

2020

Job Satisfaction, Engagement, and Motivation for Nursing Leadership Among Millennial Registered Nurses

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Walden University

College of Health Sciences

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Oluwaseyi Stover

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Walden University

2020

Abstract

Job Satisfaction, Engagement, and Motivation for Nursing Leadership Among Millennial

Registered Nurses

by

Oluwaseyi Stover

MSN, Walden University, 2014

ADN, Community College of Baltimore County, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing Leadership

Walden University

August 2020

Abstract

There is a shortage of nursing leaders because current nursing leaders who are in the baby boomer generation are retiring. Millennial RNs are needed to fill vacant nursing leadership positions, but millennial RNs are not satisfied in their jobs and lack motivation and engagement, which impedes their interest in nursing leadership positions. The purposes of this quantitative, descriptive, correlational study, guided by King's theory of goal attainment, were to examine the relationship between job satisfaction, motivation, engagement, and the aspiration of millennial RNs for nursing leadership positions in the acute care hospital setting, and the combined effects of job satisfaction, engagement, and motivation on millennial RNs' aspiration for leadership. Seventy-seven millennial RNs completed the web-based Career Aspiration Scale, Utrecht Work Engagement Scale, Motivation at Work Scale, and Job Satisfaction Scale. Data were analyzed using a multiple regression model and Pearson correlational coefficient index. The findings indicated a statistically significant relationship between job satisfaction, engagement, motivation, and aspiration for nursing leadership positions among millennial RNs. The combined effects of job satisfaction, engagement, and motivation on aspiration, results were not significant. The results indicate that millennial RNs are dedicated to their jobs and are ready to devote time and energy required to accomplish organizational tasks assigned to them. Findings may be used to guide decisions to formulate policies to recruit millennial RNs for leadership positions. Future research could focus on how millennial RNs have filled the leadership positions and examine their lived experiences as nurse leaders.

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Dedication

This project is dedicated to the glory of God and the blessings of humanity. To all current leaders and potential nursing leaders who aspire to move the profession forward.

Acknowledgments

I acknowledge that without God I can do nothing. I am particularly grateful to God for His infinite wisdom, grace, and power to accomplish this feat. It is no mean task, and I am equally thankful to all the people in my path who made this work a possibility. My entire family, friends, and well-wishers and to all who derided me waiting to see what the outcome may be. I thank you all because without your favorable and unfavorable comments, I probably would have given up. To my chairperson, my committee member, and my university research reviewer, I say a big thank you for all your support. The faculty and staff whom I directly or indirectly had contact with during my course of study at Walden University, I salute you all.

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Chapter 1: Introduction to the Study

Health care organizations and the nursing profession have witnessed unstable leadership over the years with a negative impact on patient safety. Leadership instability in nursing has resulted from a shortage of leaders. A nursing leadership shortage is expected to continue with the retirement of current leaders who are baby boomers and members of Generation X (Boveda & Metz, 2016). Millennial RNs are the next generation to take over nursing leadership and have the largest number of employees in the health care industry (Gordon, 2017; Sherman, 2014; Weirich, 2017). Millennials are individuals born between 1980 and 2000 who would move into leadership positions vacated by the baby boomers and Generation X nurses (Kosterlitz & Lewis, 2017).

In the current study, millennial RNs between the ages of 29 and 39 were considered because they are the RNs who have enough experience to become leaders (see DeVaney, 2015). As millennial RNs continue to dominate nursing workforce, they will be the generation to fill leadership positions (Ulep, 2018). The retirement of RNs from the baby boomer generation coupled with the lack of millennial RNs to move into leadership positions due to attrition from the nursing profession is contributing to a leadership shortage (Koppel, Deline, & Virkstis, 2017; Mills, Chamberlain-Salaun, Harrison, Yates, & O'Shea, 2016). Millennial RNs had interest in leadership positions when they became RNs because they had expectations for career advancement (Gerard, 2019). Some RNs become disappointed and leave the profession before they can become leaders because of lack of teamwork, lack of cooperation, work overload, and poor job

performance that leads to stress (Lee, Chiang, & Kuo, 2019; MacPhee, Dahinten, & Havaei, 2017).

Cziraki, Read, Spence, and Wong (2018) observed that the future of nursing and leadership depended on a robust succession plan to develop millennial RNs for leadership positions. Although evidence showed that millennial RNs are confident team players and technologically inclined, they decide not to pursue leadership positions because of lack of support by current leaders (Mugavin, 2014; T. J. Smith & Nichols, 2015). The good attributes and qualities of millennial RNs such as being confident team players and being technologically competent are needed for today's complex health care system to enhance patient care and safety (Gerard, 2019). My study was necessary to bridge the gap in knowledge about the factors that affect millennial RNs' aspiration for nursing leadership in hospitals and the decision to leave their positions. Because studies on millennial RN leaders are insufficient, it is necessary to identify retention strategies to meet the needs of this generation of nurse leaders (Saifman & Sherman, 2019). Findings from the current study may enhance the efforts to keep millennial RNs in hospitals to train them for leadership positions to reduce leadership shortage for the safety of patients. The purpose of the study was to examine the effect of job satisfaction, engagement, and motivation on aspiration for nursing leadership positions among millennial RNs.

Certain factors impede millennial RNs' aspiration for leadership positions in acute care hospitals (Cziraki et al., 2018). The role of nursing leaders is to provide direction to meet organizational objectives of quality patient care and safety outcomes (Moore, Everly, & Bauer, 2016). A positive relationship of current leaders with the millennial

RNs may influence the desire of the RNs to remain in their present positions and pursue leadership positions (Cummings et al., 2018). Therefore, nursing organizations are required to invest in recruiting, retaining, and training interested RNs to prepare them for leadership positions (Sherman, 2015). Studies showed that attrition of millennial RNs complicated the nursing shortage and reduced the number of nurses available for leadership positions (Bugajski et al., 2017; Koppel et al., 2017; Ulep, 2018). High turnover of acute care hospital leaders causes depletion of resources and is detrimental to organizations and the communities they serve (Braithwaite, 2018; Hearld, Opoku-Agyeman, Kim, & Landry, 2019).

Research evidence indicated that leadership is significant to organizational success and that shortage of leaders impacts patient outcome, increases hospital length of stay, escalates health care costs, and increases morbidity (Khan, Jackson, Stayt, & Walthall, 2019; MacPhee et al., 2017). Nursing leadership that could provide adequate staffing could influence positive patient outcomes (Cho, Kim, & Hong, 2016; Griffiths et al., 2016). It is necessary to encourage millennial RNs to assume leadership positions to provide stability during the transition of nursing leadership that is supportive, strong, and effective and that influences safe patient care practices that contribute to positive social change (Mills et al., 2016).

Chapter 1 contains the background, problem statement, purpose statement, research questions and hypotheses, and theoretical framework. I also present the nature of the study with description of key variables, definition of terms, assumptions, scope and delimitations, and limitations of the study. Chapter 1 concludes with comments on the

significant of the study to advance leadership practice, implications for social change, and a summary of the main points.

Background

The nursing profession is the largest supplier of health care workers (Jacob, McKenna, & D'amore, 2015). Nurses have been leaders in the health care industry coordinating patient care among interdisciplinary teams. To maintain the leadership status, preparing competent RNs for positions of leadership is critical to shape the health care system in hospitals. The future leadership in nursing is dependent on preparing millennial RNs for positions of leadership. Millennial RNs are having difficulty staying on the job, which is exacerbating the leadership shortage (Dols, Chargualaf, & Martinez, 2019; Marć, Bartosiewicz, Burzyńska, Chmiel, & Januszewicz, 2019). RN turnover affects the availability of nursing staff for leadership positions. Studies showed that the RN shortage has been a continuing problem in the United States since 80% of new nurses who work in the hospital have the intention to leave, which affects health care costs and patient satisfaction (Kovner, Brewer, Fatehi, & Jun, 2014). Hospitals are negatively affected by the shortage of nursing staff as 55.8% of leaders are having difficulty hiring nurse personnel on the perioperative units, while 67.9% are anticipating problems recruiting nurses in the next 5 years (Sherman, 2015). Recruiting RNs and training them for nursing leadership positions will continue to be a problem if necessary action is not taken, and it is evident that a shortage of leaders and millennial RNs affects unit staffing requirement, care standard, and patient satisfaction. Although studies have addressed

leadership shortage, no studies had been found on the shortage of millennial RNs and the implication on filling the leadership gap.

Faller and Gogek (2019) documented interest of millennial RNs in nursing leadership positions; however, the interest had not materialized in the acute care environment. Evidence indicated that the inability to satisfy the expectations of job flexibility, safe patient workload, and a conducive care environment has led millennials to quit the nursing profession (ten Hoeve, Castelein, Jansen, & Roodbol, 2017).

Warshawsky and Cramer (2019) noted that the consequence of mass retirement of leaders is a “loss of leadership wisdom” (p. 249). To retain leadership wisdom, skills, and experience within the profession, older leaders are required to embrace the younger generation to be their mentors and role models (Mensik & Kennedy, 2016). It is essential for current leaders to retain millennial RNs who have the potentials for leadership, and to develop them for the position to carry on the legacy of the profession (Wong, Laschinger, & Cziraki, 2014). Millennial RNs need adequate preparation for the leadership role, which includes a detailed orientation, practical experience, and comprehensive training to transition to the leadership role (Shatto, Meyer, & Delicath, 2016). The necessary skills and competencies for leadership described as “experience-based judgment and practical knowledge” are the prerequisites for sustained leadership (Kantanen, Kaunonen, Helminen, & Suominen, 2017, p. 242). Because millennial RNs do not possess the critical thinking ability necessary to lead, they require patience, persistence, and encouragement to acquire the skills to become effective leaders (Sherman, 2017).

Mazzoccoli and Wolf (2016) suggested that there is an urgent need for high functioning leaders because purposeful mentoring strategies are needed that will focus on leaders who can manage the complex care environment. Well-rounded mentorship development programs are needed to equip the young generation of leaders (Bushardt, Young, & Bari, 2018). Millennials are passionate about role modelling and leadership that can guide them to fulfill their career goals; when the need is not met, they leave their nursing positions (Liu, Aunguroch, & Yunibhand, 2016; MacPhee et al., 2017).

The responsibility of a leader is challenging and intimidating to new career leaders. The managerial role is overwhelming for new millennial RN leaders who solicit organizational support for a successful leadership career (DeVaney, 2015; Kester & Wei, 2018; O'Hara, Burke, Ditomassi, & Lopez, 2019). Contributing factors to intention to quit by nurses are lack of engagement, lack of job satisfaction, poor motivation, work-life balance conflict, inflexible work schedule, and work overload (Robson & Robson, 2015). Other reasons for the decision to quit the nursing profession include unattractive pay rate, poor work conditions, stress, lack of security, and poor mentorship (De Simone, Planta, & Cicotto, 2018). The attrition of nurses exacerbates the problem of filling leadership positions (Lopes, Guerra-Arias, Buchan, Pozo-Martin, & Nove, 2017).

As the current workforce is aging and the new nurses are taking over, it is necessary to retain dynamic members of the team for leadership positions in hospitals (Martin & Kallmeyer, 2018). Nursing leadership continues to face the challenges of succession, dynamics of care continuity, and staff instability in acute care facilities (Mensik & Kennedy, 2016). Also, attrition of millennial RNs continues to be a disturbing

issue for current leaders in their effort to develop and train RNs for leadership positions within the profession (Koppel et al., 2017). More research evidence is needed to bridge the gap in knowledge about millennial RNs' aspiration for leadership positions and the effect of job satisfaction, engagement, and motivation. Titzer, Shirey, and Hauck (2014) affirmed nursing leader shortage and advised that health care organizations should invest in more studies to identify the leadership gap and provide strategies to fill vacancies. Dyess, Sherman, Pratt, and Chiang-Hanisko (2016) identified communication as a strong machinery to understand the leader's role among the staff and recommended further studies to explore the dynamics of leadership. The leadership position may be attractive to young nurses because of the increasing demand for healthcare services, investment in technology, and changing healthcare reform (Martin & Warshawsky, 2017).

Problem Statement

Millennial RNs leave the workforce because there is lack of job satisfaction, motivation, and engagement. The attrition of millennial RNs complicates the nursing shortage and the availability of nursing staff for leadership development (Martin & Kallmeyer, 2018). The shortage of leadership negatively affects patient outcomes (Kurnat-Thoma, Ganger, Peterson, & Channell, 2017). The problem is critical as millennial RNs are leaving the profession because of the desire for job flexibility, job satisfaction, and work-life balance (Powell, Greenhaus, Allen, & Johnson, 2019; Tyndall, Scott, Jones, & Cook, 2019). Also, nurse leadership turnover and frequent change in leadership positions contribute to poor patient care (Dwyer & Azevedo, 2016; Khan et al., 2019; Ulep, 2018). The problem is significant because baby boomers are retiring from

the nursing workforce, which creates vacancies in leadership and staff nursing positions (Auerbach, Buerhaus, & Staiger, 2015). The exit of boomers will continue to reduce the RN workforce by 1.3% every year from 2015 to 2030 (Auerbach, Buerhaus, & Staiger, 2017).

Without role models, millennial RNs do not stay in the nursing profession long enough to be trained for leadership positions (Moore et al., 2016). Due to lack of job satisfaction, poor employee engagement, and lack of motivation, millennial RNs are frustrated and leave their positions and lose the aspiration for leadership (Daniel & Smith, 2018; Pyöriä, Ojala, Saari, & Järvinen, 2017). Little is known about whether lack of work satisfaction, poor employee engagement, and lack of motivation contributes to millennial RN's aspiration for positions of nursing leadership.

Some millennial RNs leave the bedside to further their education as advanced practice RNs, creating a larger gap in the leadership cadre. The problem of retaining millennial RNs is critical; it affects the supply of leaders, and the research indicated more studies are needed (Koppel et al., 2017). The current study addressed the effect of job satisfaction, engagement, and motivation on aspiration for nursing leadership among millennial RNs in hospitals.

Purpose

The purposes of this quantitative, descriptive, correlational study were to determine (a) whether there was a relationship between job satisfaction, employee engagement, motivation, and aspiration for nursing leadership positions among millennial RNs in the acute care hospital and (b) whether there was a combined effect of job

satisfaction, engagement, and motivation on the aspiration for nursing leadership positions among millennial RNs in the acute care hospital (see Jensen, 2018; McCay, Lyles, & Larkey, 2018; Roche, Duffield, Dimitrelis, & Frew, 2015). I examined whether the millennial RNs' aspiration for leadership (dependent variable) was affected by level of job satisfaction, motivation, and employee engagement (independent variables). I used a descriptive, quantitative research design because it allowed for a quantifiable measurement of variables to achieve objective inferences of the sample from the target population (see Queirós, Faria, & Almeida, 2017). The correlational design was appropriate to determine the extent, strength, and direction of the relationship between variables.

Research Questions and Hypotheses

RQ1: What is the relationship between job satisfaction, engagement, motivation, and the aspiration for a nursing leadership position among millennial RNs in the acute care hospital?

H_0 1: There is no relationship between job satisfaction, employee engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

H_a 1: There is a relationship between job satisfaction, engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

RQ2: What is the combined effect of job satisfaction, engagement, and motivation on the aspiration for nursing leadership positions among millennial RNs in the acute care hospital?

H₀2: There is no combined effect of job satisfaction, engagement, and motivation on aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

H_a2: There is a combined effect of job satisfaction, engagement, and motivation on aspiration for nursing leadership positions among millennial RNs in acute care hospital.

The dependent variable was millennial RNs' aspiration for nursing leadership position, and the independent variables were job satisfaction, engagement, and motivation. I measured the aspiration for leadership position using the Career Aspiration Scale (see Gray & O'Brien, 2007; O'Brien & Fassinger, 1993). The Mueller/McCloskey Satisfaction Scale was used to measure job satisfaction (see Gordon, 2017; Wagner, 2017). The engagement variable was measured using the Utrecht Work Engagement Scale (see Martin, 2017). Engagement was dependent on work autonomy and empowerment. I used the Motivation Scale to measure motivation and determine the level of commitment to the organization (see De Simone, 2015; Kim, Brady, & Wolters, 2018).

Theoretical Framework

The theoretical framework for my study was based on King's (1992, 1997) theory of goal attainment (TGA). In the theory, King identified that stress, roles, space, and time

affect goal attainment. An interplay of three interacting systems explains how personal, interpersonal, and social systems impact the achievement of goals. TGA was introduced in the 1960s with the concept that nursing care is based on the interaction of human beings (King, 1981). The concept was developed into a theory in 1981 (King, 1992). King (1992) identified “three interacting systems namely, personal system, interpersonal system, and social system” (p. 19). The personal system hinged on individual “perception, growth and development, body image, space, and time” (King, 1997, p. 180).

The interpersonal system involves “interaction, communication, transaction, role, and stress” (King, 1997, p. 180). The social system includes “organization, authority, power, status, and decision-making” (King, 1997, p. 180). The TGA was initially used to prepare nursing care plans, to set mutually agreed upon goals by the nurse and the patient, and to guide the path to attain the desired health care objectives (King, 2006; King, 1992). TGA was applicable in the current study because millennial RNs aspire for leadership and set out to achieve the goal through interaction with current leaders to navigate factors that impede their progress of attaining leadership positions. The theory has been adapted as a mentoring tool for millennial RNs (McQueen, Cockroft, & Mullins, 2017).

Major constructs of TGA are communication and interaction. The environment of care requires effective communication and interaction between millennial RNs and their current leaders. Nurse leaders and millennial RNs prepare and agree to carry out leadership development and succession programs to realize leadership aspirations of

millennial RNs (Pedersen et al., 2018; Philippou, 2015). Leaders provide the direction and millennial RNs work to achieve the goals of attaining leadership positions. The TGA is a framework that can work in the care environment, leadership, and organizations to guide the achievement of stated goals and objectives (Caceres, 2015). More detail on the TGA is presented in Chapter 2.

Nature of the Study

I selected a quantitative, correlational approach to examine the relationship between the variables of job satisfaction, engagement, motivation, and aspiration of millennial RNs for a nursing leadership position. The quantitative method allowed me to explore variables such as job satisfaction, motivation, engagement, and aspiration of millennial nurses for leadership responsibility (see Pedersen et al., 2018). I used multiple regression analysis to determine whether there was a relationship among variables because I had job satisfaction, engagement, and motivations as my independent variables and aspiration for leadership as the dependent variable. Curtis, Comiskey, and Dempsey (2016) suggested that findings from correlational studies may be used by the researchers to explain relationships and prevalence among variables and to project an event from existing data. Results from a correlational study are useful in the decision-making process and to institute changes in the health care environment (Curtis et al., 2016). The quantitative approach aligned with my problem statement to determine whether aspiration affected the preparation of millennial RNs for leadership and the social change necessary to prevent mortality as a result of unstable leadership (see Duffield, Roche, Dimitrelis, Homer, & Buchan, 2015).

The study focused on millennial RNs between the ages of 29 and 39 years who had been employed in the past 3 to 5 years. I collected data from an acute care hospital in the East Coast of the United States. Inclusion criteria were the age of the millennial RNs, active RN license, practiced in acute care hospitals, and working for a minimum of 3 years and maximum of 5 years (see Appendix C). The human resource department of the participating institution provided data and information about the numbers hired, those who were in active employment, and those who had transferred to other settings.

Definitions

The key terms for the study are defined below:

Acute care hospital: A facility where high-level, critical care is provided (Hirshon et al., 2013).

Aspiration for leadership: The process of attempting to take on the role of a leader (Haaland, Olsen, & Mikkelsen, 2019; Modic, Hancock, & Fitzpatrick, 2017; Sánchez & Lehnert, 2019; Wong et al., 2014).

Engagement: The degree of commitment of an employee to organizational goals (Karanges, Johnston, Beatson, & Lings, 2015; Kuok & Taormina, 2017).

Job satisfaction: The process of feeling delighted by the work and its associated environment; state of contentment with the job and its condition (Gordon, 2017; Wagner, 2017; Yarbrough, Martin, Alfred, & McNeill, 2017).

Leadership: The ability to provide direction to a group of people to meet organizational goals and mission (Cummings et al., 2018; Marshall & Broome, 2017).

Millennial: The generation of people born between 1980 and 2000 who have some characteristics in common such as born within the same age range (Gordon, 2017; Kosterlitz & Lewis, 2017).

Millennial RNs: RNs born between 1980 and 2000 (Moyo, 2019).

Nursing leadership: Providing support to members of a clinical team, inspiring followers, and identifying and developing talents of team members for managerial roles (Calpin-Davies, 2003; Scully, 2015).

Motivation: The process by which a person follows external or internal stimuli to pursue a goal; a desire to set and attain a goal (Slemp, Kern, Patrick, & Ryan, 2018).

Assumptions

I assumed that participants would provide honest answers to the questionnaire. Another assumption was that millennial RNs desire to move into leadership positions. I also assumed that millennial RNs desire leadership positions when job satisfaction, engagement, and motivation factors are met. The assumptions were necessary to provide a foundation for the study based on the understanding that individual millennial RNs have a different approach to what constitutes job satisfaction, engagement, and motivation.

Scope and Delimitations

The study included a descriptive, quantitative analysis. I considered conducting a qualitative study but chose not to because my purpose was to examine factors that affect millennial RNs' aspiration for nursing leadership positions, not to explore the lived experiences of millennial RNs in their aspiration for nursing leadership. The scope of the

study encompassed millennial RNs who work in an acute care facility and had been in nursing practice for 3 to 5 years. The target population was millennial RNs between 29 and 39 years of age working in acute care facilities. The study excluded millennial RNs with experience as leaders or currently in leadership positions. I did not choose to study millennial RNs in nursing home and long-term care facilities. I considered the topic of the attrition of nursing leaders and the impact on patient care in hospitals, but I found there were many studies on the topic. My study was on the aspiration of millennial RNs toward leadership positions and whether factors of job satisfaction, engagement, and motivation affected the decision for leadership positions. RNs who were baby boomers and Generation X members were excluded from the study. Both male and female millennial RNs were included in the study.

I chose King's TGA to explain the process of setting and attaining goals. The theory was appropriate to examine the aspiration of millennial RNs to attain leadership positions in the acute care hospital setting. I considered using transformational leadership theory but because my study was not designed to determine leadership style, I decided not to use this theory.

External validity is high in correlational studies. However, generalizability may not be possible with other generational cohorts or those outside the age bracket being studied. With low internal validity associated with the correlational design, there was no evidence of causality between the independent variables and dependent variable.

Limitations

Generalizability of my study results was limited to millennial RNs who work in acute care hospitals. The results of the study are not applicable to other clinical areas such as the ambulatory care settings, nursing homes, or other nonacute care facilities. Another factor that limited generalizability was that I used convenience sampling because random sampling was not possible. I conducted a power analysis to determine the minimum sample size because there was a limitation of resources and time for my study (see Marshall & Broome, 2017).

Significance

Leadership is central to promoting improved patient care, integrating research knowledge, building a quality care environment, and increasing cost-effectiveness (Cummings et al., 2018). Millennial RNs intend to leave the nursing profession because of unmet expectations of balancing work and life challenges, the stressful nature of the nursing job, and the unsatisfactory work environment (Koppel et al., 2017). Current study findings may contribute to retaining millennial RNs and preparing them for leadership positions. It is critical to align the expectations of millennial RNs with the reality in the care environment (Faller & Gogek, 2019).

My study was significant because the problem of millennial RNs' attrition is serious, and bold steps are required to address the impact of attrition on the future of nursing leadership. More millennial RNs are leaving the profession (Daniel & Smith, 2018), and a high percentage of baby boomers are retiring, leaving a wide gap in nursing leadership (Auerbach et al., 2015; Mensik & Kennedy, 2016). Retaining millennial RNs

in the profession is crucial for the sustainability of the nursing workforce, for continuity of leadership, and for improved patient outcomes (Mills et al., 2016).

The focus of my study was on millennial RNs because the intent to leave the profession is causing a shortage of future nurse leaders who will be needed, and because this generation of nurses must carry on the nursing values of competent, evidence-based care (see Tyndall et al., 2019). My study was significant because the nursing profession is experiencing intense pressure from stakeholders, third-party payers, and other regulatory bodies for improved care services and positive patient outcomes that come with stable leadership (see Braithwaite, 2018).

My study was necessary because nursing needs engaged, resourceful leaders who advocate for patients and provide an environment of care that is safe for evidence-based nursing care practice (see Wong et al., 2014). Knowing and guiding against factors responsible for millennial RNs leaving their jobs may create a stable nursing workforce. Reducing the leadership shortage may lead to positive patient outcomes and decrease sentinel events, morbidity, and mortality rates in the acute care setting. Positive social change may occur with engaged, well-mentored nursing leaders who are responsible for a safe health care system for the recipients of nursing care.

Summary

Despite the presence of millennial RNs in the nursing workforce, there is a major issue with retaining these RNs. The attrition of millennial RNs leads to a shortage of potential leaders because of the gap created by the exit of baby boomers from the nursing profession. Job satisfaction, motivation, and engagement are factors that could affect

millennial RNs in achieving the aspirations for nursing leadership in an acute care facility. Millennial RNs desire job flexibility, work-life balance, feedback, and motivation from leaders to remain in nursing practice to develop leadership skills (Cummings et al., 2018). Pandey, Goel, and Koushal (2018) observed a positive relationship between work and motivation.

A healthy work environment influences job satisfaction and intention to stay among millennial RNs (O'Hara et al., 2019). Hospitals continue to face the challenges of retaining millennial RNs who are the promising generation to resume leadership positions in the nursing profession (Koppel et al., 2017). Understanding the needs of millennial RNs and how to manage their needs may assist leaders in retaining these nurses in the profession.

Succession planning and acquisition of leadership competencies are factors that are helpful in transitioning millennial RNs to leadership roles to reduce the shortage of leaders (LaCross, Hall, & Boerger, 2019). Hisgen, Page, Thornlow, and Merwin (2018) noted that a high vacancy rate among RNs is responsible for poor patient and staff satisfaction. Formal training for nurse leaders is also beneficial (Frasier, 2019). More studies are needed to address the problem of millennial RNs' aspiration for leadership. In Chapter 2, I review the literature related to millennial RNs' aspiration for leadership. I also describe the literature search strategy and explain the theoretical foundation for my study.

Chapter 2: Literature Review

The current trend in the nursing profession is the influx of young, novice, millennial RNs who would in time become leaders in nursing (Gordon, 2017; Koppel et al., 2017). The millennial, also known as Generation Y, nurses are faced with the challenges of a fast-paced critical care environment, high acuity care demand, heavy patient load, lack of support, and absence of role models, which contributes to the intent to leave the hospital setting (Koppel et al., 2017; Ulep, 2018). Shortage of millennial RNs at the staffing level impacts their availability to become nursing leaders. Campione (2015) noted that organizations have difficulty in retaining millennial RNs, which produces a shortage of leaders from the millennial generation. However, millennial RNs in leadership positions bring a wealth of human capital in terms of creativity, knowledge, social stance, and personal attributes to organizations (Bartz, Thompson, & Rice, 2017). Millennial RNs in leadership positions desire job flexibility, family-work balance, and collaboration in the workplace, and they vacate their positions when their organizations do not support their commitments to other aspects of their lives (Hirschi, Shockley, & Zacher, 2019). Millennial RNs quit their jobs because of stress, workplace challenges, and lack of organizational support (Khan et al., 2019; O'Hara et al., 2019; Stewart, Oliver, Cravens, & Oishi, 2017). RN vacancies are expected to increase between 2014 and 2022 to 1.2 million (Daniel & Smith, 2018).

Attrition of millennial RNs exacerbates the nursing shortage, which is a source of concern for leadership, a persistent problem for nursing and health care, and a recurring theme in the literature (Buchan, Duffield, & Jordan, 2015). There is a lack of motivation,

engagement, and job satisfaction because of the challenges at the workplace, which interfere with the aspiration for leadership in the acute care setting (Martin & Kallmeyer, 2018; Powell et al., 2019; Tyndall et al., 2019). Millennial RNs have to rethink their ambitions for aspiring for leadership positions because of the challenges and the enormous responsibility associated with the leadership role (Nelson, 2017; Weirich, 2017).

Millennial RNs are the generation to succeed the baby boomers who are retiring at a high rate and leaving the work environment to care for their aged parents or spouses (Auerbach et al., 2015; Auerbach et al., 2017). However, millennial RNs are quick to change jobs and embark on a new career, thereby leaving the acute care hospital with a reduced number of nurses to take over leadership positions (Sofer, 2018; Ulep, 2018). Millennial RNs are adept in using technology, which make it easy for them to transition to other jobs (Mazurenko, Gupte, & Shan, 2015; Pyöriä et al., 2017). It is necessary for current nursing leaders to attract millennial RNs to acquire leadership skills (Moore et al., 2016). The purpose of this quantitative, descriptive, correlational study, guided by King's theory of goal attainment, was to examine the relationship between job satisfaction, motivation, engagement, and the aspiration of millennial RNs for nursing leadership positions in the acute care hospital setting. The study also addressed the combined effects of job satisfaction, engagement, and motivation on millennial RNs' aspiration for leadership. Millennial RNs approach the work environment with a high expectation for job satisfaction, flexibility, engagement, motivation, and a drive for leadership positions (Gordon, 2017). However, millennial RNs are disappointed with work overload and

inflexible scheduling, leading to stress and the intention to leave their positions (Armmer, 2017; Gittell, 2016). Chapter 2 contains sections on my literature search strategy, a review of relevant articles to the topic of study, a presentation of the theoretical framework of the project, and a conclusion. The purpose of this review was to establish what is known about the factors impeding millennial RNs' aspiration for leadership in the acute care setting, and what is yet to be explored in research studies.

Literature Search Strategy

It was important to review the literature to provide evidence-based, in-depth analysis of the relevant articles on millennial RNs attrition and leadership aspiration by describing what was known about the topic (see Winchester & Salji, 2016). I accessed CINAHL & Medline Combined, ProQuest Nursing & Allied Health Source, PubMed, PsycINFO, and Science Direct databases for relevant literature for my study. The search was limited to peer-reviewed scholarly journals using the search terms *millennial*, *nurse*, *leadership*, *acute care hospital*, *work-life balance*, *care environment*, *attrition*, *aspiration*, *motivation*, *job satisfaction*, and *engagement*. Using the different databases and combination of key search words *millennial* and *leadership* yielded 12 articles. For the search terms *motivation*, *engagement*, and *job satisfaction*, the databases returned two articles for each search term. I then added *aspiration* and *leadership* to locate 20 articles from the ProQuest database, 16 articles from PsycINFO, two articles from Science Direct, and six articles from PubMed.

My study was based on the examination of factors impeding millennial RNs' aspiration for nursing leadership positions in the acute care hospital. For a detailed

review, I used a combination of search terms and variables in the Walden library. The results yielded relevant articles to the topic of my study, although some articles were duplicates from the different search engines. After an exhaustive search that produced the same articles, I used Google Scholar, allied disciplines, and professional journals to search for additional resources on millennials and nursing leadership. After a comprehensive search, I reviewed and included current journal articles that were published within the past 5 years and some seminal articles related to the study theory to strengthen my literature review.

Millennial RNs and aspiration for leadership was a new area to be explored with research. An extensive literature review showed that few studies exist on millennial RNs and their aspiration for nursing leadership in the acute care center compared to the previous generations, which have benefited from wide recognition and publication by the research community. Limited studies exist on the relationship between job satisfaction, engagement, motivation, and millennial RNs' aspiration for leadership. To address the issue of limited study, I used articles related to millennials in other allied disciplines to understand their approach to the concepts of my study.

Theoretical Foundation

The theoretical framework for my study was King's (2007) TGA. King (1992) was a nursing theorist who conceptualized three fundamental systems about goal setting and attainment in the 1960s. TGA comprises three systems: personal, interpersonal, and social (King, 1992). Personal system represents individuals, including patients, nurses, and leaders. The interpersonal system is the relationship that exists between patients and

nurses, or millennial RNs and leaders. The social system comprises organizations or the hospital network.

Personal System, Interpersonal System, and Social System

The first system identified by King is the personal system, which relates to how a person's self-image evolves over time and space leading to growth and development. The second system is the individual's interaction with others, which can bring stress depending on the role, while effective communication is necessary in the transaction process (King, 1992; Messmer, 2006). The third system is the social system, which comprises organizations within which individuals operate, the status they possess, and the power that influences values and decisions. These systems are the prerequisites as well as catalysts for goal attainment (King, 1997, 2006; McQueen et al., 2017). Individuals should see themselves as capable of setting and attaining goals through productive interaction and communication with others within the work environment.

According to TGA, individuals engage in their world via three systems as shown in Figure 1. Self-worth in the personal system evolves over time and inspires the ability for growth and development, as portrayed by the body image and conceived within space or an environment (King, 1997). Self is the individual who is capable of achieving set goals that result in personal progress. Interpersonal systems comprise terms such as "interact, communicate, transaction, self, stress, and role" while social systems connote the terms "organization, power, status, and decision-making process" (McQueen et al., 2017, p. 223). TGA is predicated on individuals interacting with others to achieve mutually set goals through making necessary decisions within the organization.

King's conceptual framework evolved into a theory that is based on the premise that people are goal seeking and are the only species capable of setting and attaining goals (Maslow, 1943; Messmer, 2006). The human perceptions of objects, persons, and events influence the behavior, interaction, health, and goal attainment potentials of the individuals (King, 1971). According to King (1981), nurses who have specialized knowledge and skills are able to provide necessary information to the client, whereby both can set mutual goals and work together to achieve these goals. King (1981) claimed that factors such as stress, role, space, and time impact goal attainment. The ability to manage these factors increases the possibility of attaining set goals and objectives.

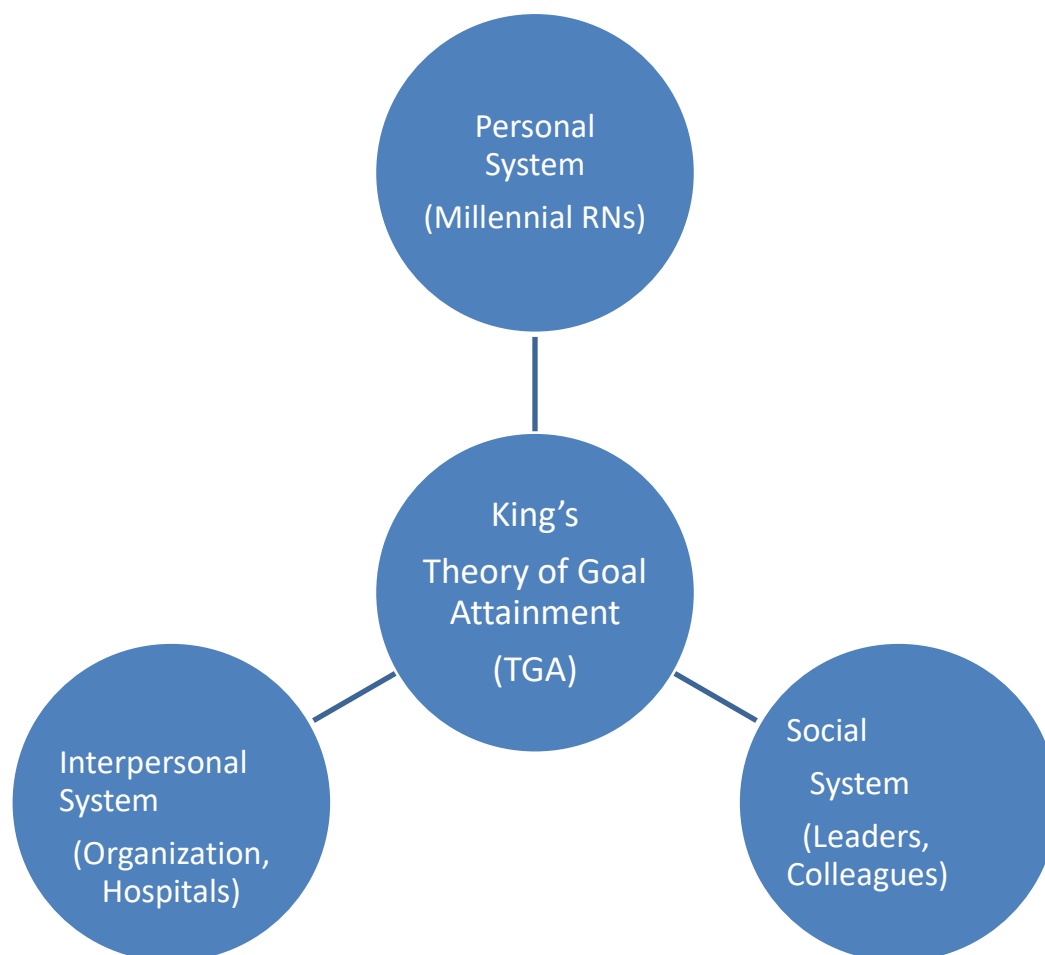


Figure 1. King's theory of goal attainment.

Application of King's Theory of Goal Attainment to Study

King's TGA was applicable to describe the relationship between experienced retiring nursing leaders and the aspiring millennial RNs. TGA addresses an interplay of interactions of human processes that produce transactions to achieve set goals (Alligood, 2017; King, 1996). Nurse leaders possess a wealth of wisdom, knowledge, and skills that could be transferred to millennials to inspire their interest in leadership positions. Experienced nurse leaders interact with the young RNs with the intention to groom them for leadership positions. Boyle et al. (2018) noted that the younger generation is interested in broad and future-oriented goals while older people are inclined to set short-term goals. With the understanding that millennials, as a younger generation of RNs, are focused on career growth and development within the organization, leaders could work with millennial RNs to actualize career growth through setting mutual goals to train, develop, and mentor them to acquire necessary leadership skills. Effective communication and transaction processes are skills required in the course of interaction between leaders and millennial RNs as emphasized in King's theory (Barton, 2018; Sofarelli & Brown, 1998). By building relationships and sharing experiences with millennial RNs on how to identify and navigate through stressful leadership roles that hindered growth and development, experienced current leaders provide guidance to potential RN leaders (Murray, 2015). Organizational culture and environments of practice

that support safe patient care would help to shape the beliefs and attitude of individuals and facilitate the interaction with colleagues, subordinates, and leaders (Armmer, 2017).

King's theory is based on nurses setting care plan goals that the patient would meet to facilitate recovery and discharge from health care centers (Adib-Hajbaghery & Tahmouresi, 2018; Sowell & Lowenstein, 1994). The nursing process of assessment, diagnosis, planning, intervention, and evaluation can be applied to the relationship between millennial RNs and experienced nurse leaders. First, through assessment of knowledge deficit about leadership, the process must be assessed so that planning can occur. The planning stage involves selecting the training that is needed, developing the training, and acquiring the leadership strategies. Intervention entails practicing the skills acquired and encouraging millennial RNs to use their leadership skills to achieve competency (Alligood, 2017). The goal of the last stage of evaluation is to assess whether millennial RNs have acquired the prerequisite knowledge to become effective leaders. The conceptual focus is related to perception, communication, interaction, transaction, self, role, growth and development, stress/stressor, coping, time, and personal space (Alligood, 2017). The human interaction dimension exists by agreeing to means of goal attainment and exploring means to achieve goals (Alligood, 2017). King's theory is appropriate to nursing leaders assisting millennial RNs to identify strengths and potentials for leadership development. Through interacting and observing the leaders, millennial RNs could develop the ability to meet the goal to acquire leadership skills and to step into leadership positions and move the nursing profession forward (H. J. Anderson, Baur, Griffith, & Buckley, 2017; Bolton & Carlton, 2014).

With mutual goal setting, support, and cooperation of current nurse leaders, the aspiration of millennials assuming leadership positions could be realized through motivation, job satisfaction, and work engagement (Kultalahti & Viitala, 2014). Millennial RNs could be equipped to assume the responsibility of leadership to ensure safe health care delivery in the future. The benefits of recruiting, retaining, and training millennial RNs in the attributes and skills of leadership are the continuity of the transfer of competency of leadership from the retiring generation so that there is no interruption in quality patient outcomes and job satisfaction for staff (Dinh et al, 2014; Moyo, 2019; Parsons, 2019). Also, through motivation, engagement, and job satisfaction, millennial RNs become leaders to fulfill the corporate mission and vision of quality patient care within the organization.

The millennial RNs' aspiration for leadership could be achieved through motivation by the current leaders. King's theory was applicable in a current nurse leader to a mentee millennial nurse-leader relationship so that the mutual goal of preparing millennial RNs for leadership positions could be realized (King, 1971; King, 1981) (see Figure 2). Nurse engagement, job satisfaction, and employee motivation with a goal attainment mindset would potentiate leadership opportunities (Coburn & Hall, 2014). The goal of inspiring millennial RNs was achievable through motivating and mobilizing the next generation of leaders (Stevanin, Palese, Bressan, Vehviläinen, & Kvist, 2018). The environment of care that supports the aspiration of millennial RNs will encourage job satisfaction. As the RNs engage in the decision-making process they will cultivate a sense of belonging to the organization and strengthen the intention to remain on the job.



Figure 2. Application of King's theory to study.

Use of King's Theory in Previous Studies

King's theory has been widely used in nations across the world, such as the United States, Canada, Sweden, and Japan (King, 1996) and as a basis for practice, for research, education, and administration (da Silva & Ferreira, 2016; King, 1997). King's theory was used in a study on the relationship between nurse and patient in care participation, goal setting, and achieving health goals (da Silva & Ferreira, 2016; Woods, 1994) to test if user participation in care was as an effective approach to improve healthcare quality around the world (de Leon-Demare, MacDonald, Gregory, Katz, & Halas, 2015). The TGA was used as a strategic tool in training millennial RN graduates by taking advantage of their knowledge of technology (McQueen et al., 2017).

TGA was used as a framework for understanding the functional status in client-family centered care (Caceres, 2015). Functionality was a factor of human attainment of a goal whether it was a physical attribute or mental capability. The emphasis of TGA was

on communication and decision-making process as a dyad approach to achieve set goals and objectives (Adib-Hajbaghery & Tahmouresi, 2018; Caceres, 2015). Overall, TGA had been adopted as the framework for setting and achieving goals through interaction with others within the environment of care.

Rationale for Use of King's Theory

My rationale for selecting King's theory was that it provided the basis for understanding the capability of millennial RNs to aspire for and attain their goals for nursing leadership positions. The theory provided a solid framework upon which to explore whether there was a relationship between job satisfaction, employee engagement, motivation, and aspiration for leadership positions by millennial RNs. By applying King's theory, it was possible to ascertain whether factors such as reduced job satisfaction, poor employee work engagement, and lack of motivation influence millennial RNs' goal attainment and aspiration for nursing leadership positions. The theory provided a foundation upon which to hypothesize whether there was a relationship among variables. TGA also provided insights into whether interaction between millennial RNs and nursing leaders within the care environment would result in an opportunity to develop and mentor young aspirants for leadership positions. King's theory provided a framework for teaching and mentoring millennial RNs, and a basis to further research, education, and advance evidence-based practice in healthcare organizations (McQueen et al., 2017; Sowell & Lowenstein, 1994). The goal of nursing leaders was to support excellent care and King's theory highlights the processes for achieving that goal through mentoring young, new nurses on how to become effective leaders.

Literature Review Related to Key Variables

In this literature review, I present relevant research articles to the topic of millennial RNs' aspiration for leadership positions and the relationship between job satisfaction, employee engagement, and motivation in the acute care hospital. As I reviewed research articles, I identified some points about the topic of millennial RNs and aspiration for leadership. First, I presented literature relevant to millennial RN turnover and retention, then, I discussed the millennial RN leadership preparedness, followed by employee engagement, job satisfaction, and motivation. The section continued with millennial nurse leadership shortage and conclusion.

Millennial RN Turnover and Retention

The nursing profession in the U.S. healthcare workforce is represented by 3.1 million RNs (Gordon, 2017). However, there is a shortage of RNs which began decades ago and was anticipated to increase to 29% by 2020 (Gordon, 2017; Piers et al., 2019). Furthermore, there was a shift in the nursing workforce as millennial RNs gradually replaced the baby boomer generation as baby boomers retire (Fry, 2018; Plawecki & Plawecki, 2015; Sherman, 2014). By the year 2020, millennial RNs constitute about 50% of the nursing workforce (Kosterlitz & Lewis, 2017). Figure 3 shows how the millennials have grown to 35% of the nursing workforce in 2017, and the baby boomers had declined from 50% to 25% in the United States workforce (Faller, 2018; Fry, 2018). Figure 4 showed an increasing rate of population growth among the millennials compared to other groups within the existing generations in the United States (Fry, 2016; Snethen, 2018).

Even with the growth of nursing population, there is a need for concern about attrition of RNs. In the first year of hire, about 17.5% of new RNs left their positions (Kovner et al., 2014). A survey conducted by the Advisor Board of Survey Solution (ABSS) showed a 27.3% attrition rate of nurses within the first year of hire (Koppel et al., 2017). Evidence indicated that not all RNs are working in a favorable care environment, therefore, nurses move from one unit to another unit to seek better work conditions. However, rapid turnover of nurses was not a new phenomenon (Christopher, Fethney, Chiarella, & Waters, 2018; Perreira, Berta, & Herbert, 2018). RN turnover, defined as when the RNs leave their job positions, has an impact on nursing staff supply in acute care hospitals (Christopher et al., 2018; Flinkman, Isopahkala-Bouret, & Salanterä, 2013). In a study of turnover of hospital nurses from 2009 to 2012, a significant loss of nurses ranging from 28.8% to 49.6% was recorded (Kurnat-Thoma et al., (2017). The rate of turnover of millennial RNs within the first 3 years of hire continues to increase (Tyndall et al., 2019).

Evidence shows that millennials leave their jobs for similar reasons across the healthcare organizations, such as increase in workload and mandatory overtime, which led to disengagement and the intention to quit (Koppel et al., 2017; ten Hoeve et al., 2018). Leadership influenced job satisfaction and lack of organizational commitment by millennial RNs was consistent with intention to quit (Lim, Loo, & Lee, 2017). Leaders that support nurses and provide resources for patient care encourage RNs to stay in their positions. Understanding leadership practices with RNs, then, was important to consider when attempting to address the global problem of nursing shortage (Yeager & Callahan,

2016). To ameliorate the problem of keeping millennial RNs, leaders need to address the issues of work overload and compulsory overtime that may jeopardize patient care and staff satisfaction with job performance.

The nursing shortage continues to be a concern of nurse leaders despite the delayed retirement of some baby boomers and the influx of the millennials to the profession (Daniel & Smith, 2018). Therefore, it is imperative to strategize on how to grow the nursing workforce to support the increasing demand for nurses and nurse leaders (Dewanto & Wardhani, 2018; Sofarelli & Brown, 1998; Yang, & Kim, 2016). The drive for continued aggressive growth of the nursing workforce is to retain millennials in the profession to develop them for leadership positions (Nei, Snyder, & Litwiller, 2015; Sofarelli & Brown, 1998).

Job satisfaction, motivation, and engagement strategies should be explored to support the millennial RNs to remain in their positions (Walden, Jung, & Westerman, 2017). Sherman (2017) noted that strategies for leading healthcare organizations have changed over the years. In the past older nurses were mandated to work when there was shortage of staff, however, millennial RNs did not find the idea of compulsory overtime acceptable. This is the era of telemedicine with healthcare communication systems fully computerized, whereas in the past paper documentation was used, and millennial RNs were versed in technology for communication purposes. Nurse leaders are exploring ways to prevent reoccurrence of extra shifts that would discourage millennial RNs and follow modern day form of communication. The current nursing leaders are advised to

develop strategies to recruit, retain, and develop millennial RNs' leadership skills (Martin & Warshawsky, 2017).

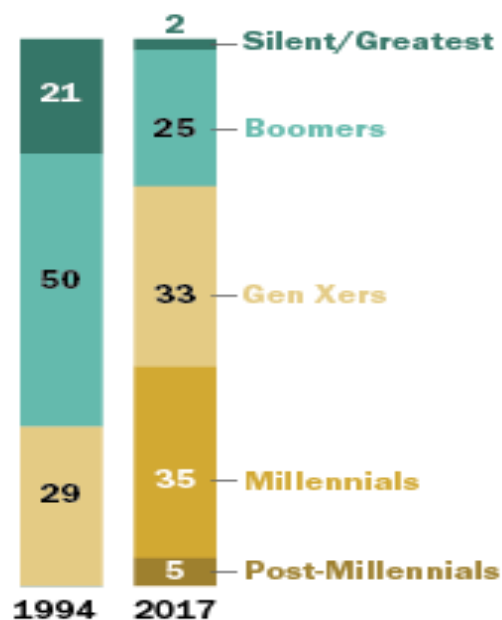
Barbuto and Gottfredson (2016) proposed that with the changing dynamics in the workforce, organizations must attract millennial RNs. Millennial RNs should be acknowledged when considering the future of the nursing profession and leadership (Barbuto & Gottfredson, 2016; Hutchinson, Brown, & Longworth, 2012). To address the needs of the millennial generation, leaders obtain feedback, provide support, be role models, and intensify efforts to retain the best nurses with potentials for leadership positions (Barbuto & Gottfredson, 2016; Martin & Kallmeyer, 2018). More research is needed to understand ways to make the workplace a preferred environment for millennials (Barbuto & Gottfredson, 2016; Hutchinson et al., 2012).

According to Faller and Gogek (2019), millennials approach the work environment in healthcare with great expectations to make a difference and to contribute to patient care and the organization. Millennials possess computer skills, they are team-players, and family-oriented and these characteristics set them apart from other generations (Campione, 2015; Kim, 2018). Therefore, millennials want to be recognized as team players by colleagues and acknowledged by leaders as contributors to the progress of the organization (Au-Yong-Oliveira, Gonçalves, Martins, & Branco, 2018). In order to retain millennial RNs, current leaders should encourage their participation in unit activities. As millennial RNs participate in unit activities, they could improve their skills and enhance their performance.

The constant turnover of leadership and the attrition of millennial RNs could affect patient safety, contribute to poor quality of care, and result in negative outcomes (Hewko, Brown, Fraser, Wong, & Cummings, 2015; Sfantou et al., 2017; Warshawsky, Wiggins, & Rayens, 2016). The rate of turnover continues to increase because of poor job satisfaction, lack of motivation, inflexible work schedules, unhealthy care environments, and lack of organizational and leadership support (Lees, & Uri, 2018; Scruth, Garcia, & Buchner, 2018). Millennials are faced with the option to leave the profession temporarily or permanently (Christopher, Chiarella, & Waters, 2015). Because they have the power of technology in their favor it is easy to locate new employment (Carrasco-Gallego, 2017; Canedo, Graen, Grace, & Johnson, 2017). Retention of millennial RNs is important to sustain healthcare organizations today. RNs with years of service to an organization who are experienced in the clinical settings need to support a positive workforce and strengthen intent to stay to acquire effective leadership skills and style (Keene & Handrich, 2015; Liang, Tang, Wang, Lin, & Yu, 2016).

More than a third of the workforce are Millennials

% of the U.S. labor force



Note: Labor force includes those ages 16 and older who are working or looking for work. Annual averages shown.

Source: Pew Research Center analysis of monthly 1994 and 2017 Current Population Survey (IPUMS).

PEW RESEARCH CENTER

Figure 3. The emergence of the millennial population in the workforce by Pew Research Center.

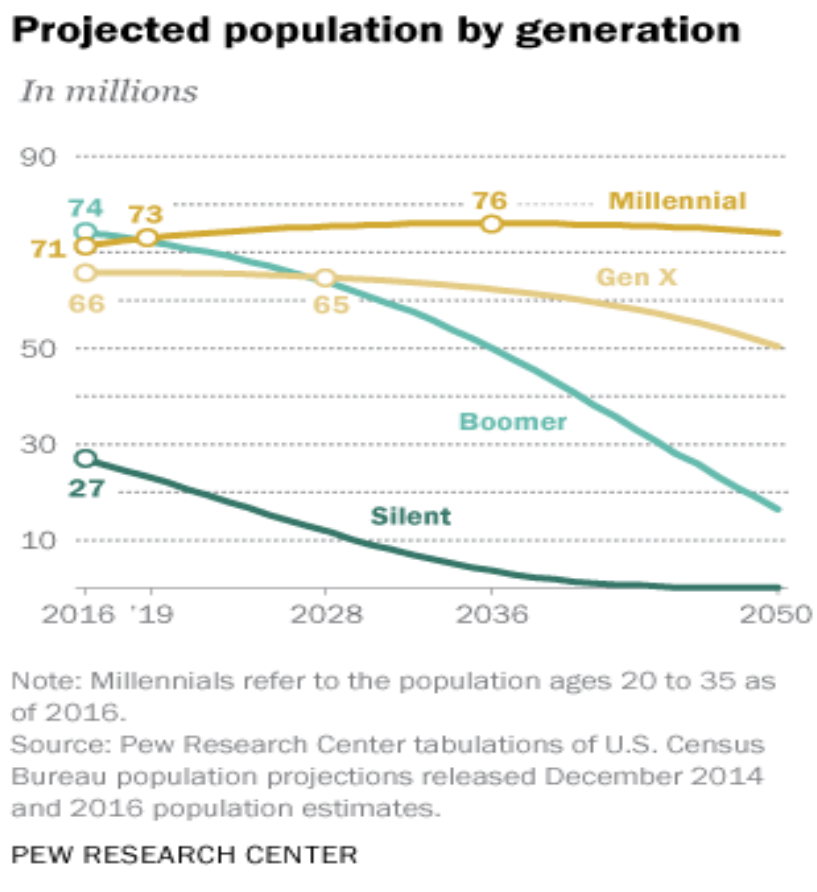


Figure 4. Projection in population by generation showing a rapid increase in millennial cohorts.

Millennial RNs and Leadership Preparedness

Nursing leadership is central to organizational success, employee creativity, and positive outcomes for patients (Hughes, Lee, Tian, Newman, & Legood, 2018). It is critical to prepare nurses who could become leaders in hospitals (Smith, Roebuck, & Elhaddaoui, 2016; Snethen, 2018). The role of leaders is to provide an environment of care that is conducive to the safety of the patient and staff is emphasized in the literature, however, millennial RNs' aspirations for leadership positions has received little attention

from researchers (Martin & Warshawsky, 2017). The combined effect of baby boomers' retirement and the attrition of the millennial RNs has exacerbated the problem of nursing leadership shortage (Dols et al., 2019). Millennial RNs need to be trained in leadership skills to support healthcare organizations in the future by engaging in organizational goals and promoting standard care practices (Tewes & Fischer, 2017). The gap in filling leadership positions is widening. Cabral, Oram, and Allum (2018) noted that 29% to 36% of nursing director positions remained vacant in the United Kingdom, therefore, attracting millennial RNs to leadership positions through succession planning has become critical (Martin & Kallmeyer, 2018). Nurses in leadership roles are vital to ensure the quality of care and the maintenance of patient safety (Stewart et al., 2017), which could also help retain nurses. Stability in nursing staff leads to consistency in care, increased patient safety, as well as controls to reduce the cost of employment and orienting new nurses (Armmer, 2017; Hall, Johnson, Watt, Tsipa, & O'Connor, 2016). Evidence had shown that 36% of millennial RNs are interested in leadership, career development, and occupational growth within the nursing field (Faller & Gogek, 2019). Millennial RNs' interest in leadership is a good indication for the future of nursing profession. However, millennial RNs need the encouragement of current leaders to be fully prepared for the challenges of the leadership role. A review of leadership literature over 25 years indicated that current leaders were paying close attention to the problem of filling leadership positions (Day, Fleenor, Atwater, Sturm, & McKee, 2014). To achieve millennial RNs' commitment to lead, it is imperative to address the issues of disengagement, dissatisfaction, and poor motivation.

Engagement

Engagement referred to commitment of staff to organizational goals and objectives. Employees become engaged when work conditions and care environments are suitable for safe practice. Employee engagement is linked to productivity and effectiveness within organizations. Commitment from nurses is necessary to achieve positive patient care outcomes and leadership is crucial to provide autonomy that supports employees' success. Nurse leaders have a critical role in staff engagement to ensure that the environment of practice is safe for patients and staff (Ducharme, Bernhardt, Padula, & Adams, 2017). Nurses become devoted to their profession and then to the organization that employs them, when they can identify that the leaders care about their work and can provide necessary resources for them to do their job of providing quality patient care (García-Sierra, Fernández-Castro, & Martínez-Zaragoza, 2017). Employee engagement drives patient satisfaction, positive care outcomes, and organizational success (Dempsey & Reilly, 2016). Evidence shows that millennial RNs want to deliver excellent care, engage in high job performance, desire organizational support, and thrive in a productive care environment (Mills et al., 2016; Stewart et al., 2017). The desire for a work environment that promotes professionalism is critical for RN continued engagement in the organization. Therefore, understanding millennial RNs is crucial for leaders to reduce turnover and encourage commitment.

Engagement of employees needs to be a top priority of organizations in order to retain millennial RNs. Jeve, Oppenheimer, and Konje (2015) conducted a study in the United Kingdom and discovered that employee engagement was central to productivity,

safety, and patient care. Özçelik (2015) noted that retaining millennial employees was a challenge to employers and suggested that employers should identify employees as representatives of the organization. Hinderances to millennial RNs' engagement were high patient care demands and increasing complex healthcare system (Moloney, Boxall, Parsons, & Cheung, 2018; Morrissey & Johnson, 2017). Patient care was complicated and stressful because of increase in the aging population who have complex health conditions (Faller, 2018; Sofer, 2018). Engagement of millennial RNs is also affected by inflexible work scheduling which make some millennial RNs quit their jobs (Goldenkoff, 2016; Ulep, 2018). By accommodating flexible work schedule and encouraging the millennial RNs to contribute to decision-making processes, they understand their part in running the unit which would enhance their sense of commitment (Koppel et al., 2017; Mensik & Kennedy, 2016). Engagement is necessary to keep the millennial RNs in the profession to prepare them for leadership positions.

Nursing leaders face the challenge of managing the care environment and engaging millennial RNs to provide the needed staffing for the acute care environment (Sofer, 2018). The influx of millennial RNs to the profession has reached a plateau and concerted efforts should be to retain them for leadership positions (Sofer, 2018). Going by the Gallup Poll of millennials in 2016, 71% were not committed to their organization, while 21% had changed jobs within a year of employment (Goldenkoff, 2016; Sofer, 2018). Research evidence indicates that the age and status of employees are precursors to level of engagement and job satisfaction (Parrott, Cazzell, Dragon, & Basham, 2019). If managers could retain and engage the growing population of millennial nurses beyond 3

years, millennial RNs would be committed to the organization and open to leadership development (Parrott et al., 2019).

To support continued commitment and engagement of millennial RNs in the hospitals, effective communication is mandatory. Communication is a strategy which can be used to facilitate directing millennial RNs to the vision and mission of the organization and support their intention to stay to train as leaders (Walden et al., 2017). Since millennials are skillful in information technology, employers can take advantage of their skills to improve engagement through effective communication networks and feedback (Hall, 2016; Karanges et al., 2015; Rentz, 2015; Stevanin et al., 2018). Comprehensive training and development programs are vital to prepare millennial RNs for the responsibilities of leadership to improve patient care in hospitals (Sonnino, 2016). When employees are fully engaged at their workplace, the opportunity to develop them for leadership positions is enhanced and the response to engagement was job satisfaction (Keyko, Cummings, Yonge, & Wong, 2016).

Job Satisfaction

Job satisfaction is a product of how employees view their jobs and interact with others within the work environment. Workload, team cohesion, and care quality affect job satisfaction (Christopher, Waters, & Chiarella, 2017; Van Bogaert et al., 2017).

Another factor that affects job satisfaction of millennial RNs is that they expect work flexibility. However, most nursing jobs required consistency in shift coverage, which becomes routine, redundant, and boring to millennial RNs (Anselmo, Orshan, Heitner, & Bachand, 2017; Wei, Roberts, Strickler, & Corbett, 2018). Job satisfaction is important to

the millennial RNs, because when they have a sense of job-related value, then they can provide competent patient care with leadership goal in view (Shatto et al., 2016). About 18% of the millennial RNs desire long-time employment (Shatto et al., 2016). Leadership contributes to staff nurses' job satisfaction because nurse leaders create and support a safe environment of practice where millennial RNs could be satisfied and stay employed for extended periods of time to become leaders themselves (Feather, 2015; Feather, Ebright, & Bakas, 2015).

Length of employment at one institution was related to how well the millennial RNs could achieve their aspiration for nursing leadership positions. When millennial RNs were in employment for less than three years, it was difficult to develop them for leadership positions. It was, therefore, necessary for nursing leaders to devise strategies to retain millennial RNs beyond 3 years to mentor them for leadership positions. Researchers advocated for direct training and formal education in leadership studies as strategies to prepare millennial RNs for leadership positions. Preparing millennial RNs for positions of leadership through direct training was found to be effective (Shatto et al., 2016). The level of education and direct leadership development training had a more positive result on successful transition than traditional training (Shahin, Abdrbo, & Bayoumy, 2018; Shatto et al., 2016). Also, the volume of workload was a deterrent to job satisfaction. Leaders were encouraged to determine a reasonable workload for the nurses to enhance job satisfaction and prevent burnout (Chung & Fitzsimons, 2013; Hall et al., 2016). Length of employment, work load, and training were identified as ways to promote job satisfaction among millennial RNs.

Motivation

Motivation is a force within individuals that drives them to achieve their goals. Some people can be motivated by internal factors such as goal and result oriented values, whereas others are driven by external factors of remuneration or pay raises, additional vacation days, promotion, improved benefits, daycare, or elder care services (De Simone, 2015). Motivation energizes, directs, and sustains human behavior (Baljoon et al., 2018; Olafsen et al., 2018). Employees who are motivated have higher rates of productivity and participation in organizational activities. Employees are motivated if they know that there is a reward for safe care practice and that poor performance attracted consequences (Cziraki et al., 2018; De Simone, 2015). A study of factors that determined the level of motivation in the nursing and medical staff of three Italian government-funded hospitals showed that leaders should provide necessary training, enough time, and resources to improve job skills (De Simone, 2015). Lee and Raschke (2016) analyzed employee's behaviors and the results showed that motivation drives performance and performance attracts a reward.

Millennial RNs were motivated to strive for excellence when they found leaders who were investing in their interest in career development and self-actualization in the workplace (Faller & Gogek, 2019). Millennial RNs need to acquire the prerequisite skills to perform as leaders, and to use their knowledge of technology to benefit the organization (Canedo et al., 2017). Hee and Kamaludin (2016) conducted a study on motivation among Malaysian private hospital nurses and showed that both extrinsic and intrinsic motivation yields better job performance and intent to stay. Hospital

management should support good work relationships and cooperative team efforts among employees to promote positive patient care outcome (Hee & Kamaludin, 2016).

Millennials were team-players who wanted to be perceived as contributing participants to the overall success of the organization and they should be allowed to demonstrate their enthusiasm for the job (Kosterlitz & Lewis, 2017). As the motivation drives improved millennial RNs were opened to the prospects of leadership training and acquisition of skills to become successful leaders.

Some healthcare organizations which had positive employee engagement and successful orientation were often confronted with the challenges of retaining millennial RNs for leadership positions (Koppel et al., 2017). Cultivating loyalty in millennial RNs might improve retention and support the interest in leadership role (Özçelik, 2015). A significant relationship between work motivation and job satisfaction was reflected by the nurses' intention to stay (Baljoon et al., 2018). For millennial RNs to stay for leadership preparation, it was necessary that they remain motivated. The continued success of keeping millennial RNs motivated and retained in the profession provides an opportunity for sustained leadership aspiration and actualization.

Millennial Nurse Leadership Shortage

Millennial RNs have been a promising source of relieving the shortage of nursing leaders. However, millennial RNs who are nurse leaders leave their positions due to a stressful work environment, the inability to combine work and life challenges, work overload, and the unsafe patient care practices caused by shortage of staff nurses (Campione, 2015; Moloney et al., 2018; Nolan, 2015). Therefore, there is a compelling

need for a solid and dynamic leadership to influence staff allocation, improve quality of care, patient safety, and foster evidence-based leadership standards (Bushardt et al., 2018).

Nurse leaders are the custodians of the healthcare environment because they are responsible for positive patient outcomes and the overall performance of the organization (Martin & Warshawsky, 2017). The exit of baby boomer leaders creates more vacancies and problems with filling nursing leadership positions. Millennial RNs are needed to take leadership positions, but they must be prepared for the role to be effective (Christopher, Chiarella, & Waters, 2015). Many studies have been conducted on the transition of the millennial graduate nurses to practice, but there are few studies on millennial staff nurses and the interest in nursing leadership positions (Auerbach et al., 2015; Auerbach et al., 2017).

Synthesis of Studies Related to Research Questions

Engaging, motivating, and ensuring job satisfaction play a prominent role in retention of RNs in their positions. Hudgins (2016) observed that there was a relationship between job satisfaction and the intent of nurse leaders to stay on the job. Millennial RNs recognized the importance of nursing leadership in making a difference in patient care, however, they were concerned about getting the needed support in the role of leadership (Sherman, Saifman, Schwartz, & Schwartz, 2015). Vonderhaar (2016) noted that engagement level was not a true representation of intention to stay. Certain key elements were responsible for nurses' retention, namely, some employees were planning to stay until retirement, some employees were returning to school, other employees were just

putting in time until retirement, and others were working to earn access to a healthcare plan benefit. Overall, engagement level was different for each category of employees in the healthcare system. Strategies to retain millennial RNs to be available for leadership positions by current leaders include giving a sense of accomplishment in their roles, providing emotional, social, and clinical support (Van Bogaert, van Heusden, Timmermans, & Franck, 2014; Vonderhaar, 2016; Wan et al., 2018).

Evidence in literature reinforced the need for high performing, result-oriented leaders in the nursing field to support policies, politics, organizations, and practices in which millennial RNs could function well in if given detailed exposure to leadership skills and training (Mazzoccoli & Wolf, 2016). Providing targeted mentoring and training programs for millennial RNs to occupy leadership positions is necessary for the future of the nursing profession (Yarbrough et al., 2017). It is critical to have a master plan to engage millennial RNs in learning and understanding leadership principles and to cultivate leadership styles that support positive patient outcomes.

A study of 2,630 RNs showed a relationship between aspiration for leadership positions and support from the direct supervisors and institutional stress (Haaland et al., 2019). Healthcare organizations were required to design human resource management policies to train and equip nurse leaders at the point of hire to keep nurses in the organizations (Haaland et al., 2019). Suggestions to reduce intention to leave among millennial RNs was based on nursing leaders to encourage RNs to contribute to the unit-based decision process so that millennial RNs input could be noticed and appreciated (Faller & Gogek, 2019).

Richey and Waite (2019) observed that engagement was influenced by frontline managers. Decades of research in 195 countries among 27 million employees led by 2.5 million managers showed managers influenced employees continued stay on the jobs (Richey & Waite, 2019). Innovative leadership skills were required in the environment of care to maintain safety of patients, to provide competent care, and to meet organization goals.

Few peer-reviewed articles exist on the future of nursing leadership and the important role of millennial RNs. There is a gap in the literature about whether there is a relationship between job satisfaction, engagement, motivation, and aspiration of millennial RNs for nursing leadership positions. Leadership is key to retain millennial RNs in care environment, to curtail shortage, to train them for leadership positions, to ensure quality and efficient patient-centered care in hospitals.

Summary and Conclusions

Millennial RNs are the generation to move into positions of nursing leadership. Millennial RNs work in teams, family-focused, and digital natives (Smith & Nichols, 2015). Evidence in the literature indicates that there is a widening gap in the number of leaders and millennial RNs required to fill nursing leadership positions (Sofer, 2018). Current nurse leaders of the baby boomer are leaving their jobs because of retirement and work overload causing shortage (Martin & Warshawsky, 2017). The support and motivation of current leaders to recruit the next generation of nursing leaders has become a necessary requirement to prevent loss of leadership wisdom (Coburn & Hall, 2014).

Nurses in leadership positions are responsible for maintaining an environment that supports quality patient care outcomes and organizational success (Martin & Warshawsky, 2017). Job satisfaction, work engagement, and self-efficacy are positive influences of nurse retention (De Simone. et al., 2018). The literature revealed that there was a high turnover of nurses and especially the millennials who were expected to take over leadership of the nursing profession (Parsons, 2019). A comprehensive literature review revealed the need for more evidence on millennial RN leadership shortage. Millennials are significant to the future and leadership of the nursing profession to achieve a stable, reliable, and safe environment of care for the satisfaction of patient and staff. There is a need for more studies to explore the influence of nurse leaders on job satisfaction for the RNs (Feather et al., 2015). The social implication of a stable, dependable, supportive, and competent leadership is needed to achieve and sustain outstanding patient care outcome (Burke, Flanagan, Ditomassi, & Hickey, 2017). Another social benefit of a creative and innovative leadership is that the cost of care and staff turnover is minimized (Roche, Duffield, Homer, Buchan, & Dimitrelis, 2015). The objective of my study was to explore the factors that hinder millennial RNs' aspiration for leadership, the effect of retention problem on filling leadership gap, to contribute to literature, and to extend knowledge in nursing leadership and discipline (Yang & Kim, 2016). Fry and Dombkins (2017) emphasized the significance of evidence-based research and scientific inquiry to nursing practice and leadership. In chapter 3, I present the method, sampling strategy, limitations, threats to validity, and ethical considerations of my study.

. Chapter 3: Research Method

The purpose of this quantitative, descriptive, correlational study, guided by King's theory of goal attainment, was to examine the relationship between job satisfaction, motivation, engagement, and the aspiration of millennial RNs for nursing leadership positions in the acute care hospital setting. The study also addressed the combined effects of job satisfaction, engagement, and motivation on millennial RNs' aspiration for leadership.

In Chapter 3, I describe the elements of the research design, rationale for the design, methodology, and target population. In the section on design, I describe the variables, research design, constraints to the design, and rationale for selecting the research design. The chapter continues with sampling procedures, recruitment criteria, data collection, instrumentation, and the operationalization of the variables. Finally, I address threats to validity and explain ethical procedures necessary to protect the identity of the participants and to maintain their confidentiality throughout the study. The chapter concludes with a summary.

Research Design and Rationale

Study Variables

The study variables were aspiration for nursing leadership positions (dependent variable) and job satisfaction, engagement, and motivation (independent variables). The dependent variable was the aspiration of millennial RNs for nursing leadership. The variable was predicated on the problem of shortage of millennial RNs to assume

leadership positions in acute care hospital. The independent variables were job satisfaction, employee engagement, and motivation of the millennial RNs.

Research Design

To describe the relationship between the level of job satisfaction, motivation, engagement, and aspiration for leadership positions among the millennial RNs in acute care hospital, I chose the quantitative methodology to examine whether there was a relationship between job satisfaction, employee engagement, motivation, and aspiration for nursing leadership among millennial RNs in acute care hospital. The correlational design was introduced by Galton in 1892, was developed by Pearson in 1911, and has been widely used in research (Curtis et al., 2016). The correlational design is a nonexperimental design that allows researchers to use statistics to describe and measure the association between variables (Creswell & Creswell, 2017). A correlational design was suitable for my study because the variables required data measurement and not a manipulation. The design is applicable to variables that can be measured with scales and is a good alternative when an experimental study would be unethical or impracticable. A correlational design is used to examine a relationship between statistical variables in a study (Akoglu, 2018).

The correlational design is appropriate when the consideration is to reduce cost and manage the time of completion of study; it is also more economical than the labor-intensive causative study (Cowls & Schroeder, 2015). Although it is necessary to apply rigor in the use of the design to achieve effective analysis, an understanding of the role of

effect size in population sample is significant (Bosco, Aguinis, Singh, Field, & Pierce, 2015).

A quantitative, descriptive, correlational design was appropriate for my study to answer the questions regarding the factors impeding the millennial RNs aspiration for leadership positions in acute care hospitals and the relationship of variables. This design was chosen to provide answers to the question of what are the factors impeding millennial RNs' aspiration for leadership positions in hospitals. My design choice was intended to determine the degree of relationship between millennial RNs' job satisfaction, aspiration for nurse leadership positions, and the effect of work engagement and motivation on millennial RNs' intention to remain employed in their current positions (see Yarbrough et al., 2017). The design was intended to provide a basis for understanding the effect of independent variables of job satisfaction, employee engagement, motivation on the dependent variable of aspiration for nursing leadership among millennial RNs in acute care centers. The choice of correlational design was consistent with the need to describe the relationship between the independent and dependent variables.

Design-Related Constraints

Design-related constraints included getting a large enough sample of participants to respond to questionnaires, and ensuring the accuracy of their response to survey questions. Time and resource constraints are pertinent factors encountered in a quantitative study because students have time limits toward graduation and also resource limits. The constraint of my study was to recruit participants to respond to a questionnaire

in a timely manner and then determine the accuracy of their responses. In a correlational study, it is possible to determine the strength and direction of relationships among variables, but it is not possible to determine that one variable causes another variable (Curtis et al., 2016). The correlational design is time specific, and the findings allow for generalization within the defined population (Carminti, 2018). The design facilitates data collection and is a cost-effective approach. (Covles & Schroeder, 2015). To describe the aspiration of millennial RNs for leadership positions, it was necessary to quantitatively appraise the impact of job satisfaction, employee engagement, and motivation.

Due to the quantitative method adopted for the study, it was necessary to obtain a large sample to address the problem being studied. In a correlational study, a researcher can determine the strength and the direction of relationship among variables, although the design does not indicate that one variable is the cause of another variable (Curtis et al., 2016). The topic of millennial RNs and the factors that affect leadership aspiration was a new area that needed to be researched. A quantitative approach provided the basis for future studies to be conducted in the area of millennial leadership aspiration.

Methodology

Population

The target population for my study included RNs who belonged to the millennial generation who had been in practice for 3 to 5 years in hospitals across the East Coast of the United States (see Riegel, 2013). Millennial RN participants had to be 29 to 39 years old.

Sampling and Sampling Procedures

I used a nonprobability, convenience sampling procedure for the study (see Buelens, Burger, & van den Brakel, 2018). I chose convenience sampling because of time and resource constraints, ease of access, and proximity to participants (see Etikan, Musa, & Alkassim, 2016). I had a well-defined population of millennial RNs required for the study; therefore, it was appropriate to use convenience sampling (see Tyrer & Heyman, 2016). Electronic sampling facilitates data collection and minimizes time constraints. Bias was reduced by analyzing the results without identifying the participants. I distributed questionnaires requesting millennial RNs to respond via an email link. I planned to use snowball sampling if the sample size was not met so that the millennial RNs who responded could refer their colleagues who were qualified to be in my study.

Inclusion and Exclusion Criteria

To be included in the study, participants had to meet the following criteria:

- belong to the millennial generation and be between 29 to 39 years old,
- be a registered nurse,
- possess an active license as a registered nurse, and
- practice in an acute care hospital in Maryland.

Exclusion criteria included individuals who belonged to Generation X or baby boomers, were below 29 or above 39 years of age, or who practiced in nonacute care facilities.

Power Analysis

I used the G* Power 8 statistical analysis to calculate the sample size. Power analysis was introduced by Cohen to calculate the power of statistical tests to prevent

erroneous judgment (Cohen, 1962; Perugini, Gallucci, & Costantini, 2018). An adequate sample size lends credibility to the study because too small or too large sample sizes would lead to false results and might not represent the population of study (S. F. Anderson, Kelley, & Maxwell, 2017; Bakker, Hartgerink, Wicherts, & van der Maas, 2016; Carneiro, Moulin, Macleod, & Amaral, 2018; Hickey, Grant, Dunning, & Siepe, 2018). I calculated my sample size using multiple regression analysis with power of .80, alpha of .05, and a medium effect, which yielded a sample size of 55. Researchers called for statistical analysis based on effect size, confidence interval, and meta-analysis as a way to generate reliable research evidence (Cumming, 2014; Faul, Erdfelder, Buchner, & Lang, 2009; Faul, Erdfelder, Lang, & Buchner, 2007; Sullivan & Feinn, 2012; Suresh & Chandrashekara, 2012).

Procedures for Recruitment, Participation, and Data Collection

The study sample included all millennial RNs within the age range set for the study who worked in an acute care hospital for a maximum of 5 years in the East Coast of the United States (see Appendix C for inclusion criteria). For the recruitment method, I posted an invitation flyer (see Appendix B) to invite millennial RNs to participate in the study. A letter of invitation was sent through text message or general email used by the facility (see Appendix A). The interested respondents completed a screening question form; if they met the inclusion criteria, a link was provided to the consent form and questionnaire (see Appendix D).

I collected data through email over a period of 4 weeks. Identifiers in the email were hidden because responses were sent via Survey Monkey to my email address, which

was provided at the beginning and the end of the questionnaire. I used SPSS Version 25 to gather, export, and analyze the data. Keeping participants' identifiers from the emails hidden during analysis prevented researcher bias. Data will be stored in a password-protected laptop kept safe from public interference for 5 years, per Walden's IRB policy. I did not need a debriefing procedure for my quantitative study. This study did not require follow-up interviews or treatment; however, I offered a token of appreciation for participants who completed the questionnaire so they could claim a gift card of \$5 at a link set up for that purpose.

Instrumentalization and Operationalization of Constructs

The constructs of job satisfaction, engagement, motivation, and aspiration were operationalized using appropriate scales. Validity and reliability of the instruments were established to indicate their appropriateness for my study.

Job Satisfaction Scale. McCloskey (1974) developed the Job Satisfaction Scale (JSS) to measure dimensions of nurses' view of their jobs to remain employed. The scale had a Cronbach's alpha of .89 (McCloskey, 1974; Mueller & McCloskey, 1990). The JSS is a 5 item with 5-point Likert-scale for job satisfaction. The Cronbach's alpha of .87 indicated a strong validity in a study of 727 nurses in Canada (Cziraki et al., 2018). A similar study of 1,007 nurses yielded a Cronbach's alpha of .87 (Lee, Dahinten, & MacPhee, 2016). The instrument was used to study hospital nurse job satisfaction of 8,456 nurses in 105 hospital sites in Ontario, Canada (Cziraki et al., 2018). Reliability of the instrument was measured, the coefficient of job satisfaction with extrinsic value was 0.67, the balance of family and work was 0.29, the satisfaction with colleagues was 0.56,

and the coefficients ranged between 0.31 and 0.85 (Tourangeau, Hall, Doran, & Petch, 2006). One hundred and twenty public health nurses in Israel responded to the job satisfaction questionnaire, and the reported Cronbach's alpha was .90 (Aharon, Madjar, & Kagan, 2019). In Qatar, the JSS was used to study 1,322 RNs, which yielded a Cronbach's alpha of .72 and .80 (Clinton, Dumit, & El-Jardali, 2015). The JSS was used in a study of 325 Jordanian health care workers, and results indicated that recognition, rewards, and opportunities for professional advancement were consistent with nurses' intention to stay (Davidescu & Eid, 2017).

The JSS was appropriate for my study because it measured how millennial RNs assess their job life in terms of safety, social, and psychological needs including work, benefits, and scheduling requirements (Lee, Eo, & Lee, 2018; Sharma, Misra, & Mishra, 2017; Tourangeau et al., 2006). Job satisfaction is a positive emotional reaction of employees to job performance (Locke, 1976; Lu, Zhao, & While, 2019). Factors related to job satisfaction are pay, workload, security, respect, recognition, responsibility, environment, personal growth, autonomy, and organizational support (Halder, 2018).

Career Aspiration Scale. The Career Aspiration Scale (CAS) was developed by O'Brien (1996) to measure aspiration of 228 women to leadership, and the internal consistency of .74 was considered valid at $p < .01$. The CAS with a 10-item 5-point Likert scale was used in a descriptive study of 727 Canadian nurses' aspiration to management roles, and had a Cronbach's alpha of .87 significant at $p < .05$ (Cziraki et al., 2018). In a longitudinal study of 1,241 Canadian RNs, the CAS had a Cronbach's alpha of .84, which indicated a high validity (Wong et al., 2014). In a study of women,

aspiration for leadership was observed to be consistent to the degree that participants valued their career, and the Cronbach's alpha ranged between .73 and .77 (O'Brien, Friedman, Tipton, & Linn, 2000). The internal consistency of the CAS ranged from .71 to .91 in a study of Norwegian public nurses and their aspiration for leadership positions (Haaland et al., 2019).

Work Engagement Scale. Engagement was measured using the Utrecht Work Engagement Scale (UWES-9) covering vigor, dedication, and absorption. Engagement was defined as a positive work-related state of mind in association with vigor, dedication, and absorption (Ziedelis, 2019). A study of 351 nurses using 17-item UWES showed internal consistency of .881 for vigor and .906 for absorption (Ziedelis, 2019). The UWES was used to measure employee's level of engagement in the organization in a study of 441 RNs and produced a Cronbach's alpha of .71 to .84 (Manning, 2016). The validity and reliability of the UWES-17 was used in several studies relating to work, and school in different countries, and translated to different languages, the UWES-17 had a Cronbach's alpha of .79 to .93 (Çapri et al., 2017).

Schaufeli and Bakker developed a 17-item questionnaire on work related engagement-UWES in 2004 (Schaufeli, Bakker, & Salanova, 2006; Sinval et al., 2018). It had gone through different modifications, was widely used in research, and had been translated to several different languages such as English, Finnish, Spanish, Greek, Swedish, Norwegian, and French. The UWES was appropriate for my study because work engagement was connected to intention to stay on the job. The UWES was suitable for my study because it had a high reliability and validity to accurately measure the

concept of engagement of millennial RNs and their perception of the job (see appendix E for permission to use UWES).

Motivation Scale. Motivation would be measured using Motivation at Work Scale (MAWS) originally developed by Gagne et al in 2010 (Toode, Routasalo, Helminen, & Suominen, 2015). The Cronbach's alpha for a 12-item, five-point Likert scale was .89 in a study of 1644 workers in two different languages (English and French) (Gagné, 2010). The MAWS was used to understand hospital nurses' motivation with Cronbach's alpha was .82 (Toode et al., 2015). Purohit, Maneskar, and Saxena (2016) also used motivation score among 154 healthcare workers in India to confirm the reliability of the instrument. A Cronbach's test was conducted which showed a satisfactory reliability of 0.81.

Operationalization and Definition of Constructs

Job satisfaction was defined as a positive feeling that one derives from satisfactory performance of one's job description (Gordon, 2017; Ylitörmänen, Turunen, & Kvist, 2018). Job satisfaction could also be described as a positive emotional reaction of employees to job performance (Locke, 1976; Lu, Zhao, & While, 2019). Factors related to job satisfaction were pay, workload, security, respect, recognition, responsibility, environment, personal growth, autonomy, and organizational support (Halder, 2018). A study of Scandinavian nurses showed that job satisfaction was important to nurses all over the world and it was a determinant of RNs' retention (Ylitörmänen et al., 2018). The variable of job satisfaction would be measured with the

JSS to determine the effect of job satisfaction on the aspiration or desire of millennial RNs for nursing leadership positions.

Engagement is defined as a positive work-related state of mind in association with vigor, dedication, and absorption (Kulikowski, 2017; Ziedelis, 2019). Engagement for the purpose of my study was the extent or degree to which millennial RNs are committed to the organizations and its mission (García-Sierra et al., 2017; Wan, Zhou, Li, Shang, & Yu, 2018). Improved practice environment and job characteristics promotes work engagement (Wan et al., 2018). I measured engagement using the UWES. UWES is a reliable tool to accurately measure employee's level of engagement to the organization (Manning, 2016).

I defined motivation as a deliberate act to achieve a stated objective (Hee & Kamaludin, 2016; Slemp et al., 2018). Ryan and Deci (2017) noted that work-place characteristics, personal characteristics, working conditions, individual priorities, and internal psychological states affect motivation among hospital nurses. Evidence showed that motivation stemmed from values derived from job situations, such as autonomy, competence, and mutual relationships (Cummings et al., 2018; Deci et al., 2017). The Motivation scale was used to understand the relationship with performance and wellness within organizations (Calk & Patrick, 2017; Gagné et al., 2015; Gagné et al., 2010; Morrison et al., 2015). Motivation would be measured using MAWS.

Data Analysis Plan

RQ₁: What is the relationship between job satisfaction, engagement, motivation, and the aspiration for a nursing leadership position of millennial RNs in the acute care hospital?

H₀₁: There will be no relationship between job satisfaction, employee engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

H_{a1}: There will be a relationship between job satisfaction, engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

RQ₂: What is the relationship between job satisfaction, engagement, and motivation and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital?

H₀₂: There is no relationship between job satisfaction, engagement, and motivation on aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

H_{a2}: There is relationship between job satisfaction, engagement, and motivation on aspiration for nursing leadership positions among millennial RNs in acute care hospital.

I analyzed my data using SPSS version 25 to determine the mean, standard deviation of my descriptive statistics and calculate reliability indexes for the for the instruments I used. I analyzed my data using Pearson's correlation coefficient and

multiple regression to determine the relationship between the independent and dependent variables for each research question. I conducted a Cronbach's alpha to show the reliability of the instruments used to test variable relationship. Data cleaning would involve manually gleaning through the data to determine if there were duplicate answers, incorrect, incomplete, missing data or outliers that would tilt the result of the study. I ran the data through SPSS using frequency and dispersion options to deal with any data that was out of parameter or missing.

Threats to Validity

External Validity

I conducted survey research to provide quantitative description of attitudes and opinions of a portion of millennial RNs population to aspiration for nursing leadership position (Creswell & Creswell, 2017). Threats to external validity included generalization of study results (Leviton, 2017) to other RNs (population validity) who did not meet the inclusion criteria, in other clinical settings (ecological validity), and over a time period (historical validity) (Torre & Picho, 2016). Use of random sampling and expanded setting improved the external validity. For my study, I used convenience sampling. I reported issues of content and the inference that could be drawn from the result of the study. A high validity score indicated that the survey result could be generalized to the rest of the study population (Heale & Twycross, 2015).

Internal Validity

Internal validity could be threatened by survey instrument used to collect data. The instruments for my study were UWES, JSS, and motivation scales which have been

used in other studies within the nursing profession and other disciplines (Çapri et al., 2017, Lee, Eo, & Lee, 2018; Martin, 2017).

Construct Threats

The concept of construct validity was introduced by Meehl and Challman (APA, 1954; Cronbach & Meehl, 1955) to provide solutions to theory development and validation of tests. Construct threats are caused by the failure of the scores of survey instruments to measure the construct or contents intended to measure (Cizek, 2016; Salimi & Ferguson-Pell, 2017). I used instruments that had a satisfactory Cronbach's alpha and established validity to measure my study variables. I used multiple linear regression analysis with power analysis, effect size, confidence interval, and *p* value to include sufficient number of participants, and to avoid Type II error of rejecting a false null hypothesis.

Ethical Procedures

I obtained IRB approval from Walden University the number for this study is 02-13-20-0303580 and it expires on February 12th, 2021. After the approval I began to collect data for my study. Information obtained from the survey was protected by username and password so that no one had access to stored data on my personal laptop and which I will keep secured for minimum of 5 years as required by the Walden University IRB. I presented results in tables, figures, and narrative of findings for practical applications to clinical settings.

Research studies involving human participants required informed consent to disclose the purpose of the study and confirm how to maintain the confidentiality of

information provided. The consent form contained how the information would be used and how it would be stored. The consent form included how confidential information would be protected. There would be a disclosure information to state that participants were not obligated to complete the survey and they could withdraw at any time.

Estimated time of completion would be included in the information in the consent form.

To confirm their interest millennial RNs would do so through returning electronically endorsed consent form. There was a link for interested millennial RNs to participate in the survey. At the completion of the survey a gift card was sent via a separate link.

Summary

I conducted a quantitative, descriptive, correlational study to determine if there was a relationship between job satisfaction, engagement, motivation, and aspiration for nursing leadership positions among millennial RNs in hospitals in East Coast of US. The purpose was to describe the extent and direction of the relationship if there was any.

Invitation to participate in a survey questionnaire and consent form would be emailed to general pool of millennial RNs who had active license and fall within the age limit of the study. Data were analyzed SPSS, and stored in secured location. Voluntary participation was emphasized, and participants had the option to withdraw at any time during the process of data collection. Ethical issues were addressed to preserve confidentiality of information. In chapter 4, I discussed details of data collection, results, and provide a summary.

Chapter 4: Results

The purpose of this quantitative, descriptive, correlational study, guided by King's theory of goal attainment, was to examine the relationship between job satisfaction, motivation, engagement, and the aspiration of millennial RNs for nursing leadership positions in the acute care hospital setting. The study also addressed the combined effects of job satisfaction, engagement, and motivation on millennial RNs' aspiration for leadership. My two research questions and the hypotheses were the following:

RQ1: What is the relationship between job satisfaction, engagement, motivation, and the aspiration for a nursing leadership position among millennial RNs in the acute care hospital?

H_01 : There is no relationship between job satisfaction, employee engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

H_{a1} : There is a relationship between job satisfaction, engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

RQ2: What is the combined effect of job satisfaction, engagement, and motivation on the aspiration for nursing leadership positions among millennial RNs in the acute care hospital?

H_02 : There is no combined effect of job satisfaction, engagement, and motivation on aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

H_{a2} : There is a combined effect of job satisfaction, engagement, and motivation on aspiration for nursing leadership positions among millennial RNs in acute care hospital.

Data Collection

For recruitment, I displayed my fliers on the Facebook page to invite individuals who met the demographic requirements to complete questionnaires published via the Survey Monkey platform. A total of 77 millennial RNs who worked in the acute care hospitals for a minimum of 3 years to a maximum of 5 years and within the age range of 29 to 39 years responded to the questionnaires. Data collection spanned 3 months, which was beyond the projected time frame of 4 weeks. I used convenience sampling because of the ease of access to participants. Respondents completed the questionnaires during the period the survey was open. I used four online instruments including the Utrecht Work Engagement Scale English version, Career Aspiration Scale, Motivation at Work Scale, and Job Satisfaction Scale. All instruments were Likert-type surveys that totaled 50 questions, which were completed after the consent form was accepted by participants and confidentiality of information was confirmed. My instruments have different point scores, so through SPSS I used “calculate” to get the sum for my variables. For example, CAS has 5-points with 0 being “not at all true of me” and 4 being “very true of me,” JSS has 5-points with 1 being “not satisfied” and 5 being “extremely satisfied,” Engagement has 7

point scores with 0 being “never” and 6 being “always,” and MAWS has 7 point score with 1 being “not at all true” and 7 being “completely true.” The instrument scoring was completed to provide a uniform coding of responses with 0 being “never,” 25 being “rarely,” 50 being “sometimes,” 75 being “often,” and 100 being “always.”

There was a slow response to the survey, which delayed the data collection for 3 months. The plan to advertise my survey on the hospital campus did not receive approval of the management. Therefore, I changed my recruitment strategy by using the social media platform to recruit participants. The procedure for primary data collection was cumbersome, time-consuming, and resource consuming compared to secondary data collection. Data cleaning was completed by replacing incorrectly entered data where respondents typed in the words instead of checking the box. An example was that the words “strongly agreed” were entered by the participant, so I converted this to the appropriate scale number 5 to represent the response.

Demographics of the Sample

The primary data sample obtained was representative of the population of interest. Gathering the data took 3 months, which was longer than I expected and may have been partly due to the COVID-19 pandemic. I exceeded the calculated sample size of 55 as my sample was 77, which yielded a .30 effect size with a probability of .95 to achieve power of 0.91 using the G* power 3 software calculator. Table 1 includes a description of the millennial RNs who responded to the survey.

Table 1

Demographic Data of Respondents

Demographic	Number of responses	%
Gender		
Female	52	67.53
Male	25	32.47
Age Group		
29-34	32	41.56
34-39	45	58.44
Experience		
>3 years	48	62.34
<5 years	29	37.66
Race		
White	21	27.27
Black/African A	25	32.47
Hispanic	11	14.29
Other (Asian)	20	25.97

Results**Research Question 1**

RQ1: What is the relationship between job satisfaction, engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital?

H_{01} : There is no relationship between job satisfaction, engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

H_{a1} : There is a relationship between job satisfaction, engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

To analyze the data for Research Question 1, I ran a multiple linear regression analysis using the SPSS 25 to evaluate the prediction of aspiration for leadership (dependent variable) from job satisfaction, engagement, and motivation (independent variables). The first assumption for multiple linear regression is there must be a linear relationship between the independent (predictor) and dependent (outcome) variables (Al Ma'mari, Sharour, & Al Omari, 2020; Reddy, & Sarma, 2015). To determine whether there was a linear relationship in my data, scatterplots were used to show whether there was a linear or curvilinear relationship. The assumptions of normal distribution and linearity were met (see Figures 5 and 6). The scatterplot indicated that the data for the variables were clustered together and the trend showed a linear relationship.

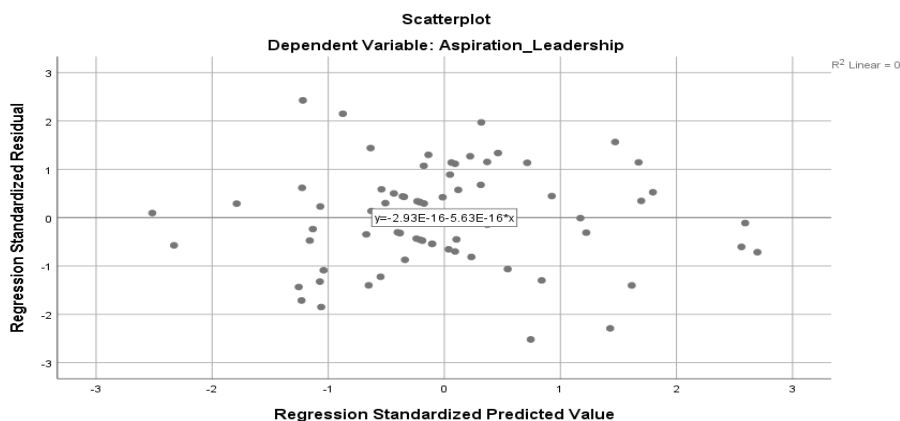


Figure 5. Scatterplot showing linearity.

The second assumption of multiple regression is multivariate normality, which means that the residuals are normally distributed (Al Ma'mari, Sharour, & Al Omari, 2020; Reddy, & Sarma, 2015). The graph showed a normal distribution (see Figure 6).

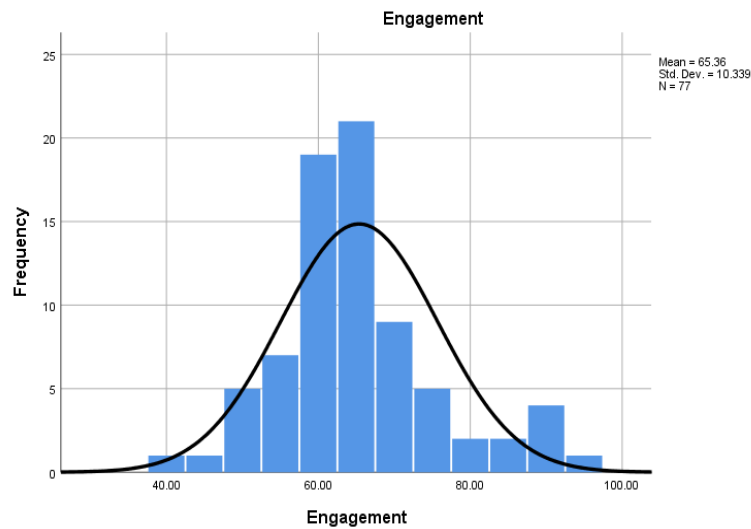


Figure 6. The bell curve shape showed a normal distribution of residuals.

There was no multicollinearity so the independent variables were not highly correlated with each other. I tested this assumption tested using Variance Inflation Factor (VIF) values. The VIF showed that there was no multicollinearity among the variables. The regression model showed lack of multicollinearity because the VIF was below 2.0 (see Bruce & Bruce, 2017). The VIF value for motivation was 1.59, for engagement was 1.17, and for job satisfaction was 1.40 (see Table 2). Assumption 3 was met.

Table 2

Collinearity of Variables

		Collinearity Statistics	
Model		tolerance	VIF
1	Motivation	.627	1.595
	Engagement	.849	1.178
	Job Satisfaction	.714	1.401

a. Dependent Variable: Aspiration Leadership

The homoscedasticity assumption states that the variance of error terms is similar across the values of the independent variables. A plot of standardized residuals versus predicted values can show whether points are equally distributed across all values of the independent variables (see Figure 5). The model summary showed the strength of the relationship between the model and the dependent variable. The R^2 showed the proportion of variance in the dependent variable that was explained by the independent variable. The value of r for job satisfaction was .301, which showed strength of relationship. R^2 values showed the proportion of variance in the dependent variable that was explained by the independent variables. As shown in Table 3, 9% of the variance in aspiration was explained by job satisfaction.

Table 3

Model Summary of Job Satisfaction and Aspiration for Leadership

Model	R	R square	Adjusted R square	Std. error of the estimate
1	.301 ^a	.090	.078	4.68886

a. Predictors: (Constant), Job Satisfaction

The value of r in the engagement model was .584, which showed a strong relationship, and 34.1% of the variation in engagement was explained by the model (see Table 4).

Table 4

Model Summary of Engagement and Leadership Aspiration

Model	R	R square	Adjusted R square	Std. error of the estimate
1	.584 ^a	.341	.332	3.99142

a. Predictors: (Constant), Engagement

The value of r in the motivation model was .434, which showed a moderately strong relationship, and 18.8% of the variation in motivation was explained by the model (see Table 5).

Table 5

Model Summary of Motivation and Leadership Aspiration.

Model	R	R square	Adjusted R square	Std. error of the estimate
1	.434 ^a	.188	.177	4.42968

a. Predictors: (Constant), Motivation

The correlation coefficients show whether there is a statistically significant linear relationship between two variables, the strength, and the direction of the relationship. The Pearson “*r*” correlation value for employee engagement is .584, which showed the strength of relationship with the aspiration variable (see Table 6). Similarly, “*r*” value for job satisfaction is .301 and motivation is .434. As job satisfaction, motivation and engagement scores increase, the aspiration score increases.

Table 6

Correlations Between Aspiration, Engagement, Job Satisfaction, and Motivation

		Aspiration_Leadership	Engagement	Job_Satisfaction	Motivation
Pearson Correlation	Aspiration_Leadership	1.000	.584	.301	.434
	Engagement	.584	1.000	.179	.387
	Job_Satisfaction	.301	.179	1.000	.534
	Motivation	.434	.387	.534	1.000
Sig. (1-tailed)	Aspiration_Leadership	.	.000	.004	.000
	Engagement	.000	.	.060	.000
	Job_Satisfaction	.004	.060	.	.000
	Motivation	.000	.000	.000	.
N	Aspiration_Leadership	77	77	77	77
	Engagement	77	77	77	77
	Job_Satisfaction	77	77	77	77
	Motivation	77	77	77	77

Research Question 2

RQ₂: What is the combined effect of job satisfaction, engagement, and motivation on the aspiration for nursing leadership positions among millennial RNs in the acute care hospital?

H₀₂: There is no combined effect of job satisfaction, engagement, and motivation on the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

H_{a2}: There is a combined effect of job satisfaction, engagement, and motivation on the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

I tested for the assumptions of multiple linear regression for the combined effect of independent variables on dependent variable.

The assumption of independence of observation was tested using the Durbin-Watson test. The test was run to determine the extent of correlation among variables. The value of 1.691 falls in the middle range and showed no autocorrelation (see Table 7).

Table 7

Test of Collinearity of Variables

Model	R	Adjusted R Square	Std. Error of the Estimate	Change Statistics			Sig. F Change	Durbin-Watson		
				R Square	F Change	df1			df2	
1	.633 ^a	.401	.377	3.85607	.401	16.303	3	73	.000	1.691

I used the explore tool in SPSS to detect whether there were outliers in the data (see Figure 7). Outliers are data that stand out and are extreme in a dataset which reduced the predictive accuracy of the result. The results of the plot box did not show any outliers.

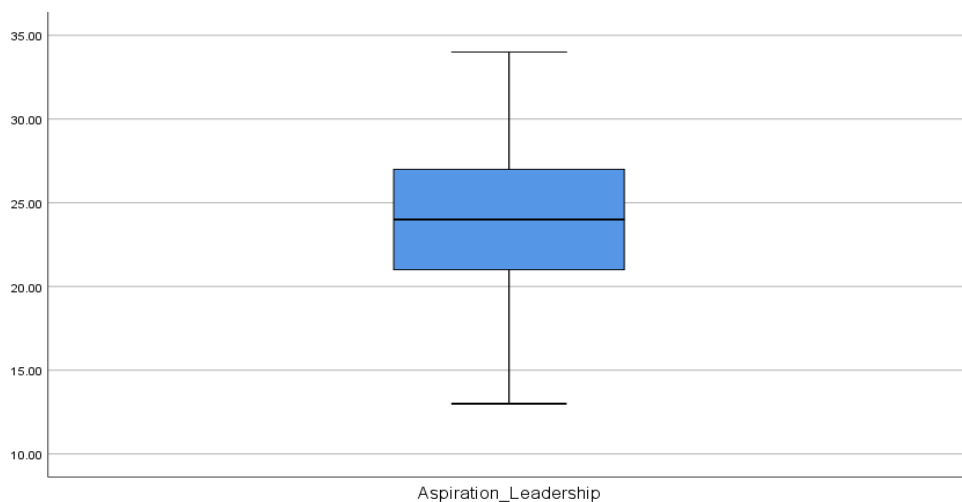


Figure 7. A boxplot to determine the presence of outliers.

The model summary for the combined effect of all variables showed an R value of .633 which indicated a good level of prediction of the dependent variable and 40.1 % of aspiration is caused by the combination of all the independent variables (see Table 7).

To test for a normal distribution of residual errors, I ran the standard of residual and standard of predictor plot line which showed that the data are close to the line of fit indicating that there was no major deviation (see Figure 8)

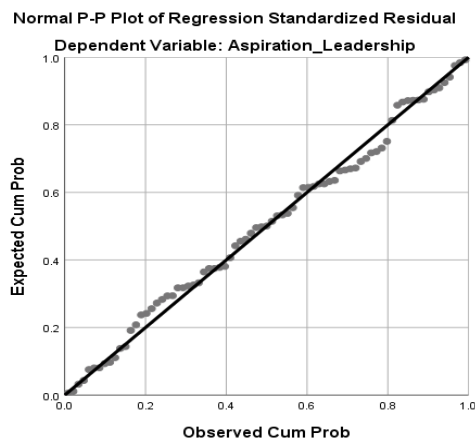


Figure 8. P-P plot showing a line of good fit.

The standard error of the estimate reflected how much the prediction might deviate. The value of 3.856 showed how much variability was present in the model (see Table 8).

Table 8

Model Summary for Combined Effect of Job Satisfaction, Motivation, and Engagement on Aspiration for Leadership

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.633 ^a	.401	.377	3.85607

a. Predictors: (Constant), Job_Satisfaction, Engagement, Motivation.

I ran the Durbin Watson test to determine the extent of correlation among variables, the value of 1.691 falls in the middle range which revealed no autocorrelation (see Table 9).

Table 9

Test of Collinearity of Variables

Model	R	Adjusted R square	Std. error Change Statistics				Sig. F change	Durbin-Watson		
			of the estimate	R Square change	F change	df1			df2	
1	.633 ^a	.401	.377	3.85607	.401	16.303	3	73	.000	1.691

I ran an ANOVA test separately for each independent variable against the dependent variable as displayed in Tables 10, 11 and 12, to answer the question of whether job satisfaction, engagement, and motivation individually affects the aspiration of millennial RNs for leadership positions. All the independent variables were statistically significant, p (job satisfaction) = .008; p (motivation) = .000; p (engagement) = .000. Motivation effect, $F(1, 75) = 17.381$, $p < .05$ with R^2 of .188. Engagement effect, $F(1, 75) = 38.78$, $p < .05$ $R^2 = .401$. Job satisfaction effect, $F(1, 75) = 7.45$ $p < .05$ with $R^2 = .09$. The result showed that the model did predict the outcome.

Table 10

Analysis of Variance Showing Statistical Significance of Job Satisfaction

		Sum of				
Model		squares	df	Mean square	F	Sig.
1	Regression	163.793	1	163.793	7.450	.008 ^b
	Residual	1648.908	75	21.985		
	Total	1812.701	76			

a. Dependent Variable: Aspiration_Leadership

b. Predictors: (Constant), Job_Satisfaction

Table 11

Analysis of Variance Showing Statistical Significance of Engagement

		Sum of				
Model		Squares	df	Mean Square	F	Sig.
1	Regression	617.841	1	617.841	38.781	.000 ^b
	Residual	1194.860	75	15.931		
	Total	1812.701	76			

a. Dependent Variable: Aspiration_Leadership

b. Predictors: (Constant), Engagement

Table 12

Analysis of Variance Showing Statistical Significance of Motivation

		Sum of				
Model		Squares	df	Mean Square	F	Sig.
1	Regression	341.049	1	341.049	17.381	.000 ^b
	Residual	1471.652	75	19.622		
	Total	1812.701	76			

a. Dependent Variable: Aspiration_Leadership

b. Predictors: (Constant), Motivation

I ran ANOVA with all the variables to answer the question of whether there was a combined effect of all IVs (job satisfaction, motivation, and engagement on the DV (aspiration) to answer RQ2. The F-ratio in the ANOVA table when run jointly showed, $F(3, 73) = 16.303, p < .05$ R^2 is .401 (see Tables 8 and 13).

Table 13

Analysis of Variance Showing Statistical Significance of All the Variables

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	727.247	3	242.416	16.303	.000 ^b
	Residual	1085.455	73	14.869		
	Total	1812.701	76			

a. Dependent Variable: Aspiration_Leadership

Testing the Hypothesis of Research Question 1

H₀₁: There will be no relationship between job satisfaction, engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

Looking at the unstandardized and the standardized coefficients Tables 14, 15 and 16, for each variable, there was a relationship between job satisfaction and aspiration $p = .008$, between engagement and aspiration, $p = .000$, and between motivation and aspiration $p = .000$ (see Tables 14-16). The standardized beta value of job satisfaction as a predictor of aspiration is .301, for engagement .584, and for motivation .434. These results showed that engagement best explained aspiration when each variable was examined (see Tables 14-16). The correlation coefficients indicated how much the dependent variable aspiration varied with the independent variable of engagement when all other independent variables job satisfaction and motivation were held constant. The coefficient of employee engagement was .584, which meant that for one increase index of engagement there was an increase in aspiration score of .584 scores per year (see Table

15). Similarly, the coefficient of job satisfaction was .301. Therefore, for every one increase in the index of job satisfaction, there was an increase in aspiration score of .301 scores per year, when the motivation and engagement variables were held constant (see Table 14). Also, the coefficient for motivation was .434, meaning that for every unit increase in the index, there was an increase in aspiration score of .434 per year, while holding job satisfaction and engagement variables constant (see Table 16). Because of the statistically significant result $p < .000$, the null hypothesis that there is no relationship between job satisfaction, engagement, motivation and aspiration was rejected.

Table 14

Coefficients for Job Satisfaction Effect

Model		Unstandardized		Standardized		95.0% Confidence	
		Coefficients		Coefficients		Interval for B	
		B	Std. Error	Beta	t	Sig.	
							Lower Bound Upper Bound
1	(Constant)	12.082	4.186		2.886	.005	3.743 20.422
	Job Satisfaction	.715	.262	.301	2.729	.008	.193 1.237

a. Dependent Variable: Aspiration_Leadership

Table 15

Coefficients for Engagement Effect

Model	B	Unstandardized		Standardized		95.0% Confidence			
		Coefficients		Coefficients		Interval for B			
		Std. Error	Beta	t	Sig.	Lower	Upper		
1	(Constant)	5.390	2.930			1.839	.070	-4.47	11.227
	Engagement	.276	.044	.584		6.227	.000	.188	.364

a. Dependent Variable: Aspiration_Leadership

b. Predictors: (Constant), Motivation, Engagement, Job_Satisfaction

Table 16

Coefficients for Motivation

Model	B	Unstandardized		Standardized		95.0% Confidence			
		Coefficients		Coefficients		Interval for B			
		Std. Error	Beta	t	Sig.	Lower	Upper		
1	(Constant)	4.902	4.469			1.097	.276	-4.001	13.805
	Motivation	.234	.056	.434		4.169	.000	.122	.346

a. Dependent Variable: Aspiration_Leadership

Combined Effect of Independent Variables

The unstandardized coefficients indicate how much the dependent variable - aspiration varies with an independent variable of engagement when all other independent

variables, such as, job satisfaction and motivation are held constant. For one-unit increase in engagement, there is an increase in aspiration score by .233 scores per year (see Table 17). Similarly, for every one increase in the index of job satisfaction, there is an increase in aspiration score by .275 scores per year, when the motivation and engagement variables are held constant (see Table 17). Also, for every one-unit increase in the index of motivation, there is an increase in aspiration score by .098 per year, holding job satisfaction and engagement variables constant (see Table 17).

The standardized coefficient results showed which of the variables best predict the outcome. The beta value of .493 indicated that engagement is the most predicting variable among the independent variables (job satisfaction had .161 and motivation had .181) (see Table 17). The results of the multiple linear regression analysis revealed job satisfaction (with p value of .284) and motivation (with p value of .117) were not statistically significant predictors of aspiration of millennial RNs for leadership positions (see Table 17). Regression coefficient $[B = -3.902 + .233 (\text{engagement}) + .275 (\text{Job Satisfaction}) + .098 (\text{Motivation})]$, with R^2 of .401] (see Tables 9 and 17). There is no combined effect of the three variables on the dependent variable.

Testing the Null Hypothesis of Research Question 2

H₀₂: There is no relationship between job satisfaction, engagement, motivation, and the aspiration for nursing leadership positions among millennial RNs in the acute care hospital.

Data analysis indicated that there was no combined effect of job satisfaction, engagement, and motivation on the aspiration of millennial RNs for nursing leadership

positions, ($p > .05$). Although, engagement is the only variable that has a statistically significant effect among the independent variables, there is no combined effect on the aspiration for leadership position among millennial RNs. Based on this analysis in this study, the null hypothesis was accepted.

Table 17

Coefficients of all Variables

Model	Unstandardized Coefficients B	Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics Tolerance VIF
					Lower Bound	Upper Bound	
1 (Constant)	-3.902			.384	-12.780	4.976	
Motivation	.098	.181	1.584	.117	-.025	.221	.627 1.595
Engagement	.233	.493	5.016	.000	.140	.325	.849 1.178
Job Satisfaction	.275	.116	1.079	.284	-.233	.784	.714 1.401

a. Dependent Variable: Aspiration_Leadership

Reliability of Instruments

To establish the reliability of instruments used in my study, I ran a Cronbach alpha in SPSS and Motivation was .80, Engagement was .88, Job satisfaction was .78, and career aspiration was .64. The reliability of the instruments used in my study as established in past literature was MAWS was .81 (Purohit, Maneskar, & Saxena, 2016), JSS was .87 (Cziraki et al., 2018), CAS had a Cronbach alpha of .91 (Haaland et al., 2019) and for UWES .90 (Ziedelis, 2019).

Summary

In chapter 4 I conducted a quantitative, descriptive, correlational study to determine whether there was a relationship between job satisfaction, engagement, motivation and the aspiration of millennial RNs for nursing leadership positions. I used

SPSS version 25 to my analyze data. I conducted multiple regression and correlation analyses. The result was that the first null hypothesis was rejected which meant that there was a relationship between job satisfaction, motivation, engagement, and aspiration for leadership positions in millennial RNs. The second null hypothesis was accepted that there was no combined effect of job satisfaction, motivation, and engagement on the aspiration for nursing leadership positions among the millennial nurses. In chapter 5 I will present the interpretation of the findings, limitations of my study, recommendations for future study, implication of my study to practice and the conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative, descriptive, correlational study, guided by King's theory of goal attainment, was to examine the relationship between job satisfaction, motivation, engagement, and the aspiration of millennial RNs for nursing leadership positions in the acute care hospital setting. The study also addressed the combined effects of job satisfaction, engagement, and motivation on millennial RNs' aspiration for leadership. The study was necessary to advance knowledge about millennial RNs' leadership challenges and how to achieve the goal of preparing them for positions of leadership to advance the nursing profession (see Towle, 2015). My study was timely to appraise and understand the expectations of millennial RNs and align them with the organizational objectives. In this chapter, I present the research findings in relation to the theoretical framework of goal attainment by King (see McQueen et al., 2017), interpretation of findings in relation to previous studies, limitations, validity and reliability of the instruments, importance of the study to practice, recommendations for further study, and a conclusion that supports implications for social change.

Summary of Key Findings

The study findings revealed that millennial RNs are dedicated to their jobs and are ready to devote time and energy required to accomplish organizational tasks assigned to them. The nurses are fascinated about becoming leaders. They are ready to accept leadership training and stay on the job on the condition that their organizations will acknowledge their inputs and consider their contributions. These findings are consistent with those by Hewko et al (2015) that RNs need encouragement to remain on the job to

be trained as leaders. My study showed that the engagement score had a lowest of 47. Hisel (2020) noted that engagement played a prominent role in health care organizations. The lowest job satisfaction score was 10, and the highest was 20. The lowest motivation effect score was 48, and the highest was 106. The study by Hampton and Welsh (2019) suggested that millennials prefer work that is engaging and satisfying.

Interpretation of the Findings

Millennial RNs have difficulty remaining in their positions for a long period of time to acquire leadership skills (Koppel et al., 2017). In my study, factors of job dissatisfaction, work overload, schedule inflexibility, lack of mentorship, and lack of cooperation from management were found to contribute to the problem of aspiration for nursing leadership positions.

Aspiration for Nursing Leadership Positions and Job Satisfaction

The results of my study indicated that when millennial RNs found their job satisfying and rewarding, they were able to stay in their positions and learn the characteristics of a good leader. This is consistent with the finding of O'Hara et al. (2019) that millennial RNs need supportive leadership to keep them in their positions to learn the attributes of a leader. The analysis of my data indicated that job satisfaction had a statistical significant relationship to the aspiration for nursing leadership positions among the millennial RNs in the acute care centers. Also consistent with the findings of my study is the result of the research conducted by Lee et al. (2017) that work-life imbalances and work-related stress leads to job dissatisfaction of nurses and the intention to leave the nursing profession. Job satisfaction is a precursor to remaining on the job to

be prepared for nursing leadership positions. Findings in the study also showed that millennial nurses are working to support their objectives for security of income and to accomplish difficult or challenging tasks as they aspire to become leaders. Lamasan and Oducado (2018) found that millennial RNs are satisfied with their jobs and hope to become leaders.

Engagement and Aspiration for Nursing Leadership Positions

The current study participants rated their engagement to the job as paramount to their continued stay in their positions of employment. Engaged employees found the need to experience different leadership styles and were able to identify the appropriate style for possible adoption in their practice. My findings showed that engagement is antecedent to the aspiration for leadership. This is consistent with the study of Waltz, Muñoz, Weber, and Rodriguez (2020) that millennial nurses required workload-staff balance, rewards, communication, and professional development to stay on the job.

Motivation and Aspiration for Leadership Positions

The participants who responded to motivation factors disclosed that they had a reason to continue to work with the intention to pursue a career in leadership. Millennial RNs have the plan to gain higher degrees and certification in their careers. Nurses can be encouraged to pursue leadership training to better prepare them for the future as a part of the recommendation of the Institute of Medicine in a report on leading change and advancing health (Modic et al., 2017). My study showed that there is a significant relationship between motivation and aspiration for leadership positions. The findings showed that some of the RNs are willing to be established in their career and to train

others. I used King's TGA as my theoretical framework, which posits that goal setting is central to the achievement of a goal, and the development of plans is necessary to meet the goals (see Caceres, 2015). According to TGA, millennial RNs to learn from the current leaders to support their training for leadership positions in the hospital (see Cummings et al., 2018).

Limitations of the Study

My study was limited to millennial RNs in the hospital settings in the East Coast of the United States who were not in leadership positions. Participants were recruited from a pool of millennial RNs in the population instead of the original plan to recruit nurses in the hospital site of study. A limitation of this descriptive study was the use of questionnaires that were used in previous studies and were no longer current (see Creswell & Creswell, 2018). My study was limited to millennials who work in hospitals, so my results are not generalizable to nurses who work in other settings. Convenience sampling was a limitation, but random sampling was not possible.

Recommendations

Further evidence-based study is required because of the need to address leadership succession and the interest of millennial RNs in positions of leadership. The study was limited to millennial RNs who work in hospitals and were between the ages of 29 and 39. Future studies are needed to explore other nursing settings, age ranges, and work experience. Further research may focus on the peculiarity of millennial RNs' choice of leadership style and training techniques (Bushardt et al., 2018). A qualitative design may be useful to explore the lived experiences of millennial RNs on the topic of the

effect of job satisfaction, motivation, and engagement on aspiration for nursing leadership positions. Because motivation and job satisfaction in my study did not support aspiration for leadership positions, efforts to provide incentives and retention packages should be put in practice.

Implications

Skilled leaders are important to the success of health care and nursing organizations. As millennial RNs are motivated to take on the leadership roles, there will be continuity of leadership style and skills (Mensik & Kennedy, 2016). At the individual level, positive social change may be observed in reduced patient mortality, improved clinical practice and standard, and increased patient satisfaction. There may be increased focus and attention to the job, enhanced job satisfaction, increased commitment, and improved work engagement (Davidescu & Eid, 2017; Dempsey & Reilly, 2016).

A positive change is possible with the individual RNs who may enjoy a stable source of income and family well-being. The patients in the care of the nurses may experience a positive care outcome and satisfactory hospital stay. When patients are admitted in the hospitals, they experience a high sense of anxiety because of the fear of the unknown (Weiss et al., 2017). Patients may provide good feedback and references about their care experiences in the hospitals. They may be willing to refer their friends and family.

A prepared and well-informed leader may provide a therapeutic environment of care that facilitates healing within the organization. Psychological well-being of everyone is affected when the organization lacks strong, steady, and well-balanced leadership

(Nelson, 2017). Positively motivated staff may contribute to the organization's mission and vision to take the organization to a higher level. A reliable, dedicated, and responsible leader may impact the morale of staff, and the patients may benefit from improved nursing care.

The analysis of the study variables indicated that millennial RNs are engaged in the workplace and are willing to make a difference; however, leaders are required to show millennial RNs how to affect their organization in a positive way. The implication of improved job satisfaction and employee motivation may promote their continued participation in the organization. I used the King's TGA as my theoretical framework, which posits that goal setting is central to achievement of a goal, and the development of plans is necessary to meet the goals (Caceres, 2015). According to TGA, millennial RNs learn from the current leaders to support their training for leadership positions in the hospital (Cummings et al., 2018).

To support and secure the future of the nursing profession, it is important to identify potential leaders and develop them for leadership positions (Cziraki et al., 2018). The nursing organizations should begin to address the problem of a culture that does not encourage the full potential of millennial RNs being realized in the health care systems. There is a need to mentor and support the millennial generation of nurses who are rising to take over the leadership positions.

Conclusion

The results of my study showed that engagement plays a role in the aspiration of millennial RNs for nursing leadership positions. RNs need to be mentored and nurtured

for leadership positions and acquire necessary skills to succeed (Cabral et al., 2018; McCay et al., 2018). The millennial generation of nurses is required to carry on the responsibility of a leader with missions and visions of the organization in mind. The environment of care that supports the millennial RNs' quest for leadership will provide necessary incentives of self-schedule, time off, benefit of holidays, tuition benefits, and care for children while the nurses focus on their work (Campbell & Patrician, 2020). My study added to the existing knowledge that may be instrumental in retaining millennial nurses to serve the health needs of the communities.

The exit of nursing leaders as a result of retirement will leave a gap in leadership positions; therefore, it is necessary to encourage the interest of the millennial RNs to become leaders and to prepare them for the future of the profession (McQueen et al., 2017). Stable and supportive leadership may facilitate patient safety within an environment where evidence-based standard care is practiced for positive outcomes for patients and families.

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Appendix A: Letter of Invitation

Invitation to Participate in a Doctoral Study/Questionnaire

Dear Prospective Participant,

My name is Oluwaseyi Stover. I am a doctoral student at Walden University. I am conducting a study on the effect of job satisfaction, engagement, and motivation on the aspiration of millennial RNs for nursing leadership positions in acute care hospital. The purpose of the study is in partial fulfillment of the requirement for a doctoral degree. Participants must be between 29 and 39 years old. Have 3 to 5-years' experience in hospitals located in the East Coast of U. S. The questionnaire will take approximately 10 minutes to complete. If you are interested, I invite you to complete the consent form and respond to the questionnaire listed below. Upon completion and receipt of your answers to the questionnaire there is a link to a gift card in appreciation of your timely and honest response. There is no coercion to participate. You may withdraw your interest at any time during the survey. Confidentiality of information is guaranteed through non-disclosure of pertinent and personal identifiers.

I thank you in anticipation of your consideration and participation in this important study.

Oluwaseyi Stover

PhD Student

Appendix B: Invitation to Survey Flyer



ATTENTION!!!

1. Are you 29 to 39 years old?
2. Do you have an active license as an RN?
3. Do you practice in an acute care hospital?
4. Have you worked as an RN for 3 to 5 years?

If you answer yes to all of the above, please contact the sponsor below between November 15th and December 15th 2019

VIA
Text: 443-465-8562
Contact: oluwaseyi.stover@waldenu.edu

Effect of Job Satisfaction, Employee Engagement, Motivation on
Millennial RNs Aspiration for Nursing Leadership Positions
In Acute Care Hospital.

Appendix C: Inclusion Criteria

A participant who meets the following criteria is invited to complete the questionnaire below:

1. Must be a millennial RN,
2. Be within 29 to 39 years old,
3. Have an active license,
4. Practice in acute care hospitals in East Coast of US,
5. Worked for 3 to 5 years.

Appendix D: Demographic Questions

1. What is your current age? -----
Above 29 -----
Below 39 -----
2. What is your gender?
Male -----
Female -----
3. What is your race/ethnicity?
Caucasian -----
Black/African American -----
Hispanic -----
Others -----
4. How long have you been a nurse? -----
Above 3 years-----
Below 5 years-----
5. What is your work status?
Employed -----
Unemployed -----
6. Do you practice in the hospital?
Yes -----
No-----
7. How long have you been working in the hospital? -----

8. What is your career aspiration? -----
9. Are you interested in leadership position? Yes ----- No -----
10. What is your professional qualification? Diploma ----- BS/BSN ----- MSN ----
DNP/PhD ----- Other -----

Appendix E: Permission to Use Instrument

© Schaufeli & Bakker (2003). The Utrecht Work Engagement Scale is free for use for non-commercial scientific research. Commercial and/or non-scientific use is prohibited, unless previous written permission is granted by the authors.

Utrecht Work Engagement Scale (UWES) English version

Never	Almost every day	Rarely	Sometimes	Often	Very Often	Always
0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

Work & Well-being Survey (UWES) ©

The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the '0' (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

1. _____ At my work, I feel bursting with energy* (VI1)
2. _____ I find the work that I do full of meaning and purpose (DE1)
3. _____ Time flies when I'm working (AB1)
4. _____ At my job, I feel strong and vigorous (VI2)*
5. _____ I am enthusiastic about my job (DE2)*

6. _____ When I am working, I forget everything else around me (AB2)
7. _____ My job inspires me (DE3)*
8. _____ When I get up in the morning, I feel like going to work (VI3)*
9. _____ I feel happy when I am working intensely (AB3)*
10. _____ I am proud on the work that I do (DE4)*
11. _____ I am immersed in my work (AB4)*
12. _____ I can continue working for very long periods at a time (VI4)
13. _____ To me, my job is challenging (DE5)
14. _____ I get carried away when I'm working (AB5)*
15. _____ At my job, I am very resilient, mentally (VI5)
16. _____ It is difficult to detach myself from my job (AB6)
17. _____ At my work I always persevere, even when things do not go well (VI6)

* Shortened version (UWES-9); VI= vigor; DE = dedication; AB = absorption

Appendix F: Career Aspiration Scale: Permission to Use

Karen M. O'Brien, PhD

In the space next to the statements below please circle a number from "0" (not at all true of me) to "4" (very true of me). If the statement does not apply, circle "0". Please be completely honest. Your answers are entirely confidential and will be useful only if they accurately describe you.

Not at All=0 Slightly Moderately=1 Quite a Bit=2 true of me=3 Very True of me =4

1. _____ I hope to become a leader in my career field. 0 1 2 3 4
2. _____ When I am established in my career, I would like to manage other employees. 0
1 2 3 4
3. _____ I would be satisfied just doing my job in a career I am interested in. 0 1 2 3 4
4. _____ I do not plan to devote energy to getting promoted in the organization or
business I am working in. 0 1 2 3 4
5. _____ When I am established in my career, I would like to train others. 0 1 2 3 4
6. _____ I hope to move up through any organization or business I work in. 0 1 2 3 4
7. _____ Once I finish the basic level of education needed for a particular job, I see no
need to continue in school. 0 1 2 3 4
8. _____ I plan on developing as an expert in my career field. 0 1 2 3 4
9. _____ I think I would like to pursue graduate training in my occupational area of
interest. 0 1 2 3 4
10. _____ Attaining leadership status in my career is not that important to me. 0 1 2 3 4

Note. Items 3, 4, 7, and 10 should be reverse scored. Items 1, 2, 4, 5, 6, and 10 comprise the factor Leadership and Achievement Aspirations. Items 7 and 9 comprise the factor Educational Aspirations. Preliminary factor analyses suggested that Items 3 and 8 should be deleted.

Permission: Researchers and counselors may replicate and use this scale without permission for research and counseling purposes. Use of the CAS for financial gain is prohibited without obtaining permission from the author.

Appendix G: Motivation at Work Scale: Permission to Use

Using the scale below, please indicate to what extent each of the following items corresponds to the reasons why you are presently involved in your work. Does not correspond at all Corresponds moderately Corresponds exactly on scale 1234567

The stem is “Why do you or would you put efforts into your current job?” and is accompanied by the scale:

Not at all	Very little	A little	Moderately	Strongly	Very Strongly	Completely
1	2	3	4	5	6	7

Why Do You Do Your Work?

1. Because this is the type of work I chose to do to attain a certain lifestyle. 1---2---3---4---5---6---7---
2. For the income it provides me. 1---2---3---4---5---6---7---
3. I ask myself this question, I don't seem to be able to manage the important tasks related to this work. 1---2---3---4---5---6---7---
4. Because I derive much pleasure from learning new things. 1---2---3---4---5---6---7---
5. Because it has become a fundamental part of who I am. 1---2---3---4---5---6---7---
6. Because I want to succeed at this job, if not I would be very ashamed of myself. 1---2---3---4---5---6---7---
7. Because I chose this type of work to attain my career goals. 1---2---3---4---5---6---7---

8. For the satisfaction I experience from taking on interesting challenges 1---2---3---
4---5---6---7---
9. Because it allows me to earn money. 1---2---3---4---5---6---7---
10. Because it is part of the way in which I have chosen to live my life. 1---2---3---4---
-5---6---7---
11. Because I want to be very good at this work, otherwise I would be very
disappointed. 1---2---3---4---5---6---7---
12. I don't know why we are provided with unrealistic working conditions. 1---2---3---
-4---5---6---7---
13. Because I want to be a "winner" in life. 1---2---3---4---5---6---7---
14. Because it is the type of work I have chosen to attain certain important objectives.
1---2---3---4---5---6---7---
15. For the satisfaction I experience when I am successful at doing difficult tasks. 1---
2---3---4---5---6---7---
16. Because this type of work provides me with security. 1---2---3---4---5---6---7---
17. I don't know, too much is expected of us. 1---2---3---4---5---6---7---
18. Because this job is a part of my life. 1---2---3---4---5---6---7---

Permission: Researchers and counselors may replicate and use this scale without permission for research and counseling purposes. Use of the MAWS for financial gain is prohibited without obtaining permission from the author.

Appendix H: Job Satisfaction Scale

Overall, how do you rate your job satisfaction in your present job?

Choose the scale from 1 to 5 to indicate your overall job satisfaction for this employer.

Not Satisfied, Somewhat Satisfied, Satisfied, Very satisfied, Extremely Satisfied

1 2 3 4 5

1. How satisfied are you in your current position? 1---2---3---4---5---
2. How often do you feel supported by your nurse manager? 1---2---3---4---5---
3. Do you enjoy working in this hospital? 1---2---3---4---5---
4. Are you satisfied with the quality of care provided to your patients? 1---2---3---4---5---
5. Do you get assistance to care for your patients when you need it? 1---2---3---4---5---

Permission: Researchers and counselors may replicate and use this scale without permission for research and counseling purposes. Use of the JSS for financial gain is prohibited without obtaining permission from the author.