From Driven Clinical Nurses to Influential Nurse Leaders:

A Phenomenological Study of Millennial Nurse Leaders Experiences in Acute Care Settings

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Dedication

But God.

To my husband Ekon, whose unwavering support, patience, and understanding have been the cornerstone of my doctoral journey. He was definitely with me shooting in the gym! I am incredibly grateful for *his* sacrifices and constant encouragement.

To our daughter, McKenzie, whose curiosity and boundless love have been my source of inspiration throughout this endeavor. My life changed forever the day she was born and my drive to succeed was thrusted into overdrive. I did this to show her that one day she, too, can achieve greatness. I also want to express my appreciation to our beloved dog, Astro. Astro has sat alongside me during *countless* late nights and stressful moments. His presence is unmatched! Love you little buddy!

My parents and sister have been a steadfast presence in my life and I am extremely grateful for their unwavering support. My father once told me that members of our bloodline were beaten for even attempting to learn how to read; I have made it my life's purpose to honor the legacy of my ancestors by striving for excellence. I hope I continue to make you all proud!

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Ephesians 3:20 continues to unfold in front of my eyes. To God be ALL of the glory.

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List of Abbreviations

AONL	American Organization for Nursing Leadership
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CNO	Chief Nursing Officer
COVID-19	Coronavirus-19
ER	Emergency Room
IRB	Institutional Review Board
PP	Potential Participant
PI	Principal Investigator
RN	Registered Nurse
U.S.	United States
UTMB	The University of Texas Medical Branch

Abstract

Millennials are the largest generational cohort in the United States workforce. This group brings a unique essence to the workplace, as the first generation who were raised as digital natives. Their socio-historical experiences have shaped millennials' values, beliefs, and perceptions. Millennial-aged nurses are moving into nursing leadership roles as nurses of the baby boomer generation retire. The COVID-19 pandemic accelerated advancements in healthcare, but also heightened a fragile nursing profession, where nurses' and nurse leaders' resilience were fully tested. The Review of Literature examined millennials pre- and post-COVID-19 pandemic and millennial nurse managers' experiences; however, no studies were found that examined all roles of millennial nurse leaders' experiences in the acute care setting. This study utilized a qualitative, phenomenological methodology, guided by Karl Manheim's Theory of Generations theoretical framework. The study's research question was: *What are the lived experiences of millennial nurse leaders in acute care settings*? The study's findings indicated millennial nurse leaders' experiences centered around professional development, sense of belonging, and growth as a leader. The study's findings have implications for nursing practice, education, and policy.

Chapter 1: Introduction

Background

Millennials account for nearly 35% of today's United States workforce and, as of 2016, the youngest of the millennials were officially part of the workforce (Locke et al., 2022). Millennials have had a large socioeconomic footprint on today's society (Locke et al., 2022). Millennials are the largest, most diverse, and have pursued post-secondary education more than any other generation in the history of the nursing profession (Keith et al., 2021). National-level data indicated that 36% of millennial nurses were considering progressing to a leadership role (AMN Healthcare, 2018). Within the nursing profession, as the baby boomer generation is retiring, millennial nurses are moving into leadership roles with very little or no experience as a nurse leader (Keith et al., 2021). Additionally, the American Organization for Nursing Leadership's (AONL) most recent longitudinal study found that nurse leaders were concerned about "the younger generation's priorities, inclinations toward leadership roles, and their impact on the profession" (American Organization for Nursing Leadership Foundation, 2024, p. 12). Millennial nurse leaders are an integral cohort of leaders in healthcare today and yet their experiences are understudied (Saifman & Sherman, 2019).

For the purposes of this study, millennial nurse leaders have been conceptually defined as nurses who were born between the years of 1981 and 1996; and are either nurse managers, nurse directors, nurse assistant vice presidents, or chief nursing officers (Dimock, 2019). Additionally, nurse leaders who are positioned between the chief nursing officer (CNO) and nurse directors on the organizational chart meet the definition of being a nurse leader for the purposes of this study.

Unfortunately, there was a significant gap in the literature as it related to studying the experiences of millennial nurse leaders in acute care settings. Research in the current literature

existed to support the millennial generation of nurses and millennial nurse managers' leadership experiences; however, few studies have examined additional roles of millennial nurse leader (Saifman & Sherman, 2019; 2021; Keith et al., 2021; Warden et al., 2021). The literature does suggest millennial-aged nurse mangers require a different level of support when compared to nurse managers who belong to other generational groups (Saifman & Sherman, 2019). This finding was due in part to the skill set required to be an effective nurse manager. Effective nurse managers must lead through influence and possess skills, which enable them to navigate the complex nuances of today's healthcare.

Research studying other levels of management roles of millennial nurse leaders in acute care settings was urgently needed to further understand their leadership experiences. Gaining insight into the experiences of other nurse leadership roles, in addition to that of the nurse manager, was fundamental in gaining deeper insights from this generation and supported the call to action by The National Academies of Medicine (2021).

The National Academies of Medicine's consensus study, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity,* identified the importance of diversifying nursing leadership: "…a new generation of nurse leaders is now needed—one that recognizes the importance of diversity." (National Academies of Sciences, Engineering, and Medicine, 2021, pg. 11). The results and/or implications of this study may guide future research and lead to increased support, resources, and new knowledge which can lead to novel research questions for scientific inquiry.

An additional recommendation, from The National Academies of Medicine's *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity Study* (2021), called for the diversification of nursing leadership as a strategy to help reduce the health equity gap. The long-

term goal of this study was to facilitate the professional development of millennial nurse leaders in acute care settings, supporting opportunities to strengthen and diversify nurses in leadership roles. The overall objective of this study was to understand the leadership experiences of millennial nurse leaders in management roles. The rationale for the study was to understand the experiences of, and to generate new knowledge regarding the leadership experiences of millennial nurse leaders in acute care settings.

Purpose

The overall purpose of this phenomenological study was to explore the perceptions of millennial nurse leaders employed in acute care settings regarding their leadership experiences.

Research Question

The guiding research question of this phenomenology of practice inquiry was: *What are the lived experiences of millennial nurse leaders in the acute care setting*?

Scientific Premise

Three research studies were used to form the basis of the research question for this study. The three studies examined millennials *specifically* and investigated either their experiences as nurse leaders (e.g., nurse managers), factors that contributed to their recruitment, or factors that contributed to the retention of top talent. Each of these constructs was meaningful and provided the foundation for this study.

Experiences of Millennial-aged Nurse Managers

Saifman and Sherman's (2019) phenomenological study examined the experiences of millennial-aged nurse managers; this study was limited to the nurse manager role. Saifman and Sherman's (2019) study identified findings, which were generationally sensitive and focused on intent to stay, role satisfaction, expectations and support. The findings identified may have been

used to guide hospital administrators to aid in recruitment and retention strategies targeting millennial-aged nurse managers. Additionally, the qualitative study filled a gap by examining the experiences of millennial-aged nurse managers.

The researchers identified two weaknesses of their study: the sampling methodology (convenience sampling from one acute care hospital), and targeted recruitment (via professional nurse organizations). One additional weakness of this study was that the landscape of healthcare had evolved since the COVID-19 pandemic and some of the findings identified in this 2017 study may no longer be applicable.

Another weakness of this study was that the definition of millennial (i.e., the timeframe for which millennials were born) was not cited. This omission was significant because there were several definitions being used by various studies and/or organizations. Providing the definition of millennial, with its corresponding reference, would have offered the researchers better insight into the study's participants. Lastly, Saifman and Sherman (2019) also posited that as millennial nurses were moving into leadership roles, it is imperative to understand how their experiences and generational values affected their affinity for leadership. This premise was one of the underpinnings of the research question explored in the dissertation.

Recruitment Strategies Targeting Millennial Nurse Leaders

Martin and Kallmeyer (2018) conducted a descriptive, nonexperimental study utilizing an instrument designed for the study, which aligned with AONL's principles and concepts. Martin and Kallmeyer's (2018) study examined recruitment strategies targeting Generation X and millennial nurse leaders. Martin and Kallmeyer's (2018) findings indicated that evidence-based recruitment strategies, such as creative scheduling and tuition assistance, were key drivers for recruiting applicants from both of these generations to serve as nurse managers. Martin and

Kallmeyer's (2018) study also emphasized the importance of understanding the younger generation of nurse leaders in order to tap into their potential. The greatest strength of this study was that it filled a critical gap, studying effective nurse leader recruitment strategies targeting the younger generations of nurses in acute care settings. Additionally, Martin and Kallmeyer (2018) found the generational differences in values, beliefs, and experiences of the younger generations were leading to a significant decline in the recruitment of nurse managers. The study utilized interview questions derived from the concepts identified in Martin and Kallmeyer's (2018) study pertaining to effective recruitment strategies and impact of generational values, beliefs, and experiences.

Millennials' Expectations of Work Environment

The third scientific work utilized as a basis for this study's research question was the integrative review conducted by Keith et al. (2021). This review attempted to examine millennials' expectations of their work environment. Findings of the study indicated millennials expected strong leadership, advancement opportunities, alignment of organizational and personal values, good interprofessional relationships, healthy work-life balance, recognition, and innovative technology (Keith et al., 2021). In addition, Keith et al. underscored the importance of understanding the factors that led to millennials leaving organizations. Lastly, the review shed light on key drivers for retention in the understudied millennial cohort of nurse leaders.

Each of these three studies utilized a different methodology to examine their respective research questions, each yielding meaningful and insightful implications. The retrospective consideration of the literature supported the development of the research question and revealed that millennial nurse leaders have a specific set of expectations or needs as they relate to recruitment, retention, and perceptions of the work environments. The aforementioned studies

either highlighted one type of millennial-aged nurse leader (e.g., nurse manager), studied millennial nurses as a cohort, or studied both Generation X and millennials. The study has built upon the aforementioned studies by including other roles of nurse leaders and narrowing the setting to include only acute care settings.

Significance of Expected Research

For the purpose of this study, millennial nurse leaders were conceptually defined as nurses who were born between the years of 1981 and 1996 and were either nurse managers, nurse directors, nurse assistant vice presidents, or chief nursing officers (Dimock, 2019). Studying millennial nurse leaders' experiences was paramount in addressing the gap in literature and ensuring the nursing profession progressed towards achieving the goal of diversifying nursing leadership, as recommended in the Future of Nursing Report 2030 (National Academies of Sciences, Engineering, and Medicine, 2021). Diversification by age was necessary as younger nurses were more likely to understand the importance of diversity and social determinants of health (National Academies of Sciences, Engineering, and Medicine, 2021). In addition, this study explored the phenomenon from the perspectives of millennial nurse leaders. The Magnet Recognition Program's (2021) definitions of nurse managers, nurse directors, assistant vice presidents, and chief nursing officers was used when describing nurse leaders.

As of 2020, millennial nurses represented 39% of the nursing workforce in the United States and an increasing number of these nurses were entering leadership positions every year (Bradley University, 2021). Researchers have taken a keen interest in studying millennial-aged nurses and many studies conducted on millennial nurses successfully identified their clinical practice needs and important data on successful strategies for their recruitment and retention (Keith et al, 2021; O'Hara et al., 2019; Saifman & Sherman, 2019). Varshney's (2023) study also

indicated additional research must be conducted on millennials to assess the effects of the COVID-19 pandemic on the millennial psyche.

Innovation

The status quo as it pertains to nursing leadership was that baby boomers accounted for the majority of nursing leaders in the acute care setting (Martin & Kallmeyer, 2018). The literature suggested millennial nurses were capable of leading nurses in a variety of settings in an acute care organization (Martin & Kallmeyer, 2018). The research was innovative because it represented a substantive departure from the status quo, i.e., that leadership roles should be held by baby boomers or Generation X. Instead, the research lent itself to supporting the idea of the millennial nurse leader leading teams in the acute care setting. Additionally, this study intended to examine millennial nurse leader roles. The study sample included millennial nurses in chief nursing officer roles who had limited appearances in the literature thus far. Studying millennial nurse leaders in acute care settings has opened new horizons for the nursing profession by providing new implications for practice in an understudied cohort of nurses.

Theoretical Framework

Karl Mannheim's (1952) Theory of Generations was used to guide the qualitative analysis by making implicit assumptions and findings explicit. Mannheim's theory posited that generational cohorts were formed because populations of individuals experienced socio-historical events during their youth, during a particular period of time (Mannheim, 1952). Mannheim did not associate belonging to a generation solely by the birth year; but, believed the *rhythm* of generations depended on the timing of historical, social, and cultural events, and these events affected individuals' experiences (Mannheim, 1952). Lastly, the theory suggested

causality, which was the assumption that the occurrence of socio-historical events was what shaped a generation and ultimately affected the behaviors and characteristics (Mannheim, 1952).

Chapter 2: Literature Review

Introduction

Search Strategy

Electronic Database Use.

The Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, and Ovid were selected as the electronic database sources. These electronic databases included nursing and other allied health professional journals, which allowed for a more expanded search about millennial nurses. Grey literature was not searched or used as part of the literature review.

Search Delimiters.

The following delimiters (and their corresponding rationales) were utilized while searching CINAHL, Scopus, and Ovid:

- *Nurse Leaders*: the terms nurse manager, nurse director, nurse assistant vice president, and/or chief nursing officer were searched. While searching, the Boolean operators "AND" and “OR” were utilized in between these terms.
    - *Rationale*: to ensure all formal levels of line-authority-level nursing leaders were captured in the search. The terms utilized by the Magnet Recognition Program® are not ubiquitous, thus, to ensure all levels were found during the search, all were included.
- *Millennial*: initially, the term "millennial" was selected for the search. Upon conducting the search, however, CINAHL suggested “Generation Y” as the search term; thus, this phrase was also utilized.

- *Rationale*: this term and phrase were used to ensure all literature describing this cohort of nurses would be captured.

The terms for both the nurse leaders and millennials were searched concurrently using both the Boolean operators "AND" and "OR"; the "OR" searched yielded more results. The search was filtered to only display the following: research articles, literature disseminated within the past five years, literature in English, and literature published in academic journals. Ultimately, the rationale for using the above delimiters was to limit and narrow the focus of the literature review.

Selection Process.

There were 143 articles yielded from using the delimiters. The articles selected for the purposes of this integrative review were first screened by title and only titles that included (and/or inferred) a type of nurse leader and/or Generation Y/millennials; this delimitation yielded 83 articles.

Next, the abstracts for these articles were reviewed; only articles that described an extensive literature review or described research were included. Once the articles were either identified as a literature review or a research study, the articles' aims and implications for practice were reviewed for relevance. Thirty-six articles were identified for their relevance within this set of inclusion criteria. Of these thirty-six, twenty-nine were quantitative research, three were qualitative research, one was a mixed methods study, and two were literature reviews. The literature was rank ordered for relevance and reviewed in a stepwise approach. During the data analysis phase, the literature was reviewed again, to examine the relevance of the study's findings against the literature.

Key Findings from Literature Review

What is a millennial?

According to Brant & Castro (2019), there are currently five generations in the workplace: the silent generation, baby boomers, Generation X, millennials, and Generation Z. The term "millennial" was often used interchangeably with "Generation Y", "Digital Generation", or the "Echo Boomers;" however, each term was used to describe individuals born between the years of 1981 – 1996 (Dimock, 2019; Gabriel et al., 2020; Gallup, 2016). There were inconsistent definitions of millennials in the literature: for the purposes of this study, millennials were conceptually defined as being born between the years of 1981 – 1996 (Dimock, 2019).

Research conducted on the millennial generation as a whole has produced insights regarding behaviors, communication styles, and unique characteristics (Brant & Castro, 2019; Farhan, 2021; Locke et al., 2022). The behaviors of millennials have been described as "addicted to technology", "entitled", and "privileged" (Locke et al., 2022, p. E199). Millennials have been described as preferring to communicate via technological means (e.g., email, text) and not by verbal or in-person communication (Brant & Castro 2019). Lastly, millennials are described as being the most in debt generation, yet the most educated (Locke et al., 2022). Part of the drive for millennials to have an increased need for higher education was the notion that millennials were raised with the expectation that working hard equals success (Brant & Castro, 2019). Additionally, millennials have been found to associate more with social issues than any of the prior generations (Locke et al., 2022).

Millennials in the Workforce

Millennials are the largest generation in the workforce and thus have had a great impact on society, the economy, and the United States workforce, in general (Locke et al., 2022; Smith & Garriety, 2020). Gallup's (2016) most recent research study, *How Millennials Want to Work and Live*, discussed how employers in "nearly every corner" (p. 8) of the United States are trying to understand how millennials are different from other generations. Gallup's (2016) study yielded the following recommendations/guiding concepts on the state of millennials in today's workforce:

1) *Millennials do not just work for a paycheck*: millennials contend that equitable pay and benefits are important, but are most driven by organizations' missions, visions, and values (Gallup, 2016; Smith & Garriety, 2020). Millennials also have a deep sense for seeing how their everyday work affects the organization and crave a sense of belonging as a team member and within their organizational culture (Smith & Garriety, 2020; Grimshaw et al., 2023; Patel et al., 2022).
2) *Millennials are not pursuing job satisfaction:* as the highest educated generation, millennials crave ongoing development of their skills (Gallup, 2016; O'Hara et al., 2019).
3) *Millennials do not want bosses: They want coaches:* millennials dislike traditional hierarchy and matrices within organizations and crave relationships and coaching from their bosses (O'Hara et al., 2019). Millennials also want their bosses to value these relationships and encourage them to grow in their roles, while providing them with positive reinforcement (Anselmo-Witzel et al., 2020; Gallup 2016; O'Hara et al., 2019).
4) *Millennials do not want annual reviews: They want ongoing conversations*: millennials prefer to use real-time communication on an everyday basis (e.g., texting, emailing,

social media), and thus prefer to have ongoing conversations regarding their performance instead of annually (Gallup, 2016; O'Hara et al., 2019).

5) *Millennials do not want to fix their weaknesses: They want to develop their strengths*: these build on millennials' desire to continuously improve. Millennials grew up under the specter of immense change which they perceived as weakness within the United States (e.g., September 11, 2001; 2008 recession) and instead of focusing on weaknesses, they would rather harness their strengths (Gallup, 2016; Smith & Garriety, 2020).
6) *It is not just my job: It is my life*: this concept stems from millennials' desire to succeed. Millennials are believed to be driven and consider individual advancement a priority; thus, their careers are one of the priorities in their lives (Gabriel et al., 2020; Locke et al., 2022; O'Hara et al., 2019). Being driven to succeed and advance in their careers may become a challenge for millennial nurse leaders who have children and/or spouses. Effectively managing time between work and home life is cited as a challenge for nurse leaders particularly since there is such a strong drive to succeed and advance in their careers (Gabriel et al., 2020; Canli & Aquino, 2024).

Millennial Nurse Leaders

The spurring growth and rapid evolution of healthcare has amplified the need for competent nurse leaders (Wymer et al., 2021). Baby boomer-aged nurses in leadership roles have been retiring at an increasing rate and millennial nurses are being tasked with filling these vacant leadership roles (AMN Healthcare, 2018; Saifman & Sherman, 2019). Mensik and Kennedy (2016) stated chief nursing officers, nursing directors, and nurse managers are all roles being affected by the retiring of older generation nurses, with millennial nurses moving into these key leadership positions.

In addition to being affected by the retirements of leaders from older generations, many nursing leaders are dealing with increased burnout and stress; this is especially true post-COVID-19 pandemic (Raso et al., 2021). For example, strategic plans, traditional leadership styles, and traditional acute care setting operations were completely disrupted during the recent global pandemic (Grubaugh & Bernard, 2022; Udod et al., 2021). These disruptions, paired with the everyday pivoting required of nurses in these roles, contributed to the burnout and stress felt by many nurse leaders (Grubaugh & Bernard, 2022; Raso et al., 2021).

Warden et al. (2021) studied nurse leaders' intention to leave acute care organizations and found that the different levels of nursing leaders had varying reasons for intending to leave, leaving organizations, and leaving the nursing profession. In the Warden et al. (2021) study, the mean ages of the nurse managers (46.4), nurse directors (50.5), and nurse executives (54.4) clearly indicated the need to further study turnover in millennial-aged nurse leaders.

Studies that have examined the millennial generation of nurses and millennial nurse managers' leadership experiences (Keith et al., 2021; O'Hara et al., 2019; Saifman & Sherman, 2019) suggested the millennial nurse required a different level of support when compared to nurse managers who belonged to other generational groups (Saifman & Sherman, 2019). This was another research gap where millennial-aged nurse leaders being studied specifically may have provided an alternative perspective to the problem of nurse leader burnout.

Theoretical Framework

The theoretical framework that was used to help investigate the experiences of millennial nurse leaders in acute care settings was Karl Manheim's *Theory of Generations*. In 1923, Manheim wrote the essay '*The Problem of Generations,'* and it has since been considered a seminal work and foundational theory in the study of sociology (Pilcher, 1994). This theory

provided the first description of a generation and likens generations to social classes, since generations and social classes indicate a group's position in the social structure during a particular period of time (Manheim, 1952). This author also acknowledges the biological aspect of individuals and posited that human beings' organic existence has both physiological *and* social effects. Time, biology, and history were the lynchpins to Manheim's theory and his essay fully elucidated these concepts.

The Concept of Time in the Context of Generations

Manheim (1952) acknowledged there were two schools of thought when it comes to defining the concept of time and aligning with the subjective measurement of generations: Positivists and Romantic-Historicals.

The early 19th Century Positivists were French and took on a more empirical approach to defining time by describing time in a measurable sense in the context of social generations (Pilcher, 1994). Manheim (1952) described the approach as "mechanistic," and believed time in this sense was measurable and quantifiable.

Manheim aligned more with the Romantic-Historicals and believed that *all people who live at the same time do not necessarily experience history the same way* (Manheim, 1952). The Romantic-Historicals' roots traced back to Germany (Manheim's home country) and aligned closely with a more qualitative way of thinking. Manheim later went on to describe the "complexity of times" due to the nature of defining the cohorts of generations, e.g., is this definition to be based on life span and biology or socio-historical events (Manheim, 1952)? Manheim did not explicitly answer his theoretical question; rather, he stated the concept of time was "complex" (Manheim, 1952). For the purposes of this study, the phrase, "all people who live

at the same time do not necessarily experience history the same way" has helped guide analysis of the data (Manheim, 1952) .

The Concepts of Biography and History in the Context of Generations

As mentioned previously, Manheim likened generations to social classes. In regard to biology and history, Manheim believed that "those who share the same birth year are endowed with a common location in the historical dimension of the social process" (Manheim, 1952, pg. 290). Manheim (1952) theorized, during later adolescence, individuals began to form their views on life and these views are carried throughout one's life. Everything an individual experienced throughout their life, received meaning from the original set of views developed during late adolescence; thus, Manheim (1952) believed that individuals are heavily influenced by their socio-historical stimuli that prevailed during their youth, i.e., each generation has a unique "historical consciousness" (Manheim, 1952). For the purposes of this study, this historical consciousness concept has driven the development of the interview questions.

Operational Definitions

The study's key terms utilized the following conceptual definitions:

- *Acute care setting*: "includes the health system components, or care delivery platforms, used to treat sudden, often unexpected, urgent or emergent episodes of injury and illness that can lead to death or disability without rapid intervention. The term acute care encompasses a range of clinical health-care functions, including emergency medicine, trauma care, pre-hospital emergency care, acute care surgery, critical care, urgent care and short-term inpatient stabilization" (Hirshon et al., 2013, pg. 386).

- *Millennial*: individual who was born between the years of 1981 – 1996 (Dimock, 2019).
- *Nurse leader*: this was the umbrella term used to describe the following roles:
    - *Chief nursing officer*: "the highest-level nurse with ultimate responsibility for all nursing practice within the organization" (Magnet Recognition Program, 2021, pg. 186).
    - *Nurse assistant vice president*: registered nurses with line authority over multiple units, who have registered nurses working to deliver nursing care in an inpatient or ambulatory care setting and are positioned on the organizational chart between the nurse manager and the chief nursing officer. This definition may include registered nurses who may broadly influence or impact the clinical practice of nurses in the organization." (Magnet Recognition Program, 2021, pg. 195). For the purposes of this study, nurse leaders who sit between the chief nursing officer and nurse directors on the organizational chart met the criteria of this role.
    - *Nurse director*: registered nurses with line authority over multiple units who have registered nurses working to deliver nursing care in an inpatient or ambulatory care setting and are positioned on the organizational chart between the nurse manager and the chief nursing officer. This definition may include registered nurses who may broadly influence or impact the clinical practice of nurses in the organization." (Magnet Recognition Program, 2021, pg. 195).
    - *Nurse manager*: "registered nurses with the accountability and supervision of all registered nurses and other healthcare providers who deliver nursing care in an inpatient or ambulatory care setting. The nurse manager is typically responsible

> for recruitment and retention, performance review, and professional development; is involved in the budget formulation process and quality outcomes; and helps plan for, organize, and lead the delivery of nursing care for a designated patient care area. It is understood that registered nurses who function in a nurse manager role in the organization may not be assigned the title of nurse manager" (Magnet Recognition Program, 2021, pg. 195).

Gaps in Knowledge and Need for Dissertation

The experiences of millennial nurse leaders in various formal leadership roles in acute care settings has not been elucidated in the literature. This is where the gap in knowledge exists. There are numerous quantitative studies on millennial-aged nurses (Anselmo-Witzel et al., 2020; Harris et al., 2021; Hisel, 2020; Keith et al., 2021) and an additional study on millennial-aged nurse managers (Saifman & Sherman, 2019); however, there is a gap in the research literature as it has related specifically to a qualitative study on millennial nurse leaders' experiences in acute care settings. Martin and Kallmeyer (2018) specifically called for additional research, "targeting Generation Y as they advance in their careers," to evaluate whether strategies targeting recruitment, retention, and engagement were effective (Martin & Kallmeyer, 2018, p. 373). Additional research targeting *all* millennial nurse leader roles in acute care settings was urgently needed to further understand the millennial nurse leaders' experiences. Therefore, the purpose of this study was to understand the experiences of millennial nurse leaders in an acute care setting, utilizing a qualitative study design, specifically the phenomenology of practice.

Chapter 3: Methodology

Research Design

The study used Van Manen's (2016) phenomenology of practice methodology to explore the lived experiences of millennial nurse leaders working in acute care settings. A phenomenological approach was best suited for this study because identifying the lived experiences of participants' everyday lives is the central focus of a phenomenological inquiry (Dukes, 1984). This methodology provided rich data on an understudied phenomenon. The study used Max van Manen's (2016) approach to phenomenological inquiry to answer the main research question: *What are the lived experiences and perceptions of millennial nurse leaders in acute care settings?*

Van Manen's (2016) method was the best fit for the study because the approach aimed to describe a singular aspect of a phenomenon, and in the case of this study, the phenomenon of interest is the millennial nurse leader. Van Manen encourages the phenomenological researcher to follow these six steps:

1. *Turn to the nature of the lived experience*. This step involves the review of existing literature on millennial-aged nurse leaders and of related literature on experiences of millennial-aged, registered nurse leaders in the acute care setting.
2. *Investigating experiences as we live them*. During this phase, the principal investigator (PI) collects data via semi-structured, open-ended, and probing questions.
3. *Reflecting on essential themes*. During this step, the PI conducts a thematic analysis of the data obtained during data collection. The data are coded into concepts which allow for themes of life-world experiences of the millennial-aged nurse leader to be identified and later described.

4. *The art of writing and re-writing.* During this step, the PI communicates the study's findings via dissemination either via publication or via a conference.
5. *Maintaining a strong and oriented relation to the phenomenon.* During this step, the PI uses bracketing to stay true to the research question and documents any preconceived notions via journaling.
6. *Balancing the research context by considering parts and whole.* Fianally, the PI uses methodologic journaling to "ensure the study was properly grounded in a laying open of the question" (van Manen, 2016, pg. 34).

Sample/Setting

Two sampling methods were used for the study: purposeful sampling and snowball method. Since the researcher held a clear idea of the characteristics sought in a potential participant, purposeful sampling was one of the sampling methods utilized (Creswell & Poth, 2017). Snowball sampling involved asking participants to share the study's information with other individuals who may meet the study's inclusion/exclusion criteria (Creswell & Poth, 2017). Participants in the study met the following inclusion criteria:

- Registered nurses born between the years of 1981 – 1996.
- Formally a chief nursing officer, nurse assistant vice president, nurse director, or nurse manger using the Magnet Recognition Program's definitions of the various nurse leader roles (Magnet Recognition Program, 2021); additionally, a nurse leader who sits between the chief nursing officer and nurse directors on the organizational chart are eligible to participate.
- In their role greater than two years but less than 10 years.

- Practicing in an acute care organization with the United States and the United States' territories.
- Have access to and working knowledge of a synchronous online meeting platform (e.g., Zoom).
- Have access to an email engine and have an email address.
- Read, write, and speak English.

The following criteria excluded potential participants from being included in the study:

- Registered nurse not born between the years 1981 – 1996
- Millennial nurse who has been in a nurse leader role for less than two years or greater than 10 years
- Millennial nurse who is in an interim leadership role
- Millennial nurse who is not an employee of an acute care organization
- Millennial nurse leader who meets inclusion criteria but declines to be part of the study
- Inability to read, write, speak English
- Does not have accessibility to, or cannot use a synchronous video teleconferencing platform, email engine, and/or email address

There was no exclusion of participants based on race, ethnicity, sexual orientation, or gender. The recruitment flyer was posted to social media sites (e.g., LinkedIn, online communities) as a form of recruitment (Appendix A). Recruitment was also done via the PI's professional network. These recruitment methods were selected to allow for an increased opportunity to capture the target participants.

Data collection for the study took place virtually via a video teleconferencing platform (e.g., Zoom, Microsoft Teams). The PI offered to hold sessions during a time when the participants were not working to ensure there were minimal interruptions. The participants were asked to be in a private, quiet location for the interview session. The PI was also in a private location (e.g., home office) with the door closed and a 'do not disturb' sign posted on the outside of the door to minimize any potential for interruptions.

Data Collection

The University of Texas Medical Branch's (UTMB) Institutional Review Board (IRB) provided approval via an expedited review on April 12, 2024; approval number 24-0102. The PI began recruiting as described above after receiving approval. When a potential participant (PP) contacted the PI via email as instructed in the recruitment flier, the PI determined if the PP met the criteria to be included in the study via email. Once the PP was determined to meet the study inclusion criteria, the PI and PP coordinated a time via email to conduct the initial data collection interview. The PI also included in the correspondence the Fast Fact Sheet (Appendix B). The Fast Fact Sheet provided the PI's contact information, purpose of the study, study procedures, risks & benefits, cost & compensation, and confidentiality.

On the agreed upon date and time of the initial interview, the PI logged into the video-teleconferencing website and greeted the PP and established rapport in an attempt to make the PP feel comfortable. The PI then read the oral consent narrative (Appendix C) to the PP. The oral consent narrative ends with the question, "Are you willing to participate in this study that explores the experiences of millennial-aged nurse leaders in the acute care setting?". Once the PP responded "yes", the PI recorded the participants' response on the Consent Tracking Log (Appendix G). After the PI documented the response of the participants on the Consent Tracking

Log, the PI began recording via the video teleconferencing system, the tape recorder, and Otter.ai.

The PI began the interview by asking the participant to respond to questions in the biodemographic questionnaire (Appendix D); the PI read the questions and took notes via a pen and notebook during the participant's responses. Once the biodemographic questions and answers were recorded, the PI moved onto the interview questions listed in the interview guide (Appendix E). The interview consisted of semi-structured, open-ended, and individualized questions developed for the purposes of the study (Appendix E). At the completion of the interview, the participant was notified to contact the PI if there was any additional feedback to share. The interview concluded with the PI thanking the participant and a follow-up email was sent with a $10 e-gift card.

During the interview, the PI took field notes ensuring to capture nonverbal communication conveyed by the participant. The observations captured in the field notes were recorded for transcription purposes. The PI also kept a reflective and methodological journal to capture observations. The PI used the reflective journal to capture their own thoughts and examine any subjectivities (Richards & Morse, 2012). The reflective journal aided in the process of bracketing during data analysis, whereby the PI made conscious efforts to prevent contamination of study data by the PI's own subjective thoughts and experiences (Richards & Morse, 2012). The methodological journal captured the progress of the study and any changes that may need to be made based on the concurrent data analysis. After each data collection session, the PI captured these observations in both journals.

Data Management

The PI made two copies of the interview recording (e.g., via Otter.ai®) and the audio tape recording. One set of files was stored in a dedicated file on a password-protected computer in the PI's home office. The second set of files was maintained by Otter.ai's transcription service. A copy of Otter.ai's privacy policy can be found in Appendix F. Otter.ai is an automated artificial intelligence transcription service which transcribes data. Once the transcribed data were available from Otter.ai, the PI downloaded the transcript and saved it to a password-protected computer in the PI's home.

The PI reviewed the transcribed data collection session(s) by listening to the recorded session while reading through the transcript. An original copy of the transcript was stored on a dedicated storage device kept in a locked cabinet in the PI's home office. A second copy of the transcribed data collection session was made and any information that could have linked the study participants to the transcript was removed or deidentified and a code assigned to replace the participant's name (e.g., "participant 001"). The code book was stored on the same storage device as the original transcript. The second, deidentified transcript was used for data analysis. Other data sources including the transcripts, code book, and field notes were stored in a separate locked cabinet in the PI's home office. All data sources will be destroyed once all reports have been completed.

Analysis Plan

The data analysis phase began once the first transcript was available from Otter.ai. The PI first had to review the transcribed transcript for accuracy which required the PI to listen to the audio recorded interview and review the transcript. Corrections to the transcript were made as needed. The PI then followed the step-by-step process as outlined by van Manen (2016), seeking meaning from the participant's words via reflection, writing, rewriting, and thematic analysis.

Initially, the PI reviewed the transcripts and separated thematic statements; these statements were rich in data and ultimately lead to the identification of themes (Richards & Morse, 2012). The PI coded the interviews by highlighting key concepts of the data; these sections were transferred onto a separate Excel document and grouped by theme. Themes and their conceptual labels changed throughout the analysis phase as data pieces fit in multiple thematic categories as additional interviews were added (van Manen, 2016). The data analysis phase continued until data saturation was achieved.

Trustworthiness

Trustworthiness is the term in qualitative research to speak to truthfulness and authenticity of qualitative research (Connelly, 2016). The trustworthiness criteria most appropriate for this study were initially established by Lincoln and Guba (1985) and were later modified by Beck (1993). Beck's criteria were utilized for this study; these criteria are dependability, credibility, and transferability.

Dependability

Beck (1993) defined dependability as whether the research study findings could be repeated over time and various conditions. Dependability involved the consideration of the study's findings being replicated with similar participants in the same or similar context. One of the goals of this study was to suggest a need for further research being developed and indicated the need for replicative studies. Throughout the duration of the study, an audit trail was maintained which can be used by an independent researcher to track decisions and study progress (Richards & Morse, 2012).

Credibility

Credibility was defined by Beck (1993) as the accurate and truthful depiction of the participant's lived experience, the most important trustworthy strategy to consider for this qualitative methodology. There were a number of strategies, which can be used to achieve credibility; but for the purposes of this study, peer debriefing was used. The PI debriefed with their chair at regular intervals. The PI ensured constant engagement with the data and the richness of the collected data to augment the credibility of findings.

Transferability

Transferability was defined as the ability of the study's results to be applied in other settings and contexts (Beck, 1993). One strategy utilized for this study was to have a careful analysis of key parameters of the study, through which the transferability of the results could be assessed. Additionally, the PI provided a thick description of themes and used direct quotes to the transferability of the study (Lincoln & Guba, 1985).

Supervision/Facilities

J. Michael Leger, PhD, MBA, RN, CNL, NEA-BC, CNE was responsible for supervising the dissertation research. All research occurred virtually (i.e., audio-visual teleconferencing platform).

Chapter 4: Findings

The purpose of this phenomenological study was to investigate the experiences of millennial nurse leaders in acute care settings. As described in Chapter 3, the biodemographical questions and interview data were collected during the interviews by the PI. This study utilized semi-structured interviews with millennial-aged nurse leaders from across the United States. Each participant met the inclusion criteria, as described in Chapter 3.

Each interview was audio recorded and recorded/transcribed by Otter.ai. Transcripts produced by Otter.ai were read and reviewed for accuracy by the PI while listening to the audio recording to fill in words and phrases that were not captured by Otter. ai. Each interview and transcript were coded to protect the identities of the participants. Participants were recruited using purposive and snowball sampling, and 10 participants were included in the findings discussed in this chapter. Each interview lasted approximately 45 minutes.

Analysis of the data utilized van Manen's approach (2016). The findings of this study are presented in this chapter, guided by the research question: *What are the lived experiences of millennial nurse leaders in acute care settings*? One main theme was deduced from the analysis of the interview data; seven sub-themes were subsequently discovered. Abstraction, reading, and rereading facilitated the classifying and unifying of meanings of the themes.

Sample Characteristics

For this study, 32 PPs were recruited of which 10 participants completed the study yielding full a set of data.. The ages of the participants ranged from 28 – 42 years with the age range 31 – 40 years representing the greatest number of participants. Nine females and one male participated. Participant race was primarily Caucasian. Participants were from across the United States, with representation from the Middle Atlantic (i.e., Pennsylvania, New Jersey), West North

Central (i.e., Iowa), South Atlantic (i.e., Maryland), East South Central (i.e., Alabama), and West South Central (i.e., Texas) regions. Nurse leaders who participated practiced in hospitals with bed sizes ranging from less than 300 licensed beds to 1,000+ licensed beds. Additional characteristics from the sample are displayed below in Table 4.1.

Table 4.1

Biodemographical Characteristics of Participants

		N	%
Age	41-43	1	10%
	36-40	4	40%
	31-35	4	40%
	28-30	1	10%
Gender	Female	9	90%
	Male	1	10%
Ethnicity	Hispanic or Latino	1	10%
	Not Hispanic or Latino	9	90%
Race	Asian	1	10%
	Black/African American	2	20%
	Caucasian	6	60%
	Not identified	1	10%
Role	Associate CNO	1	10%
	Nurse Director	7	70%
	Nurse Manager	2	20%

Total number of years in any nursing leadership role	> 10	3	30%
	8-10	3	30%
	5-7	4	40%
Total number of years as an RN	> 15	3	30%
	11-15	6	60%
	7-10	1	10%
Bed size of organization	>1000	3	30%
	500 – 699	1	10%
	300- 499	3	30%
	< 300	3	30%
Location of organization	Middle Atlantic[a]	2	20%
	West North Central	1	10%
	South Atlantic	1	10%
	East South Central	1	10%
	West South Central	5	50%

Note. Only characteristics identified by participants are listed.
[a] The Centers for Diseases Control and Prevention's terminology for United States regional locations was used (Centers for Disease Control and Prevention, 2024).

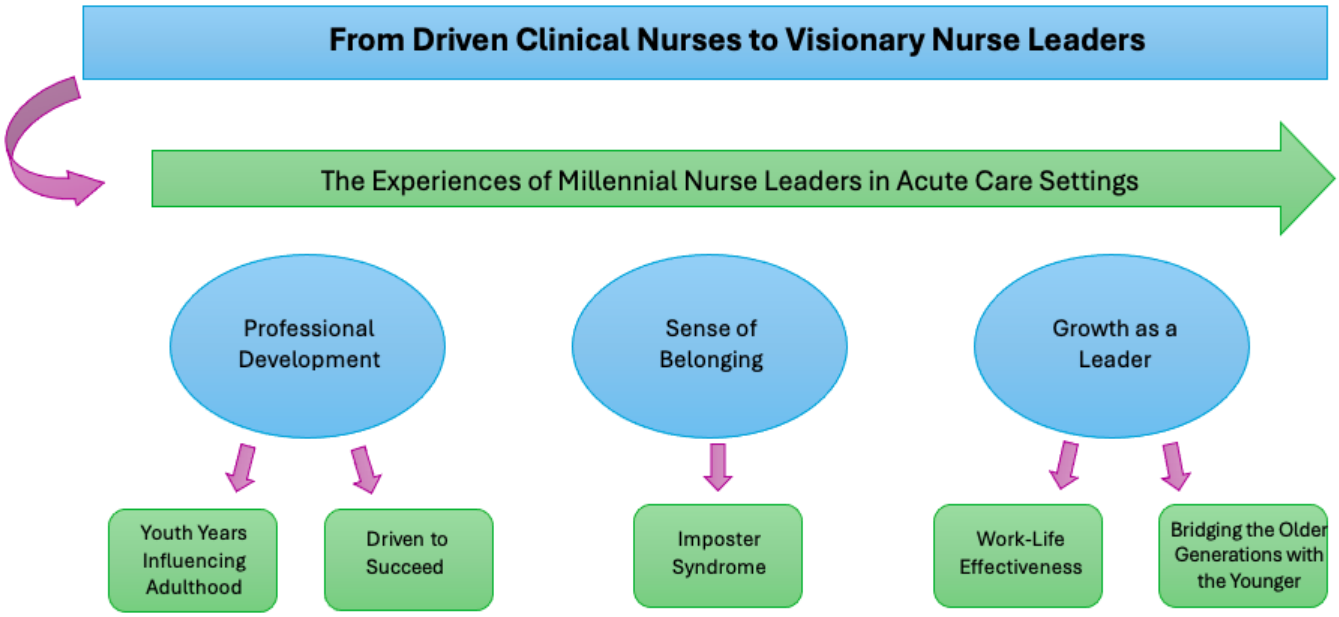
Analysis

The purpose of the study was to understand the lived experiences of millennial nurse leaders in acute care settings. Through the use of the semi-structured interviews, the PI was able to discover the main themes and sub-themes. After reading, re-reading, and reflecting on essential themes that emerged from the interviews, per van Manen's approach one major theme and seven sub-themes were discovered. The theme *From Driven Clinical Nurses to Influential*

Nurse Leaders was identified with the following sub-themes: 1) professional development, 1a) youth years influencing adulthood, 1b) drive to succeed, 2) sense of belonging, 2a) imposter syndrome; and 3) growth as a leader, 3a) work-life effectiveness, and 3b) bridging the older generations with younger. The theme and sub-themes are demonstrated in Figure 4.1 below. A portion of the participants direct quotes were edited for clarity.

Figure 4.1

Themes and Sub-Themes



Main Theme: From Driven Clinical Nurses to Influential Nurse Leaders

The main theme, *From Driven Clinical Nurses to Influential Nurse Leaders,* represented the experiences shared by each of the participants on their respective journeys to becoming nurse leaders. Each participants' journey to nursing leadership began with a 'tap on the shoulder' to either precept or become a charge nurse due to their recognized potential and driven nature. Though the participants' journeys of becoming influential nurse leaders (e.g., nurse managers,

nurse directors, or associate chief nursing officer) were not exactly the same, they each experienced similar milestones and challenges.

Sub-Theme 1: Professional Development.

Participants discussed the existence of organizational professional development programs such as clinical advancement programs, clinical ladders, succession planning, and leadership institutes and how these opportunities also facilitated growth. Participant 002 described their path from clinical nurse to nurse director in this manner:

> My experience entering the role was very positive. I utilized a lot of tools we have within the organization, a Clinical Advancement Program, and then I was fortunate to be part of my previous manager's succession planning, which led me to be her assistant director, which then upon her retirement, I was a director. So that was great.

Participants also spoke to the organizational support provided for nurses who were looking to advance their education. Participant 006 offered the following description:

> We have a very well-developed foundation at this hospital, and they provide scholarships for staff members who are seeking higher education… Once I knew I was going to stay with this organization, I decided to seek out that scholarship for my doctorate degree.

Participant 009 revealed this about tuition benefits at their organization, "our tuition benefits are really generous, and they were even more generous at that time [pre-COVID 19 pandemic."

Sub-Theme 1a: Youth Years Influencing Adulthood.

In alignment with Manheim's (1952) theory of individuals being heavily influenced by social and historical occurrences that prevailed during their youth, four of the participants described this historical consciousness and how it has influenced their growth and development

as nurses and leaders. Participant 009 described their time as an athlete in their teenage years and how athletics had influenced their growth:

> People who played sports in college or high school, you have this ability to like, work together as a team. Seems like you've learned in those times, how to be like, tired, hungry, cold, hate your best friend and still figure out a way to like, get to the finish line first.

Participant 006 integrated the cultural aspect of his upbringing and how this process has influenced their desire to take advantage of growth opportunities:

> So, growing up in a Hispanic community, I was taught respecting my elders and following, you know, the advice from those of the generations before us and somebody asked you to do something, you do your best to do it. And so, when I was working with coworkers that was so ingrained that that's just kind of the way it happened.

Of note, this participant later communicated that even though this was how they were raised, they realized they needed to shift their thinking if they were going to be an effective leader for their team.

Participant 008 described their growth into leadership roles during their youth years and reported they had followed a similar trajectory as an adult:

> I think it's kind of one of those things where like, I have never went into nursing being like, 'I'm going to be a nurse leader.' Like I feel like that's not what you think when you're in college, but it's something that I've kind of always done throughout my whole life. Like when I was a captain of my soccer team as a child and then like, I went to high school, and I played sports, and I was the captain of my lacrosse team in high school. Then I went to college, and I was the president of my sorority. It was like all these things

where I was like I never went into the sorority thinking, 'I'm going to be a president of this like no way.' So, then I went into nursing and an educator position opened and it was I got a kind of attack from the boss at the time, saying like, 'I think you'd be good at this'. And I was like, 'oh, maybe I'll give it a try.' And then after that, you know going into the residency coordinator. Manager position was opening that same person came back to me and was like, 'Hey, I think you'd be really good at this.' And then the person who was going to be my boss at the time also came to me and said, 'I think you'd be good at this'.

Sub-Theme 1b: Driven to Succeed.

A majority of the participants discussed their experiences how their driven nature to grow, in addition to great potential, were recognized early on. Participants who discussed their driven nature were asked additional probing questions about what was the motivation behind their drive. Participant 010 discussed their drive and how they took every opportunity to learn and grow, "I have taken every opportunity I could to learn and experience and delve into different areas of nursing and healthcare to learn as much as I possibly can and I also saw an opportunity to really challenge myself."

Another participant summarized her drive by saying, "I'm just like an opportunist, I don't know if that's like the right way to say it, but I just kind of took advantage of opportunities." While another participant offered the following description, "I'm really hungry for information".

This driven nature thrust these nurses into unit-based leadership roles early in their careers. In several instances, the participants discussed the experience of "growing up" in their organizations and how this also facilitated their rapid growth. One participant described her growth in the following manner, "I've worked on this unit that entire time that I've been a nurse. So many of my team my team helped train me." Participant 011 described more about their

growth in their organization and credited being within the same organization to their rapid growth:

> Also, I had been with that organization my whole time I started as a tech. Then got promoted right into the ER as a RN I, then RN II, and then RN III. Then I became an educator for four years, became a Nurse Residency coordinator and then I transitioned into the manager role.

Sub-Theme 2: Sense of Belonging.

Several of the participants related their experiences to a sense of belonging as a nurse leader within their organizations. The participants associated their experiences with not feeling like they belonged not only due to their age, but also due to gender and ethnicity. Participant 006 described their experience as a novice nurse leader in the following manner:

> So, my peer and my director have more in common. It's an easier relationship for them. And so, as a millennial, I didn't identify very much with my director. I am not a white female. I didn't have those conversations. When those conversations occur, there's other things that happen as far as, 'Oh, well we're also going to be doing this for work'. That was one thing that I found to be really difficult because there were conversations where everybody was not invited to because they would just have a lot more hallway conversations than I was having with my director. And so that was something that as a middle millennial new leader was different to navigate.

Participant 011 described their experience as a novice nurse leader and not having a sense of belonging due to life's experiences:

> Just being able to have someone to relate to from a peer group. You know, when you were having challenges in the role it was hard because I feel like everyone was older and

> everyone had kids and I was not doing that when I was first in this role. I wasn't even married.

Participant 010 described being biased at times towards their own (millennial) generation due to not being able to relate to the older generations who are their peers as a senior nursing leader:

> So, I feel that sometimes I am biased to my own generation because I can relate to them the most and them sometimes the best. And sometimes they struggle with understanding the generational differences and how best to support those other generations when I am most related to my own millennial generation.

Sub-Theme 2a: Imposter Syndrome.

Participants described their experiences of not feeling "good enough" or deserving of promotions to their respective roles. Participant 003 described how they felt their age was a disadvantage due to not feeling they were not deserving:

> I can say for me, a lot of my disadvantage comes with me thinking that I may not deserve a seat at the table because I haven't necessarily paid the age dues. So, I don't want to even consider a chief nursing officer position if available. I don't want to take that position because I'm like, I haven't paid my dues. I want people to respect me or whatever. Which is kind of contrary to what I've seen before, right? Because I feel like I garnered the respect regardless of the title. If I took this chief nursing officer position, people wouldn't respect me anymore. They'll be like she had paid her dues, right. So, it's that negative self-talk that I deal with on a daily basis.

Participant 006 described their experienced and how they changed their appearance due to not feeling old enough:

> So, they could figure out how old I was roughly around 22 years old when I started, and they were making comments about my age. It affected me so much that I actually altered my appearance, I grew a beard. So that way, those that I was interacting with that didn't know my backstory. Now they say that I look 10 years older than I really do. So, they're surprised when they find out that I'm 29. They think I'm either 38 - the beard was something to really present myself as more wise and more experienced.

Participant 002 described their experiences with imposter syndrome and the need for encouragement, “I'm a really self-conscious person. I have self-doubt and I really like need somebody to be like ‘you're doing a good job apply for this. You're doing a good job apply for that." Participant 002 later stated:

> I think it's like rooted in kind of, like ‘I'm not good enough. I'm not smart enough like everyone around me smarter than I am like, my ideas are dumb. This one's ideas are better.’ But you know it's double-edged sword because it keeps you going but so is not the best place to be in your head.

Two participants described their experience of obtaining multiple degrees and how it was rooted in feeling they did not know enough and not feeling as if they are worthy of their positions. These feelings drove them to accomplish even more in their careers.

Sub-Theme 3: Growth as a Leader.

Each of the participants described their growth from a new, novice nurse leader to where they are today. As described previously under the Professional Development sub-theme, a majority of the participants described “growing up” within their respective organizations. This came with unforeseen challenges going from peer to leader. Participant 003 described their experience on having to have discussions with their team:

> There was a little bit of challenges with, you know, the same people that you're working with, you're now responsible for from a leadership perspective. So, there's been that challenge of making sure that you are leading, and still extending grace because they're also going through a transition to accept you as now, their leader. So, that was a bit of a challenge early on, but I think with the support of people who have been in my position before, that kind of helped with that, so it's always a challenge when the same people you worked with and you were, they were your peers before you become their boss.

Participant 005 described their experience of rapid progression as a nurse leader:

> So, they were over here like I'm still in this management role, and you went from a new grad nurse to assistant nurse manager to a nurse manager. You were my peer. Now you're my boss, but I don't understand, and I've been in this role for 15 years. You know, and they are looking at my boss like, 'why would you pick her, and she got five years of experience, and I got all these years of Nurse Manager experience I don't understand.

Several other participants described their experiences growing from a charge nurse role into a formal leadership role and ultimately their teams supported them in their roles as managers and/or directors.

The participants also described their experiences growing as a nurse leader and feeling as if they were not prepared. Participant 011 described this feeling in the following manner:

> As a nurse leader, the finance piece of it was the thing that none of us were really taught in school, you can have a master's degree and they breeze right over that. So, I feel like the finance piece was the hardest part, personally.

Participant 010 also described the operations aspect of being a nurse leader and their experience witnessing peers who struggled:

> It can be challenging at times because without the right education, it can be very challenging in the financial management of a business operation, having the business operation knowledge to run a clinical unit, the human resource knowledge as well as the people leadership knowledge needed to lead a team forward.

Lastly, the participants described their experiences leading clinical teams and described aspects of their visionary and influential leadership styles. Building and fostering connections is an important strategy for the participants and considered one of their priorities. Participant 003 described their experience leading a clinical team in this manner:

> It's important for me from a human aspect that I connect with them from a leadership perspective, so I do often and that's just me in general. I want to know what's going on with someone; I want to know what's going on with your family. I want to know your background, your history, I want to know all of those things about you. And I think that's important for me as I advance in my leadership journey. I think the people are your greatest asset. People are our greatest asset in the organization. So, I like to connect with them so that they know I'm coming from a good place.

Participant 008 offered:

> I really try to be intentional with them. I want to know what vacations you're taking and how your kids are doing and you know, kids first year of pitch baseball and that you're caring for your elderly mom; like I want to know those things, I want to check in routinely and at the end of the day I care about you more as a person than I'm ever going to care about you as a nurse, and so I want you to feel seen and valued because whenever I can fulfill that for you, you're going to want to come to work and provide good care for patients.

Sub-Theme 3a: Work-Life Effectiveness.

Participants described their experiences with balancing the aspects of being parents, spouses, and nurse leaders. Participant 010 described their experience with developing burn out and how this ultimately led to them leaving their organization. Participant 010 also described what led to them going from a director position to a manager position:

> It is kind of an odd thing, right? We typically don't see someone go from a director position to a manager position. I had been at the previous organization for several years and several different roles and had accumulated quite a bit of work throughout those roles. There were some changes occurring and reporting structures that did not allow enough support for the position that I was currently performing, and I had developed some rather toxic work strategies as a leader. To the point that I was stressed and burned out in that role, and it was time for something else. I easily would work 70 to 80 hours a week. I was exhausted always. I put everything at work before myself and my family, which was very challenging. I carried a lot of guilt for not spending more time with family, husband, my young children, and other family members.

Participant 007 described their experience as a parent to young children, spouse, and senior-level nurse leader within their organization in this manner:

> And so, every day I am up at the house before my family is even stirring. I never get to get them ready for school. I never get to take them to school. I'm at work until five o'clock. And so, by the time I get home in the evening they're halfway through dinner. I'm there to help get them through bath time and read them stories and put them to bed. In all honesty, I'm looking at other jobs and other positions because I think if there's one thing that COVID-19 taught us it made us all take stock and what's really important, and that

> you know, time is not guaranteed, and it's not promised. When I reflect on like what are the priorities in my life like it's my husband and kids and like, I want to do so good in this job. And I want to I want to do good for the people that work for me, and that I work with because I know that we can improve patient care and we can provide the best outcomes for our patients. And we have a lot of work to do. And I want to put so much effort into that, but it can't be at the sacrifice of my family.

This participant later asked the rhetorical question, "How do we make it so that young female leaders can do both: be a mom that's very involved and active and being in a high-level executive position in the healthcare industry?"

Participant 008 described their experience with managing her work and personal life and the trial-and-error approach to managing her work-life effectiveness:

> I really made the mistake of making myself too available. And there was an evening I just had my second child. And so, I had like a six-month-old and a two-year-old and I didn't get home until 6 or 6:30pm. And in a matter of about an hour I probably had 15 to 20 text messages from different people. 'Hey, can you fix this? Can you do this?' Because they knew I would answer; they knew that of the leadership team, I had made myself most available and most approachable. I had grown up on this unit. My husband said, 'okay, I have to change like I'm never getting a break. I have to do something different.' And so, whenever I started my leadership journey on [UNIT REDACTED] I think it was slightly easier because I didn't know any of these people I had to sit down and do intense 1:1s with them to get to know them. And now six years later I am really good at compartmentalizing. At the end of the day, if my unit is on fire, somebody's going to call me, but I don't have the email notifications on my phone anymore because the red dots

drive me crazy, and I'll look at it constantly. I don't care. Listen, at the end of the day, my family is absolutely most important to me. And so, I have to make a conscious decision to be present with them when I'm present with them instead of letting something else steal my focus.

Sub-Theme 3b: Bridging the Older Generations with the Younger Generation.

Participants described their experiences with leading their clinical teams and growing to realize the needs of the baby boomer and Generation X are different from what Generation Z needs. Participant 002 described their experiences realizing the type of support varied from generation to generation:

Two things: the emphasis on wellness and accountability. It really teeters a line with the younger generation I see. The calling out, 'I can't come to work today because I'm just too overwhelmed'. That coupled with some of my boomer generation, that is like 'you always suck it up.' There is no option to the boomer generation; you show up and work regardless. So that is a big source of contention. The older people think that the younger people are, you know, they don't have a good work ethic. They are lazy. They're always on their phones. Their view can create a divide in the team. And I am quite literally in the middle of them both, you know figuratively and literally bridging that gap to say, you know, good for the young folk taking care of themselves. Golly, maybe we can learn something from that. I see and respect the need to sometimes just suck it up, I understand that too. I think yeah, for me bridging that, those two extremes together. Having them not judge each other for it and instead respect or learn from each other. That would be ideal. I can say that that will happen. I would love it for that to work like that. That and then just

> the younger folks always need to be connected. They're on their phones, they need that kind of constant stream of information. Again, it's not wrong. It's different.

Participant 010 described their experience as challenging, attempting to meet the needs of the various generations:

> I have nurses that are ranging in age from 22 to mid 60s. Quite a diverse staff, which presents both great balance and perspective and skill mix and expertise, but also creates big challenges. And how do we keep everyone satisfied? You know, how do you create an environment where everyone gets along and is on the same page and has a shared mental model and has the same expectations of each other when we are all so different? What satisfies a 25-year-old nurse looks very different than what satisfies a 55-year-old nurse. They are at very different points in their career. They're interested in many different things. Some are very interested in development and where their careers going to go when I've others that are out there on the spectrum of looking at how their career going to end you know, they're looking at the last few years of their career and picturing themselves in in retirement and professional development is not at the top of their list of things to do anymore. Now they're more focused on 'I just want to be a good nurse for my last few years of my career.' So, within that it can be quite challenging when we're looking at different ways to retain our staff and even as simple as when we're rolling out changes or communicating with these team members. Everyone wants something different. So, I struggle with meeting everyone's expectations. Because it can be quite challenging.

Chapter 5: Conclusions, Discussion, and Recommendations

Summary of Major Findings

As stated in Chapter 2, Manheim's (1952) belief that "all people who live at the same time do not necessarily experience history the same way" helped to guide the analysis of data (Manheim, 1952, p. 283). Utilizing this premise to guide the data, led to the development of one main theme and seven sub-themes, which emerged from the participants' descriptions of their lived experiences as millennial nurse leaders in an acute care setting. Overall, the findings indicated that millennial nurse leaders, who took part in the study, were recognized as driven clinical nurses and quickly promoted first to unit-based roles and ultimately into their respective roles.

Categories of Themes

The themes were categorized or coded in the following manner:

1) *professional development,*

1a) youth years influencing adulthood

2) *sense of belonging,*

2a) imposter syndrome; and

3) *growth as a leader,*

3a) work-life effectiveness, and

3b) bridging the older generations with younger.

Professional Development

The participants described their experiences and perceptions of professional development and the role professional development played in their growth from clinical nurse to nurse leader. Most of the participants described "growing up" in their organizations and being tapped early for

unit-level leadership (e.g., charge nurse and/or preceptor) positions. Another common description amongst the participants was their organization's robust professional development programs geared towards advancement (e.g., clinical ladder, leadership institutes, and/or succession planning). Participants credited these robust programs for their support, growth, and development as clinical nurses and ultimately nurse leaders.

Youth Years Influencing Adulthood

The interview questions developed, which were derived from aspects of Manheim's (1952) theory, led to the generation of data, which described how the participants' childhood experiences influenced their views and morals as adults. Manheim (1952) believed that everything an individual experienced throughout life received meaning from the original set of views developed during late adolescence; thus, Manheim (1952) believed that individuals were heavily influenced by socio-historical influences that prevailed during their youth and each generation had a unique "historical consciousness." Participants described how experiences playing sports as an adolescent/teen, culturally centered family experiences, and later experiences in college all shaped how they approached challenges and various scenarios as nurse leaders.

Driven to Succeed

Participants described their driven nature, which they felt played a role in their growth from clinical nurse to nurse leader. Additionally, participants described how they felt this driven nature was a factor in their selection and/or promotion into their respective nursing leadership roles. The driven nature paired with their craving for learning was summarized in this manner by a participant: "I have taken every opportunity I could to learn and experience and delve into different areas of nursing and healthcare to learn as much as I possibly can."

Sense of Belonging

Several participants expressed their experiences and feelings as if they did not belong to the leadership team at various junctures in their careers despite being in a formal leadership position. These perceptions ranged from not being able to relate to their peers or supervisor due to not sharing similar life events (e.g., marriage, or being a parent) to not being able to relate due to gender and ethnicity (e.g., being a male, or being of Hispanic heritage). Participants expressed how this sense of belonging was a significant facet of their journey.

Additionally, these experiences extended beyond nursing, and were also perceptions of the executive-level leaders within their respective organizations. One participant described the perception of senior level leaders within the organization as: "[they feel as if] you really don't have any weight". During initial years as nurse leaders, the feeling of not belonging produced a sense of bias towards their own generation and feeling that their relationships were stronger because they could relate to their millennial peers better.

Imposter Syndrome

Imposter syndrome was a noted identity common amongst the participants. Participants expressed their experiences with feelings of self-doubt and negative self-talk, e.g., feelings that due to their younger ages, they were not valuable members of the team. These experiences spanned the course of their tenure in leadership but seemed to be most pronounced during current years as nurse leaders. Two participants stated, "I think that's why I've liked all these degrees" and, "if I took a chief nursing officer position, people wouldn't respect me anymore. They'll be like, 'she hasn't paid her dues'.

One participant noted his experiences of imposter syndrome occurred earlier in his leadership tenure; consequently, he even changed his appearance by growing a beard to attempt

to look older. The participants expressed the feeling that there were perceptions in the workplace that older age equated to more experience and wisdom, while younger age equated to less experience and wisdom. These perceptions were internalized, which led to participants' expressions categorized as imposter syndrome.

Growth as a Leader

Participants described their growth as nurse leaders and strategies they utilized with their teams. As mentioned previously, most of the participants described their growth from clinical nurse to their respective positions, as "growing up" within their organizations. Half of the participants were still employed at the same hospital they were originally hired as a new graduate nurse; the other participants had been promoted quickly from clinical nurses. All participants described their experiences going from peer to leader, and portrayed adjustments that all parties had to make during those transitions.

One participant described the following experience: "I would hear, 'you were my peer. Now you're my boss, but I don't understand, and I've been in this role for 15 years.' The participants also described the importance of building social capital, which involves understanding their teams on a personal level, and how this process was critical to their success as leaders. Lastly, only two of the participants expressed the feeling they were not prepared to lead a unit, due to the lack of financial and operational knowledge required to run a clinical setting.

Work-Life Effectiveness

Participants shared their experiences growing as leaders and described work-life effectiveness as an important aspect of their careers. However, the majority of the participants either struggled with work-life effectiveness or are currently struggling with work-life

effectiveness. Two participants described how poor work-life effectiveness led to burnout in their roles and ultimately led to changing roles and hospitals. For these two participants, in addition to poor work-life effectiveness, they described a lack of adequate support to perform their roles effectively. Participant 010 stated:

> I felt that no matter what I did or how much I took on at the previous organization, it was never going to be appreciated or supported in a way that I needed it to be. Once I came to the point that, this [my work] is never going to make me happy. I'm never going to get enough support that I need.

In addition to feelings of lack of support, participants described the dual experience of trying to be available for their families and demanding positions simultaneously. Participants with younger children and spouses described the guilt they felt with not being available to support their families in a consistent fashion. Participant 009 described, "I'm always rushing out of here at like, the last possible second that I can get to wherever the kids are take them to their sports, and like that makes me feel really bad. And I really struggle with like, is it worth it?" Participant 007 described, "Sometimes I don't see my kids for three days. And that's just not… that's not healthy."

Bridging the Older Generations with Younger

Participants shared their experiences growing as leaders and "bridging" the older generation with the younger generation. Participants described older generations (i.e., baby boomers and Generation X), while not always being able to distinguish the two, as "rigid," not valuing the personal connection as much as Generation Z, and very focused on quality care. Participants described Generation Z as requiring "more personalized attention," valuing building relationships with their managers, and described the perception of them being "lazy." The

participants described their experiences recognizing these dynamics and realizing they were "literally and figuratively" in the middle of these two generations. Participants noted that effectively managing multiple generations within one team required skill, strategy, and tact. Participants also described how span of control also affects their ability to effectively bridge the multiple generations, e.g., one participant described her span of control as covering 70 nurses.

Discussion of Findings in Relationship to Framework and Literature Review

From Driven Clinical Nurses to Visionary Nurse Leaders

The participants through this study and narratives, revealed their experiences as clinical nurses, who were tapped for leadership due to their driven nature. Additionally, the participants described their rapid progression to formal nursing leadership roles due to the professional development opportunities provided within their organizations. The growth of clinical nurses through professional development was identified in extant literature; the literature paired with these findings emphasized the benefit of having robust professional development programming in place. The literature was also clear in reporting that professional development and growth within the organization are important to millennials (Locke et al., 2022; O'Hara et al., 2019). According to O'Hara et al. (2019), millennials crave motivational environments where they can grow and be recognized. Participants described the aspects of their work environments as novice clinical nurses and how they were mentored and motivated to grow through the various professional development channels. Feeling confident in their capabilities was also described by participants as they were growing in their roles; this trait was documented in the literature (Gabriel et al., 2020; Saifman & Sherman, 2019). The literature also described millennials as feeling "entitled;" however, this trait was not described by participants nor was this trait revealed through their narratives (Brant & Castro, 2019; Hammond et al., 2019).

Professional Development

In addition to robust professional development opportunities within their organizations as described above, the participants also described the notion of "growing up" within their organization. The participants were nurse leaders who grew from a clinical nurse role into a formal nurse leader role. Locke et al. (2022) described how millennials evaluated whether organizations valued their strengths and allowed them to do their best each day. While Locke et al.'s (2022) study was on millennial-aged public health professionals, the description of what millennials evaluate in their careers supported the narratives participants revealed in this study. O'Hara et al. (2019) noted, "millennials value meaningful work, competence and self-efficacy, healthy interpersonal relationships and work environments, autonomy, career development, safety, coaching leadership, and financial motivators." (O'Hara et al., 2019, pp. 411-412).

Youth Years Influencing Adulthood

Several participants described how experiences from their childhood influenced how they behave and interact as adults and nurse leaders. The experiences described included playing competitive sports, leading in organizations during their teenage years, and how they still followed cultural norms taught to them as children; all of these experiences influenced their actions as nurse leaders. Manheim (1952) described this phenomenon of experiences lived in childhood and how they influenced interactions as adults in addition to shaping values, beliefs, and perceptions. Further, a key discussion point in the literature, as it related to millennials' childhood experiences, was the digital era and how millennials were the first generation to grow up using digital technology (Farhan, 2021; Smith & Garriety, 2020; Varshney, 2023). However, the literature reviewed for this study did not describe how millennials' childhood experiences influenced their behavior as adults.

Driven to Succeed

Participants described their driven nature and how being driven pushed them to achieve more via professional development opportunities, which ultimately facilitated rapid promotion into various nurse leader roles. Varshney (2023) believed that millennials were highly driven by success in their careers and looked to transform the world. Furthermore, the following positive traits have been identified in millennials, including being: "highly educated, ambitious, confident, structured, engaged in strong peer relationships and teamwork, and optimistic" (Whitney et al., 2021).

Through the narratives recorded and analyzed, each of the participants described how the aspects outlined by Varshney (2023) and Whitney et al. (2021) influenced their drive to grow within their organizations. Though literature described millennial characteristics of changing jobs or having multiple jobs, this information was not noted by any of the participants (Hammond et al., 2019; O'Hara et al, 2019).

Sense of Belonging

Having a sense of belonging was described in two ways by participants: 1) from the perspective of being the youngest leader in the room and feeling as if they did not belong due to generational differences, and 2) from the perspective of being a minority male in nursing leadership. The literature described a sense of belonging as being a perceived similarity and inclusion within organizational culture (Grimshaw et al., 2023). AONL's most recent Longitudinal Nursing Leadership Insight Study revealed that nearly half of the nurse leaders surveyed revealed they had either a neutral, low, or very low sense of belonging within their organizations (AONL, 2024).

Patel et al.'s (2022) study examined the frequency of incivility experienced by undergraduate baccalaureate nursing students and the relationship between clinical nurse incivility and nursing students' sense of belonging. While incivility was not revealed through the narratives of the participants, the sense of perceived similarity and inclusion was revealed. The experiences of the participants who felt they did not belong elicited responses of distrust in their supervisors and bias towards their own generation.

Imposter Syndrome

Participants openly described their experiences with feelings of self-doubt, negative self-talk, and feeling that due to their younger age, they were not valuable members of the team. Canli and Aquino (2024) determined that imposter syndrome was experienced by at least 75% of female executives in the United States. Saifman and Sherman (2019) were of the opinion that while millennials are confident in nature, they have experienced fear of failure, particularly when taking on new roles with more complex responsibilities. Similarly, Canli and Aquino (2024) described the notion that despite appearing confident in their roles, imposter syndrome was experienced most often when nurses' competencies were questioned. Each of these studies provided a context for this study, suggesting that as millennial nurse leaders continued to grow into more senior leadership roles, fear of failure and imposter syndrome continued. Mentorship, supportive environments, providing millennials with constructive feedback, and being aware of imposter syndrome are strategies that can support millennial nurse leaders who struggle with imposter syndrome (Gresham-Dolby, 2022).

Growth as a Leader

Growing up in the Organization and Social Capital.

Participants described their experiences “growing up” within the organization, from clinical nurse to nurse leader, and further described how they continued to grow as nurse leaders. As described in the Saifman and Sherman (2019) study, the participants revealed their supervisors played a crucial role in identifying their driven nature and leadership potential, prior to progression into the first leadership roles. Once in these roles, the participants revealed that building connections and strengthening relationships within their teams was a key priority and strategy to help with retention efforts. One participant stated, “our people are our greatest asset.” Other participants expressed the importance of fostering connections and trust with their teams. The notion of building social capital to mitigate retention was supported in the literature (Gilbert, 2023; Sheingold & Sheingold, 2013). Nurse leaders who effectively communicate with their teams, build trust, and display positive leadership practice (i.e., have high social capital) are more capable of driving organizational change and promoting a healthy nursing work environment (Sheingold & Sheingold, 2013). Additionally, Gilbert (2023) believed that building social capital facilitated positive patient safety outcomes, due to the increased trust, participation, and knowledge-sharing behaviors displayed by nursing teams.

Transition from Peer to Leader.

An additional experience participants revealed was experiencing the transition from “peer to leader” and the challenges associated during this transition. The literature cited revealed that baby boomers or Generation Xers may have felt millennials did not have the experience needed to be supervisors; and in turn, may not have respected the millennial when in their role (Brant & Castro, 2019).

Preparation for Leadership.

Lastly, two participants stated they did not feel they were adequately prepared to lead, citing the financial and operations aspects of nursing leadership, i.e., essential content not taught in their master's programs. A participant stated: "the finance piece of it was the thing that none of us were really taught in school." Saifman and Sherman's (2019) study also found that millennial nurse leaders felt they were "learning as they go," and did not have the prior financial and operational knowledge.

Work-Life Effectiveness

Managing Day to Day Operations.

Participants revealed the challenges faced while trying to effectively manage their lives as nurse leaders, parents, and spouses. Over half of the participants described their struggles with managing the balance between their home lives and work lives. Two participants in particular, who were married and had small children, expressed guilt that they were not able to spend more time with their children and spouses. Conli and Aquino's (2024) study also identified similar challenges for mothers of young children who are nurse leaders. Saifman and Sherman's (2019) study reported the finding that nurse managers had challenges balancing the complexities of managing day to day operations on their respective units but did not describe balancing roles as a spouse or parent.

Managing Schedules.

Moyo (2019) acknowledged the rigidity in schedules for nurse managers prior to the COVID-19 pandemic and suggested organizations consider allowing flexible scheduling for nurse managers and even allow for work-from-home days. Though the literature described the importance of balancing personal life and work life for nurse managers, the same could not be identified for nurse directors and above. However, the literature revealed a key satisfier for *all*

millennials was achieving optimal work-life effectiveness (Brant & Castro, 2019; Farhan, 2021; Gallup, 2016).

Managing Accessibility.

Lastly, a contributing factor described by participants in managing their work and personal lives was being readily accessible by email, phone, and text. The Miller and Grise-Owens' (2021) study indicated that due to millennials being digital natives and their ability to be constantly available via technology, millennials were more likely to experience a dissonance when balancing work and personal life responsibilities.

Bridging the Older Generation with the Younger

In this last theme, participants revealed their experience of "bridging" the older generations with the younger generation. Participants described being able to identify the characteristics of all generations and tailoring their leadership style to support baby boomers, Generation Xers, and Generation Zers. Additionally, participants described their experiences managing their teams when tensions arose between generations. One participant depicted the experience and perspective of a baby boomer: "The older people think that the younger people are, you know, they don't have a good work ethic." Smith and Garriety (2020) described this phenomenon in the context of the workforce in general and indicated that tensions can exist between generations due to assumptions and beliefs (Smith and Garriety, 2020). These authors further noted that assumptions and beliefs can take precedent over the differences observed within an individual's behavior and norms

Implications for Nursing Practice

AONL's Longitudinal Nursing Leadership Insight Study qualitative data revealed nurse leaders' concerns about the younger generation's inclinations towards leadership (AONL, 2024).

This study provided significant contributions to nursing practice as it expanded on previous research by identifying the experiences of nurse managers, nurse directors, and an associate chief nursing officer, who practiced in acute care settings. Additionally, the study revealed that millennials, who are currently in nursing leadership roles, have a strong inclination towards leadership.

Investment in the growth of the millennial generation as clinical nurses has been successful. Programs such as transition-to-practice, clinical ladders, leadership programming, and clinical ladders provided the participants great foundations as clinical nurses, but it is clear the same types of resources were not available to them as nurse leaders. Investment of time and resources for millennial nurse leaders' continued growth and development must be prioritized for hospital administrators. Additionally, structured onboarding plans should be provided for nurse leaders as they enter nurse leadership roles. Lastly, participants specifically revealed succession planning, mentorship, and coaching as strategies seen in their career trajectories; these are strategies that must continue.

Implications for Nursing Education

Advanced Professional Development.

Professional development was a resounding theme identified in this study. Participants shared their experiences with robust professional development programs aimed at clinical nurses, which included incentives for returning to school and obtaining professional nursing certification. Each of the participants were products of either a leadership academy, transition-to-practice program, succession planning, mentoring, and/or clinical ladder programs as clinical nurses. Nursing professional development departments within the acute care organizations must continue to include these types of programs to prepare clinical nurses and novice nurse leaders to

either grow within their role or grow into leadership roles. This study builds upon Saifman and Sherman's (2019) assumptions that formalized leadership support is a critical component of an organization's retention strategy. Warshawsky et al. (2022) also describe the importance of competency development for novice nurse managers and how it is a critical to the success of the nurse managers.

Financial and Operational Preparation.

An additional finding described the lack of preparedness to manage the financial and operation aspect of clinical units. Participants described they did not feel confident in their capabilities despite earning graduate degrees in nursing leadership. Nurse educators in academia, and particularly those who teach in graduate-level programs, must consider strategies to strengthen the nursing leadership track curriculum to include a greater focus on clinical operations and the financial aspects of healthcare. Ongoing education on the financial aspects of healthcare, leadership programs, and mentorship should be provided to novice nurse leaders as they are promoted into nurse leader roles within acute care organizations as well. Leveraging technology to align with millennials' strong affinity for it should be a key consideration (Smith & Garriety, 2020).

Implications for Nursing Policy

One key theme identified was the importance of work-life effectiveness as millennial nurse leaders. The participants who revealed they were both married and had children expressed this concern because their children were either toddlers or in grade school. The challenges of being in a demanding nurse leader role, in addition to being available for their spouses and children, drove two participants to experience burnout and other participants experienced guilt. Therefore, healthcare leaders must develop policies which allow nurse leaders flexible

scheduling with an option for intermittent remote working to continue to attract and retain millennial nurse leaders.

Lastly, since accrediting bodies for schools and colleges of nursing set the standards of accreditation, these bodies must consider modifying their standards to include an increased focus on the financial aspects of healthcare.

Strengths and Limitations

Strengths

A strength of this study is that the intricate experiences of millennial nurse leaders in acute care settings were identified. The phenomenological design allowed the PI to focus on the essence of the lived experience of the participants. The use of Beck's (1993) criteria for transferability also strengthened this study as it ensured these findings could be applied to other millennial nurse leaders in the nursing profession.

Limitations

Several limitations were identified in this study. Although the participants spanned across the United States, the sample size was small and there was only one male participant. Thus, generalizability of the study findings is limited. Though the research design allowed for an exploration of the experiences of the participants, the design did not facilitate a comprehensive explanation for why these experiences occurred (i.e., limited explanatory power). Lastly, though the purposive and snowball sampling methods utilized were appropriate for this study, these methods are considered limitation since the results of this study can only be generalized to millennial-aged nurse leaders with the same characteristics as the sample.

Recommendations for Future Research

Further study on millennial nurse leaders should have a balance of all individuals inclusive of gender, race, ethnicity. Future research should also incorporate factors such as safety, quality, and span of control. Exploring countries other than the United States and how those countries' policies, culture, and healthcare landscape affect millennial nurse leaders should also be considered. As time progresses more Generation Z nurses are entering nursing leadership roles and future research should seek to explore the experiences of Generation Z nurse leaders as well.

Lastly, social capital was identified as a key priority for millennial nurse leaders and was described as an important strategy. Future research should explore how nurse leaders utilize social capital in a variety of clinical settings. The focus on social capital in nursing leadership may generate innovative strategies to not only improve RN engagement but also drive improvement of patient outcomes.

Main Conclusion

This study contributed to the body of literature on generational-specific needs, nursing leadership, and the importance of professional development. The themes and findings related to professional development, sense of belonging, and growth as a nurse leader should be used to continue to effectively and innovatively recruit, retain, and educate the largest generational cohort in today's workforce. Healthcare leaders can use the findings from this study to bolster their efforts in ensuring the needs of millennial nurse leaders are met.

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Appendices

Appendix A (Recruitment Flier) on next page.

ARE YOU A MILLENNIAL-AGED NURSE LEADER?

This study may be for you!

Study for millennial-aged nurse leaders in the acute care setting

This study will seek to understand the experiences of chief nursing officers, nurse assistant vice presidents, nurse directors, and/or nurse managers born between the years of 1981-1996 who works in an acute care organization.

A few of inclusion criteria include:

- Registered nurse born between 1981-1996
- CNO, nurse AVP, nurse director or nurse manager for > 2 years and < 10 years
- Practicing in acute care organization in the United States or United States territory

Each participant will receive at $10 electronic gift card.

Questions?

If you have any questions about the study and/or are interested in participating, please contact the principal investigator (Nicole George) at NicGeorg@utmb.edu

IRB Approval #: 24-0102 // Date approved: 4/12/2024

Appendix B

utmb Health

FAST FACT SHEET **IRB#: 24-0102**

Study Name: The Lived Experience of the Millennial Nurse Leader in the Acute Care Setting

Contact Information:
Principal Investigator(PI): Nicole George Phone number: 281-541-2849
Faculty Advisor: Dr. J. Michael Leger Phone number: 409-772-0134

What is the purpose of this research study? The purpose of this study is to investigate the experiences of millennial nurse leaders in acute care settings.

What are the Research Procedures? Prior to receiving this sheet, you were emailed the inclusion and exclusion criteria and were determined to be eligible to participate. Your initial interview has been scheduled, and prior to your initial interview an oral informed consent will be taken. The interview will follow and will be conducted via an online videoconferencing application (e.g., Zoom). Once the initial interview phase is completed, you will be provided with a $10 e-gift card. The primary investigator will ask you if she may contact you again in a future instance for a second interview. The reason(s) for a second interview include: to ask you additional questions or so you can validate the information you shared during the first interview. You will be provided an opportunity to provide corrections at this time, if needed.

What are the Risks and Benefits? Any time information is collected, there is a potential risk for loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. Additionally, you may encounter fatigue during the interview. The researcher will provide a break(s) as appropriate upon request. You may not receive any personal benefits from being in this study. We hope the information learned from this study will benefit other people with similar conditions in the future.

Costs and Compensation: It will not cost you any money to participate in this study. You will be compensated with a $10 e-gift card after the completion of your first interview. There will be no additional compensation should a follow-up interview be conducted.

How will my information be protected? Information we learn about you in this study will be handled in a confidential manner. If we publish the results of the study in a scientific journal or book, we will not identify you.

Who can I contact with questions about this research study? This study has been approved by the UTMB Institutional Review Board (IRB). If you have any complaints, concerns, input or questions regarding your rights as a subject participating in this

research study or you would like more information about the protection of human subjects in research, you may contact the IRB Office via email irb@utmb.edu.
For questions about the study, contact Mrs. George and/or Dr. Leger at the numbers listed above.
Before you agree to participate, make sure you have read (or been read) the information provided above; your questions have been answered to your satisfaction; you have been informed that your participation is voluntary, and you have freely decided to participate in this research.

This form is yours to keep.

Appendix C

Oral Consent Narrative

You are being asked to take part in this study because you are a millennial-aged nurse leader practicing in an acute care setting in the United States.

The purpose of this study is to explore the experiences of millennial-aged nursing leaders practicing in the acute care setting and is part of my PhD course of study at the University of Texas Medical Branch in Galveston, Texas.

I am estimating that approximately 20 people will take part in this study.

If you agree to take part, you will be asked to record spoken consent and you will be interviewed for about an hour. You may be asked to be interviewed a second time and you may be asked for a third interview to review your responses. Additional interviews will last no longer than 30 minutes each.

Your participation in this study is completely voluntary. You may experience some interview fatigue during the interview. If this occurs, we can pause and take a short break. You may refuse to participate or stop your participation in this research study at any time.

Your privacy is very important. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. A numerical code will be used in place of your identifying information.

You will not directly benefit from your participation in this research project. However, you might contribute to the understanding of experiences of millennial-aged nurse leaders practicing in acute care settings in the United States.

At the conclusion of the initial interview, you will be emailed a $10 e-gift card for your participation.

The study does not involve treatment or a procedure.

We have discussed the purpose of this research study, procedures to be followed, and risks and benefits have been explained to you. You have been given the opportunity to ask questions. Have your questions been answered? (researcher will pause, answer questions, and proceed to next question)

The University of Texas Medical Branch (UTMB) committee that reviews research on human subjects, the Institutional Review Board (IRB), will answer any questions about your rights as a research subject and take any comments or complaints you may wish to offer. You can contact the UTMB IRB by calling 409-266-9400 or sending an email: irb@utmb.edu

I would like to ask you to confirm that you are willing to participate in the study by stating yes or no. If you say yes, you agree to participate in the study and give me permission to begin recording and data collection. Are you willing to participate in this study that explores the experiences of millennial-aged nurse leaders in the acute care setting? (Researcher will begin recording and request participant to repeat consent to participate.)

Appendix D

Participant Code:
Date:
Data Collection Start Time:
Data Collection End Time:

Biodemographic Questionnaire

Please complete the questions below. Do not include any additional information.

1. Year of birth: _____

2. Gender:

- Male
- Female
- Transgender male
- Transgender female
- Non-binary/non-conforming
- Prefer not to respond

3. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

4. Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Caucasian
- Native Hawaiian or Other Pacific Islander

5. Current role in your organization:

- Chief Nursing Officer

- Nurse Assistant Vice President
- Nurse Director
- Nurse Manager

6. Cumulative number of years in any of the roles above: _____

7. Cumulative number of years as a RN: _____

8. Bed size of your organization: _____

9. Location of your organization: _____

10. Email address for the purposes of emailing the electronic gift card:_____

Appendix E

Participant Code:
Date:
Data Collection Start Time:
Data Collection End Time:

Interview Guide

The interview questions asked will be semi-structured, open-ended, and individualized.

Semi-Structured Questions

Anticipated length of this interview is 45-60 minutes.

Grand Tour Question:

1. Can you share what your experience as a millennial-aged nurse leader in your organization has been like?
    - Probing question #1: Has this been your experience throughout _____ [insert number of years here] years you have been a nurse leader?

Main Questions:

1. Do you feel like your age puts you at an advantage or disadvantage?
    - Probing question: Could you please describe why you feel your age puts you at an advantage/disadvantage?
2. We have been talking about the experiences of being a millennial nurse leader, one of the areas nurse leaders covers is "relationship management." Can you share what your experiences have been interacting with members from your team?
    - Probing question #1: Can you share what it is like leading team members who are in an older generation than you?

- Probing question #2: Have you had an experience where you made a decision and a nurse leader from an older generation offered you feedback? If so, please describe that experience.

3. Along the same vein, please share what your experience has been when collaborating with interprofessionals within your organization?
    - Probing question #1: Do you have any experience with decision-making at the organizational level? If so, can you share what those experiences have been like?
    - Probing question #2: Can you share what is has been like when you have had to override a decision an interprofessional team member made?
4. Are there any other millennial-aged nurse leaders within your organization?
    - Probing question #1: Can you describe your relationship with them?
    - Probing question #2: How would you describe your relationship with millennial-aged peers?
5. We're going to move and discuss how you were recruited for your role. How would you describe your recruitment experience for your current role?
    - Probing question #1: Can you describe how you discovered the position you are currently in?
    - Probing question #2: How would you describe the recruitment process for your current position?
6. Can you think of anything else I should have asked you?
7. Are there any additional follow up comments you would like to share?
8. May I contact you again within the next month if I have any additional questions?

Appendix F

Otter.ai® Privacy Policy
Lasted Updated October 2, 2023

[See also Terms of Service]

This privacy policy ("Policy") informs you of our practices when handling your Personal Information through the Services (both as defined below). In this Policy, "Otter.ai", "we" or "us" refers to Otter.ai, Inc., a company registered in Delaware with its registered address located at 800 W El Camino Real, Suite 170, Mountain View, CA 94040. We are the data controller under the applicable privacy laws.

Where we have an Otter Business or enterprise service agreement in place with an enterprise customer who is asking you to use our Services (for example your employer), we obtain and process your Personal Information on behalf of and at the instructions of that customer. In that context, such enterprise customers are the data controllers, and their privacy policies will apply to the processing of your Information. We encourage you to read their privacy policies.

For the purpose of this Policy, "Personal Information" means any information relating to an identified or identifiable individual. This includes Personal Information you provide or generate when you use: (a) Our Otter meeting assistant app (the "App"); and (b), https://otter.ai, and any other dedicated Otter.ai websites (the "Website") (collectively, the "Services"). When you use the Services, you accept and understand that we collect, process, use, and store your Personal Information as described in this Policy.

If you are a California resident, our Privacy Notice for California Residents includes additional information about your rights and how we collect, use, and share information.

If you do not agree with this Policy, you must not use any of the Services. If you change your mind in the future, you must stop using the Services and you may exercise your rights concerning your Personal Information as set out in this Policy.

1. INFORMATION WE COLLECT

We will collect and use the following Personal Information about you:

Information you provide to us.

Registration Information. When you create an account on our Services, you will be asked to provide your name, email, and a password, you may voluntarily add a profile picture. For Pro or Business plans which are paid Services, our payment processing partner Stripe, Inc. may also collect your name, billing address, and payment information. Payment information is not shared with us and is maintained by Stripe.

App Information. When you use the Services, you may provide us with your audio recordings ("Audio Recordings"), automatic OtterPilotTM screenshots and any text, images or videos that you upload or provide to us in the context of the Services. OtterPilot may take automatic

screenshots which are available meeting transcripts to add value to the meetings by extracting useful visual information. The automatic screenshots will only take place in virtual meetings.
Communication Information. When you contact us, you provide us with your phone number, email, and any other information you choose to provide over such communication, including information about your query.
Information you provide us about others.

If you choose to collaborate on a task with your co-workers or friends, or refer us to them, you provide us with the email address and contact information of your co-workers or friends.
If you provide an Audio Recording, this may contain the Personal Information of third parties. Before you do so, please make sure you have the necessary permissions from your co-workers, friends or other third parties before sharing Personal Information or referring them to us.
Information we automatically collect or is generated about you when use the Services.

Usage Information: When you use the Services, you generate information pertaining to your use, including timestamps, such as access, record, share, edit and delete events, app use information, screenshots/screen captures taken during the meeting, interactions with our team, and transaction records.

Device Information: We assign a unique user identifier (“UUID”) to each mobile device that accesses the Services. When you use our Services, you provide information such as your IP address, UUIDs, device IDs, web beacons and other device information (such as carrier type,

whether you access our Service from a desktop or mobile platform, device model, brand, web browser and operating system).

Cookies: We use Cookies and other similar technologies (“Cookies”) to enhance your experience when using the Service. For more information about our Cookies policy, see HOW WE USE COOKIES AND SIMILAR TECHNOLOGIES below.
Information received from third parties.

Information we receive from third party platforms: When you connect third party platforms, apps or providers (such as Google Calendar, iCal or other calendar programs, Google Contacts or Zoom) to our Services, or when you register through a third party account (such as Google or Microsoft), we receive Personal Information that includes your username, profile picture, email address, time, location, calendar information, contact information from such third parties and any information you choose to upload to such third party platforms (“Platform Information”).
Information from platforms our Services relies on: We receive transaction information from our payment processor Stripe.

Other third parties. We may receive additional information about you, such as demographic or interest attributes from third parties such as data or marketing partners and combine it with other information we have about you.

We also collect and use aggregated data such as statistical or demographic data for our purposes. Aggregated data may be derived from your Personal Information but is not Personal Information

as this data will not directly or indirectly reveal your identity. However, if we combine or connect aggregated data with your Personal Information so that it can directly or indirectly identify you, we will treat the combined data as Personal Information which will be used in accordance with this Policy.

2. HOW WE USE YOUR PERSONAL INFORMATION

We use your Personal Information to:

Set up your account. We use your registration information, device information and information received from third parties (such as your username, email address) in order to set up an account for you to use our Services. We do so in accordance with our contractual and precontractual obligations to you in order to provide you with an account to use the Services.

Provide you with the Services. We use your audio recordings, usage information and platform information in order to provide you with the Services. In addition, we use your communication information to facilitate support (e.g. retrieval of a forgotten password). We do so in accordance with our contractual obligations to you in order to provide you with the Services.

Improve and monitor the Services. We use information we automatically collect or generate about you when you use the Services, as well as information about your device such as device manufacturer, model and operating system, and the amount of free space on your device, to analyze the use of and improve our Services. We train our proprietary artificial intelligence

technology on de-identified audio recordings. We also train our technology on transcriptions to provide more accurate services, which may contain Personal Information. We obtain explicit permission (e.g. when you rate the transcript quality and check the box to give Otter.ai and its third-party service provider(s) permission to access the conversation for training and product improvement purposes) for manual review of specific audio recordings to further refine our model training data.

Communicate with you. If you contact us, we will use your contact information to communicate with you and, if applicable, your usage information to support your use of the Services.
Send you newsletters about product news or updates that may be of interest to you. We will send you emails with news or updates pertaining to our Services. When doing so, we process your email address, name and may process your usage information. Your consent can be withdrawn at any time by following the unsubscribe mechanism at the bottom of each communication.

Prevent fraud, defend Otter.ai against legal claims or disputes, enforce our terms and to comply with our legal obligations. It is in our legitimate interest to protect our interests by (1) monitoring the use of the Services to detect fraud or any other user behavior which prejudices the integrity of our Services, (2) taking steps to remedy aforementioned fraud and behavior, (3) defending ourselves against legal claims or disputes, and (4) enforcing our terms and policies. When doing so, we will process the Personal Information relevant in such a case, including information you provide us, information we automatically collect about you, and information which is provided to us by third parties.

3. HOW WE USE COOKIES AND SIMILAR TECHNOLOGIES

We and our third-party partners use Cookies, pixel tags, and similar technologies to collect information about your browsing activities and to distinguish you from other users of our Services in order to aid your experience and measure and improve our advertising effectiveness.

Cookies are small files of letters and numbers that we store on your browser or on your device. They contain information that is transferred to your device.

We use Cookies to collect information about your browsing activities and to distinguish you from other users of our Services in order to aid your experience.

We use the following types of Cookies and similar technologies:

Strictly necessary Cookies: Some Cookies are strictly necessary to make our Services available to you; for example, to provide login functionality, user authentication and security. We cannot provide you with the Services without this type of Cookie.
Functional Cookies: These are used to recognize you when you return to our website. This enables us to personalize our content for you and remember your preferences (for example, your choice of language).

Analytical, performance, or advertising Cookies: We also use Cookies and similar technologies for analytics purposes in order to operate, maintain, and improve our Services and measure and

improve our advertising effectiveness. We use third party analytics providers, including Google Analytics and Amplitude, to help us understand how users engage with us. We also use third party advertising partners, including Facebook, to deliver ads to you on other sites. Google Analytics uses first-party Cookies to track user interactions which helps show how users use our Service and Website. This information is used to compile reports and to help us improve our Service and Website. Such reports disclose Website trends without identifying individual visitors. You can opt out of Google Analytics by going to https://tools.google.com/dlpage/gaoptout or via Google's Ads settings.

You can block Cookies by setting your internet browser to block some or all or Cookies. However, if you use your browser settings to block all Cookies (including strictly necessary Cookies) you may not be able to use our Services.

4. WITH WHOM WE SHARE YOUR PERSONAL INFORMATION

Third party services are not owned or controlled by Otter.ai and third parties may have their own policies and practices for collection, use and sharing of information. Please refer to third party privacy and security policies for more information before using such services. Third parties include vendors and service providers we rely on the provision of the Services. We share your Personal Information with selected third parties, including:

Other users who see your Personal Information (such as your username and email) and any other information you choose to share with them through the Services.

Cloud service providers who we rely on for compute and data storage, including Amazon Web Services, based in the United States.

Platform support providers who help us manage and monitor the Services, including Amplitude, which is based in the U.S. and provides user event data for our Services.
Data labeling service providers who provide annotation services and use the data we share to create training and evaluation data for Otter's product features.
Artificial intelligence service providers that provide backend support for certain Otter product features.

Mobile advertising tracking providers who help us measure our advertising effectiveness, including AppsFlyer which is based in Israel.

Analytics providers who provide analytics, segmentation and mobile measurement services and help us understand our user base. We work with a number of analytics providers, including Google LLC, which is based in the U.S. You can learn about Google's practices by going to https://www.google.com/policies/privacy/partners/, and opt-out of them by downloading the Google Analytics opt-out browser add-on, available at https://tools.google.com/dlpage/gaoptout..

Advertising Partners: We work with third party advertising partners to show you ads that we think may interest you. Some of our advertising partners are members of the Network Advertising Initiative (http://optout.networkadvertising.org/) or the Digital Advertising Alliance (http://optout.aboutads.info/). If you do not wish to receive personalized ads, please visit their

opt-out pages to learn about how you may opt out of receiving web-based personalized ads from member companies. You can access any settings offered by your mobile operating system to limit ad tracking, or you can install the AppChoices mobile app to learn more about how you may opt out of personalized ads in mobile apps.

Providers of integrated third-party programs, apps or platforms, such as Google Calendar and Apple iCal. When you connect third party platforms to our Services, you authorize us to share designated information and data created and/or uploaded by you to our servers with these third-party programs on your behalf.

Payment processors, such as Stripe. These payment processors are responsible for the processing of your Personal Information and may use your Personal Information for their own purposes in accordance with their privacy policies. More information is available here: https://stripe.com/gb/privacy.

Law enforcement agencies, public authorities or other judicial bodies and organizations. We disclose Personal Information if we are legally required to do so, or if we have a good faith belief that such use is reasonably necessary to comply with a legal obligation, process or request; enforce our terms of service and other agreements, policies, and standards, including investigation of any potential violation thereof; detect, prevent or otherwise address security, fraud or technical issues; or protect the rights, property or safety of us, our users, a third party or the public as required or permitted by law (including exchanging information with other

companies and organizations for the purposes of fraud protection). For more information, please see Otter's Data Request Policy.

Change of corporate ownership. If we are involved in a merger, acquisition, bankruptcy, reorganization, partnership, asset sale or other transaction, we may disclose your Personal Information as part of that transaction.

5. HOW LONG WE STORE YOUR INFORMATION

Otter.ai stores all Personal Information for as long as necessary to fulfill the purposes set out in this Policy, or for as long as we are required to do so by law or in order to comply with a regulatory obligation. When deleting Personal Information, we will take measures to render such Personal Information irrecoverable or irreproducible, and the electronic files which contain Personal Information will be permanently deleted.

6. YOUR RIGHTS

In certain circumstances you have the following rights in relation to your Personal Information that we hold.

Access. You have the right to access the Personal Information we hold about you, and to receive an explanation of how we use it and who we share it with.

Correction. You have the right to correct any Personal Information we hold about you that is inaccurate or incomplete.

Erasure. You have the right to request for your Personal Information to be erased or deleted.
Object to processing. You have the right to object to our processing of your Personal Information where we are relying on a legitimate interest or if we are processing your Personal Information for direct marketing purposes.

Restrict processing. You have a right in certain circumstances to stop us from processing your Personal Information other than for storage purposes.

Portability. You have the right to receive, in a structured, commonly used and machine-readable format, Personal Information that you have provided to us if we process it on the basis of our contract with you, or with your consent, or to request that we transfer such Personal Information to a third party.

Withdraw consent. You have the right to withdraw any consent you previously applied to us. We will apply your preferences going forward, and this will not affect the lawfulness of processing before your consent was given.

Please note that, prior to any response to the exercise of such rights, we will require you to verify your identity. In addition, we may require additional information (for example, why you believe the information we hold about you is inaccurate or incomplete) and may have valid legal reasons

to refuse your request. We will inform you if that is the case. For more information on how to exercise your rights, or to exercise your rights, please email support@otter.ai.

If you are a California resident, California law affords you certain rights regarding our collection and use of your personal information. To learn more about your California privacy rights, please visit our Privacy Notice for California Residents.

7. Data Privacy Framework Principles

Otter.ai complies with the EU-U.S. Data Privacy Framework (EU-U.S. DPF), the UK Extension to the EU-U.S. DPF, and the Swiss-U.S. Data Privacy Framework ("Swiss-U.S. DPF") as set forth by the U.S. Department of Commerce. Otter.ai has certified to the U.S. Department of Commerce that it adheres to the EU-U.S. DPF Principles with respect to the processing of personal data received from the European Union in reliance on the EU-U.S. DPF and from the United Kingdom (and Gibraltar) in reliance on the UK Extension to the EU-U.S. DPF. Otter.ai has certified to the U.S. Department of Commerce that it adheres to the Swiss-U.S. DPF Principles with respect to the processing of personal data received from Switzerland in reliance on the Swiss-U.S. DPF. If there is any conflict between the terms in this privacy policy and the EU-U.S. DPF Principles and/or the Swiss-U.S. DPF Principles, the Principles shall govern. To learn more about the Data Privacy Framework program, and to view our certification, please visit https://www.dataprivacyframework.gov/.

For more information on how we comply with the DPF Principles, please see APPENDIX: Otter.ai Data Privacy Framework Principles Notice.

8. CHILDREN

The Service and Website are not targeted at children, and we do not knowingly collect Personal Information from children under the age of 13. If you learn that a child has provided us with Personal Information in violation of this Policy, please contact us as indicated below.

9. CONTACT & COMPLAINTS

For inquiries or complaints regarding this Policy, please first contact us at support@otter.ai and we will endeavor to deal with your complaint as soon as possible. This is without prejudice to your right to launch a claim with a data protection authority.

If you are based in the EEA or the UK, you may also make a complaint to either the Irish Data Protection Commission (on +353 578 684 800 or via https://forms.dataprotection.ie/contact) or the UK's ICO (on +44 303 123 1113 or via https://ico.org.uk/make-a-complaint/), or to the supervisory authority where you are located.

10. DATA SECURITY

Otter.ai maintains and implements physical, administrative, and technical safeguards to protect the confidentiality, integrity, and availability of personal information. However, the transfer of Personal Information through the internet will carry its own inherent risks and we do not guarantee the security of your data transmitted through the internet. You make any such transfer at your own risk.

The Website and Service may provide features or links to websites and services provided by third parties. Any information you provide on Apps, third-party websites or services is provided directly to the operators of such websites or services and is subject to their policies governing privacy and security, even if accessed via our website or in connection with our Service.

11. CROSS-BORDER DATA TRANSFERS

To facilitate our global operations, Otter.ai may transfer, store and process your operations with our partners and service providers based outside of the country in which you are based. Laws in those countries may differ from the laws applicable to your country of residence. Where we transfer, store and process your Personal Information outside of the EEA or the UK we will ensure that the appropriate safeguards are in place to ensure an adequate level of protection such as through acceding to the Standard Contractual Clauses. Further details regarding the relevant safeguards can be obtained from us on request.

12. CHANGES

Where required, we will update this Policy from time to time. When we do so, we will make it available on this page and indicate the date of the latest revision. Please check this page frequently to see any updates or changes to this Policy.

13. ABOUT US

If you have any questions, comments or concerns about our Privacy Policy, you may contact us by email at support@otter.ai attn: Privacy Officer or by mail to:

Otter.ai, Inc.

Attn: Privacy Officer

800 W El Camino Real,

Suite 170,

Mountain View, CA 94040

Appendix G

Oral Consent Tracking Log

Date /Time	Participant Code Name (e.g., 001)	Oral consent provided? (Yes/No)