# **ABSTRACT**

#### Aims

The aims of the study were to examine how seven variables impacted upon the intention of hospital nurses to continue working as nurses and to investigate whether there are generational differences in these impacts.

## **Background**

There is a critical shortage of trained nurses working as nurses in Australia, as in many other OECD countries. The retention of nurses has been examined from the traditional management perspectives; however this paper presents a different approach (Meaning of Working theory).

#### **Methods**

A self-report survey of 900 nurses employed across four states of Australia was completed in 2008. The sample was hospital nurses in Australia from three generational cohorts - Baby Boomers (born in Australia between 1946 and 1964), Generation X (1965-1979) and Generation Y (1980-2000).

### **Results/Findings**

Six variables were found to influence the combined nurses' intentions to continue working as nurses:

- 1. Work-family conflict
- 2. Perceptions of autonomy
- 3. Attachment to work
- 4. Importance of working to the individual
- 5. Supervisor-subordinate relationship
- 6. Interpersonal relationships at work

There were differences in the variables affecting the three generations, but *attachment to work* was the only common variable across all generations, affecting GenYs the strongest.

#### Conclusion

The shortage of nurses is conceptualised differently in this paper to assist in finding solutions. However, the results varied for the three generations, suggesting the need to tailor different retention strategies to each age group. Implications for management and policy planning are discussed.

# **SUMMARY STATEMENT**

# What is already known about this topic

- Ageing populations and workforces in most countries are exacerbating demands for healthcare and the shortage of nurses.
- Understanding what influences nurses' intentions to stay or leave is important to help redress these concerns.
- Generation-specific knowledge needed to develop appropriate nurse retention strategies is limited.

# What this paper adds

- From the individual level of analysis, nurse retention in Australia is affected differently by generation of the nurse.
- Irrespective of generation, six variables affect nurses' intention to continue nursing.
- Nurses' *attachment to work* commonly affected all 3 generations' intentions to continue nursing, but affected GenYs the most (>40% of variance).

# Implications for practice and/or policy

- The nursing generations in Australia continue nursing for differing reasons.
- Retention strategies should be based upon generation-specific influences.
- Due to increasing reliance on older nurses, healthcare organisations and managers should learn new skills for retaining employees.

# **Key Words**

Generations, organisational commitment, intention to stay, nurses, Meaning of Working, attachment to work

THE INTENTION TO CONTINUE NURSING: WORK VARIABLES AFFECTING

THREE NURSE GENERATIONS IN AUSTRALIA

INTRODUCTION

Across the globe, developed countries currently suffer nurse shortages. For example, in

Australia in 2005, only three quarters (73%) of employed qualified nurses were working as

nurses; with 27% working elsewhere (ABS 2005). By comparison, the Canadian Nurses

Association (2009) claims a likely shortage of 60,000 registered nurses (RNs) by 2022, while

the American Nurses Association (2009) reports only 80% of those educated and licensed to

practice are working as RNs, meaning 480,000 nurses are not. These well-documented

shortages are due to decreases in supply (fewer new entrants and fewer people staying in

nursing) and increases in demand (as populations age, health services are growing).

Additionally, more part-time nursing means more nurses are now required to provide

the same services. Worse, nurses leave as they age, often when they are highly valued for

their skills, tacit knowledge and experience. These extra demands coincide with Baby

Boomer nurses retiring or withdrawing from the workforce. The negative implications for

hospitals (typically employing the largest nurse numbers) and healthcare are serious - for

both nurse and patient outcomes. Finally, nurses are costly to train and replace; one estimate

is twice a USA nurse's annual salary in acute care facilities (HSM Group 2002). Therefore,

not surprisingly, retention of skilled healthcare labour is receiving increased attention

(Robinson, et al. 2006). In this article, we draw on a conceptual framework from within the

management literature to provide new knowledge for healthcare management.

**BACKGROUND** 

Intention to continue paid working

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While much research concerns retirement intentions, there is little about what might entice people to remain working or return once they have left. Nevertheless, links have been identified between several variables and the intent to stay. Tourangeau *et al.* (2009) identified eight themes within 78 nurses' explanations about their working intentions: relationships with co-workers, with one's manager, condition of the work environment, rewards, organisational support and practices, physical and psychological responses to work, patient relationships and other job content, and external factors. However, they used only qualitative methods, and did not explore the impacts of age or generations. In a review of literature, Storey *et al.* (2009) argued that much less attention has been paid to nurse retention than to nurse recruitment, and even less to older nurses.

Shacklock and Brunetto (in press) and Shacklock, *et al.* (2009) found four variables influenced older (aged at least 50) workers' intentions to continue working: importance of working to the individual, flexible work arrangements, interests outside of work, and management and organisational variables (such as the amount of bureaucracy). An employee's age is also an indicator of intention to remain employed (Shader *et al.* 2001, Tourangeau & Cranley 2006). However, the latter authors suggested that a nurse's generation may help explain any relationship between age and work intentions, and that this generational area remains under-researched.

This study uses a Meaning of Working (MOW) theoretical framework (MOW International Research Team, 1987) to examine the working intentions of three generations of nurses; specifically, an adaptation by Westwood and Lok (2003), who introduced intercultural aspects and the impact of organisational variables. Subsequently, Shacklock, *et al.* (2009) extended the model to include gender. This paper extends that model further within a nursing context and by exploring generational differences. While some nurse generational differences have been explored (Duchscher & Cowin 2004), the similarities/differences

between generations in their meaning of working and the impact upon retention have not been examined. Based upon previous research, seven variables are likely to impact nurses' intentions to continue nursing: the supervisor-subordinate relationship, work-family conflict, perceptions of autonomy at work, attachment to work, flexible working arrangements, interpersonal relationships at work, and the importance of working to the individual.

# The supervisor-subordinate relationship

When high quality relationships exist between nurses and their supervisors, nurses report a stronger intention to stay (Tourangeau *et al.* 2009). The quality of the supervisor-subordinate relationship can be measured by using leader-member exchange theory (LMX), which argues that supervisors do not treat all employees the same and therefore the quality of the relationship differs between subordinates. When high levels of support, trust and respect exist between the two, high quality LMX results (Gerstner & Day 1997, Mueller & Lee 2002), resulting in better access to information, assistance and involvement in decision-making, solving work-related problems and enabling empowering relationships (Mueller & Lee 2002). Consequently, nurses are more likely to stay. The hypothesis is:

**H1**: There is a positive relationship between nurses' satisfaction with the supervisorsubordinate relationship and their intentions to continue nursing.

# **Work-Family conflict**

Work-family conflict (WFC) is related to, and negatively impacts upon, employee organisational outcomes, stress, performance at home and work, work and life satisfaction (Allen *et al.* 2000). Moreover, WFC is related to, and negatively impacts upon, job satisfaction and intention to stay (Netemeyer, *et al.* 1996, Howard, *et al.* 2004). From the employee's perspective, a satisfactory balance drives higher job satisfaction and

organisational commitment (Forsyth & Polzer-Debruyne 2007) and improved well-being (Eby *et al.* 2005). Pisarski *et al.* (2008) found that support from supervisors and colleagues were significant influences upon the WFC of nurses because of shiftwork.

A negative relationship is expected here because higher levels of WFC would be anticipated to result in lower intentions to continue nursing, and vice versa. However, with support from their supervisor, nurses are more able to meet these demands (Pisarski *et al.* 2008), leading to them more likely staying. Therefore, the following is proposed:

**H2**: There is a negative relationship between nurses' perceptions of work-family conflict and their intentions to continue paid work.

# Perception of autonomy

Autonomy is defined by Spreitzer (1995, 1996) as an employee's sense of self-determination about workplace choices; an employee's ability to make decisions about how and when to undertake tasks. Previous research identified that employees' perceptions of autonomy affect organisational outcomes such as productivity levels (Seibert *et al.* 2004, Thompson, & Prottas 2006). Further, higher levels of autonomy in decision-making positively affect employees' decisions to stay (Phillipson & Smith, 2005, Shacklock and Brunetto 2005). Early retirement was related to low levels of autonomy in job tasks among males in Norway (Blekesaune & Solem 2005). The following is proposed:

**H3:** There is a positive relationship between nurses' perceptions of personal autonomy at work and their intentions to continue nursing.

#### Attachment to work

The literature confirms the role of work "passion" or attachment to work in the desire to continue working (Barnes *et al.* 2004, Patrickson & Ranzijn 2004). Attachment to work is

typically related to the content of the work or job itself, and includes the meaning of the work or personal engagement (Kahn 1990), and/or job embeddedness (Mitchell *et al.* 2001, Holtom & O'Neill 2004). So for a doctor or nurse, it is about being committed to healing and to the profession as a whole. Positive views about work have been found to encourage employees to work later in life (Ekert & DeViney 1993, Barnes & Parry 2003). To test whether attachment to work is important, the following is proposed:

**H4:** There is a positive relationship between nurses' attachment to work and their intentions to continue paid nursing.

## Flexible working arrangements

Previous studies have identified that older workers want flexibility if they are to continue working (Phillipson 2004), desiring less than the traditional full-time, office-based, standard hours (Patrickson & Ranzijn 2004, Shacklock, *et al.* 2007). Younger workers also seek flexible working arrangements to counter competing demands from families and personal interests/hobbies. Gallie and White (1993) and MOWIRT (1987) found that, across generations, continued interest in working without the financial need to do so was influenced by the flexibility of work. Within nursing, flexible working arrangements have been found to increase job satisfaction and reduce turnover (Eby *et al.* 2005, Storey *et al.* 2009). The hypothesis is:

**H5:** There is a positive relationship between nurses' flexible working arrangements and their intentions to continue nursing.

# **Interpersonal relationships at work**

Social interaction at work is a well-known factor in many workers' enjoyment of their jobs (Lockwood, 2003). The opportunity to interact with others while at work was found to be

attractive to older workers; those who had retired and were no longer working missed such interaction (Shacklock 2006). Social interaction at work was found to be important, particularly later in life (Choo 1999). For nurses, Tourangeau, *et al.* (2009) found positive perceptions of teamwork and other work-group relationships are important considerations in delaying decisions about leaving, and the following is proposed:

**H6**: There is a positive relationship between nurses' interpersonal relations at work and their intentions to continue nursing.

# Importance of working to the individual

The importance of working is concerned with the relative importance of preferences between various aspects of life (work, family, community, spiritual development, friends and hobbies) (MOWIRT 1987). Typically, availability for each of these aspects is somewhat mutually exclusive. Because it is about the choices that a person makes about working (or not), this factor clearly impacts upon future employment intentions. As found in the literature (MOWIRT 1987, ABS 2006), most workers find importance in working itself, (which is different to the job itself) and the importance of working encourages older people to extend their working lives (Shacklock, *et al.* 2009). In summary, the literature suggests that the importance of working to nurses may be an important variable affecting their intentions to continue nursing. The hypothesis is:

**H7**: There is a positive relationship between the importance of working to nurses and their intentions to continue nursing.

## **Generational Differences**

Research on the impact of belonging to different generations has grown, including within the nursing literature (Apostolidis & Polifroni 2006; Wieke, *et al.* 2009). The term "generational cohort" assumes that a group of people who have similar birth years, history

and shared life experiences also share similar attitudes, emotions, belief, values and preferences toward work and career (Arsenault 2004). The four major and distinct generations in today's workforce include 'Matures', 'Baby Boomers' (Boomers), 'Generation X' (GenX) and 'Generation Y' (GenY) (Zemke, *et al.* 2000, Duchscher & Cowin 2004). This paper focuses on three generations – Boomers, GenX and GenY - which comprise the majority of today's workforce.

Boomers are those people born between 1945 and 1964 who value promotion, position and personal growth (Kupperschmidt 2000, Bell & Narz 2007). Many are known for their strong work ethic (Sherman 2006) and they tend to have little faith in authority (Weston 2001). In contrast, GenXs were born between 1965 and 1980 with typical attitudes including lack of belief about job security and expectations of balanced work and leisure time. They are less hierarchical and are more entrepreneurial (Kupperschmidt 2000, Bell & Narz 2007). GenXs tend to place lower value on work itself and are unwilling to sacrifice their personal lives for a career (Krug 1998). By comparison, Gen Ys dislike hierarchy, have difficulty in relating to superiors and are less likely to accept the leadership of the nurse supervisor, particularly when the superior is older (Palese, et al. 2006). However, they are more confident, achievement-oriented, technology-savvy, career-oriented and optimistic in their outlook about life than Gen Xs and Boomers (Hart 2006). Within the nursing literature, McNeese-Smith and Crook (2003) found that older nurses had attitudes and values toward career succession that differed from younger nurses. Differences in attitudes and experiences between the generations are expected to be reflected in differences in their intentions to remain nursing, and three hypotheses are proposed:

**H8:** Generation Y nurses' intentions to continue nursing are positively related to, attachment to work and interpersonal relations at work.

**H9:** Generation X nurses' intentions to continue nursing are positively related to satisfaction with the supervisor-subordinate relationship, work-family conflict, attachment to work, flexible working arrangements and interpersonal relations at work.

**H10:** Baby Boomer nurses' intentions to continue nursing are positively related to satisfaction with the supervisor-subordinate relationship, reduced work-family conflict, increased perceptions of autonomy, attachment to work, flexible working arrangements, interpersonal relationships, and the importance of working.

# THE STUDY

#### **Aims**

The aims of the study were to examine how seven variables impacted upon the intention of hospital nurses to continue working as nurses and to investigate whether there are generational differences in these impacts. To examine these variables, ten hypotheses were tested.

# Design

Based on the literature review, we used survey methodology via a self-report survey (Ghauri & Gronhaug 2002) to test the hypotheses in Australia, collecting data during 2008.

# Sample

Nursing staff in seven private hospitals were surveyed. The hospitals were located in 4 states in Australia and represented large, medium and small hospitals dealing with acute cases; some were also teaching hospitals. Four nurse generations appear in some workplaces (Duchscher & Cowin 2004), but we omitted the oldest generation (aged 62+ years) from the analysis because the sample size was too small. The other three generations formed the sample. BBs were those born in Australia between 1946 and 1964, GenX (1965-1979) and

GenY (1980-2000). A total of 2500 anonymous, self-report surveys were sent out to all ward nurses in these 7 hospitals and 900 useable responses were obtained; a response rate of 36%.

### **Data collection**

Anonymous surveys were sent to the hospitals with a detailed explanation sheet. Informed consent was obtained from respondents, and reply paid envelopes provided to return the sealed surveys to the researchers. Nurses were invited to participate by flyers/advertisements in staff common rooms and were invited and reminded during normal staff meetings. No incentives were provided and assurances were given that no repercussions would result for not participating or for withdrawing.

Data were collected using a survey instrument containing 15 demographic measures (age, gender, and so on), and the items for each of eight variables. The variables were measured by being rated on a scale from 1 (strongly disagree) to 6 (strongly agree) and comprised the following: *Leader-member exchange* (LMX), measured using a 6-item validated instrument (Graen & Uhl-Bien 1995), including - 'My NUM understands my work problems and needs'. *Work-family conflict* was measured using Netemeyer, *et al.*'s (1996) validated instrument, a 6-item measure including - 'the demands of my work interfere with my home and family life'. *Perception of autonomy* was operationalised using Spreitzer's (1996) 3-item measure of self-determination because it has the strongest correlation to organisational effectiveness and previous research suggests that it is an indicator of staff turnover (Spreitzer, 2007). One item was - 'I decide how I do my job'. *Attachment to work* was operationalised by the researchers using the empowerment literature measure for 'meaning' (Spreitzer, 1996), using 3 items including - 'My job activities are personally meaningful to me'. *Importance of working* was measured using the MOWIRT's (1987) 3 items, for example - 'Working is more important to me than other aspects of my life (family,

friends, community, leisure, hobbies, and spiritual development)'. *Interpersonal relations* was operationalised using Rubin, *et al.*'s (1994) organisational culture survey developed by Glaser, *et al.* (1987) with 5 items including - 'People I work with are concerned about each other'. *Flexible working arrangements* was measured using 3 items, based on an instrument validated by Netemeyer, *et al.* (1996), including – 'Wanting to spend time with my family or partner interferes with my work related activities'. The *intention to continue nursing* was measured using Shacklock, *et al.*'s (2009) validated items, for example - 'I want to continue working as a nurse for as long as I am able'. *Generational differences* were measured by the date of birth provided by the respondents, where Boomers were born 1945-1964, GenX 1965-1979 and GenY born 1980 onwards.

### **Ethical considerations**

Ethics approval was gained from the university and hospital ethics committees. Voluntary participation was explained in the cover sheet to the survey and contact details of the researchers were provided in case of queries.

# Data analysis

The data were analysed using SPSS v16 to undertake regression analyses. Correlation coefficients were determined and Regression Analyses were undertaken to test the ten hypotheses.

# Validity and reliability

All tools used in this study were from previously validated test banks, and the reliability was tested via Cronbach's alpha scores (see Table 1).

#### **RESULTS**

Nearly 4% of the respondents were male and 96% were female; 8% were aged less than 29 years (GenY), 38% were aged between 29 and 43 (GenX) and 54% were aged 44-64 (Boomers) (see Table 1). The majority (79%) were married or living with their partner, while 12% were single and 7% divorced. Nurse unit managers (NUM) comprised 6%, registered nurses (RN) comprised 57%, while 12% were clinical nurses (CNs – with the same qualifications as RNs but responsible for the quality of patient care delivered and the standard of nursing practice in an assigned ward/unit), 3% were enrolled nurses (EN), and 9% were endorsed enrolled nurse (EENs have had extra training to be allowed to administer drugs). A third (33%) had worked at their hospital for more than 15 years, 8% between 10-15 years, 18% between 5-10 years, 29% between 1-5 years and 12% for less than 1 year. Over half (58%) worked part-time, while 28% worked full-time and 13% were casual. The majority of nurses in this sample were female, aged over 42 years, working as RNs, in a speciality area of nursing, and between 5-8 shifts per week. The sample is therefore representative of the nursing population in Australia, where 91% are female, 40% are aged 45 years or older, and nearly 90% are qualified nursing professionals (ABS 2005).

Table 1 details the means and correlation coefficients amongst the variables plus the dummy variable (location). The findings indicate that the intention to continue working is significantly related to six of the independent variables: supervisor-subordinate relationship (LMX), work-family conflict, perception of autonomy at work, attachment to work, interpersonal relationship at work and the importance of working to the individual. However, it is not significantly related to flexible working arrangements or to location. Hypotheses were tested via a series of regressions, where the dependent variable was intention to continue nursing and the independent variables were LMX, WFC, perceptions of autonomy, attachment to work, flexible working arrangements, interpersonal relations at work and the

importance of working. Results are presented in Table 2. To summarise, six variables were found to be significant influences on all nurses' intentions to continue nursing: the supervisor-subordinate relationship, work-family conflict, personal autonomy at work, attachment to work, interpersonal relations at work, and the importance of working. These combined variables accounted for 21% of the variance in nurses' intentions (F=34.656 p<.001, R<sup>2</sup>=.21) (see Table 2). Additionally, there were differences between the generations in the variables affecting nurses' intentions to continue nursing.

### Table 1 here

There was a positive relationship between nurses' satisfaction with the supervisorsubordinate relationship and their intentions to continue nursing ( $\beta$  =.10, p < .05), hence Hypothesis 1 was supported. There was a negative relationship between nurses' perceptions of work-family conflict and their intentions to continue nursing ( $\beta = -.10$ , p < .05), hence Hypothesis 2 was supported. There was a positive relationship between nurses' perceptions of personal autonomy at work and their intentions to continue nursing ( $\beta = .09$ , p < .05), hence Hypothesis 3 was supported. There was a positive relationship between nurses' perceptions of attachment to work and their intentions to continue nursing ( $\beta = .34$ , p < .001), hence Hypothesis 4 was supported. There was not a significant relationship between nurses' perceptions of *flexible working arrangements* and their intentions to continue nursing ( $\beta = -$ .02), hence Hypothesis 5 was rejected. There was a positive relationship between nurses' perceptions of interpersonal relations at work and their intentions to continue nursing ( $\beta$  = .09, p < .05), hence Hypothesis 6 was supported. There was a positive relationship between nurses' perceptions of the importance of working and their intentions to continue nursing ( $\beta$  = .12, p < .05), hence Hypothesis 7 was supported. For GenY nurses, there was a positive relationship between the intention to continue nursing and the attachment to work and ( $\beta$  =

.54, p < .001), but not with interpersonal relations ( $\beta$  = .07). Therefore Hypothesis 8 was partially supported. For GenX nurses, there were positive relationships between the intention to continue nursing and satisfaction with the supervisor-subordinate relationship ( $\beta$  = .15, p < .05), and with the attachment to work ( $\beta$  = .37, p < .001). However, there was no relationship between the intention to continue nursing and flexible working arrangements ( $\beta$  =-.02) nor with interpersonal relations at work ( $\beta$  = .05). Therefore Hypothesis 9 was partially supported. For Boomers, there were relationships between the intention to continue working and five of the variables – WFC ( $\beta$  = -.14, p < .001), perceptions of autonomy ( $\beta$  = .15, p < .001), attachment to work ( $\beta$  = .25, p < .001), interpersonal relationships ( $\beta$  = .12, p < .05), and the importance of working ( $\beta$  = .12, p < .05). However, there was no relationship between the intention to continue working and satisfaction with the supervisor-subordinate relationship ( $\beta$  = .03) nor with flexible working arrangements ( $\beta$  = -.01). Therefore, Hypothesis 10 was partially supported.

### Table 2 here

From Table 2, there were differences in the variables each generation reported as being significant to their intentions to continue nursing. GenYs reported one significant variable, accounting for 40% of the variance in their intentions (F=36.41, p<.001, R²=.41). GenXs reported 2 significant variables, accounting for over 20% of the variance (F=22.98, p<.001 R²=.21). Boomers' intentions were influenced by five variables, accounting for 18% of the variance (F=15.19 p<.001, R²=.18). Notably, attachment to work was the only variable common to all generations as a predictor of the intention to continue nursing.

# **DISCUSSION**

The limitations of this study include the use of only private hospital nurses. Public sector hospital nurses' intentions to remain nursing may be influenced differently, as the

public and private health sectors are somewhat different in Australia. Therefore, further research is needed to clarify whether the variables influencing future working intentions of these nurses are the same or different to those impacting upon private sector nurses. Additionally, common method bias is a possibility within self-report cross-sectional studies (Podsakoff *et al.* 2003) where common method variance may influence the significance of relationships between variables. Moreover, there may be differences in nurses' work intentions based on their area of specialisation (eg midwifery, rehabilitation), as it seems apparent that a certain 'culture' exists within certain specialisation. Future research could also explore the notion of ageing *per se* being the cause of differences between generations. Finally, international research comparisons would assist the growth of knowledge in this important healthcare management area.

In this study, we examined the relationship between several variables and the intention of three generations of nurses to continue nursing. The results revealed that six variables affect nurses' working intentions across the three-generational sample: (i) the supervisor-subordinate relationship, (ii) work-family conflict, (iii) perceptions of autonomy at work, (iv) attachment to work, (v) interpersonal relationships at work and (vi) the importance of working compared to other life choices. The most striking finding was that attachment to work was a common variable affecting nurses' intentions across all generations in the sample. Notably, it was the only common variable. Even more interesting was the finding that this same variable was the only influence on GenYs' intentions, accounting for over a quarter of the variation in GenYs' intentions, and was the strongest for this generation. Attachment to work had a similarly strong role for GenXs, with that variable plus the impact of their relationship with their supervisor predicting almost half their work intentions. Boomers were more complex and affected by variables additional to attachment to work.

The study revealed that nurse generations' working intentions were influenced differently. For GenYs, attachment to work had a critical effect on their intentions to continue nursing. One possible explanation for this is that this generation of nurses is not committed to a hospital, but seeks work wherever the greatest meaning from nursing can be found. A further possibility is that they are not yet in the life stage of trying to balance WFC nor needing flexible working arrangements. Further exploration is needed for further depth and explanation of this finding. Nevertheless, it would be fruitful for healthcare management to capitalise on this finding and ensure GenYs are provided every opportunity to use their knowledge and skills as nurses to maximise their passion and associated retention.

For GenXs, the relationship with their supervisor and attachment to work were the two drivers of their continued nursing. Healthcare management needs to check whether nurses are leaving due to poor supervisors, and to monitor turnover using, for example, an exit interview to discover ineffective supervisors. If the relationship with the supervisor is so central to retention, then management must ensure appropriate training for supervisors of this valued generation of nurses.

There were five variables that influenced Boomers. First, reduced work-family conflict would entice Boomers to stay, and negotiable alternatives are needed to ensure this occurs. Second, Boomers seek high levels of autonomy in their work – self-determination about how they approach and complete their daily tasks. Effective management of Boomers is needed to ensure delegation and participative decision-making capitalises on this employment predictor. Third, high levels of attachment to work will positively affect their employment rates, and healthcare management must enable this nurse generation to optimise meaning and importance from their work. Fourth, Boomers want access to satisfying interpersonal relationships at work, and allowing sufficient time and opportunity for these to develop is a responsibility for healthcare management in their retention strategies for these

experienced and valuable nurses. Fifthly, Boomers find working to be important to them in comparison to others aspects of life. Such positive attitudes to working will assist in Boomer retention strategies, alongside approaches to address the other variables now known to affect their intentions to stay. A more complex set of considerations to ensure Boomers' retention is needed, while Gens X and Y appear focussed more on the passion of nursing, plus for GenX, it is also their relationship with supervisors.

This study has made theoretical contributions to the literature on the intention to continue in employment and within the nursing literature. This issue had been researched previously, but only in a limited way within nursing, and hence the rationale for this study. Previous research has suggested that the intention to continue working may be affected by job satisfaction, supervision expertise and support, perceptions of autonomy, organisational commitment, the importance of working, co-worker support, rewards, organisational support and practices, and stress and workloads (Brunetto & Farr-Wharton 2004, Tourangeau & Cranley 2006, Shacklock & Brunetto in press). Also, the occurrence of particular events or 'shocks' at work was found to be influential on nurse retention (Morrell, *et al.* 2008). However, job satisfaction does not sufficiently explain the intention of nurses to continue nursing (Tourangeau, *et al.* 2009). For Boomers' intentions to continue working, Shacklock and Brunetto (in press) identified the importance of working as an influencing variable, consistent with this study. Tourangeau *et al.*'s (2009) research supports the findings for GenXs about the role of the supervisor-subordinate relationship, and for Boomers, the impact of relationships with co-workers.

Further, nursing might be different from other contexts because it is dominated by females, regarded as a 'caring profession' and offers part-time, casual and other flexible working arrangements. For example, many nurses temporarily leave nursing to raise children, returning later and choosing part-time nursing, including working night shifts. Such

opportunities are not always available in other working environments. Because of this particular context, other research might not apply to the nursing context, leading to the need for studies such as this one, focusing on nursing.

New knowledge has emerged from this study about the role in nurses' intentions of attachment to work, WFC, autonomy at work, and the importance of working. In contrast to previous studies, the findings from this study suggest that attachment to work is a retention key for nurses. Nurses reported wanting to continue working, and more importantly, working as nurses, because of their passion for what they do.

As attachment to work was found to influence retention across the generations, healthcare management, nurse educators and policy makers should consider the implications. For example, while supervisors are important to retention, as found previously, these findings suggest attachment to work affects all nurses. To enable attachment to work to develop, there must be opportunities for nurses to do their jobs properly, in ways they have been trained, with sufficient support, resources and equipment. Nurses recognise the value of their services, so management should buffer nurses from distractions and let them do what they do best.

# **CONCLUSION**

Within the context of global nurse shortages, the results of this study provide compelling arguments for changes to healthcare policy and management. Key new knowledge has been revealed which means that generation-specific interventions to extend nurses' working lives are now feasible. Nurses find meaning and importance in their work, and management and policy makers must ensure maximum exposure to nursing work and provide sufficient support to undertake the work properly. There are important policy and management

implications from these findings - repercussions for healthcare management, nurse managers, nurse educators, human resource managers and workforce planners, plus policy makers. If governments are serious about trying to increase the retention of nurses in hospitals and to reduce nurse shortages worldwide, then they need to capitalise on nurses' inherent attachment to work, irrespective of generation.

These findings may be applicable to many international hospitals, where this new knowledge could provide new perspectives on nurse retention via generational cohorts. Healthcare management should explore the application of this knowledge by examining their own nurse generations' intentions. While this paper cannot claim to have covered all determinants of nurse retention, it reinforces the need to be vigilant in those areas that are more manageable and with greatest positive outcomes. Our findings confirm there is no single driver behind nurse retention, and that further research is necessary. However, one clear message emerges – nurses feel a strong attachment to working, and to working as nurses. This is a key factor influencing their intentions to remain nursing. Management must build upon this foundation, enabling nurses to gain meaning and value from their work. Strategies that focus on this and other identified variables may improve hospital nurse retention rates.

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Table 1: Means, standard deviations, correlations and inter-item reliabilities<sup>a</sup>

Variables	Means	SD	1	2	3	4	5	6	7	8	9	10
1.Location	NA		1									
2. Age ( <i>1</i> =< <i>30yrs</i> ;	2.45	.43	01	1								
2=30-45;3=>45yrs)												
3. LMX	4.69	1.09	01	17**	$(.94)^{b}$							
4. WFC	3.29	1.09	.02	09*	-28**	(.85)						
5. Autonomy	4.39	1.32	02	.1**	.28**	11*	(.89)					
6.Attachment to work	5.19	.99	04	.14**	.11**	-12**	.2**	(.85)				
7. Flexible work	4.18	1.21	.06	.00	07*	.16**	01	02	(.76)			
arrangements												
8. Interpersonal	4.90	.74	03	.02	.06	07*	.07*	16**	.05	(.82)		
relationships												
9. Imp. of working	2.1	.99	02	.06	.07*	03	.12**	.18**	1**	05	(.65)	
Dependent variable												
10. Intention to	4.47	1.27	.002	.19**	.17**	18**	.19**	.4**	05	.13*	.19**	(.82)
continue nursing												

a n = 900
 b Numbers in parentheses indicate inter-item reliabilities
 \*\* Correlation is significant at the 0.01 level (2-tailed).
 \* Correlation is significant at the 0.05 level (2-tailed).

Table 2: Regression analysis detailing relationships between independent variables and nurses' intentions to continue nursing

Dependent Variable <sup>#</sup>	All Nurses	Gen-Y Nurses	Gen-X Nurses	<b>Baby Boomers</b>
	β	β	β	β
Independent variables				
LMX	.10*	.05	.15*	.03
WFC	10*	.01	.0	14**
Autonomy	.09*	07	02	.15**
Attachment to work	.34**	.54**	.37**	.25**
Flexibility	02	01	02	01
Interpers. relations	.09*	.08	.05	.12*
Imp. of working	.12*	.09	.02	.12*
F	34.66**	36.41**	22.98**	15.19**
$\mathbb{R}^2$	.21	.41	.22	.18

<sup>Scale of 1=Strongly Disagree, to 6=Strongly Agree
Significant at the 0.001 level (2-tailed).
Significant at the 0.05 level (2-tailed).</sup>