Factors influencing turnover in GenX nurses: Results of an Australian survey

Sybèle Anne Christopher*, Judith Fethney, Mary Chiarella, Donna Waters

Faculty of Nursing and Midwifery, Sydney Nursing School, The University of Sydney, Australia

ARTICLE INFO

ABSTRACT

Background: The retirement transition phase for the estimated 80,000–100,000 Australian Generation X nurses is due to begin in 2025, the year by which it is estimated that at least 110,000 nurses are required for the viability of the Australian health workforce. The need to evaluate their intention to turnover will inform part of the solution to a potential nationwide workforce crisis.

Objectives: To evaluate the factors contributing to job satisfaction and their influence on the turnover intention of Australian Generation X nurses.

Design: Cross sectional, web based survey of Generation X nurses currently employed in Australian health care.

Setting and participants: The convenience sample consisted of Australian Registered Nurses (RNs) born between 1965 and 1980 employed in health facilities across Australia.

Methods: A survey was distributed online between June-July 2015. Exploratory descriptive statistics were generated from survey data to identify perceived positive or negative aspects of the work environments for Generation X nurses. Correlation analysis was performed to investigate the strength and direction of the relationships between scales and subscales of the survey to turnover intention.

Results: A total of 208 participants from all states and territories of Australia completed the survey. Generation X nurses reported moderately positive perceptions of their job satisfaction and work environment, and survey measures of commitment (Affective, Continuance and Normative) revealed that nurse respondents feel moderately involved in their organisation. Empowerment scales indicated nurses were moderately empowered psychologically, but were only somewhat empowered by their work structures. Participants' intention to turnover scores were neutral, indicating no clear positive or negative intention to leave their job in the near future. All survey scales were negatively and statistically significantly correlated with the intention to turnover (r range −0.549 to −0.404, all p < 0.05). Most subscales were also significantly negatively correlated with turnover (all r −0.547 to −443, p range <0.01–0.05) with the exception of the Continuance commitment subscale, which was positively correlated with intention to turnover (r = 0.474, p < 0.01). Work pressure, Control and Affective commitment scales were not significantly associated with turnover intention (r 0.052–0.184, p > 0.05).

Conclusions: In general, Generation X nurses were reasonably satisfied with many aspects of their work environment. However, particular features of the work place, such as opportunities for professional interactions, interpersonal relationships between colleagues and managerial support, were associated with an increased intention to turnover.

© 2017 Australian College of Nursing Ltd. Published by Elsevier Ltd.

Summary of relevance

- Retention of current GenX nurses is part of the solution to a potential nationwide workforce crisis.

- By 2025, estimated shortfalls projected by the Health Workforce Australia (2012) signal it will be necessary to increase supply of Australian registered nurses by 27% (109 000 nurses).
- Registrant data (2015) obtained from the Australian Health Practitioner Regulation Agency in partnership with the Nursing and Midwifery Board of Australia estimates that there are over 94, 000 Australian RNs in the GenX age group.

* Corresponding author.
  E-mail address: sybele.christopher@sydney.edu.au (S.A. Christopher).

- As the generation sandwiched between the larger Baby Boomer and Generation Y cohorts, Generation X (GenX) nurses are the least written about. Now aged between 36 and 51 years, GenX nurses are about to replace Baby Boomer nurses as the latter group transition to retirement.
- Generational specific characteristics are held constant and have an effect on perceptions of job satisfaction, organisational commitment and empowerment.
- Current work environments are not conducive to Generation X working practices: the nursing work environment is considered to be no exception.

- Specific aspects of job satisfaction for Generation X nurses are work environment and organisational commitment.
- Psychological and structural empowerment are associated with turnover intention.
- Generation X nurses feel that they must stay in their current jobs, reporting social and economic reasons for staying in their work.

1. Introduction

Generations are cohorts of people who share milestones and key social influential definers (Howe & Strauss, 1991). Similar life events and political environments shared among Generation X (GenX) have influenced behaviours which in turn develop traits in values, beliefs and attitudes in relation to work (Hansen & Leuty, 2012). The literature is not consistent in defining birth year ranges for Generation X but, for the purposes of this study, a GenX Registered Nurse (RN) in 2016 is aged between 35 and 51 years old (born between 1965 and 1980), having entered the workforce between the mid 1980s and mid 1990s.

There is a paucity of research concerning Australian GenX nurses and their intent to remain in nursing. Health workforce agencies and the Australian Bureau of Statistics (ABS) identify the average age of the clinical nurse to be around 39 years, coinciding with the Generation X cohort (ABS, 2005; Australian Institute of Health and Welfare, 2012). The 2015 report of registrant data by the Australian Health Practitioner Regulation Agency (AHPRA), in partnership with the Nursing and Midwifery Board of Australia (NMBA), estimates that there are over 94, 000 Australian RNs in the GenX age group (NMBA, 2015).

In keeping with global trends, an Australian nursing shortage is expected by 2025 (Buchan, Duffield, & Jordan, 2015; Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). This will have a direct influence on health care costs and patient outcomes, and secondary impacts on an organisation's ability to attract and retain their nursing staff. Currently Australia loses up to one in five of its nurses annually, with estimated shortfalls signaling it will be necessary to increase supply by 27% (or 109,000 RNs) by 2025 (Health Workforce Australia, 2012). Health Workforce Australia (HWA) has reiterated the urgency to retain at least 20% of the current nursing working workforce in order to meet demand by this time (HWA, 2012, p.2). The aim of this study is to examine and evaluate the factors contributing to job satisfaction among Australian GenX nurses and how job satisfaction influences their intent to turnover, a deliberate decision to leave the employing organisation.

An investigation of generational workforce research resulted in the development of a survey instrument capable of capturing comprehensive perceptions of job satisfaction and work environment of currently employed GenX nurses (Christopher et al., 2016). The Australian GenX Nurses (AGENX) Survey was distributed online to evaluate perceptions of job satisfaction (JS), organisational commitment (OC), work environment (WE), psychological (PE) and structural empowerment (SE) and the intent to turnover (TO) in currently employed Australian GenX nurses. The study sought to identify the work perceptions of this generation to assist in the development of retention strategies.

2. Methods

This paper reports the quantitative component of a wider prospective cross sectional mixed method study.

2.1. Sample and setting

Criteria for eligibility to participate in this study included being an Australian RN born between 1965 and 1980 and working full time, part time or casually in an Australian health care facility. A convenience sample was indirectly recruited through an email contact strategy developed with the Coalition of National Nursing and Midwifery Organisations (CoNNMO). CoNNMO consists of over fifty specialist Australian nursing and midwifery organisations from various areas of practice. Using its existing distribution list of member organisations, CoNNMO circulated the email invitation for further distribution by the individual specialist nursing organisations. The email contained an embedded web link to the survey hosted by SurveyMonkey.

2.2. Survey construction

The web based AGENX survey combined six valid and reliable survey tools (described below) with an eight item demographic survey and one open-ended question to collect data from Australian Generation X nurses. The final survey consisted of 128 items, comprising 127 closed items and one open ended question. Qualitative analysis of the open text responses is beyond the scope of this paper. Permission to use the copyrighted material was obtained from each of the tool developers.

2.2.1. Job satisfaction (JS)

Conceptually, JS refers to the degree to which employees like their job (Streiner, 2003). The Mueller McCloskey Satisfaction Scale (MMSS) was initially developed to measure hospital nurses' job satisfaction levels in 1974 using a sample of nurses who had resigned from jobs to compile a list of factors perceived to have kept them in their job (Cresswell & Piano Clark, 2011). The list ranked rewards to stay in work into three distinct domains: *Safety*, *Social* and *Psychological* (Dignani & Toccaceli, 2013). The MMSS was refined in 1987, reflecting contemporary knowledge about what would keep nurses professionally satisfied and committed (Mueller & McCloskey, 1990). Internal consistency reliability (Cronbach's alpha) for the MMSS total scale and subscales has been reported as 0.52–0.90 (Mueller & McCloskey, 1990; Van Saane, Sluiter, Verbeek, & Frings-Drese, 2003). JS is known to be associated with the work environment (Wilkin, 2013).

2.2.2. Work environment (WE)

GenX nurses are vulnerable to increased turnover rates (Coshow, Davis, & Wolosin, 2009) and past research has reported their feelings of being undervalued by both younger and older nurses (Blythe et al., 2008) and by the organisations they work for (De Gieter, Hofmans, & Pepermans, 2011). Work environment refers to the space in which people carry out a paid activity (Beutell, 2010). The Work Environment Scale (WES) consists of 10 subscales identifying three work environment dimensions: *Relationship* is comprised of a set of three subscales and evaluates *Involvement*, *Co-worker cohesion* and *Supervisor support*; *Personal Growth* measures *Autonomy*, *Task orientation* and *Work pressure*; the third WES dimension, *System Maintenance and Change* is evaluated by *Clarity*, *Managerial control*, *Innovation* and *Physical comfort*. The WES tool

developer R.H. Moos (1994) identified internal consistency reliabilities for each of the 10 WES subscales reporting Cronbach's alphas' ranging from 0.69 to 0.86 (N = 1045) and cross cultural validity has also been tested by Haq and Sheikh (1992).

2.2.3. Organisational commitment (OC)

Organisational Commitment is the emotional link between the employee and their organisation (Allen & Meyer, 1990). The Organisational Commitment Scale (OCS) is comprised of three subscales: affective, normative and continuance commitments. *Affective commitment* (AC) manifests itself with loyalty to and tenure in the organisation (Wagner, 2007) resulting in an employee's decision to work because 'they want to' (Turner Parish, Cadwallader, & Busch, 2008, p. 34). *Continuance commitment* (CC) is broadly described as an employee's evaluation of the personal costs associated with leaving their employment (Gellatly, Cowden, & Cummings, 2014). *Normative commitment* (NC) refers to the (negative) feeling of obligation to remain with the organisation because there is "profit associated with continued participation" (Allen and Meyer, 1990, p. 3).

The OCS has an established reliability and validity (Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2009). A Canadian nursing study of 238 participants using the OCS reported Cronbach's alphas of 0.79 for the AC subscale, 0.69 for the CC subscale and 0.65 for the NC subscale (Carver, Candela, & Gutierrez, 2011).

2.2.4. Empowerment

Empowerment at work is constructed from both intrinsic and extrinsic factors (Cicolini, Comparcini, & Simonetti, 2014). There are influences that play a role in shaping employees' perception of Psychological Empowerment (PE) and personal beliefs, perceptions, and relationships with the environment that are believed to influence how individuals interact with their work environment. Anticipated outcomes of PE include job satisfaction (Jones, 2015), job effectiveness (Spreitzer, 1995a), and job-related strain (Spreitzer, Kizilos, & Nason, 1997). These three outcomes motivated the development of the Psychological Empowerment Scale (PES), which is composed of four subscales: *Competence*, *Meaning*, *Self-determination* and *Impact*. Cronbach's alpha for the overall empowerment construct was reported as 0.72 (Kuokkanen & Leino-Kilpi, 2000) and 0.84 (Albrecht & Andreetta, 2011).

External influences responsible for the empowerment of individuals are referred to as Structural Empowerment (SE). The Conditions for Work Effectiveness Questionnaire (CWEQ) was originally developed by Heather Laschinger (Manojlovich, 2007). In 2001, the original 35-item instrument was truncated to 21-items and renamed the CWEQ-II. The CWEQ-II tool has been used extensively to measure nurses' perceptions of their access to the four structural work empowerment structures: *Opportunity*, *Information*, *Support* and *Resources* and *Power*. The CWEQ-II possesses an established reliability and validity and confirmed internal consistency reliability established from previous studies (De Vivo, Quinn Griffin, Donahue, & Fitzpatrick, 2013; Laschinger, Finegan, Shamian, & Wilk, 2001). Cronbach's alpha for subscale scores ranging from 0.66 to 0.92 (Laschinger et al., 2001), 72 to 0.90 (Laschinger & Finegan, 2005) and 0.70 to 0.95 (Armstrong & Laschinger, 2006) are reported.

2.2.5. Nurse turnover (TO)

Nurse turnover (TO) is a term synonymous with nursing workforce literature. TO refers to employees' length of stay within an organisation, and the frequency with which these employees are replaced. Reasons for departure are frequently attributed to diminished job satisfaction and challenging work environments (Newman, Maylor, & Chansarkar, 2002). TO is perceived to be a conscious and deliberate willingness to leave the organisation

(Coomber & Barriball, 2007). The Turnover Intention Scale (TIS) is a fifteen scale developed by Roodt (2004) and is used as a proxy measure of turnover to evaluate employees' intention to stay or leave an organisation (Shader, Broome, Broome, West, & Nash, 2001). The TIS has been shown to have good reliability and validity with a Cronbach's alphas ranging between 0.84 and 0.91 (Hillman & Foster, 2011; Jacobs & Roodt, 2011; Martin, 2007).

3. Procedures

The University of Sydney Human Research Ethics Committee approved all procedures for this study (Reference: 2015/005). The CoNNMO agreed to make initial contact with potential participants via an email sent on behalf of the research team.

3.1. Data collection

The AGENX was available online using a survey hosting company (SurveyMonkey®) allowing only one response per browser. Upon entering the survey site, participants were informed of their voluntary participation and freedom to exit at any time without consequence.

Participants were asked to consider three statements to determine their eligibility for the study by selecting either I agree/I disagrees from a drop-down menu. If they agreed, voluntary consent for the survey was assumed.

3.2. Data analysis

The minimum sample size required to obtain a representative sample for the survey was calculated using a 95% confidence level and 5% margin of error. Using an estimated population size of 90,000, considering the cohort to be one sample (not divided into subgroups) a sample size of 383 complete responses was required. Sample size was calculated using an online sample size calculator (Raosoft, 2011).

The study employed a correlational design with a descriptive component to evaluate factors contributing to job satisfaction and organisational commitment in Generation X nurses and an analytical component to investigate the relationship between JS, OC, WE, PE and SE and the TO intention of this cohort of nurses by 2025.

Raw data were imported into SPSS Version 23 and scores were calculated according to the tool developers' recommendations. All scale and subscale scores were assessed for normality and found to be plausible based on the association between the skew statistic and the standard error of skew (Allen & Meyer, 1990). Demographic data are reported as a percentage but are not analysed further due to the intention to consider the cohort as a whole. Means, standard deviations and 95% CIs are reported for the scales and subscales, with the degree of overlap or non-overlap between the 95% CIs around the mean item subscale scores used to identify the plausible range of values for higher mean item scores and lower mean items scores for the aspects measured by each scale/subscale (Table 1). The relationship between the scales and subscales to turnover intention (TO) was analysed using Pearson's correlation. Alpha was set to 0.05, and the correlation coefficient *r* was interpreted using the following conventions: 0.10 (small); 0.30 (medium) and 0.50 (large) association (Meyer & Allen, 1991) (Table 2).

3.3. Results

Results of this study are presented as a demographic profile of the Australian Generation X nurse participants followed by a descriptive summary of their perceptions of JS, WE, OC, SE, PE and

Table 1
Participants' perceptions of their workplace: Mean scores, Standard Deviations and 95% Confidence Intervals for Scales and Subscales.

Scales (M ± SD, 95% CI)	Subscales			
	More positive	(M ± SD, 95% CI)	Less positive	(M ± SD, 95% CI)
MMSS (Likert 1–5) (Job Satisfaction) (3.55 ± 0.62, 3.47–3.63)	Interaction opportunities	(3.81 ± 0.74, 3.71–3.91)	Professional opportunities	(3.18 ± 0.83, 3.07–3.29)
	Co-workers	(3.86 ± 0.81, 3.75–3.97)	Family/work balance	(3.31 ± 0.67, 3.22–3.40)
	Scheduling	(3.98 ± 0.83, 3.87–4.09)	Control and responsibilities	(3.33 ± 0.94, 3.20–3.46)
			Extrinsic rewards	(3.53 ± 0.83, 3.42–3.64)
			Praise and recognition	(3.56 ± 0.95, 3.43–3.69)
WES (True/False) (Work Environment) (54.47 ± 12.75, 52.72–56.21)	Autonomy	(5.19 ± 2.19, 4.90–5.48)	Innovation	(4.01 ± 2.70, 3.64–4.38)
	Managerial Control	(5.88 ± 1.90, 5.62–6.14)	Clarity	(4.81 ± 2.03, 4.53–5.09)
	Peer cohesion	(5.90 ± 2.22, 5.60–6.21)	Supervisor support	(4.82 ± 2.51, 4.48–5.16)
	Task Orientation	(6.35 ± 2.07, 6.07–6.63)	Physical comfort	(4.82 ± 2.51, 4.48–5.16)
	Involvement	(6.07 ± 2.27, 5.76–6.38)	Work pressure	(6.60 ± 2.36, 6.28–6.92)
OCS (Likert 1–5) (Organisational Commitment)	Affective commitment	(3.78 ± 0.71, 3.69–3.88)	Normative commitment	(3.63 ± 1.02, 3.49–3.77)
	Continuance commitment	(4.37 ± 1.41, 4.18–4.56)		
PES (Likert 1–7) (5.36 ± 0.92, 5.24–5.49) (Psychological Empowerment)	Competence	(4.86 ± 0.91, 4.73–4.98)	Impact	(3.58 ± 1.46, 3.38–3.78)
	Meaning	(4.80 ± 1.03, 4.66–4.94)	Self-determination	(4.22 ± 1.24, 4.05–4.39)
CWEQII (Likert 1–5) (Structural Empowerment) (3.43 ± 0.72, 3.24–3.44)	Access to support	(3.20 ± 1.09, 3.05–3.35)	Access to resources	(2.91 ± 0.87, 2.78–3.02)
	Access to information	(3.26 ± 1.09, 3.11–3.41)	Access to formal power	(2.98 ± 0.96, 2.85–3.11)
	Access to informal power	(3.65 ± 0.92, 3.52–3.78)		
	Access to opportunity	(3.90 ± 0.88, 3.78–4.02)		
TIS (Semantic 1–5) Turnover Intention (2.96 ± 0.73, 2.86–3.06)				

Table 2
Correlation Analysis Summary.

	p	r	Scale
Negative correlation with turnover			
Control and Responsibility	<0.001	−0.547	MMSS
Peer cohesion	<0.001	−0.525	WES
Involvement	<0.001	−0.466	WES
Access to formal power	<0.001	−0.466'	CWEQII
Interactions	<0.001	−0.459	MMSS
Praise and recognition	<0.001	−0.453	MMSS
Clarity	<0.001	−0.451	WES
Supervisor support	<0.001	−0.443	WES
Access to support	<0.001	−0.442	CWEQII
Impact	<0.001	−0.385	PES
Autonomy	<0.001	−0.383	WES
Innovation	<0.001	−0.371	WES
Access to opportunity	<0.001	−0.369	CWEQII
Co-workers	<0.001	−0.347	MMSS
Scheduling	<0.001	−0.341	MMSS
Task Orientation	<0.001	−0.340	WES
Self-determination	<0.001	−0.340	PES
Professional Opportunities	<0.001	−0.333	MMSS
Meaning	<0.001	−0.306	PES
Physical Comfort	<0.001	−0.297	WES
Access to informal power	<0.001	−0.299	CWEQII
Access to information	<0.001	−0.292	CWEQII
Access to resources	<0.001	−0.282	CWEQII
Family work balance	<0.001	−0.278	MMSS
Extrinsic Rewards	<0.001	−0.228	MMSS
Normative Commitment	<0.05	−0.206	OCS
Competence	<0.05	−0.163	PES
Positive correlation with turnover			
Continuance Commitment	<0.001	0.474	OCS
Work pressure	<0.01	0.184	WES
Non-significant correlation with turnover			
Affective Commitment	>0.05	0.130	OCS
Managerial Control	>0.05	0.052	WES

Pearson's r is measured on a scale ranging between −1 to +1.
Standardised Effect Size Conventions: Small = 0.10 Medium = 0.30 Large = 0.50.
Positive correlation indicates that high scores on one variable are associated with high scores on the other.
Negative correlation indicates that high scores on one variable are associated with low scores on the other

TO. Finally, the relationship of all scales and subscales to TO is explored using Pearson's correlation statistics.

3.4. Participant responses

A total of 208 participants from all states and territories of Australia completed the online survey falling short of the estimated sample size calculated at 383. A small sample size is a recognised challenge of online surveys, limiting the generalisability of the findings (Jones, Murphy, Edwards, & James, 2008). Nonetheless, the findings do raise questions for further studies. These are noted in the conclusion and recommendations for further research sections of the manuscript. Possible reasons for a small sample size include using CoNNMO as the recruitment platform of Australian GenX nurses. Firstly, it is possible, but unlikely, that invitation letters sent to presidents and secretaries of specialist organisations may not have been forwarded to members. Secondly, only GenX nurses with membership to specialist nursing organisations were extended the opportunity to participate in the online survey. GenX nurses without specialist membership may not have been recruited. Finally, SurveyMonkey® settings allowed only one survey to be completed per browser.

Eight Australian states and territories were represented in the survey results. The respondents were from NSW (n = 65, 31.3%) and Queensland (n = 56, 26.9%), VIC (n = 32, 15.4%), WA (n = 24, 11.5%), SA (n = 17, 8.2%), ACT (n = 10, 4.8%), Tasmania (n = 3, 1.4%) and Northern Territory (n = 1, 0.5%). These response rates by Australian location generally reflect the nursing workforce registrant data by principal state/territory of practice released by Nursing and Midwifery Board of Australia (2016).

Respondents were mainly women (n = 93, 92.8%) born between 1965 and 1980 (aged today between 36 and 51 years old), working full time as registered nurses (n = 120, 57.7%) who obtained their nursing registration between 20 and 30 years ago (n = 105, 50.5%). Most of these nurses identified themselves as working in public metropolitan hospitals (n = 84, 40.4%).

3.4.1. Job satisfaction (JS)

The nursing participants reported moderately positive perceptions of job satisfaction with an overall mean item score on the MMSS of 3.55, SD = 0.62 (95% CI = 3.47–3.63). Higher scores on the MMSS reflect higher levels of perceived job satisfaction, with a score of 3 indicating a neutral response. The lowest degree of satisfaction was attributed to *Professional opportunities* (M = 3.18 SD = 0.83, (95% CI = 3.07–3.29), and the highest degree derived from *Scheduling* (M = 3.98, SD = 0.83 (CI = 3.87–4.09) (Table 1). The *Professional opportunities* subscale measures perceptions of prospective career development and professional growth. *Scheduling* assesses employee perceptions of autonomy and flexibly with their work rostering and leave planning (Table 1).

3.4.2. Work environment (WE)

The total WES score is a summative score of all subscale scores. As a general measure of the social work environment in nursing, the higher the mean score of the WES, the stronger the perception of the work environment, with an overall WES score of 60 being reported as high and 70 very high (De Gieter et al., 2011). The mean WES summative score for the ten subscales completed by study participants' was 54.5, SD = 12.75 (CI = 52.72–56.21) indicating that Australian GenX nurses had moderate perceptions of their work environment.

The subscales, *Involvement, Peer cohesion, Task orientation, and Control* subscales, indicated positively perceived work environments. Subscale scores can range from 0–9, with a higher score indicating a positive perception of the construct measured by the subscale (Carman-Tobin, 2011; Wang, Tao, Ellenbecker, &

Liu, 2011). For participants of this study, the highest mean score was attributed to the *Work pressure* subscale (M = 6.60, SD = 2.36 (CI = 6.28–6.92), indicating that Australian GenX nurses perceive the demands and time pressures of their workplace to be dominating their social work environment. In light of a high *Work pressure* score, given that other scores were more positive as Table 1 shows, a literature search confirmed *Work pressure* as a concern in nursing environments (Doughty, May, Butell, & Tong, 2002). The *Innovation* subscale measures employee perceptions of variety, change and the ability to try new approaches (Cohen, Stuenkel, & Nguyen, 2009). This subscale achieved the lowest mean score on the WES, M = 4.01, SD = 2.71 (CI = 3.64–4.38), highlighting concerns that Australian GenX nurse respondents were not encouraged to try out new ideas or use new methods in order to be more effective in work (Table 1).

3.4.3. Organisational commitment (OC)

For all OCS scales a score of 3 indicates a neutral response. *Affective commitment* (AC) measures employees' liking for an organisation. Survey respondents indicated that they had a moderate desire to remain with their organisation simply because they like it M = 3.78, SD = 0.71 (95% CI = 3.69–3.88). *Continuance commitment* (CC) measures employees' awareness of perceived costs associated with leaving the organisation (friends, status, benefits) (Meyer, Stanley, Herscovitch, & Topolnytsky, 2002). The mean score for the CC subscale (M = 4.37, SD = 1.41 (95% CI = 4.18–4.56)) indicates that Australian GenX nurses are largely committed to staying in their current organisation. *Continuance commitment* (CC) is distinguishable from other types of commitment as it is negatively related to other desirable work behaviours (Meyer et al., 2002), signifying that nurses will remain in their organisations only because they have to, but not because they necessarily want to. Detailed information obtained from the OCS instruction manual (Meyer & Allen, 2004) indicates elevated CC scores suggests employees may feel "trapped" in the organisations (Meyer and Allen, 2004, p. 5).

Normative commitment (NC) measures perceived feelings of obligation to remain with the organisation and continue employment. For Australian nurses participating in this survey, this subscale achieved the lowest mean score of all OCS subscales (M = 3.63, SD = 1.02 (95% CI = 3.49–3.77), indicating that obligation to the employer organisation may be the least important of all three types of commitments. For Australian GenX nurse respondents, a higher mean score for CC than for NC, indicates that this sample is aware of the potential losses related to leaving their work organisation (Table 1).

3.4.4. Psychological empowerment (PE)

The PES is a multi dimensional tool that measures higher-order motivational states experienced by the individual and reflecting the empowerment of employees (Boudrias, Morin, & Lajoie, 2014; Cicolini et al., 2014). A score of 4 on the PES indicates a neutral response. As shown in Table 1, the overall PE item mean for the four subscales was M = 5.36, SD = 0.92 (95% CI = 5.24–5.49). Australian GenX nurse respondents were therefore moderately empowered in their jobs. Subscales measure separate cognitions as perceived by the nurse respondents. *Meaning* measures the congruence of values between the job and nurses' personal beliefs and perceptions in this area were positive (M = 4.80, SD = 1.03 (95% CI = 4.66–4.94). Nurses felt most empowered in relation to the *Competence* subscale. *Competence* refers to a personal belief in the ability to perform tasks effectively (Montani, Courcy, Giorgi, & Boilard, 2015), which in this study, rated the highest of all PES subscales (M = 4.86, SD = 0.908 (95% CI = 4.73–4.98)). *Self determination* measures employees' sense of autonomy and the ability to take initiative in their work decisions (Montani et al., 2015) and showed neutral perceptions (M = 4.22, SD = 1.24 (95% CI = 4.05–4.39). *Impact*

evaluates the belief that individual nurses' work performance is making a difference in their organisations (Stander & Rothmann, 2010) and generated the lowest (approximately neutral) perception scores on the PES from survey respondents (M = 3.58, SD = 1.46 (95% CI = 3.38–3.78) (Table 1).

3.4.5. Structural empowerment (SE)

Structural empowerment, as measured by the CWEQII, indicates nurses' perceptions of access or denial to four work empowerment structures offered by an organisation to their employees: *opportunity, information, support and resources* and *power* (Teixeira & Barbieri-Figueiredo, 2015). The overall mean item score for the CWEQII for participants of this study was M = 3.43, SD = 0.72 (95% CI = 3.24–3.44), suggesting that Australian GenX nurses feel their work conditions to be somewhat empowering. However, as shown in Table 1, two of the four CWEQII subscales had near-neutral mean scores: *Access to resources* (M = 2.91, SD = 0.87 (95% CI = 2.78–3.02) and *Access to formal power* (M = 2.98, SD = 0.96 (95% CI = 2.85–3.11). This result implies that nurse respondents were equivocal in their perceptions of their ability to obtain needed supplies, funds and personnel to meet organisational goals and perceived insufficient formal power to be flexible, creative and innovative enough to get the job done (Hebenstreit, 2012).

3.4.6. Nurse turnover (TO)

As a general measure of turnover intention in nursing, a higher mean score on the TIS (on a scale ranging from 1–5) indicates a greater intention to leave the organisation. For nurses responding to this survey, the overall intention to TO mean item score revealed a neutral intent to leave their job (M = 2.96, SD = 0.73 (95% CI = 2.86–3.06)) (Table 1).

4. Summary of descriptive statistics

The collective AGENX survey results indicate that Australian GenX nurses rated themselves as competent, satisfied with co-worker support and peer cohesion. While feeling involved in and liking their work, they also distilled meaning from it. In general, respondents found work pressure to be high, and, despite the many positive aspects of work, were tending to remain within their current organisation because the costs of leaving were considered too high. In considering the elevated CC finding from closed survey items which may indicate respondents feel "trapped" in their environment (Meyer et al., 2002, p. 40), the researchers cross checked the responses to the survey's optional open ended question. While qualitative analysis of the open text responses remains outside the scope of this article, an initial review of these data did not support the suggestion that the bulk of the surveyed respondents were "trapped" in their workplace.

4.1. Correlation analysis

Pearson's correlation was used to explore the relationship of all scales and subscales measuring JS, WE, OC and levels of empowerment (PE and SE) to TO intention. Preliminary analyses were performed to ensure that no violation of the assumptions of normality, linearity and homoscedasticity were present. There was no concern relating to any of the assumptions.

With the exception of three subscales (*Work pressure* and *Managerial Control* from the WES and *Affective commitment* from the OCS), all subscales were statistically significantly correlated with TO intention. As shown in Table 2, the correlation analysis summary demonstrates most correlations were moderate to strong. Additionally, most correlations were negative, indicating that higher mean scores on the scales and subscales of the selected tools were

associated with a reduced score on the TIS as a measure of TO intention. This consistent result implies that the more positive Australian GenX nurses felt about aspects of their workplace, the less likely they were to form an intention to leave, particularly in relation to *Control and responsibility* and *Peer cohesion*. The exception was *Continuance commitment*; interpreted as the more these nurses 'had to stay' in their current job due to the losses involved in leaving, the more they formed an intention to turnover.

5. Discussion

Australian GenX nurses appear to be reasonably satisfied with many aspects of their work environment. Job satisfaction, as measured by the MMSS, was highest in relation to workplace relationships with co-workers, interaction opportunities and work schedule. This finding is consistent with systematic reviews of job satisfaction in nursing conducted in 2012 (Lu, Bariball, Zhang, & While, 2012) and 2010 (Hayes, Bonner, & Pryor, 2010) that found sources of satisfaction were related to interactions between nurses, referring to these sources as interpersonal factors (Hayes et al., 2010). Interpersonal interactions include teamwork cohesion, consisting of peer and colleague collaboration (Bjørk, Samdal, Hansen, Tørstad, & Hamilton, 2007). Previous studies have reported that Generation X perceives their work through a social lens, expecting work to be fun (Brown, 2012; Kupperschmidt, 2000). Work life balance, necessitating flexibility with rostering and leave scheduling, has also been identified as an important source of job satisfaction for GenX nurses (Farr-Wharton, Brunetto, & Shacklock, 2012; Reid, Hurst, & Anderson, 2012).

Australian GenX nurses responding to this survey were less satisfied with aspects of their work related to praise and recognition, extrinsic rewards such as pay and benefits, control and responsibility, family/work balance and opportunities for professional development. These findings are similar to a multigenerational Canadian nursing study using the MMSS that reported lower mean ratings for the subscales of *Control and responsibility* as well as *Praise and recognition* (Wilson, Squires, Widger, Cranley, & Tourangeau, 2008). The availability of career progression opportunities is important to GenX nurses who strive to educate themselves in order to remain employable (Cordeniz, 2002) and climb the career ladder (Carver & Candela, 2008).

Control and responsibility refers to the individual nurse having control over their work activities and conditions (Mueller & McCloskey, 1990) and has been linked to job satisfaction (Sawatzky, Enns, & Legare, 2015). GenX nurses' satisfaction with *Control and responsibility* yielded less positive perceptions from respondents. However, when correlated with turnover, *Control and responsibility* was the subscale most strongly associated with intention to turnover.

GenX nurses in this study generally felt positive about their work environment as measured by the WES, particularly in regards to the subscales representing measures of *Task orientation, Involvement, Peer cohesion, Managerial Control* and *Autonomy*. *Task orientation* yielded a high mean score, indicating the nurses responding to this survey paid considerable attention to getting the work done; placing emphasis on planning and time efficiency (Moos, 1987). Australian GenX nurses responding to the survey, had higher perceptions of *Peer cohesion* than *Supervisor support* on the WES, suggesting that a positive work environment is promoted by friendly and supportive peer relationships (Hayhurst, Saylor, & Stuenkel, 2005).

Autonomy is the "ultimate corporate reward" (Lavoie-Tremblay et al., 2010, p. 415) for GenX nurses, complementing their generational trait of independence and self reliance (Keys, 2014). The *Managerial control* subscale on the WES evaluates the degree to

which management uses rules and procedures to keep employees under control (Moos, 1994) and also assesses the extent to which employees know what to expect in their daily routines (Kotzer, Koepping, & LeDuc, 2006). Nurses responding to the AGENX survey were reasonably satisfied with this aspect of their workplace, although it was not significantly associated with intention to turnover. The WES subscale measuring *Innovation* was the lowest rated of all subscales of the WES, indicating that nurse respondents in this study are not able to be creative and/or they perceive that innovative practices are perhaps not adopted in their workplace. This finding is reflective of earlier studies indicating that innovation and experimentation are significant features of GenX employees, who thrive on trying out new ideas in their work (Cordeniz, 2002; Kunreuther, 2003). Australian GenX nurses responding to this study also identified *Work pressure* as a factor influencing their intention to leave. Work pressure is an acknowledged feature of nursing work with competitive demands and time pressures (Hemingway & Smith, 1999; McGillis Hall & Kiesners, 2005).

Results from earlier GenX employee studies detected a demand for meaningful work (Kupperschmidt, 1998) and autonomy in their work (Yrle, Hartman, & Payne, 2005). This study supports earlier findings; GenX nurses rated the PES subscales of *Meaning* and *Competence* positively, indicating they perceived themselves competent, performing in line with their own values, and with those of the organisation. However, when correlated with turnover, *Competence* only had a weak negative relationship with turnover intention – demonstrating that self-perceptions of *Competence* are an insufficient motivator to keep nurses in their workplace. Scores indicated that nurse respondents were less satisfied on the *Self-determination* and *Impact* subscales, yet when these aspects are in place, the intention to turnover is reduced.

Using Laschinger's CWEQII (Montani et al., 2015) as a measure, our results suggest that organisations either enable or obstruct aspects of structural empowerment. The result of subscale scoring indicates that nurse participants perceived that hindrance to structural empowerment was due to limited *Access to resources* and *Formal power* coming from within the organisation. In line with *Co-worker* satisfaction (MMSS) and *Peer cohesion* (WES), *Access to informal power* was also perceived as important as nurses consider their relationships with superiors and subordinates. As noted earlier, improving relationships at work reduces GenX nurse turnover by permitting the development of respect and trust (Farr-Wharton et al., 2012).

For GenX nurses, work influences are similar to GenX employees from all other industries. Early workforce literature labelled GenX employees as "voracious learners" (Kupperschmidt, 1998, p. 41; Tulgan, 1997, p. 56). Today's GenX nurses are experienced and competent, having invested in themselves through further studies and professional development. Regarding the intention to leave their current organisation, Australian GenX nurses responding to the survey were not indicating an intention to leave their current position.

Further, results from the organisational commitment scale indicated that the subscale of *Continuance commitment* (CC) was most positively associated with turnover intention. This finding suggests when GenX nurses rated their perceptions of working because "they need to" their intention to leave increases significantly. A lack of employment alternatives and the recognition of potential losses, negatively influence these nurses to stay in their work because "they need to" (Gambino, 2010; Jernigan, Beggs, & Kohut, 2016; Stanley, Vandenbughe, Vandenburg, & Bentein, 2013). Unable to leave their current workplace, frustrated nurses engage in undesirable work behaviours, such as withdrawal (lateness, absenteeism),

diminished job performance and turnover intention (Meyer et al., 2002).

6. Study limitations

There are several limitations of this study including the use of a convenience sample of currently employed GenX nurses, surveyed at a single point in time, and limiting the generalisation of findings. Online research is convenient and cost effective, it was not however, possible to determine how many nurses actually received the online survey; therefore calculation of a denominator for a response rate was not possible. While the smaller than intended sample size limits the generalisability of the findings, this study has raised areas of concern that are worth noting. In addition, it was possible to discriminate between higher and lower mean scores on the scales and subscales, and statistically significant correlations with mainly moderate to strong correlations were observed.

The GenX sample was viewed as a single demographic group, so differences in responses due to nursing specialty, geography and education were not identified. As participants were also directly recruited through online advertisements on the Australian College of Nursing (ACN) and CoNNMO websites, only those with Internet access were able to participate. Finally, the primary recruitment strategy meant that only CoNNMO member organisations were contacted, so only those nurses with membership to these organisations were given an opportunity to participate.

7. Conclusion and recommendations for further research

While conclusions are drawn from a small sample, the study findings do identify potentially important factors influencing turnover within the Australian nursing context and highlight area for further research. Further research should be conducted on a larger Australian GenX nurse sample size to explore factors of influence on turnover intention. To date, there has been limited Australian nursing research examining factors of job satisfaction, nursing work environments, organisational commitment and empowerment perceptions (structural and psychological) in relation to Australian GenX nurses and intent to turnover.

According to survey findings, Australian GenX nurses are moderately satisfied with various aspects of their workplace, particularly those related to relationship with peers, orientation to required tasks, their sense of competency, the meaning they derive from their work and access to certain structures within the workplace such as opportunity and informal power. Aspects of the workplace most strongly associated with a reduced intention to turnover were the amount of control and responsibility nurses felt they had, and peer cohesion.

The AGENX survey findings indicate that Australian GenX nurses continue to value the social aspects of their work. Juggling a career and family responsibilities requires a flexible organisational culture and a supportive manager. As the generation that heralded the work life balance ethos, GenX nurses responding to the survey reported barely positive perceptions.

However, in seeking professional opportunities within their current employment, GenX nurses value their level of experience, thriving to make a difference in the course of their nursing career.

8. Implications for nurse leaders

The AGENX Nurses Survey evaluated the baseline perceptions of Australian GenX nurses in the context of their work setting to identify factors that constitute job satisfaction for this group. Having identified that many GenX nurses are staying in their current work because they 'need to' rather than because they 'want to' exposes

an area in which nurse leaders and others can focus greater effort to improve retention of this experienced group of nurses. A work environment that fosters peer cohesion, provides praise and recognition, and allows nurses to have greater control and responsibility over aspects of their work is more likely to keep these nurses in their current employment. In view of the looming Australian shortage, nurses' relationship with their work place is of importance when the retention of experienced, engaged nurses appears to be indispensable for the viability of the health workforce.

Acknowledgements

References

Australian Bureau of Statistics. (2005). *Australian social trends, 2005*.

Albrecht, S. L., & Andreetta, M. (2011). The influence of empowering leadership, empowerment and engagement on affective commitment and turnover intentions in community health service workers. *Leadership in Health Services, 24*(3), 228–237.

Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of Occupational Psychology, 63*(1), 1–18.

Armstrong, K. J., & Laschinger, H. (2006). Structural empowerment, magnet hospital characteristics, and patient safety culture: Making the link. *Journal of Nursing Care Quarterly, 21*(2), 124–132.

Australian Institute of Health and Welfare, (2012). Nursing and Midwifery Workforce 2011. pp. Additional Resources.

Beutell, N. J. (2010). Work schedule, work schedule control and satisfaction in relation to work-family conflict, work-family synergy, and domain satisfaction. *Career Development International, 15*(5), 501–518.

Bjørk, I. T., Samdal, G. B., Hansen, B. S., Tørstad, S., & Hamilton, G. A. (2007). Job satisfaction in a Norwegian population of nurses: A questionnaire survey. *International Journal of Nursing Studies, 44*(5), 747–757.

Blythe, J., Baumann, A., Zeytinoglu, I. U., Denton, M., Akhar-Danesh, N., Davies, S., et al. (2008). Nursing generations in the contemporary workplace. *Public Personnel Management, 37*(2), 137–159.

Boudrias, J.-S., Morin, A. J., & Lajoie, D. (2014). Directionality of the associations between psychological empowerment and behavioural involvement: A longitudinal autoregressive cross-lagged analysis. *Journal of Occupational and Organizational Psychology, 87*(3), 437–463.

Brown, M. (2012). Responses to work intensification: Does generation matter? *The International Journal of Human Resource Management, 23*(17), 3578–3595.

Buchan, J., Duffield, C., & Jordan, A. (2015). Solving nursing shortages: Do we need a new agenda? *Journal of Nursing Management, 23*(5), 543–545.

Carman-Tobin, M. B. (2011). Organisational commitment among licensed practical nurses: Exploring associations with empowerment, conflict, and trust. In *Educational policy and leadership studies*. Graduate College of The University of Iowa., pp. 158.

Carver, L., & Candela, L. (2008). Attaining organizational commitment across different generations of nurses. *Journal of Nursing Management, 16*(8), 984–991.

Carver, L., Candela, L., & Gutierrez, A. P. (2011). Survey of generational aspects of nurse faculty organizational commitment. *Nursing Outlook, 59*(3), 137–148.

Christopher, S. A., Waters, D., & Chiarella, E. M. (2016). The GenerationX Nurse: An integrative review of factors influencing job satisfaction. *Journal of Nursing Management* (in press).

Cicolini, G., Comparcini, D., & Simonetti, V. (2014). Workplace empowerment and nurses' job satisfaction: A systematic literature review. *Journal of Nursing Management, 22*(7), 855–871.

Cohen, J., Stuenkel, D., & Nguyen, Q. (2009). Providing a healthy work environment for nurses: The influence on retention. *Journal of Nursing Care Quality, 24*(4), 308–315.

Coomber, B., & Barriball, K. L. (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: A review of the research literature. *International Journal of Nursing Studies, 44*(2), 297–314.

Cordeniz, J. A. (2002). Recruitment, retention, and management of Generation X: A focus on nursing professionals. *Journal of Healthcare Management, 47*(4), 237–249.

Coshow, S., Davis, P., & Wolosin, R. J. (2009). The 'Big dip': Decrements in RN satisfaction at mid-career. *Nursing Economics, 27*(1), 15–18.

Cresswell, J. W., & Piano Clark, V. L. (2011). *Designing and conducting mixed methods research SAGE publications*. Thousand Oaks :USA.

De Gieter, S., Hofmans, J., & Pepermans, R. (2011). Revisiting the impact of job satisfaction and organisational commitment on turnover intention: An individual differences analysis. *International Journal of Nursing Studies, 48*, 1562–1569.

De Vivo, D., Quinn Griffin, M. T., Donahue, M., & Fitzpatrick, J. J. (2013). Perceptions of empowerment among ED nurses. *Journal of Emergency Nursing, 39*(6), 529–533.

Dignani, L., & Toccaceli, A. (2013). Nurses and job satisfaction: Results of an italian survey. *Journal of US-China Public Administration, 10*(4), 379–387.

Doughty, J., May, B., Butell, S., & Tong, V. (2002). Work environment: A profile of the social climate of nursing faculty in an academic setting. *Nursing Education Perspectives, 23*(4), 191–196.

Duffield, C. M., Roche, M. A., Homer, C., Buchan, J., & Dimitrelis, S. (2014). A comparitive review of nurse trunover rates and costs across countries. *Journal of Advanced Nursing, 70*, 2703–2712.

Farr-Wharton, R., Brunetto, Y., & Shacklock, K. (2012). The impact of intuition and supervisor–nurse relationships on empowerment and affective commitment by generation. *Journal of Advanced Nursing, 68*(6), 1391–1401.

Gambino, K. M. (2010). Motivation for entry, occupational commitment and intent to remain: A survey regarding registered nurse retention. *Journal of Advanced Nursing, 66*(11), 2532–2541.

Gellatly, I. R., Cowden, T. L., & Cummings, G. G. (2014). Staff nurse commitment, work relationships, and turnover intentions: A latent profile analysis. *Nursing Research, 63*(3), 170–181.

Health Workforce Australia. (2012). . *A summary of health workforce 2025* (Vol. 1–3).

Hansen, J. I. C., & Leuty, M. E. (2012). Work values across generations. *Journal of Career Assessment, 20*(1), 34–52.

Haq, A., & Sheikh, H. (1992). Employee perceptions of work environment in certain setting of Hyderabad City. *Pakistan Journal of Psychological Research, 7*(3–4), 53–59.

Hayes, B., Bonner, A., & Pryor, J. (2010). Factors contributing to nurse job satisfaction in the acute hospital setting: A review of recent literature. *Journal of Nursing Management, 18*, 804–814.

Hayhurst, A., Saylor, C., & Stuenkel, D. (2005). Work environmental factors and retention of nurses. *Journal of Nursing Care Quality, 20*(3), 283–288.

Hebenstreit, J. J. (2012). Nurse educator perceptions of structural empowerment and innovative behavior. *Nursing Education Perspectives, 33*(5), 297–301.

Hemingway, M. A., & Smith, C. S. (1999). Organizational climate and occupational stressors as predictors of withdrawal behaviours and injuries in nurses. *Journal of Occupational and Organizational Psychology, 72*(3), 285–299.

Hillman, L., & Foster, R. R. (2011). The impact of a nursing transitions programme on retention and cost savings. *Journal of Nursing Management, 19*(1), 50–56.

Howe, N., & Strauss, W. (1991). *Generations: The history of America's future, 1584–2069*. Harper Collins.

Ingersoll, G. L., Olsan, T., Drew-Cates, J., DeVinney, B. C., & Davies, J. (2009). Nurses' job satisfaction, organizational commitment and career intent. *Journal of Nursing Administration, 32*(5), 250–263.

Jacobs, E. J., & Roodt, G. (2011). The mediating effect of knowledge sharing between organisational culture and turnover intentions of professional nurses. *South African Journal of Information Management, 13*(1), A1–A6.

Jernigan, E., Beggs, J. M., & Kohut, G. F. (2016). An examination of nurses' work environment and organizational commitment. *Academy of Educational Leadership Journal, 20*(1), 112–131.

Jones, S., Murphy, F., Edwards, M., & James, J. (2008). Using online questionnaires to conduct nursing research. *Nursing Times, 104*(47), 66–69.

Jones, A. (2015). Organisational commitment in nurses: Is it dependent on age or education? *Nursing Management, 21*(5), 29–35.

Keys, Y. (2014). Looking ahead to our next generation of nurse leaders: Generation X nurse managers. *Journal of Nursing Management, 22*(1), 97–105.

Kotzer, A. M., Koepping, D. M., & LeDuc, K. (2006). Perceived nursing work environment of acute care pediatric nurses. *Pediatric Nursing, 32*(4), 327–332.

Kunreuther, F. (2003). The changing of the guards: What generational differences tell us about social change organisations. *Nonprofit and Voluntary Sector Quarterly, 32*(3), 450–457.

Kuokkanen, L., & Leino-Kilpi, H. (2000). Power and empowerment in nursing: Three theoretical approaches. *Journal of Advanced Nursing, 31*(1), 235–241.

Kupperschmidt, B. R. (1998). Understanding Generation X employees. *Journal of Nursing Administration, 28*(12), 36–43.

Kupperschmidt, B. R. (2000). Multi generational Employees: Strategies for effective management. *Health Care Manager, 19*(1), 65–76.

Laschinger, H., & Finegan, J. (2005). Using empowerment to build trust and respect in the workplace: A strategy for addressing the nursing shortage. *Nursing Economics, 23*(1), 6–13.

Laschinger, H., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings. *Journal of Nursing Administration, 3*(5), 260–272.

Lavoie-Tremblay, M., Paquet, M., Duchesne, M.-A., Santo, A., Gavrancic, A., Courcy, F., et al. (2010). Retaining nurses and other hospital workers: An intergenerational perspective of the work climate. *Journal of Nursing Scholarship, 42*(4), 414–422.

Lu, H., Bariball, H. K., Zhang, X., & While, A. E. (2012). Job satisfaction among hospital nurses revisited: A systematic review. *International Journal of Nursing Studies, 49*(8), 1017–1038.

Manojlovich, M. (2007). Power and empowerment in nursing: Looking backward to inform the future. *The Online Journal of Issues in Nursing, 12*(1).

Martin, A. (2007). *Employee perceptions of organisational commitment, job satisfaction and turnover intentions in a post-merger institution*. South Africa: Faculty of Management. University of Johannesburg.

McGillis Hall, L., & Kiesners, D. (2005). A narrative approach to understanding the nursing work environment in Canada. *Social Science & Medicine, 61*, 2482–2491.

Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review, 1*(1), 61–89.

Meyer, J. P., & Allen, N. J. (2004). *TCM employee commitment survey academic users guide*. London: University of Western Ontario.

Meyer, J. P., Stanley, D. J., Herscovitch, L., & Topolnytsky, L. (2002). Affective, continuance, and normative commitment to the organization: A meta-analysis of antecedents, correlates, and consequences. *Journal of Vocational Behavior, 61*, 20–52.

Montani, F., Courcy, F., Giorgi, G., & Boilard, A. (2015). Enhancing nurses' empowerment: The role of supervisors' empowering management practices. *Journal of Advanced Nursing, 71*(9), 2129–2141.

Moos, R. H. (1987). *The social climate scales: A user's guide*. Palo Alto: Consulting Psychologists Press.

Moos, R. H. (1994). *Work environment scale manual: Development, applications, research: A social climate scale*. Consulting Psychologists Press.

Mueller, C. W., & McCloskey, J. C. (1990). Nurses' job satisfaction: A proposed measure. *Nursing Research, 39*(2), 113–117.

Nursing and Midwifery Board of Australia. (2015). *Nursing and Midwifery Board of Australia registrant data* (December). Nursing and Midwifery Board of Australia.

Nursing and Midwifery Board of Australia. (2016). *Nursing and Midwifery Board of Australia registrant data* (December). AHPRA. Nursing and Midwifery Board of Australia.

Newman, K., Maylor, U., & Chansarkar, B. (2002). The nurse satisfaction, service quality and nurse retention chain: Implications for management of recruitment and retention. *Journal of Management in Medicine, 16*(4-5), 271–291.

Raosoft, I. (2011). *Sample size calculator*.

Reid, C., Hurst, C., & Anderson, D. (2012). Examination of socio-demographics and job satisfaction in Australian registered nurses. *Collegian, 20*(3), 161–169.

Roodt, G. (2004). Turnover intentions. Unpublished document. University of Johannesburg. Johannesburg.

Sawatzky, J. A. V., Enns, C. L., & Legare, C. (2015). Identifying the key predictors for retention in critical care nurses. *Journal of Advanced Nursing, 71*(10), 2315–2325.

Shader, K., Broome, M. E., Broome, C., West, M. E., & Nash, M. (2001). Factors influencing satisfaction and anticipated turnover for nurses in an academic medical center. *The Journal of Nursing Administration, 31*(4), 210–216.

Spreitzer, G. M., Kizilos, M. A., & Nason, S. W. (1997). A dimensional analysis of the relationship between psychological empowerment and effectiveness satisfaction, and strain. *Journal of Management, 23*(5), 679–704.

Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal, 38*(5), 1442–1465.

Stander, M. W., & Rothmann, S. (2010). Psychological empowerment, job insecurity and employee engagement. *SA Journal of Industrial Psychology, 36*(1), 1–8.

Stanley, L., Vandenbughe, C., Vandenburg, R., & Bentein, K. (2013). Commitment profiles and employee turnover. *Journal of Vocational Behavior, 82*(3), 176–187.

Streiner, D. L. (2003). Starting at the beginning: An introduction to coefficient alpha and internal consistency. *Journal of Personality Assessment, 80*(1), 99–103.

Teixeira, A. C., & Barbieri-Figueiredo, M. (2015). Nursing empowerment and job satisfaction: An integrative review according to the structural theory. *Journal of Nursing Reference, 6*, 151–158.

Tulgan, B. (1997). Generation X: Slackers? Or the workforce of the future? *Employment Relations Today, 24*(2), 55–64.

Turner Parish, J., Cadwallader, S., & Busch, P. (2008). Want to, need to, ought to: Employee commitment to organizational change. *Journal of Organizational Change Management, 21*(1), 32–52.

Van Saane, N., Sluiter, J. K., Verbeek, J. H., & Frings-Drese, M. H. (2003). Reliability and validity of instruments measuring job satisfaction—A systematic review. *Occupational Medicine, 53*, 191–200.

Wagner, C. M. (2007). Organizational commitment as a predictor variable in nursing turnover research: Literature review. *Journal of Advanced Nursing, 60*(3), 235–247.

Wang, L., Tao, H., Ellenbecker, C. H., & Liu, X. (2011). Job satisfaction, occupational commitment and intent to stay among Chinese nurses: A cross-sectional questionnaire survey. *Journal of Advanced Nursing, 68*(3), 539–549.

Wilkin, C. L. (2013). I can't get no job satisfaction: Meta-analysis comparing permanent and contingent workers. *Journal of Organizational Behavior, 34*(1), 47–64. http://dx.doi.org/10.1002/job.1790

Wilson, B., Squires, M., Widger, K., Cranley, L., & Tourangeau, A. (2008). Job satisfaction among a multigenerational workforce. *Journal of Nursing Management, 16*, 716–723.

Yrle, A. C., Hartman, S. J., & Payne, D. M. (2005). Generation X: Acceptance of others and teamwork implications. *Team Performance Management: An International Journal, 11*(5/6), 188–199.