Coaching of Millennial Nurses: A Retention and Engagement Strategy

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Executive Summary

Despite the notable rewards, the demanding career field of nursing can become taxing due to staffing hardships, lack of teamwork, lack of resources, and/or lack of engagement. Being a lifelong profession for many, the nursing career presents a diverse generational range of learning styles, personality traits, and characteristics. Unfortunately, lack of millennial engagement and retention have been negatively impacted compared to other generations due to conflicting leadership styles and lack of necessary resources to meet the needs of this young generation.

The University of Mary Master in Science of Nursing: Nursing Leadership and Management project team (UMary project team) along with Ms. Denise Moser, Nursing Director of Specialty and Med/Surg at University of Minnesota Health have identified the need to engage and retain nurses at University of Minnesota Health (M Health), specifically the millennial generation. Based on this need the UMary project team has implemented an Evidence Based Practice (EBP) project providing 1:1 coaching strategies to millennial nurses on two inpatient hospital units at M Health.

The average financial cost associated with bringing a new nurse onboard to an organization is $82,000. The idea of implementing a 1:1 coaching worksheet along with more frequent communication between millennial nurses and their managers has the potential of saving the organization hundreds of thousands of dollars.

The millennial generation has become the workforce’s largest percent of the working population with differing communication styles, views of leadership, and expectations than other generations. The UMary project team strategized and analyzed current internal and external data
and performed a literature review to determine a tactic to improve engagement and retention. The UMary project team then planned and implemented a formalized 1:1 coaching worksheet that would be discussed during individual monthly meetings with the millennial nurse and their nurse managers.

The significance of this project was based on the premise that nurses of the millennial generation require more frequent engagement and feedback from their managers. This recurrent feedback empowered the nurses and allowed them to be in more control of their performance. Evidence found that this frequent communication improved engagement and long term organizational commitment to this generation.

The shortage of available resources for nurse leaders has equally contributed to the lack of retention. Through the 1:1 worksheet and monthly meetings, the organizational gap has the potential of becoming seamless. The goal of the project was to see a 5% increase in retention and engagement of millennial nurses on these respective units. This would be demonstrated by effectively leading and managing millennials through frequent engagement between nurse managers and millennial nurses using the 1:1 worksheet.

Further, the UMary projects team’s evaluation confirmed the literature review information. Frequent communication with feedback from managers to nurses are an important piece of the millennial generation’s performance needs. This new resource holds both the nurse and the manager accountable empowering each role supporting the needs of millennial nurses and the organization.

Already, both inpatient units are demonstrating a 41% increase in potential retention of the millennial nurses on these two respective inpatient hospital units at M Health. The members
of the UMary project team working with the partnering organization will continue to collaborate with human resources and nursing leadership to develop a plan to reach out to millennial nurses on more units. The focus will be widespread organizational improvement of millennial nurse retention while providing managers with a valuable resource to provide more effective leadership to these nurses.
Coaching of Millennial Nurses: A Retention and Engagement Strategy

The millennial generation, defined as anyone born between 1980 and 2000, has differing characteristics than other generations and they require alternative approaches to retaining and engaging them in their work. Millennial nurses make up a large portion of the nursing workforce. Engaging and retaining this population of nurses is important to assure we have the nurses needed to care for our patients. This Evidence Based Practice (EBP) project through the UMary project team will evaluate the evidence from internal data from M Health related to organizational and staff needs as well as external data from literature review regarding tactics that can influence millennials retention and engagement. Based on this information the UMary project team will implement and measure the effectiveness of a leadership coaching strategy to improve retention and engagement of millennials at M Health.

**Problem Statement**

This is a unique concern in that this project focuses on the retention of the millennial generation registered nurses. Through collaboration with M Health, the UMary project team is looking to empower millennial nurses, nurse leadership, and the organization as a whole in regards to nurse engagement and retention. According to the American Association of the Colleges of Nursing (2010), the United States is projected to experience a shortage of registered nurses that is expected to intensify as Baby Boomers age and the need for health care grows. This unavoidable circumstance poses a notable concern to the nursing profession. Furthermore, according to the Deloitte Millennial Survey (2016), of 7700 millennials in 29 countries with a college degree and a full time job, one in four millennials would quit his or her current employer to join a new organization or to do something different. Because of the above circumstances,
resources to assist in engagement and retention of millennial nurses at M Health is a priority focus.

There are various reasons this rewarding profession continues to struggle with engaging and retaining nurses. One example is demonstrated by how the millennial nurse views his or her manager. In the article, Engaging millennials: Leaders work on retaining younger generation of nurses, Jimenez (2016) points out that millennials respond better to leaders that they can see as coaches or mentors. This change in engagement between the millennial nurse and his or her manager does not cause the manager to lose authority, but is perceived more in an assistive manner to the nurse which changes the perspective of the millennial nurse. When this type of working relationship is developed, the millennial tends to be more successful (Jimenez, 2016). In the same article by Jimenez (2016), it was discovered that millennials not only thrive when they are entrusted with leadership, but also when they have the freedom to move to new roles within a hospital opposed to staying in one area. Manatee Memorial Hospital in Bradenton Florida developed a Grow Your Own program giving nurses the opportunity to transfer within the organization to improve nurse retention opposed to leaving the organization. To qualify for this consideration, one had to maintain good attendance and be without disciplinary actions.

Based on internal data from M Health, the national nursing shortage, retirement, and the costs associated with turnover, the UMary project team has discovered the retention of millennial nurses holds significant value. This project will improve strategies among nurse leaders, to empower millennial nurses, increase the generational knowledge base of leaders, and provide valuable resources to improve engagement and retention.

**Significance of Clinical Problem at the Organizational Level**
Nursing leadership at M Health has identified an organizational need to improve the retention of millennial registered nurses. Currently, resources available to assist nursing leadership with this need are not available and M Health has requested the UMary project team develop a tool to aid with this gap leading to more frequent communications with leadership.

Millennial nurses expect more coaching and mentoring than any other generation in the workforce. They are optimistic, goal-oriented, and seek opportunities for self-development. They desire structure, guidance, and extensive orientation. Personal feedback and formalized clinical coaching and mentoring programs are highly valued (Sherman, 2006). Generational diversity, including workforce differences in attitudes, beliefs, work habits, and expectations, have proven challenging for nursing leaders (Sherman, 2006). Effective nurse leadership strategies hold significant value on nurse satisfaction as well as the organization’s reputation of the nursing profession. Leadership methods have changed from the types used for the baby boomer generation compared to that of the millennial generation. Technology and communication styles have changed and are expected by millennials. To retain nurses and be a successful leader, one must learn and provide these methods to promote staff engagement and satisfaction. This project aims at enhancing leadership capabilities.

**PICO Question**

To guide this EBP project, the UMary project team developed a PICO model question based on population (P), intervention (I), comparison (C), and outcome (O) (Heneghan & Badenoch, 2002).

P = Millennial generation registered nurses

I = Implementation of 1:1 coaching/mentoring sessions

C = Compared to annual performance reviews
O = Influence engagement and retention

The PICO question for this project is: “In millennial generation registered nurses at M Health how does the implementation of 1:1 monthly/coaching mentoring sessions influence engagement and retention of millennial nurses compared to annual reviews?”

Purpose Statement

The purpose behind this EBP project is to implement leadership coaching strategies as well as resources and tools that will assist in engagement and retention of registered nurses of the millennial generation. These tools and developed resources will boost the knowledge base of leaders regarding the millennial generation in terms of work ethic and climate, preferred communication styles and strategies, frequent meetings with nurse manager as well as development of coaching strategies. The UMary project team is looking to decrease this gap by increasing communication among nursing leadership and millennial registered nurses. The project will be implemented on one adult inpatient and one pediatric inpatient nursing unit at M Health. A 1:1 communication worksheet will be used to assist in determining staff need as well as goals, priorities, and concerns. Implementing these resources and tools will also decrease hundreds of thousands of dollars associated with nurse turnover.

Review of Literature

Literature Search

Retention of millennials in the nursing workforce can be challenging. As millennials in the workforce continue to grow in numbers, research has began to show trends in what millennials need to feel engaged in their work and in turn retained by the organizations. In gathering the external data for this project the UMary project team focused on specific needs of the millennial
in the workforce. To do this they utilized a keyword search. This included the keywords of millennial, retention, engagement, coaching, mentoring, and feedback.

For the purpose of this literature review the following databases were used: Health Source: Nursing Academic Edition, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Elton B. Stevens Company (EBSCO) Megafile, Medline with full text, PsycINFO and Academic Search Premier. Articles were chosen from the time period of 2008-2016. Articles were selected based on relevance to the topic as well as currency of the article. Related literature sources were also found through review of the chosen articles reference lists and added to the references for this project if found relevant. Table 1 illustrates the keywords searched, databases used as well as the number of results found. Table 2 illustrates the external data matrix grid for the studies that influenced the project. This table includes citation of article, research purpose, study design, sample, data collection and measures, analysis and outcomes, strengths and limitations, Joanna Briggs level of evidence and study quality. Systematic reviews and expert opinion were also influential in the project but are not included in the matrix grid.
Table 1

External Data Literature Search

<table>
<thead>
<tr>
<th></th>
<th>Health Source: Nursing Academic Edition</th>
<th>CINAHL</th>
<th>EBSCO Megafile</th>
<th>Medline with full text</th>
<th>PsycINFO</th>
<th>Academic Search Premier</th>
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</thead>
<tbody>
<tr>
<td>Millennial + Retention</td>
<td>27</td>
<td>20</td>
<td>220</td>
<td>8</td>
<td>41</td>
<td>82</td>
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<tr>
<td>Millennial Retention + Engagement</td>
<td>34</td>
<td>15</td>
<td>2</td>
<td>16</td>
<td>76</td>
<td>158</td>
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<tr>
<td>Millennial Retention + coaching</td>
<td>1</td>
<td>15</td>
<td>2</td>
<td>10</td>
<td>36</td>
<td>1</td>
</tr>
<tr>
<td>Millennial Retention + mentoring</td>
<td>2</td>
<td>17</td>
<td>3</td>
<td>10</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Millennial Retention + feedback</td>
<td>43</td>
<td>24</td>
<td>1</td>
<td>30</td>
<td>49</td>
<td>158</td>
</tr>
<tr>
<td>Full APA Reference Citation</td>
<td>Research Purpose</td>
<td>Study Design</td>
<td>Sample (Setting)</td>
<td>Data Collection/ Measures</td>
<td>Analysis/ Outcomes</td>
<td>Strengths/Limitations</td>
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<tr>
<td>Aruna, M., &amp; Anitha, J. (2015). Employee retention enablers: Generation Y employees. <em>SCMS Journal Of Indian Management, 12</em>(3), 94-103.</td>
<td>The purpose of this research was to identify common themes to retaining generation Y employees including mentoring, career development, job satisfaction, inclusive style of management, work environment and nature of working style.</td>
<td>Descriptive Study</td>
<td>100 Gen Y employees from Coimbatore in the IT sector</td>
<td>Employee retention questionnaires were used.</td>
<td>Descriptive Statistics, correlation and regression analysis</td>
<td>This study depicts that good mentoring support and luxurious workplace are the important factors for retaining Gen Y in a particular enterprise</td>
</tr>
<tr>
<td>Carpenter, M. J., &amp; de Charon, L. C. (2014). Mitigating multigenerational conflict and attracting, motivating, and retaining millennial employees by changing the organizational culture: A theoretical model. <em>Journal of Psychological Issues in Organizational Culture, 5</em>(3), 68-84.</td>
<td>The purpose of this research was to identify themes and subthemes managers, executives and human resources play in attract, motivate, and retain Millennials.</td>
<td>Qualitative Grounded Theory Study</td>
<td>18 participants: directors, managers, supervisors, and leads, who had varying years of experience</td>
<td>Face to face interviews, recorded and transcribed for coding and analysis</td>
<td>Constant comparative analysis including open, axial, and selective coding</td>
<td>Common themes found were the changing role of the manager, generationa l diversity, managers role in empowerment and development, the need for increased resources</td>
</tr>
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</table>
The purpose of this research was to look at Millennial (Nexter) nurses intention to quit a job or career in nursing. A questionn aire was mailed to the participa nts asking questions regarding socio-demogra phic variables, psychosocial work environm ent, social support and effort/re ward. It found this generation intended to quit a position and even a career in nursing if there is a effort/re ward imbalance, lack of support and psychologic al demands and job strain. It is important for managers to provide a

<p>| Lavoie-Tremblay, M., O’Brien-Pallas, L., Gelinas, C., Desforges, N., &amp; Marchionni, C. (2008). Addressing the turnover issue among new nurses from a generational viewpoint. Journal of Nursing Management, 16(6), 724-733. doi:10.1111/j.1365-2934.2007.00828.x | Quantitative study using a Correlational Descriptive Design | 1002 Register ed Nurses under the age of 24 who received their educatio n in and worked in Quebec were contacte d but 309 particip ated | Descripti ve Statistics of variables as well as compara tive analysis | IIV | High Quality |</p>
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Study Design</th>
<th>Data Collection Method</th>
<th>Data Analysis</th>
<th>Area of Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olson, M. E. (2009)</td>
<td>The &quot;millennials&quot;: first year in practice.</td>
<td>Qualitative Interpretive Longitudinal Study</td>
<td>Private face-to-face interviews using open ended questions at 3 months, 6 months and 1 year</td>
<td>Text analysis using Manen’s Phenomenological method</td>
<td>Work environment that is meaningful and supportive.</td>
</tr>
<tr>
<td>Wieck, K. L., Dols, J., &amp; Landrum, P. (2010)</td>
<td>Retention priorities for the intergenerational nurse workforce.</td>
<td>Triangulated Methodology with surveys and online survey over a two month period</td>
<td>Comparative analysis</td>
<td>Each generation had varying desired nurse manager traits.</td>
<td>IV</td>
</tr>
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</table>


**Summary:**

Olson's study aimed to explore the perceptions of novice Millennial nurses during their first year of work in an acute care setting. The study included two subgroups of new graduate nurses (6 with a bachelor's of science in Nursing and 6 with an associate's degree in nursing). Data was collected through private face-to-face interviews using open-ended questions at 3 months, 6 months, and 1 year. The analysis involved text analysis using Manen's Phenomenological method, and common themes found included concern over the acute care setting being unfamiliar, concern about physical and emotional challenges that were unexpected, concerns over finding their place and their voice among coworkers and concerns about performance.

Wieck et al.'s study focused on the retention priorities for the intergenerational nurse workforce. The study assessed different generations using triangulated methodology with surveys and an online survey over a two-month period. Each generation had varying desired nurse manager traits. The IV quality assessment suggests a high-quality study.
Synthesis of Current Literature

Common themes were found when evaluating the external data. These themes include the millennial generation, millennial retention and engagement strategies, and more specifically coaching millennials. Below is a synthesis of current literature as it relates to the different themes.

**Millennial Generation.** Hendricks and Cope (2013) describe “a generation as an identifiable group that shares birth years, age location and important life events at critical developmental stages” (p.718). Millennials are a generation who were born between 1980 and 2000 and have also been called Gen Yers, Next Gen, Dot Com Generation, Net Generation, Digital Natives, and Sunshine Generation (Aruna & Anthia, 2015). There are 81 million millennials in the United States which is the second largest cohort besides the World War II generation (Chung & Fitzsimons, 2013). Some life events this generation has experienced include the fall of the Berlin Wall, school campus violence, World Trade Center attacks, two space shuttle disasters as well as SARS outbreak (Carver & Candela, 2008).

The millennial generation characteristics differ from other generations. Some have described them as a great generation armed with tools and the drive to better the future while others see millennials as over indulged, protected individuals who need much guidance and support (Myers & Sadaghiani, 2010). Regardless of an individual's opinion of millennials they
were raised in a time of prosperity, pluralism, technology, increased federal spending on children and a focus on family values and safety (Carver & Candela, 2008). When looking at millennials in the workplace there are certain characteristics that make them who they are. Millennials thrive on maintaining a balance between work and home, enjoy strong peer relationships, favor a collaborative approach to teamwork, are adaptable to change and technologically savvy (Hendricks & Cope, 2013).

**Retention and Engagement Strategies.** To retain millennials in the workplace it is not just about having them stay but also about commitment. Carver and Candela (2008) describe true commitment as not just staying in a job, but being more satisfied, productive and engaged in the work that an employee does. To retain millennials in the workplace, research shows certain retention and engagement strategies to be successful. Through the various research on retention strategies common themes were seen in the literature review. Thompson and Gregory (2012) explain how work-life balance, meaningful work, attention and recognition, and relationships with managers can be key in not only retaining millennials but leveraging and motivating them as well. Aruna and Anthia (2015) also found that mentoring, career development, job satisfaction, inclusive style of management, work environment, and nature of working style are important motivators for millennial retention. Lastly, Hershatter and Epstein (2010) explain how as leaders we need to provide millennials with clarity of role, feedback, work-life balance, ability to advance in their role, a positive work environment, an employer who takes interest in them as well as an organization that is loyal to them.

**Coaching Millennials.** With the many retention strategies that influence millennials, coaching is a specific strategy focused on for this project. Leaders can be influential in retaining millennials by actively and regularly coaching and providing guidance and feedback. Hendricks
and Cope (2013) explain how “coaching is a way to help people make the best use of their own resources. It is a way to bring out the best of people’s capabilities” (p. 722).

Hendricks and Cope (2013) go on to explain how millennial nurses expect more coaching and mentoring than any other generation in the workforce and millennials want personal feedback as well as opportunities for self-development. A study by Olson (2009) revealed how novice millennial nurses desire ongoing feedback in relation to performance. Those who received yearly performance reviews felt they did not receive enough feedback on how they were doing and too much time passed without face to face time with their managers. Another study by Wieck, Dols and Landrum (2010) showed how millennial nurses want a manager who is supportive, values their participation in the work, and offers praise and gratitude sincerely and regularly.

Myers and Sadaghiani (2010) explain how “Millennials expect close relationships and frequent feedback from supervisors. They view strong relationships with supervisors to be foundational for negotiating their roles initially, as well as for their long term satisfaction in the organization” (p. 229). Myers and Sadaghiani (2010) go on to explain how job satisfaction is higher for all employees when managers have open communication which includes sharing information, conveying bad news, evaluating job performance, creating a supportive climate, soliciting input, and disclosing appropriate information. A difference noted by Myers and Sadaghiani (2010) is how millennials also expect communication with supervisors to be more frequent, positive, and affirming then other generations expect.

**Project Problem Identification**

Through numerous interviews with representatives within the organization it was revealed that there is a definite lack of tools available to nurse leaders to connect and mentor staff in which they lead. At this time, there is no formal process in place for managers to mentor
or coach nurses on their respective units. There have been isolated pockets of tools used within particular units, but nothing that has been widely known, utilized and educated to the managers across the hospital setting for use.

Over several discussions with the organizational contact sponsoring the EBP project, she reiterated the change and increase that is being seen in engagement and consequently in retention of millennial nurses within the organization. The root cause identified are there is not any widely disseminated tools to equip nurse managers to increase engagement and retention with millennials. She states and foresees this being a large problem to combat both now and in the future (D. Moser, personal communication, February 13, 2017).

As the review of literature highlights, when millennials receive more frequent feedback and mentoring from their managers, it is highly correlated to increased employee engagement which in turn leads to higher retention rates among millennials in the work segment receiving the increased coaching and mentoring.

**Internal Evidence**

There are numerous existing internal data available that supports the need for an intervention. Feedback and data was gathered from nursing leadership and the office of human resources at M Health. The feedback and data collected demonstrate that the organization would greatly benefit in the areas of cost, decreasing nurse turnover and subsequently increasing employee engagement and retention.

Below are tables that reference two different units within M Health and what their respective rates of voluntary turnover were over the last two years (2015 and 2016). Each table also articulates how many of the voluntary turnovers of nurses on the units were millennial
nurses. All of these tables in regards to turnover were shared with the group from human resources (HR) at M Health and nursing leadership.

Table 3
Voluntary Turnover 2015

This table shows that the total percentage of voluntary turnover in 2015 on this particular adult inpatient unit was 22.5%. Upon further extrapolation, HR stated that 15/18 voluntary terminations were millennials.
Table 4

Voluntary Turnover 2016

This table shows the same adult inpatient unit within the hospital in which the total percentage of voluntary turnover did go down in 2016 compared to 2015 but could be due to a large increase in hiring up of staff during 2016. However, it was noted that of the 13 staff that were voluntarily terminated in 2016, all but one were millennials.

Table 5

Voluntary Turnover 2015

This table represents a pediatric inpatient unit at M Health and respective turnover rates in 2015. Please note that of the 10 voluntary terminations in 2015, seven of them were millennials.
Table 6
Voluntary Turnover 2016

This table represents the same pediatric inpatient unit as in table 5, but shows turnover rates in 2016. While the overall turnover rate went down around 5% between 2015 and 2016, all but one of the eight voluntary terminations were millennials.

As the preceding tables illustrate, there is a need to find tools for managers of millennial nurses at M Health to provide better support and to retain nurses within the hospital at a higher rate than is currently occurring. From a cost perspective, it costs the hospital approximately $82,000 to onboard any new nurse to the hospital. If the hospital could put in place practices that could even reduce the number of voluntary nurse turnovers on any inpatient unit by just six nurses that would save the hospital almost $500,000 alone.

External Evidence

A common theme in regards to coaching and mentoring and its effects on recruitment and retention of nurses was the desire of millennials to have more frequent coaching and feedback especially from their immediate supervisor. Millennials desire to have an open and safe place to have discussion and dialogue with their manager at a higher frequency than previous generations of nurses. M Health as well as many other institutions currently have a system in place that only has formal coaching or performance evaluations for nurses on an annual basis. This current...
practice goes directly against what millennial nurses of today seek which is more frequent feedback as well as recognition and general dialogue between manager and nurse than other generations. With that being said, if millennials do not receive more frequent feedback or recognition from their manager, this will most assuredly lead to increasing turnover rates within the millennial nurse population. Therefore, piloting a formal 1:1 meeting tool in which millennial nurses meet with their manager via email, facetime or in person at least once a month to discuss their goals, obtain feedback and share their thoughts and opinions could be very beneficial for millennial nurse engagement and therefore increase retention rates within millennial nurses at M Health.

**Project Recommendations**

The UMary project team in collaboration with M Health leadership developed the recommendations of developing a 1:1 coaching plan worksheet, educating nurse managers on use of the worksheet and implementation of a pilot to test effectiveness of the coaching worksheets.

**Develop a 1:1 coaching plan worksheet**

As has been reviewed by the literature as well as internal and external data, there is ample evidence to support a more formalized 1:1 coaching worksheet structure with millennials nurses to increase engagement and retention at M Health. One shining example in the UMary project team’s review of literature is from Myers and Sadaghiani (2010) which explains how “Millennials expect close relationships and frequent feedback from supervisors. They view strong relationships with supervisors to be foundational for negotiating their roles initially, as well as for their long term satisfaction in the organization” (p. 229). The hope is this structured
tool will assure the specific needs of the millennial nurse are addressed consistently and completely.

**Educate Nurse Manager regarding the 1:1 coaching plan worksheet**

For consistency and to assure all areas of coaching and mentoring are addressed for the millennial nurses, the nurse managers must be educated on the 1:1 coaching plan worksheet. Providing a more formalized toolkit and educating nurse managers on it should help to develop those close relationships with their millennial nurses and provide the specific feedback they desire on an ongoing basis.

**Implement a pilot**

Once the 1:1 coaching plan worksheet has been developed and nurse managers have been educated on its use, the implementation of a pilot study in which each respective nurse manager meets monthly 1:1 with the millennial nurses is recommended. Each nurse manager should meet with at least 20 millennial nurses on their unit using the 1:1 coaching sheet (Appendix B) supplied to them by the project team. The expectation of the nurse managers will be to offer the participating nurses the option to meet and discuss the 1:1 coaching sheet together in person, email or facetime. This will occur at least once a month with each nurse for a total of three months’ time. At the conclusion of the pilot there will be exit interviews of nursing staff from each unit and both nurse managers that volunteered to be a part of the pilot project.

This brings home the point that the nurse management must buy in to try something new to better the engagement and retention of millennial nurses. They must be open to education on the new worksheet and coaching process which is instrumental to the pilot’s success. This type of leadership process is needed to better support and coach millennial nurses served on nursing units today. As the evidence states if this need for more frequent feedback and recognition is not
met for millennial nurses, it will most assuredly lead to increase turnover which is costly to the hospital, but also ultimately affects the hospital’s ability to provide quality patient care. If a hospital has engaged staff that are invested and want to be working where they are, excellent patient care is a quality byproduct of such an environment.

**Project Implementation Plan**

**Change Theory**

For this project, Lewin’s change theory will support the implementation plan (Figure 1). The first stage of Lewin’s Change Theory is “unfreezing.” In summary, old behavior needs to be unlearned before the new behavior can take hold and be adopted (Schriner, Deckelman, Kubat, Lenkay, Nims & Sullivan, 2010). The key and hope with this project is to offer and have buy in by nurse managers to pilot the 1:1 monthly coaching/mentoring sessions to provide a way to meet the needs of millennial nurses while also providing adequate tools to nurse leaders to support their work. The biggest challenge to “unfreeze” is to get buy in from all nurse managers that this change needs to occur.

The second stage of Lewin’s Change Theory is “movement.” This is when plans for change and implementation strategies are put in place while considering positive and negative aspects that may come up due to this change (Schriner et al., 2010). One of the driving forces is the general understanding by nurse managers and administration within the hospital that there is more voluntary turnover which involves millennials than ever seen before. For example, for one of the inpatient nursing units we are planning to pilot our EBP project on, over the last two years of the 31 voluntary terminations that occurred on that unit, 27 or 87% of them were millennials. The other unit we are piloting our project on had 18 voluntary terminations over the last two years and 14 or 78% of them were millennials. These examples demonstrate that there is a need for change in the way in which nursing leaders serve and lead millennial nurses. On the other
hand, there are negative forces that are resistance to change involved too. In regards to this EBP project, there are some nurse managers that are used to the status quo of providing feedback during annual performance reviews. This is how it has been done for many years and they may not want to upset the apple cart or change their ways. Another negative force working against such a change is the number of direct reports any one nurse manager has that reports to them. The average nurse manager at the hospital in which we are conducting our UMary EBP project has at least 60-90 nurses that report to them. Understandably, trying to navigate the best way to provide feedback that is sought from nurses in our largest segment (i.e. millennials) and balancing nurse manager time and effort is a challenge. However, starting with a small pilot project, evaluating how it works and potentially incorporating technology (which millennials are in tune with) makes us believe there is a way to bring both sides together to make a positive difference. By doing so we hope to have better engaged millennials, improve retention of these nurses as well as supporting the work that nurses managers do.

The third and final stage of Lewin’s Change Theory is “refreezing.” In short, this is where changes that were made are integrated fully and evaluated moving forward (Schriner et al., 2010). This part of Lewin’s Change Theory is the stage that has not and we believe will not reach with our UMary EBP project due to our limited timeframe. However, this project could be setting the building blocks for a larger rollout that could eventually lead to nurse leaders throughout the hospital making and buying into the change to best support and serve our millennials nurses moving forward.
Figure 1. Lewin’s Change Theory Model

Key Stakeholders

Pursuing a culture of workplace excellence is a strategic priority of the organization. To assist in achieving excellence, key stakeholders must be kept at the forefront. Nursing leadership will have a significant role in the implementation of this project. They will be vital in the implementation and follow through with the tools provided. Millennial nurses on the pediatric inpatient unit and the adult inpatient unit will be valuable resources to evaluate the effectiveness of this UMary EBP project. They will be utilizing the 1:1 planning worksheet with their nurse manager and completing exit or phone interviews post pilot study with the UMary project team. Human Resources will be accountable for statistics of nurse turnover and the data will be used to measure success of this project.

With this project, we want to benefit the organization as a whole as well. We hope to do this by influencing the organization’s strategic plan by implementing the necessary tools to meet the needs and desires of millennial nurses as well as the leaders of these nurses. Appendix A is an overview of MHealth's strategic plan. The specific strategic priority we hope to influence is
“Workplace Excellence—Be the best place to work and practice medicine”. One specific tactic of this strategic priority is to increase employee retention by 1% in 2017. As we are focusing on the retention of millennial nurses at M Health our UMary EBP aligns directly with this strategic tactic, priority and our overall strategic plan. By providing the coaching and feedback millennial nurses require we can improve the workplace they are in and meet the strategic priority for this population.

**Barriers and Facilitators of Drivers and Resistors to Change**

In speaking with nursing leadership and human resources, the organization is receptive to a change that will assist in engagement and retention. Currently, there is not a formal tool in place to assist leadership in engagement and retention of millennial nurses. Performance reviews are completed annually which is demonstrated as not frequent enough for the millennial generation per literature review. The vast difference in work climate, expectations, and reinforcement of millennials when compared to other generations forces the need for change. Increased retention of millennials will also facilitate reaching the organization’s strategic plan.

This project will be piloted on two specific units in the hospital. The hope is to get successful results and then spread the project throughout the organization. As the project continues to develop and is implemented, buy in from all the nurse managers within the organization may present a challenge. This resistance to change can limit use of the EBP project. There are many different learning, teaching, and leading styles used by nurse managers and they may think what they are doing is working well for all generations.

**Business Impact**
Implementing the EBP project into M Health will have the potential of improving retention. As a direct result, it is hoped that patient satisfaction rates should rise which may positively affect the organization within the community. Hiring and training costs associated with employing a registered nurse are costly. Turnover costs, in general, have been estimated to range between 0.75 to 2.0 times the salary of the departing nurse (Jones & Gates, 2007). Not only will costs hopefully be reduced, but productivity and continuity of care may be improved leading to better patient outcomes as well as increased staff morale and engagement. Excessive hospital costs resulting from staffing shortages such as diversion, hiring agency nurses and overtime will hopefully decrease with the improvement of millennial nurse retention as well.

**Organization Planning Process**

Through meetings with nursing leadership and human resources, the UMary project team focused on the gaps and needs of the organization. The need for more frequent communication with millennials has been identified. In order to retain this generation of nurses and meet the organization’s future plan, leadership changes must be made to assist this generation. The goal of the UMary project team is in direct line with the M Health organization strategic plan. This EBP project will implement and provide nursing leadership the necessary tools and knowledge to improve workplace excellence. The EBP project is also parallel with the organization’s priority of retaining top talent by implementing best practices for staff retention. Implementing tools to engage and retain millennial nurses will hopefully assist in achieving workplace excellence.

**Implementation Plan**

The goal of the project is by providing monthly 1:1 coaching meetings with millennial nurses, versus the current practice of annual reviews MHealth, will see an increase in nurse
engagement and retention among its millennial nurses. The literature review accompanied with the external and internal data support the need at M Health to develop a new leadership tactic to engage and retain millennial nurses. M Health is a large urban hospital set in downtown Minneapolis, Minnesota. It is a medical center that has two campuses separated by the Mississippi River. One side contains the children’s hospital and behavioral services, while the other contains adult services. As was outlined in our internal data, retention of millennial nurses was a problem identified on both campuses. This is why the project focused on piloting on one pediatric and adult inpatient unit respectively.

The following paragraphs outline the specifics of the UMary project teams implementation plan. It focuses in on who is involved in the project, the timeline of events and who is responsible for each implementation step along the way.

**Program participants.** Program participants include Denise Moser (organizational contact), Deb Quigley (adult nurse manager), Ann Hagerman (pediatric nurse manager), 15-20 millennial nurses on each respective unit on adult and pediatric inpatient nursing units, Kevin Just (UMary project team), Nicole Weiser (UMary project team), Melissa Barlow (UMary project team) and Claudia Dietrich (UMary project advisor).

**Implementation timeline.** The UMary project team used a timeline to map out strategies of implementation for this project which is laid out below.

**December 2016/January 2017.** UMary project team met and discussed proposed idea to organizational contact and sought input from her about the organizational gaps and needs in regards to millennial nurse engagement and retention at M Health. UMary project team reached out to human resources as well as organizational development and learning to gather internal data to validate that there was a gap in retention of millennial nurses at M Health.
**February 2017.** UMary project team reached out to nurse managers at the monthly nurse manager meeting to gather interest on who may be interested in piloting the new monthly 1:1 check-ins and asked for one volunteer from adult and pediatric nurse managers respectively.

**March/April 2017.** UMary project team met with each respective nurse manager and the organizational contact at MHealth. UMary project team educated nurse managers and organizational contact on the 1:1 coaching sheet and process. UMary project will coordinate with nurse managers involved and develop an email to introduce the EBP project to millennial nurses on their respective units requesting participation of up to 20 nurses per unit. At that time, nurse managers and the UMary project team will explain to the nurses the purpose and objectives of the pilot.

**May-July 2017.** Nurse managers and millennial nurses identified on each unit will begin meeting via email, in-person or facetime once a month for 20-30 minutes using the 1:1 coaching sheet as a guide for the next 3 months. The UMary project team will periodically reach out and discuss progress and issues with nurses managers throughout the pilot.

**July-August 2017.** UMary project team will send out an email message to all nurses and nurse managers involved and thank them for their participation. Additionally, the UMary project team will conduct exit or phone interviews of the nurses involved to gather more information on the pilot. The UMary project team will also take at least 30 minutes with each nurse manager involved to get their feedback on the pilot and thoughts or suggestions moving forward.

**August 2017.** The UMary project team will compile and organize results. The UMary project team will present pilot results to the organizational leadership as well as solicit feedback and recommendations moving forward and discuss or answer any questions that may arise.

**Project Measurement Plan**
Retention of nurses is vital for M Health or any clinic or hospital setting today in the United States. As stated earlier in internal data, if the retention rate was increased by three nurses per unit per year on the two identified units, the hospital would nearly $500,000. With this as a backdrop, the UMary project team is hoping for the following: The number of millennial nurses participating in the monthly 1:1 feedback sessions will demonstrate a 5% increase in retention and engagement as evidenced by exit and phone interviews post pilot conducted over the three month EBP project at M Health.

The engagement question that the UMary project team will ask all millennial nurses is if they are more, less, or equally engaged after the implementation project at M Health. The retention question that the UMary project team will ask all millennial nurses is if an equitable job came up in the next 12 months or more would they be more likely, less likely, or the same to stay at M Health in their current role. The UMary project team will compile the results of this data and any other anecdotal evidence and share with M Health leadership.

**Human Subject Protection Statement**

This EBP project’s goal is to increase engagement and retention of millennial nurses at M Health. The evidence based project proposal was submitted to the University of Mary IRB for consideration prior to implementation. The IRB considered the project exempt status. The risks and benefits of participation in this project are outlined in the IRB application in Appendix C.

Seeking IRB approval demonstrates a commitment to uphold ethical standards as well as minimizing risks to all human subjects involved in the project. Secondary data was collected and analyzed for this project with a vast amount being of the organization’s normal day to day operation. The 1:1 coaching sheet will be incorporated into routine communications with staff by the nurse manager as a means to gauge progress of engagement and retention. All responses
provided during exit interviews will be kept confidential and will be reported in aggregate with no identifying information reported to anyone. Two separate meetings, one for the nurses and one for the nurse managers, will be conducted by the UMary project team to review the 1:1 coaching worksheets (Appendix C) and receive feedback that will further guide the project.

**Implementation and Measurement**

**Implementation**

As was hoped for, the implementation of the project went mostly as planned. Beginning in April we were able to meet with the respective nurse managers on each unit and our organizational contact to educate, train and show them the 1:1 coaching worksheet that would be used on a monthly basis. These sessions started the second week of May and were planned monthly for each millennial nurse participating for three months. The UMary project team coordinated with the nurse managers and crafted an email that solidified those involved in the pilot in which there were a total of 34 millennial nurses from the two respective inpatient hospital units. The email outlined the purpose of the meetings, showed the 1:1 coaching worksheet, and the expectation of meetings. They millennial and manager were to meet once a month for 15-30 minutes with the coaching worksheet filled out and ready to review prior to the meeting. It was also highlighted that the meeting could be in person, over email or even via another technological means (i.e. Facetime). Throughout the three month implementation period, the two nurse managers met with 32 of the 34 millennial nurses. Two ended up dropping out of the pilot due to the fact that they moved out of state for family reasons before the true beginning of the project. During the implementation period, the UMary project team periodically checked in with the nurse managers and also conducted post project exit interviews with each nurse manager and all of the millennial nurses involved in the project. During this time, there were
definitely opportunities for improvement as well as ways in which the project was quite effective.

There were several ways in which the nurse managers and nurses thought the project could have been more effective. The lack of time available and finding a time to meet due to other duties of both the nurse managers and nurses made it difficult to fulfill the expectation to meeting once a month for three months. The most any millennial nurse or nurse manager met during the three month project was twice and a few only were able to meet once during the project. Another opportunity for improvement was better communication and understanding of the 1:1 coaching form. Many found it to be quite vague and difficult to fill out in both respective roles and stated they would benefit from a more specific form. Lastly, during the first 1:1 meeting many stated it would have been helpful to have more clear expectations of the 1:1 meeting time and what was the objectives to be accomplished.

There were also many ways in which the nurse managers and millennial nurses felt the project was quite effective. All involved stated that while they maybe did not meet every month during the three month project period, it was outstanding to have 1:1 dedicated time with their nursing staff or their nurse manager. Before this project many of the nurses never had such time before other than their annual review and it felt like a much less pressured environment in this setting. Many also felt that the coaching form being more open-ended and vague was beneficial as it allowed for the nurse manager and nurse to customize the meeting and form to what was important for that individual nurse to focus on in their development. Numerous participants stated they got to know their nurse manager or their nurses on a much more personal level. They felt this project helped them to connect in a way they had never had the opportunity before. Lastly, many stated the true feeling that it helped them understand and hone in on their goals and
development. Nurse managers stated this project helped them understand and relate to their nurses on a greater level and were able to tap into resources to help their nurses develop and grow in a way in which they did not before the implementation of this project.

**Project Outcome Measurements**

From the onset of this project, the UMary EBP project team looked for a validated tool to assess the effectiveness of the project. In working with the M Health leadership and UMary faculty it was decided that the development of a 5 question post project exit interview was the best way to measure the effectiveness of the UMary EBP project on engagement and retention of millennial nurses at M Health. The exit interviews were conducted by a member of the UMary project team via in-person or phone interviews. There were a few that needed to be done completely over email as well. The first two questions were strictly quantitative and focused on engagement and retention of millennial nurses. The first question stated, “After this project are you more, less, or the same engaged in your role as a RN at M Health?” The second question was “After this project if a similar job came available a year or more from now, would you be more, less, or the same in likelihood to stay in your current role at M Health?" The last three questions were intended to get anecdotal data on the project and asked about best aspects of project, how could it be improved and refined from their perspective and any advice and stories they wanted to share. The entire post interview questionnaire can be found in Appendix D. The goal of the project was to increase retention and engagement of the millennial nurses by at least 5% post EBP project. The results of the project were outstanding in so many respects. Of the 32 millennial nurses that participated in the exit interviews, only one was less engaged, 22 stated the same in terms of engagement, but 9 stated they were more engaged in their role as a nurse at M Health. This equates to a 28% increase in terms of engagement post EBP project. In terms of retention, the results were even more dramatic. There was not a single nurse who stated they
were less likely to stay in their role a year from now, 19 who were just as likely to stay and 13 out of the 32 interviewed were more likely to stay after the implementation of the EBP project. This equates to a 41% increase in potential retention of the millennial nurses on these two respective inpatient hospital units at M Health. If these retention numbers were to hold true over the next several years, that would equate to a savings of over $1M dollars on just these two inpatient units alone. These results far exceeded the intended goal of a 5% increase in retention and engagement of millennial nurses on these respective units. As a result, both the nurses and nurse managers feel this is a tactic that should be continued and utilized moving forward on their units in some way.

The measurement tool of an exit interview questionnaire had some strengths and weaknesses that were realized during the outcome measurement phase of the EBP project. The interview was easy to administer by the UMary project team and whether in-person or by phone it only took 3-5 minutes to complete for all involved. The first two questions were right on target to help measure the metric on retention and engagement. However, the wording of the second question on retention could have been more clearly stated as it needed to be rephased to many of the nurses completing the interview. A few of the opportunities during the exit interview process was the availability of the nurses to complete the exit interviews. It took many phone calls or stopping up on the inpatient units and even some questionnaires had to be emailed in order to complete the exit interviews. During the interview many felt setting the expectations of this project from the onset would have been much more beneficial and numerous felt like that aspect was lacking. Lastly, there may have been a likelihood of possible interviewer bias when one of the two inpatient unit nurses completed the in-person exit interviews. The UMary project member conducting the interviews with the nurses on this unit is also an internal nurse manager
at the hospital in which the project is being conducted. Consequently, many of the nurses on this floor know this particular UMary project team member by name and perhaps this could have swayed them to not answer the interview questions as truthfully as if the interview was conducted by a neutral third party.

**Hand-off Plan**

The outstanding measured success of this pilot was discussed, presented (See Appendix E for PowerPoint) and explored with the organizational contact, nursing administration, organizational development and learning and HR leaders. Discussions were presented to explore further expansion of the 1:1 coaching sessions to other nursing units throughout M Health and Fairview Health Services system wide. The members of the UMary EBP project team employed with the partnering organization will collaborate with HR and nursing leadership to develop a plan to routinely reach out to millennial nurses on more units. Collaboration with HR and organizational development and learning will continue to identify possible changes to the process and measure engagement and retention moving forward. Potential suggestions and recommendations to consider include exploring methods of dissemination of this EBP project to show true effectiveness, finding dedicated time for both nurses and nurse managers, finding a balance on how often to meet and for how long, and sharing other excellent organizational development and learning tools available for nurse managers to better engage and retain nurses.

**Conclusion**

Retention and engagement of millennial nurses is important for the organization, the nurses and the patients involved. Literature review and internal and external data support strategies to improve retention and engagement of millennial nurses specifically coaching of these nurses. This millennial generation desires frequent feedback and it is imperative nurse managers provide the coaching and feedback they require. Creating long terms nurses at M
Health will require continued dedication and loyalty of nurse leadership by committing to millennial needs. Both the nurse managers and the millennial nurses will need to maintain accountability to effectively and accurately assess progress. The UMary project team has seen improved retention and engagement of millennials on the pilot units as a direct result of the coaching strategy implementation. The UMary project team looks forward to the continued success and implementation to other units throughout M Health as well as Fairview Health Services system wide. The sharing of this project to assist in the retention and engagement of the millennial nurses is vital to providing great quality care in all medical institutions moving forward and hope this EBP project is able to accomplish that for so many others as well.
References


Appendix A

Strategic Plan

**STRATEGIC PLAN OVERVIEW**

**MISSION**
Fairview is driven to heal, discover and educate for longer, healthier lives.

**VISION**
Fairview is driving a healthier future.

**VALUES**
+ Dignity
+ Service
+ Innovation
+ Integrity
+ Compassion

**DRIVING A HEALTHIER FUTURE**

**STRATEGIC PRIORITIES**
1. Care Continuum Integration
   Work together across the health system to strengthen clinical care, education and research
2. Provider Alignment
   Align with providers who share our commitment to the Triple Aim—quality, experience, cost
3. Workplace Excellence
   Be the best place to work and practice medicine
4. Expanded Reach
   Increase the number of people we serve
5. Economic Sustainability
   Create a sustainable economic model for long-term success

**DRIVING PRINCIPLES**

**EXPERIENCE**
Patients, families, customers first. Always. Every point of contact is designed to exceed expectations. Seamless experience across the care continuum. Highly satisfied patients, families, referring physicians, community partners and business partners.

**EXCELLENCE**
Excellence in execution, implementation and outcomes. Top-decile clinical outcomes. Clinicians, researchers, educators and leaders renowned in their fields. Programs of distinction. Financial performance that allows us to reinvest. High value health care.

**ENGAGEMENT**
Build a culture that engages and excites. Align system-wide processes. Clarify decision making. Consistently rated a top place to work and practice medicine. Engage donors, partners, community leaders and others in helping us drive a healthier future.
Appendix B

1:1 Worksheet

Central Region HR 1:1 Worksheet

Please complete this worksheet 24 hours prior to your 1:1 and send it to your manager.

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<th>PARTICIPANTS</th>
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Priorities (What are your top focus areas?)

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<th>TOP PRIORITIES</th>
<th>KEY ACTIONS</th>
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**EMERGING LIST (Is there anything on the horizon?)**

- ...

Discussion Items

- ...

Career Development Action Items

(What actions have/will you take regarding your Development Plan)

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Key Action Items Resulting From 1:1

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Appendix C
Institutional Review Board Application

(Top Section for IRB Use Only)

_____ Full Committee Review  _____ Expedited Review  _____ Exempt Review

University of Mary
INSTITUTIONAL REVIEW FOR HUMAN SUBJECTS RESEARCH

Part 1: Cover Sheet

Project Advisor: Claudia Dietrich  Div/Dept: Nurse Administrator Program Coordinator
Print Name  Credentials

Project Investigator(s) (as applicable):
Melissa Barlow  Kevin Just  Nicole Weiser

Primary Contact Person: Kevin Just

Phone: 701-40-9633  University of Mary E-mail: kjust1@umary.edu  DATE: 04/19/2017

Proposed Project Dates: Start: 05/05/2017  Finish: 08/25/2017

Project Title: Coaching of Millennial Nurses: A Retention Strategy

Funding Agencies (If Applicable):

Select Project Type:

_____ Research: defined by the Common Rule [46 CFR 102(d)] to be "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." This is traditional research, most often expressed by students as a doctoral dissertation or a master's thesis. Data gathered in this type of investigation is primary data.

_____x____ Action Research/Performance Improvement/Evidence Based Practice Project: Action research is generally conducted by practitioners for the purpose of improving practice for a specific audience, organization, or institution. This type of research is often conducted within health care organizations for the purpose of improving patient care or services within a specific organization or provider network. Data in this type of investigation is secondary data.
● If Action Research is selected, the applicant must submit a letter of support from the sponsoring/cooperating agency. If the project has been reviewed by an internal committee or board, such as a nursing ethics board within the sponsoring agency, evidence of the committee's findings must be submitted. This letter is not commensurate with IRB approval from the cooperating agency. It is recognized student project may also be subject to organizational IRB requirements. Prior to IRB application to the cooperating agency University of Mary IRB approval should be attained.

● If Action Research is selected and the application has been reviewed by a departmental or school-based Performance Improvement/Evidence Based Practice Project Advisory Committee, documentation of the committee’s review and recommendation must be submitted with the application.

Intention to Publish

_____ Intended for Public/Scientific Dissemination

___x___ Intended for Private Use by the Sponsoring or Cooperating Institution

Purpose of the Proposed Study/Project (Attach Research/Project Proposal to IRB application)

___x___ New Project

_____ Continuation

_____ Renewal

_____ Thesis

_____ Directed Study

_____ Student Research

_____ Change In Procedure For A Previously Approved Project

_____ Project To Be Undertaken As An Activity Under A Previously Approved Training Or Division Grant Entitled:

_____________________________________________________________________________

Proposed Project (Check all that apply):

___x___ Involves a Cooperating Agency Or Program

_____ Involves primary data (data that has not previously been gathered and that is gathered specifically and solely for the purpose of the research)

___x___ Involves secondary data (data that was previously collected for purposes outside of the project, i.e. organizational data/benchmarks that are collected on an ongoing basis as a measurement of performance trends).

___x___ Human Subjects Would Be Involved In The Proposed Activity As

   Either:

   _____ None Of The Following,

Or INCLUDING Vulnerable Persons (Check all that apply)

___________ Minors (< 18 Years)
____ Prisoners
____ Pregnant Women
____ Persons with a developmental disability
____ Persons with a cognitive impairment
____ Persons with economic disadvantage
____ Persons with educational disadvantage
___ Persons employed by the Cooperating/Sponsoring Institution
    ___ University Of Mary Students    _____ Other: (Please Explain):

Please proceed to the Project Investigator Signature Page.
The policies and procedures on use of human subjects for research at the University of Mary apply to all activities involving use of human subjects and performed by persons conducting such activities under the auspices of the University. Research activities involving human subjects are initiated once review and approval by the Institutional Review Committee is received.

My signature below certifies that I have reviewed the institution’s policies and procedures on research involving human subjects. I understand my responsibilities and agree to abide by the provisions of these policies and procedures.

For Student Projects: Please sign in the designated space:

_________________________ ____________
Project Investigator University of Mary Email Date

_________________________ ____________
Project Investigator University of Mary Email Date

_________________________ ____________
Project Investigator University of Mary Email Date

_________________________ ____________
Project Investigator University of Mary Email Date

_________________________ ____________
Project Advisor University of Mary Email Date

(Signature indicates this proposal has been reviewed by the advisor prior to submission to the Program Director.)

_________________________ Date
Chair/Program Director
(Signature indicates this proposal has been reviewed by the program director or department chair prior to submission)

Please forward one (1) copy of all four parts of the IRB application and (2) a copy of the research/project proposal to: (only complete applications will be considered).

Institutional Review Board (IRB)
Attn: Dr. Carol Olson, IRB Chair
University of Mary
7500 University Drive
Bismarck, ND 58504-9652

For University Faculty and Staff and for Outside Agent Projects:
University of Mary

INSTITUTIONAL REVIEW BOARD

Part 2: Human Subjects Review

1. **PURPOSE FOR THE STUDY:** Organizational leadership at M Health requested this project based on a lack of available leadership resources to engage and retain millennial registered nurses (RN). A millennial is defined as anyone born between the years 1980 and 2000. M Health is a large urban hospital located in downtown Minneapolis, Minnesota. The organization’s nurse leadership has communicated with the UMary Project Team their concern regarding a high turnover rate among millennial RNs. Further, the Human Resources department has also provided internal statistics to validate the need to develop resources to improve the retention of millennial nurses. The implementation of leadership resources/tools may allow M Health a greater opportunity to promote engagement and thereafter increase nurse retention. The cost associated with turnover is approximately $82,000 which is the expense to onboard a new nurse. It has been noted that the lack of resources/tools available to nurse managers has been related to the continued struggle with engaging and retaining nurses.

This is an evidenced-based project (EBP) as defined in Part 1 of the application. The expected outcome of this project is to implement a 1:1 coaching session provided by nurse managers to millennial nurses occurring at a minimum of once a month for three months. The monthly coaching session will serve as a communication method of increasing millennial nurse engagement and retention to M Health. The monthly coaching sessions will serve to identify the needs of millennial nurses, build relationships between millennial nurses and nurse managers, and provide monthly performance feedback that the millennial generation expects.

2. **PROTOCOL:** The UMary Project Team has full support of the healthcare organization to proceed with this Evidence Based Practice (EBP) Project. A letter of support has been written and is attached to this document.

The changes planned for project implementation will be communicated from UMary Project Team via face to face meeting with the nurse managers of two pilot units, an adult inpatient unit and a pediatric inpatient unit. In collaboration with the nurse managers, an email will be developed to introduce the project to the participating millennial nurses. The nurse managers will then email detailed information to millennial nurses introducing the project along with the purpose, objectives, and goals. Selection of the 20 millennial nurses from each unit will be determined by the nurse manager.
A worksheet will be used for the 1:1 session. It will be provided to the nurse managers of the two units by the UMary Project Team. The nurse managers will then provide the worksheet to the millennial nurses to complete prior to the 1:1 meeting with the nurse manager. The worksheet will give millennial nurses the opportunity to discuss with their nurse managers: priorities and focus areas, career development along with key actions to succeed, general items for discussion, and/or concerns. It will serve as performance feedback as well as general questions and answer dialogue, and a method to track their progress in relation to engagement of the millennial nurse.

The UMary Project Team will present and educate the 1:1 coaching worksheet to the nurse managers. The nurse managers will then provide the same education to the millennial nurses. Each designated millennial nurse will meet 1:1 with their nurse manager monthly for thirty minutes for a total of three months.

This initiative provides nurse managers an opportunity to fulfill the request of millennials; frequent feedback and an inclusive style of management. Throughout the pilot, the UMary Project Team will interact with the nurse managers to discuss progress and concerns. Communication with the millennial nurses during the pilot will be completed by the nurse managers who may reach out to the UMary Project Team as questions and concerns arise.

3. **BENEFITS:** The participants of this EBP project are nurse managers and millennial nurses at M Health. The participants on the two respective units may not notice any benefit as an individual other than knowing that they have participated in a project that may contribute to increased millennial nurse retention at the organization. They may however gain an increase in knowledge, an increase in morale, and an improvement in work processes. The organization may benefit financially by decreasing costs associated with nurse turnover. Benefits to patients may include continuity of care through the retention of nurses.

4. **RISKS:** The participants of the EBP project are nurse managers and millennial nurses at M Health. The psychological, emotional, and economic risks associated with this EBP project are expected to be minimal to both groups because nurses are expected to participate in practice changes as a normal part of their jobs. It is not anticipated that there will be additional costs associated with the implementation of the project as the worksheets, surveys, and interviews will be conducted during scheduled shifts of the nurses. Millennial nurses thrive on routine feedback and desire managers to provide feedback of how they are performing. The monthly 1:1 coaching sessions may meet the
needs of the millennial nurses therefore decreasing physiological and emotional risks for this group of nurses.

5. **USE OF DATA:** The UMary Project Team will provide exit interviews for the nurse managers and the participants in two separate groups. The interviews will serve to collect feedback and measure how effective each group thought the pilot was. The interviews will also focus on how valuable the participants and nurse managers found the experience. The interviews will provide measurable data and allow leadership to determine the future path of the project.

The UMary Project Team will coordinate the interviews of both groups with the nurse managers. The nurse managers will reach out to the participants to ask for volunteers to complete exit interviews. All responses provided during the exit interviews will be kept confidential and will be reported in aggregate with no identifying information reported to anyone. Human Resources will keep internal data regarding nurse turnover. This can be accessed by the UMary Project Team as well as the nurse managers.

6. **CONSENT FORM:** Organizational leadership has determined this project is going to be implemented. Staff do not have a choice whether they participate or not. They are expected to participate. Therefore, informed consent is unable to be obtained.

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**University of Mary**

**INSTITUTIONAL REVIEW BOARD**

Part 3: Human Subjects Informed Consent

Organizational leadership has determined this project is going to be implemented. Staff do not have a choice whether they participate or not. They are expected to participate. Therefore, informed consent is unable to be obtained.

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**Human Subjects Review**

**Part 4: Institutional Review Board Action**
Project Title: Coaching of Millennial Nurses: A Retention and Engagement Strategy

Project Advisor/Principle Investigator: Claudia Dietrich/Kevin Just

_____ The Institutional Review Board approves this project for the ethical use of human subjects.

Additional Comments:

_____ The Institutional Review Board does not approve the proposed project based on the following reasons:

Recommendation:

________________________

Signatures:

IRB Chair __________________________ Date ______ Approve ______ Not Approved

IRB Member _________________________ Date ______ Approve ______ Not Approved

IRB Member _________________________ Date ______ Approve ______ Not Approved

IRB Member _________________________ Date ______ Approve ______ Not Approved

IRB Member _________________________ Date ______ Approve ______ Not Approved

April 26, 2017

Dr. Claudia Dietrich
University of Mary
School of Health Sciences

RE: IRB Proposal OFFICIAL COMMUNICATION 722042417 Coaching of Millennial Nurses: A Retention Strategy
Dear Investigator,

The University of Mary Institutional Review Board has reviewed the above referenced study. The chair has determined that this study is being conducted for the purpose of action research in cooperation with a sponsoring organization and therefore, qualifies for exemption status. If no changes in protocol are made, the IRB authorizes this study as exempt action research. This exemption is valid for 12 months from today’s date.

Conditions of Approval: There are six (6) conditions attached to all approval letters. All six conditions must be met, or the IRB’s approval may be suspended.

1. No subjects may be involved in any study procedure prior to the IRB approval date or after the expiration date. (Principal Investigators and Sponsors are responsible for initiating Continuing Review proceedings.)
2. All unanticipated or serious adverse events must be reported to the IRB.
3. All protocol modifications must be IRB approved prior to implementation, unless they are intended to reduce risk. This includes any change of investigator or site address.
4. All protocol deviations must be reported to the IRB within 14 calendar days.
5. All recruitment materials and methods must be approved by the IRB prior to being used.
6. The IRB must be notified upon completion of the project.

Principal investigators are responsible for making sure that studies are conducted according to the protocol and for all actions of the staff and sub-investigators with regard to the protocol. As a principal investigator, you may have multiple and possibly conflicting responsibilities to the IRB, the research subjects, and any sponsor. If you have any questions or concerns about this approval, please contact the IRB Chairperson through the contact information below.

Carol H. Olson, PhD, OTR/L, FOATA
Professor
Chairperson Institutional Review Board
Department of Occupational Therapy
University of Mary
7500 University Dr.
Bismarck, ND 58504
701-355-8156
olsonc@umary.edu

Appendix D
Questionnaire
**Millennial Nurse Post-EBP project interview questions**

Name:  
Unit:  

1) After this project, are you more, less or the same engaged in your role as a RN at M Health?  

2) After this project if a similar job came available a year or more from now, would you be more, less or the same in likelihood to stay in your current role at M Health?  

3) Any favorite/best aspects of this project?  

4) Ways in your view it could be improved/refined if widened out to larger M Health?  

5) Any other thoughts/advice/stories to share in regards to this project?  

Thanks so much for your time and participation in this project and hope you found it helpful in your personal and professional development as an RN here at M Health. Thanks again.
Acknowledgements

- Claudia Dietrich - UMary Professor and Project Advisor
- Denise Mose - Nursing Director
- Deb Quigley - Nurse Manager
- Ann Hagerman - Nurse Manager
- Kate Rykasz - Human Resources
- Mitchell Nemetz - Learning and Development Director
- Deb Cathcart - Chief Nurse Executive

Introduction

- Journey to EBP project
- Personal experience
- Current landscape internally and nationally

Problem Identification - Organization

Adult inpatient unit 2016 Nurse turnover rates
Voluntary = 18
15/16 (93%) were millennials

Problem Identification - Organization

Adult inpatient unit 2016 Nurse turnover rates
Voluntary = 13
13/13 (100%) were millennials
Problem Identification - Organization

Voluntary: 10
110 (78%) were Millennials

Problem Identification - Organization

Voluntary: 10
71.8 (87%) were Millennials

Problem Identification - Organization

Cost to fully train in 1 RN = $82,000

Potential:
University of Minnesota Health = roughly 3,800 nurses
Increasing retention by 5% (150 RNs) = potential savings of
$12.3M!

Problem Statement

- Organizational Gaps
- Nursing shortage
- Timely-Growing generation in workforce
- Turnover costs
Significance of Clinical Problem

- Employee satisfaction/workplace excellence
- Organizational cost
- Improved patient care

PICO question

"In millennial generation registered nurses at University of Minnesota Health, how does the implementation of 1:1 coaching/mentoring sessions influence engagement and retention of millennial nurses when compared to annual reviews?"

- P = Millennial generation registered nurses
- I = Implementation of 1:1 coaching/mentoring sessions
- C = Compared to annual performance reviews
- O = Influence engagement and retention

Purpose Statement

- Increase communication
- Increase knowledge base of millennial needs
- Develop coaching strategies
- Increase retention

Review of Literature

Millenials

- 1980-2000
- 81 Million Millennials
- Characteristics
  - Work/life balance, Strong relationships, adaptive to change, collaborative, technologically savvy

\cite{Arize and Antwi2006, Chung and Rasmussen2012, Hendricks and Cope2013}
Review of Literature (continued)
Retention and Engagement Strategies
- Work/life balance
- Positive work environment
- Attention and recognition
- Relationship with managers
- Feedback
- Advancement opportunities
*Thompson and Gregory (2011); Aasen and Andris (2015); Hendriksen and Lyttle (2014)

Review of Literature (continued)
Coaching Millennials
- Frequent interactions
- Feedback
- Self-development
- Solicits involvement
- Praise and gratitude
*Nguyen & Widmayer (2013); Hendriksen and Cope (2013); O'Connor (2009); Work, Dick and Lindstrom (2010)

Project Recommendations
Develop 1:1 coaching plan for millennial nurses monthly at MHealth.

Implementation Plan
Change Theory
- Lewin’s Change Theory Model
Key Stakeholders
- Nursing Directors, Nurse Managers, millennial nurses, human resources, #1=Patients
Implementation Plan (continued)

Barriers and Facilitators
- Lack of effective tool, lack of knowledge

Business Impact
- Cost savings for retaining staff

Organizational Planning Process
- Aligns directly with strategic plan
- Workplace excellence

Implementation Plan (continued)

- April-July 2017
- Meeting with DON, Peds & Adult NM
- Educate/Train 1:1 meeting tool to NMs
- Recruit/Email/Introduce study to RNs on units
- Measure/Check-in with NMs during pilot on success/effectiveness
- Conduct post project exit interviews

Measurement plan

- Will evaluate the increase or decrease in retention/engagement by nurses to the hospital in exit interviews
- Goal = 5% increase in retention/engagement gathered from interviews

Human Subject Protection Statement

- Submitted IRB through University of Mary for exempt status
- Not primary research
- Minimal risk to human subjects
Project Implementation

- NMNs met with 32 millennial RNs
- Met with most RNs 2x (some 1x)
- None able to meet all 3 months
- Most meetings in person or by phone
- All used coaching form as guide for 1:1

Project Implementation

Ways of Effectiveness

- Dedicated 1:1 time
- Coaching form allowed customization
- Feel more connected/understood
- No pressure (not like annual review)
- Get to know me as a person
- Help to focus on goals/development

Project Implementation

Opportunities for Improvement

- Coaching form more specific
- Challenging finding time to meet
- Clearer expectations for 1:1 time
- Shorter 1:1 times or less frequency

Project Measurement

Post Project Exit Interviews

- 5 questions
- In-person/phone interviews; few via email
- 1 question (Engagement) less/more/same
- 1 question (Retention) less/more/same
- 3 questions (Favorite/Opportunities/Stories)
Project Measurement

Engagement Results
- 9/32 = 28% more engaged!
- Only 1 was less engaged

Project Measurement

Retention Results
- 13/32 = 41% more likely to stay!
- No one less likely to stay

Project Measurement

Reminder:
- Retention goal prior to project
- 5% increase of retention of RNs
- Strategic goal for 2017 is 1%

Project Measurement

If these results held for retention:
- 13/32 more likely to stay than before would lead to a cost savings over $1M!
Project Measurement

Strengths
- Easy to administer
- Questions on target for metric

Opportunities
- Availability of participants to complete
- Set expectations
- Interviewer Bias

Handoff to Organization
- 1:1 meeting effective/meaningful for all
- Shows + effects on staff engagement
- Potential + financial effects shown

Recommendations
- Share results of EBP project
- Dedicated time
- Find a balance
- Share other OD & L tools
- Explore rollout at M Health/Fairview-wide

Conclusions
- Internal/external data support
- Feedback and praise
- Increased engagement & retention
- Financial benefits and the bedside
  "Win-Win for all"
- "I love she got to know me, the person"
References (continued)

References


The Objectives of Millennial Nurses (2016). Fostering the next generation of leaders. Referenced from

https://www.journals.org/doi/full/10.1111/jocn.12253

References (continued)

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