



**Attracting And Retaining
Millennial Nurses**

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“Millennials are the most ethnically and racially diverse of the generational groups”

Executive Summary

The 88 million members of the Millennial cohort (1980-2002) will have a huge impact on the American workforce and the future of the United States. They are the largest generational group in recent times and will dominate (and eventually lead) workplaces.

There are more second generation Americans in this cohort than in any other in history, so they not only accept diversity, they celebrate it. They have been the focus of a lot of positive attention since birth, and have led structured lives with an inordinate amount of encouraging feedback.

Their attributes of optimism, finding fulfilling work, collaboration and respect for authority make them ideal candidates for nursing careers. Their affinity for technology, structure and positive feedback may be a detriment to them accepting certain nursing positions.

It is in the best interest of nursing to have the other three generational cohorts in the workplace join forces to welcome the Millennial generation into professional nursing and to provide the structure and feedback they need to make a successful transition into the profession.

Beyond that, it will only be a matter of time before Millennial workers take leadership roles within nursing, and it is expected their comfort with technology will be transformational for the profession.

They will require more structured entry programs, including post graduate residencies, on-the-job mentoring and guidance, and frequent feedback and learning opportunities, to be motivated to stay within nursing, and set the stage for the future of the profession.

Economic downturns provide a respite from the anticipated retirement tsunami, and offer an opportunity to create structured entry and advancement opportunities for Millennial nurses. Veterans, Baby Boomers and Gen Xers can be part of sustainable programs created to transition Millennial RNs more smoothly into the workplace, and to help them grow their careers in linear ways that provide succession planning and engage the best of these bright young minds.

We all have a stake in accomplishing this task, for the future of the Nursing profession and for the care we and our families hope to receive in our aging years.

Meet the Millennials

Up until now, the Baby Boomers, 77 million strong, have been the largest group in the workforce. But the Millennial cohort (1980-2002) is estimated at 88 million strong, and will comprise the majority of the workforce within the next two decades. The first wave of this generational group has certainly made their influence and impact felt.

The moniker “Millennials” arose in 1997 via an ABC online poll, to which several thousand people responded when asked to suggest a name for this generation. The name was made famous by Neil Howe and William Strauss in their 2000 book, “Millennials Rising: The Next Great Generation,” since the end date of the cohort crossed into the new millennium.

This is a huge and fascinating demographic, and the focus of much speculation related to workplace behavior. Millennials are the most ethnically and racially diverse of the generational groups and may include more second generation Americans than any other cohort in the melting pot of U.S. history.

This being said, generalizations cannot be easily made, since Millennials include a numerical, ethnic, racial and socio-economic span broader than any previous generational group studied.



Some characteristics of the Millennial generation include:

- Growing up with an extreme affinity for and comfort with technology
- Tremendous, positive attention and influence from parents and teachers
- Structured, supervised childhoods with very little unscheduled time
- Unusual respect for authority and acceptance of ‘the rules’
- Belief in the collective power and positive influence of their group

Some of the historical influences on the first wave of Millennials in the workforce include:

- The Columbine school massacre
- The Oklahoma City bombing
- The Lewinsky scandal and subsequent impeachment trial of Bill Clinton
- The Rodney King riots
- The terrorist attacks of September 11, 2001

This group has never known an unwired life and often multitasks. They have an unprecedented ability to remain connected, and have a drive to communicate with friends and family. Laptop computers with wireless connections to the Internet, social networking sites, cell phones with Bluetooth headsets and text messaging, Nintendo and Xbox video games and beepers are as normal to Millennials as Howdy Doody, television and the hula hoop were to Boomers. They are constantly instant messaging or texting friends and family, taking photos with cell phone cameras, and showcasing their interests on social networking forums like MySpace, Facebook and YouTube.

They have been accustomed to influencing their parents to purchase ever better technology and have never (until recently) seen the economy shrink or fail. Most have led highly structured lives, with undue influence from their hovering parents, sometimes called ‘helicopter’ parents.

The Workplace Fighting Four

The practical issues of reconciling four generations in the workplace have been widely discussed. Many U.S. corporations have even hired consultants to sort out workplace problems, identify generational differences and uncover generational motivations.

Veterans, Baby Boomers, Generation X, and the Millennials comprise the four generations working today. Each group has its own expectations and ideals, especially about their work lives, and were influenced by the historical forces within their generation. Keeping workplaces functioning on an even keel and keeping everyone engaged is crucial.

Veterans (born before 1946) remember vivid stories of deprivation because of the Great Depression and WWII. As such, they value steady work. Most are respectful, loyal employees and tend to remain with one employer for the majority of their careers.

Baby Boomers (1946-1964) think the world is their oyster, and their defiant attitudes were shaped by the turbulent ‘60s and the Vietnam era. They are independent thinkers who could not wait to change the world. Many are now struggling with caring for dependant parents and college age children.

Gen X’ers (1965-1979) grew up with technology. They were latchkey kids who became strong and independent. They have largely refuted the ‘work is all’ attitude of their parents and grandparents, and have quested for a sense of meaning and work/life balance. This resulted in many being proud to embrace the moniker ‘Slackers.’ Perhaps because of their latchkey history, time with their families is extremely important to them.

Millennials (1980-2002) seem to have more in common with the Veterans than they do with the Boomers and X’ers, although they are goal oriented and want to achieve and progress in their careers. They have a sense of optimism and perceive systems as friendly. They want to build transferable skills, and may be more loyal to their work team than their employer.



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Many generalizations have been made about the “first wave” of this youngest working group, and cannot be accurate for the entire cohort. But perhaps the largest challenge they face in entering the workplace is the disapproval of the workers older than them.

While it is true that every younger generation in the workplace is to some extent viewed as an interloper, the three other generations largely see Millennials as wanting it all (including positions of authority) without ‘paying their dues.’ Boomers are especially guilty of this, as up until now, they have been the generation that has dominated the work setting.

Baby Boomers worked hard, ‘paid their dues’ and often sacrificed to get ahead in their careers. Succeeding at work was a primary goal, and they believe that other generations should view work the same way. But the younger generations hold a much different perception.

In fact, Gen X and the Millennials have seemed to exert tremendous influence on the older generations when it comes to workplace behavior. Take work/life balance, for example. No Boomer hoping to keep a job would have ever complained about working extra hours, nights or weekends.

But Gen X and the Millennials expect reasonable work/life balance in the same way that they expect to use cutting edge technology at work. They know they are needed, and that they have their choice of careers. They also expect to move often throughout their work lives, to keep learning, to progress in responsibility and to find fulfilling work.

In this sense, health care can be an ideal setting for the Millennial worker, for they will find great application for their skills and intelligence, the ability to move into positions of leadership and the satisfaction of altruistic work that benefits their fellow human beings.

Retirement Tsunami Averted

RNs from the Veteran and Baby Boomer generations were predicted to be retiring in droves beginning in 2012. But with the serious economic crisis facing our nation and the concomitant drop in the value of homes, pensions and retirement accounts, it would not be surprising to see nursing retirement dates pushed farther into the future. The hopes for upcoming retirements have evaporated for many.

Some did not want to retire, and still others continue to work to maintain health benefits for aging dependant relatives, or to pay tuition for college-aged children.

This delay in departing the workplace is good news for nursing, as the Bureau of Labor Statistics predictions of staggering shortages because of new positions and inability to fill positions vacated through retirement painted a dire picture.

However, some rethinking of how work is done will be in order. There will be an increasing need for better movement of aging RNs from physically demanding bedside work, which may provide the class of outstanding mentors the Millennial age RNs need to forge ahead. And what better profession for retirees or those semi-retired, given the diverse practice areas and wide arrays of work hours?

Some excellent suggestions for retention of older nurses were made in the 2006 Robert Wood Johnson-sponsored white paper, “Wisdom at Work.”¹ With the current economy in mind, employers might be wise to revisit the recommendations and findings of that publication, and seek to implement or redesign current nursing roles for older workers with a view toward their mentorship of the young, upcoming nursing workforce.

And we must be careful that the delayed exodus of older nurses from the workforce does not delay Millennial advancement through the ranks of the profession. We must be willing and able to create programs that grow the transferable skills of the new nursing generation, and allow them to grow and progress in their careers, and assume positions of leadership.

¹To download a copy of the paper, visit www.rwjf.org/files/publications/other/wisdomatwork.pdf



Mentors and Friends

Boomer RNs were fortunate to have older, experienced nurses waiting to help them to acclimate into the workplace, and to acquire the artful skills that accompany the science of nursing. This helped Boomer nurses ease into the transition from student to RN.

They entered the workforce at a time before DRGs, managed care and short lengths of stay in the hospital made acuity skyrocket. They entered into the workforce before AIDS and Hepatitis C, and at a time before technology allowed significant surgeries on frail elderly patients. They were able to 'grow into' these transitions and adapt their practice.

The high acuity, fast paced, treacherous workplaces of today offer little ease for Millennial nurses starting out, and can simply wear out all but the most stalwart and determined. Technology in bedside nursing has progressed, but not at the pace of technology in general in health care or throughout society, often leaving Millennial RNs wondering why they chose this career path.

Overall assessment, dressing wounds, changing lines and turning dependant patients has not been altered much through technology. Intimate contact, both physical and emotional, is still a hallmark of nursing, and nurses remain the sentinels of the hospitalized patient.

Juggling multiple patient needs with physician demands and maintaining the ability to keep sight of the big picture has not become any easier. And to conscientious Millennial RNs, the threat of injuring or killing a patient through mistakes or neglect looms large. In many organizations, support positions are being cut due to economic issues, so RNs may also have expanded non-clinical related duties.

This is where solid onboarding programs, mentorship opportunities and nursing residency programs can make all the difference both to new nurses and the patients in their care. The Millennial generation has been accustomed to structure, guidance and intervention from their parents and teachers, and will likely expect the same in their careers. In nursing, it should be demanded, as there are few other professions with as much responsibility.

To the most seasoned professional, the pace and acuity today can present a daunting challenge. To the newest among RN professionals, it can be completely overwhelming. If we do not provide the mentors to show the reward and value — to nurses and patients — in this work, we risk the profession dying out all together, or morphing into something we do not recognize.

Education Must Change

Some of the problems new RN graduates face is inherent in the way we currently provide nursing education. Students who do not receive robust clinical experiences that will be somewhat similar to the working conditions they face need more than average assistance to acclimate to their professional roles. Unfortunately, this describes the case for the majority of nursing students graduating today.

The obstacles to entry into programs presented by the lack of nursing educators must be addressed, along with traditional legacy funding for separate schools. Few states offer colleges any incentive to become creative or to share resources for the greater good. Use of skills labs and master teachers could open up more slots to would be nurses, and offer them a more realistic preview to their work. Skills labs especially can provide a safe learning environment for student nurses, and an opportunity to learn from mistakes made without patient consequences, therefore building both the knowledge and confidence of new practitioners.

Students must be exposed to the clinical setting sooner, through shadowing, collaboration and conversation with practitioners at the bedside - in touch with the realities of the clinical setting. Today's Beacon Units and Magnet facilities offer opportunities to observe shared governance practices, problem solving communication and professional interactions between nurses and among the interdisciplinary team. Student nurses should be exposed to the resources available to professional nurses in shaping and improving their work environments.

In addition, the interpersonal people skills required in nursing do not get enough focus in our educational programs. RNs share difficult information —literally - about life and death situations, using clinical language. The in-depth



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communication at all levels, comfort with close and intimate proximity to strangers and ability to negotiate and delegate without bullying or being bullied are skills that must be modeled for new practitioners.

Middle and high school Explorer's Programs, or Future Nurses Clubs need to be revitalized, exposing our youth to the rewards and challenges of careers in nursing. We need to charge children's imaginations, and involve their curiosity and ideas as to how future nurses will practice. We need to showcase technological advances, and influence career decisions at a much earlier age.

Integration of Technology

There are disciplines of health care outside of nursing – such as health information management, the pharmacy and the laboratory – that have better used technological advances to the benefit of their practitioners. Much of the tedious work in laboratories has become computerized or automated, and pharmacies make routine use of robots to decrease medication errors or to facilitate delivery of drugs to hospital units. Students in these areas have received different training, and in information technology entirely new career paths have opened as a result of technological advances. The same cannot be said for nursing.

The average floor RN may be charting in an electronic medical record, but the only change for that nurse is that they are using a computer terminal rather than a paper and pen to complete that documentation. Despite the availability of cost effective and time saving methods to decrease time spent in documentation, (voice activated dictation straight to the record, smart room technology etc.) few organizations have invested in these technologies. A recent 36-hospital time study of nurses on medical surgical units showed that nurses spent a greater proportion of their time each shift doing documentation than performing hands-on patient care.

Although we are a litigious society, it is doubtful that anyone would argue that the RN's time is best spent doing documentation. Proper documentation is extremely important, but it could be better facilitated in the ways it has been for physicians for decades. Precious additional minutes at the bedside would be beneficial to both RN and patient, and would no doubt result in more optimal patient outcomes.

Also in regards to documentation, expressing cohesive thoughts and spelling them properly is an area where Millennials — even those who graduate from college — are found wanting. A 2006 Conference Board report ranked Millennials in several areas, and found written communications and writing in English to be in great need of improvement. Could this be the result of constant text messaging, perhaps?

Critical care units, EP labs and surgical suites probably incorporate the most technology that working nurses encounter, with ventilators, programmable medication administration based on vital signs, gamma knives and surgical robotics. We must consider the Millennial cohort's love of technology and better incorporate it into nursing, or lose them to other, more progressive, disciplines. The technology is there, adaptation into the average clinical setting awaits. Perhaps Millennials themselves will aid our profession in the better use of technology in every clinical setting.

Collaborative Spirit

Millennials have team spirit! They were set up not to compete, but to collaborate.

They were guided into activities from early ages, and want to belong to cohesive teams. The youthful Millennials often played in leagues that had no losers and in which everyone got a trophy just for participating. Developing a team focus may offer a better way to work more successfully with the Millennial RN, although their ideas of how teams work may need some revision.

In health care, this may be especially helpful, since teamwork is critical when the multi-disciplinary team must function together to optimize patient care. The Millennials are willing collaborators, and can function well as team members.

In a conversation with managers of Millennial nurses, it was interesting to learn that it was apparent to managers which of their Millennial RNs had played competitive sports, or had come to work for them after military service. Those two experiences seemed to produce nurses with improved critical thinking skills and a better ability to take on



leadership roles within the multi-disciplinary team focus. They possessed the ability to look not just at the problem at hand, but also to view that issue in light of the big picture.

Managers found that Millennial RNs who did not have such experiences did well when assignments were task oriented. They could successfully complete assigned tasks, but often missed other information uncovered while performing the task. They were largely unable to apply (or were unfamiliar with) critical thinking skills, and were more easily frustrated by the demanding work environments in today's hospitals.

This is not surprising for a generational group who is accustomed to structure, planning and frequent, positive feedback. They were raised as compliant rule followers, and are used to being offered choices when decisions must be made. They are more familiar with drop-down menus that provide acceptable options than drawing their own conclusions based on the evidence they have uncovered.

Now consider this in the typically chaotic health care work environment of today. There are no drop-down menu options to choose from when confronted with patient assessments or complications, or the vagaries of communicating with physicians.

Critical thinking involves a different skill set that must be developed. We must assist Millennial RNs in cultivating and honing this skill set. It is not enough that they understand what to think, but they also need the mentorship and examples of how to develop inferences and outcomes from what they think. The most successful nurses are able to assess all aspects of a situation or patient condition and develop a plan of care from what they synthesize. This is another skill set that could be focused on during residency programs.

Otherwise, we risk losing great Millennial RNs to frustration or to the negativity they will encounter from their older peers when they cannot successfully perform. We need to think ahead to engage their collaboration, and to demonstrate that we as employers are fostering their learning, which will enable them to move up within the ranks of the profession.

Residency Programs

Just as physicians are offered residencies, new graduate RNs should be offered similar programs after graduation. Residencies would offer a continued atmosphere of learning, and help worried new grads make the transition from student to fully responsible RN with greater ease. Such structure would fit with the way Millennials have learned all their lives, and would remove some of the strain from the busy, experienced nurses who precept one new grad after another, only to have them leave out of fear or frustration.

These residencies would be an ideal way to utilize the knowledge and experience of the Veteran, Boomer and Gen X nurses in the workforce, and provide a structure to pass the torch in a positive way to a new generation of nurses.

Overall, well thought-out residencies should stem some of the exodus from the profession commonly seen within the first 18 months of practice, as new grads become overwhelmed amid the chaos of the workplace. While it is true it will delay the start of these practitioners, it should more than compensate by turning out RNs who are physically, emotionally and intellectually prepared to meet the demands of their profession.

These residencies could take place within health care organizations and would ultimately cut down on the amount of orientation needed for new graduates. The work environment and culture of each organization would serve as a beacon (or deterrent) for prospective residents, and those with outstanding and collaborative cultures would shine in attracting and retaining the best and brightest to their organizations.

In recent years partnerships between universities, private employers and state boards have occurred sporadically across the US. These partnerships need to expand and progress to the next level. Universities and colleges must team up with private employers and state boards of nursing to make residencies a reality. Our new graduates need them, and the profession and the patients in our care would benefit greatly from well-executed, structured residency programs.



Helicopter Parents

Much has been made of the ‘hovering’ or ‘helicopter’ parents following their children into the workplace and dogging employers from the job interview to the annual review. The very aggressive parents have even been dubbed ‘Black Hawk’ parents, because of their intrusive persistence when it comes to advocacy for their offspring.

If nursing develops a more collaborative style in onboarding and mentoring Millennial RNs, much of this intrusion would be nipped in the bud. Residencies, too, would be another safety net for the new graduate, offering the supportive assistance they have become accustomed to. It fits well with Magnet and Beacon Unit standards of professionalism, and is in the best interests of the profession.

Some workplaces may want to develop guidelines as to when parents can be involved, but many are including parents in the hiring process, as their influence on their children is strong. In addition, with so many Millennials as second generation Americans, the parental influence is tremendous when it comes to choosing careers. This is another reason to reach out to children and their parents when they are in Middle School.

Millennial Leaders

It will not be too far into the future when Millennial RNs will take leadership positions by sheer dint of their numbers in the workforce. What we offer now as a way to bring them into the profession in a nurturing and careful way will greatly influence how they behave as leaders.

As previously mentioned, the delay of the older workers exiting the nursing workforce should not impede the progress of Millennial RNs in taking on greater responsibility and leadership roles within the profession. We have been given the gift and opportunity to set succession planning into place, and health care employers would be wise to set out well-defined career tracks for Millennial RNs entering the workforce. This progression toward career growth could enhance retention and provide a smooth transition of power in coming decades.

Their generational values fit well with nursing precepts, and their comfort with technology could enhance practice in ways we cannot even imagine. Now is the time to engage the minds and hearts of Millennials and help them help us create Nursing’s future.

For more reading on traits of the Millennial workforce, Bernard Hodes Group has sponsored the New Voices Project. It is a study of career attitudes and media usage of the Millennial generation. It focuses on social networking behaviors and job search and employment preferences. The objective of this research is to give organizations a resource to use in support of the development of successful recruitment strategies for attracting Millennial talent. Although it is not health care worker specific, it will identify many traits of the Millennial job seeker, which will be helpful to health care employers. Survey results will be available at www.hodes.com in December, 2008.



About The Author

Kate Christmas draws on her RN experience of more than thirty years, which has included clinical and management experience, plus a dozen years as a health care recruiter. For the past eight years, she has been a Vice President of the Health Care Division of Bernard Hodes Group, an integrated talent solutions company. Kate has written numerous articles on health care recruitment and retention, and has presented to groups regionally, nationally and internationally.

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