remove individual surveys once submitted. You also have the right to refuse to answer any question(s) for any reason without penalty. The information that you give in the study will be handled confidentially. Your data will be anonymous which means that your name will not be collected or linked to the data. There are no anticipated risks in this study. Subjects who feel affected by this study may contact the Substance Abuse and Mental Health Hotline Monday – Friday 8:00am – 8:00pm EST, at 1-877-726-4727 to get general information on mental health and locate treatment services in their area. You will receive no payment for participating in the study. You have the right to withdraw from the study at any time without penalty by exiting the survey. Data from this study may be used or distributed for future research studies. There is no conflict of interest in this study. The researcher has no relationship with "Nurses with Cards" Facebook® page, except as casual observer of items posted within.

If you have questions about the study, contact:

Researcher's name: Gwynne Turney

Researcher telephone number: 859) 396-3194

Researcher email address: gturney@gardner-webb.edu

Faculty Advisor name: Dr. Tina Lewis

Faculty Advisor telephone number: 704) 406-2633

Faculty Advisor email address: tlewis@gardner-webb.edu

Dr. Sydney K. Brown

IRB Institutional Administrator

Telephone: 704-406-3019

Email: skbrown@gardner-webb.edu

If you are a nurse who was born between 1980-2000 and you wish to participate in this research continue below. Scrolling down to complete the survey indicates your consent to participate in the study.

If you are not 18 years of age or older or you do not consent to participate, please close this window.

Prior to starting the survey, please confirm inclusion criteria that you are a registered nurse and you were born between 1980 and 2000 *

- ☐ I am a registered nurse
- ☐ I was born between 1980-2000
- ☐ I do not meet these requirements - Please close window

This survey consists of the 6 Item Turnover Intention Scale (TIS-6) and Leader Member Exchange (LMX) -7 Questionnaire - Used with permission *

☐ [Click here to begin survey](#)

How often have you considered leaving your job?

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

How satisfying is your job in fulfilling your personal needs?

	1	2	3	4	5	
Very Satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Totally Dissatisfying

How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

How often do you dream about getting another job that will better suit your personal needs?

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

How likely are you to accept another job at the same compensation level should it be offered to you?

	1	2	3	4	5	
Highly unlikely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly likely

How often do you look forward to another day at work?

	1	2	3	4	5	
Always	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Never

Do you know where you stand with your leader and do you usually know how satisfied your leader is with what you do?

- ☐ Rarely
- ☐ Occasionally
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often

How well does your leader understand your job problems and needs?

- ☐ Not a bit
 - ☐ A little
 - ☐ A fair amount
 - ☐ Quite a bit
 - ☐ A great deal
-

How well does your leader recognize your potential?

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ Mostly
- ☐ Fully

Regardless of how much formal authority your leader has built into his or her position, what are the chances that your leader would use his or her power to help you solve problems in your work?

- ☐ None
- ☐ Small
- ☐ Moderate
- ☐ High
- ☐ Very High

Again, regardless of the amount of formal authority your leader has, what are the chances that he or she would "bail you out" at his or her expense?

- ☐ None
- ☐ Small
- ☐ Moderate
- ☐ High
- ☐ Very High

I have enough confidence in my leader that I would defend and justify his or her decision if he or she were not present to do so.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree

How would you characterize your working relationship with your leader?

- ☐ Extremely ineffective
- ☐ Worse than average
- ☐ Average
- ☐ Better than average
- ☐ Extremely effective

Turnover Intention Scale (TIS-6) Copyright® 2004, G. Roodt

LMX-7 Reprinted from "Relationship-Based Approach to Leadership: Development of Leader-Member Exchange (LMX) Theory of Leadership Over 25 Years: Applying a Multi-Level, Multi-Domain Perspective," by G. B. Graen and M. Uhl-Bien, 1995, *Leadership Quarterly*, 6(2), 219-247. Copyright® 1995. Reprinted with permission from Elsevier Science.

Thank you for participating in this survey!

Appendix F

LMX-7 Questionnaire

180 LEADERSHIP | THEORY AND PRACTICE

LMX 7 Questionnaire

Instructions: This questionnaire contains items that ask you to describe your relationship with either your leader or one of your subordinates. For each of the items, indicate the degree to which you think the item is true for you by circling one of the responses that appear below the item.

1. Do you know where you stand with your leader (follower) ...[and] do you usually know how satisfied your leader (follower) is with what you do?

Rarely	Occasionally	Sometimes	Fairly often	Very often
1	2	3	4	5

2. How well does your leader (follower) understand your job problems and needs?

Not a bit	A little	A fair amount	Quite a bit	A great deal
1	2	3	4	5

3. How well does your leader (follower) recognize your potential?

Not at all	A little	Moderately	Mostly	Fully
1	2	3	4	5

4. Regardless of how much formal authority your leader (follower) has built into his or her position, what are the chances that your leader (follower) would use his or her power to help you solve problems in your work?

None	Small	Moderate	High	Very high
1	2	3	4	5

5. Again, regardless of the amount of formal authority your leader (follower) has, what are the chances that he or she would "bail you out" at his or her expense?

None	Small	Moderate	High	Very high
1	2	3	4	5

6. I have enough confidence in my leader (follower) that I would defend and justify his or her decision if he or she were not present to do so.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

7. How would you characterize your working relationship with your leader (follower)?

Extremely ineffective	Worse than average	Average	Better than average	Extremely effective
1	2	3	4	5

SOURCE: Reprinted from "Relationship-Based Approach to Leadership: Development of Leader–Member Exchange (LMX) Theory of Leadership Over 25 Years: Applying a Multi-Level, Multi-Domain Perspective," by G. B. Graen and M. Uhl-Bien, 1995, *Leadership Quarterly*, 6(2), 219–247. Copyright © 1995. Reprinted with permission from Elsevier Science.

Appendix G

“Nurses with Cards” Facebook® Page and Permission to Use

Facebook® message sent to and response from Debbie Majak Edmondson –
Administrator for “Nurses with Cards” Facebook® page

