

**THE IMPORTANCE OF SUPERVISOR-NURSE RELATIONSHIPS, TEAMWORK,
WELLBEING, AFFECTIVE COMMITMENT AND RETENTION OF NORTH
AMERICAN NURSES**

INTRODUCTION

USA nurses make up the biggest workforce of any country in the world. However, nurses continue to be in short supply even with an aggressive campaign to attract foreign nurses (Aiken et al. 2007). One contributing factor explaining the shortage of registered nurses is higher than average turnover (Buerhaus et al. 2007; Buerhaus 2008). This is an important issue because the nursing shortage affects patient care by impacting upon how much time nurses can spend collaborating with team members, as well as with each patient. Both these factors have implications for patient safety as well as nurses' ability to detect complications early (Aiken et al. 2007; Buerhaus 2008). Consequently, there is a need for research that examines factors affecting turnover intentions.

However, it would be inaccurate to assume that organisational factors affect nurses similarly - as if they are one homogenous group. Recent research suggests that nurses belonging to different generational cohorts may have different perceptions of the same work conditions. A generational cohort refers to people who have similar birth years and consequently share similar historic experiences which have impacted similarly on their attitudes, emotions, belief, values and preferences toward work and career (Arsenault 2004; Zemke et al. 2000). However, the validity of generational cohorts is a contested domain, with some researchers arguing that generational cohorts are too general a concept to add value to the better understanding of workplace behaviour, while others argue that it provides a useful lens for predicting workplace behaviour of specific groups (See Brunetto et al. 2012 for the differing arguments). Hence, this study will examine whether belonging to a generational cohort influences the organisational factors that impact turnover intentions.

This paper examines the relationship between the supervisor-nurse relationships, teamwork, wellbeing, affective commitment and turnover intention for nurses from different generational cohorts in USA hospitals. The argument presented is that workplace relationships (such as the supervisor-nurse relationship and teamwork) provide an important “anchor” for employees within organisations. The basis of the argument is the assumptions on which Social Exchange Theory (SET) is positioned. SET argues that workplace relationships provide the mechanism for facilitating the flow of information, resources and support required to be an effective employee (Shore et al. 2009). Numerous researchers identify the importance of an effective supervisor-subordinate relationship because it affects the quality of teamwork cohesion (Anthony et al. 2005), as well as outcomes such as commitment to the organisation and wellbeing (Brunetto et al. 2010, 2011, 2012, Rodwell et al 2009), and retention (Cohen 2006; Cropanzano & Mitchell 2005).

In summary, this research aims to identify factors that impact the turnover intentions of nurses, by generation. Our study examines the supervisor-nurse relationship, nurses’ teamwork and wellbeing in order to explain three generations of nurses’ commitment to their hospitals, as well as their intentions to leave their hospitals. To our knowledge, this has not been done before for nurses working in North American hospitals. We chose to examine the specific variables because there is previous research to support the examination of these specific variables, there are previously-validated instruments for measuring those variables, and there is a recognised need for the evidence from such a study within the North American hospital context. The following research questions thus guide data collection:

RQ1: *What is the relationship between nurses’ satisfaction with supervisor-subordinate relationships, teamwork, wellbeing, commitment to the organisation (affective commitment) and turnover intentions?*

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***RQ2:** For different generational cohorts, what are the similarities and differences in the relationships between nurses' satisfaction with supervisor-subordinate relationships, teamwork, wellbeing, commitment to the organisation (affective commitment) and turnover intentions?*

This paper has four parts. The first part provides a targeted review of the literature from which the hypotheses emerge. The second part describes the sample and methods used to test the hypotheses and address the research questions. The third part reports the results and uses the discussion section to identify pattern-matching with relevant past research and implications for healthcare managers. Finally, the paper concludes and offers suggestions for future research.

Background

Social Exchange Theory

Social Exchange Theory (SET) argues that interactions between employees can benefit both the individual employees as well as the organisation as a whole if the relationship between employees leads to sharing of resources, information and support. SET argues that reciprocal relationships develop as a result of positive interactions built on trust and mutual commitment to continue helping one another (Cropanzano & Mitchell 2005). SET is often used to conceptualise numerous exchange relationships including the relationship between the supervisor and employees because it similarly explains how workplace social interactions lead to an exchange of resources, knowledge, time and emotional support. While social exchanges can be conceptualised in terms of their content or the processes involved, this paper is typical of a process model (such as the supervisor-subordinate) that is underpinned by the development of interactive reciprocal exchange of tangible and intangible resources (Shore et al. 2009; Cropanzano & Mitchell 2005).

Past research has identified that, on the one hand, when an effective supervisor-subordinate relationship develops, the benefits for employees include easier access to information, support and participation in decision-making and consequently solving workplace problems is easier (Wang et al. 2005). Also, employees may benefit from an easier promotional climb and bonuses and/or intangible benefits such as interesting work assignments and greater control over workloads (Yukl 2006). On the other hand, an ineffective supervisor-subordinate relationship is likely to be characterised by low levels of reciprocity and interactions in line with job descriptions only (Yukl & Michel 2006).

Using the lens provided by SET, in the ideal context, the 'in-group' (those who experience higher quality supervisor-subordinate relationships) would thereby have greater access to information, resources, support and respect, and these values and practices also underpin teamwork activities. Such access would likely enhance in-group members' perceptions of wellbeing and commitment to the organisation, and therefore reduce their turnover intentions.

Supervisor-Subordinate Relationship

As previously stated, theories conceptualising the benefits accruing from effective relationships between supervisors and employees – such as Leader Member Exchange Theory (LMX) - use the SET theoretical framework. LMX theory examines the supervisor-subordinate relationship, and assumes the same principles underpinning SET. In particular, LMX argues that when an effective relationship develops between a supervisor and employees, those experiencing high quality 'social exchanges' experience a mutually beneficial exchange of support, information, trust, participation in decision-making and respect (Mueller & Lee 2002), as well as higher perceptions of discretionary power (Graen & Uhl-Bien 1995; Gerstner & Day 1997; Yrie, et al. 2003; Yukl 2006).

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Past research identifies that LMX is essential for maintaining the wellbeing of nurses (Brunetto et al. 2011) because of the supervisor’s role in providing social support and reducing stress, which in turn predicts turnover intentions (Uhl-Bien & Maslyn 2003; Cropanzano & Mitchell 2005; Thomas & Lankau 2009). Consequently, using the SET theoretical lens, the theory suggests that the ideal situation is that all employees experience high quality LMX because this will promote high quality teamwork which will deliver the greatest benefits for the individual and the organisation.

Teamwork and Conflict

Nurses who engage in effective teamwork benefit not only patients by improving their safety (Vincent 2008), but also less experienced nurses (Wain 1993). Effective teams are a product of numerous factors. For example, teams can only be effective if members trust one another enough to share information and resources (Brunetto et al. 2011b; Day et el. 2007). Additionally, having a supportive supervisor who encourages sharing behaviour is also necessary (Edmondson 2003; Ellemers et al. 2004; Kalisch et al. 2009). Also Kupperschmidt (2006) argues that differences in ages and values of different employees can affect teamwork outcomes.

Using the SET framework in terms of teamwork, when colleagues have meaningful interactions, trust between them grows such that they are prepared to help one another during busy times as well as providing knowledge and support when needed (Cropanzano & Mitchell, 2005). On the other hand, poor workplace relationships are characterised by nurses working in isolated silos becoming frustrated and overwhelmed during periods of high demand – with resultant negative impact on patient outcomes (Buerhaus, 2008).

Psychological Wellbeing in the workplace

Numerous authors across numerous disciplines have conceptualized wellbeing differently. On the one hand, Keyes et al. (2002) conceptualise wellbeing as being either subjective (capturing the balance between positive and negative and cognitive impacts) or psychological (capturing employees' mental state related to satisfaction in the job). On the other hand, Grant et al. (2007) conceptualizes wellbeing as being either: (a) psychological wellbeing (employees' levels of satisfaction with processes and practices in the workplace), b) physical wellbeing (employees' health outcomes, from stress and accidents for example) and/or c) social wellbeing (the quantity and quality of workplace social networks as well as employees' perceptions of fairness and equity). In this paper, psychological wellbeing is defined as employees' attitudes and feelings about their work context (Diener 2000).

Wellbeing is an important concept because it affects important employee outcomes such as job satisfaction (Wright & Cropanzano 2000; Brunetto et al. 2011a) and affective commitment (Brunetto et al. 2011b). Further, LMX is a significant antecedent of wellbeing and turnover intentions (Cropanzano & Mitchell 2005; Thomas & Lankau 2009). However, the relationship between LMX and teamwork plus the wellbeing, commitment and turnover of nurses is unclear.

Affective Commitment and Turnover Intentions

Committed employees are defined as those engaged in, and emotionally attached to, the job (Meyer and Allen, 1991). These employees identify with their workplace, and consequently, they tend to want to stay working at the same organisation. Affective commitment is an important measure because Meyer and Allen (1997), Pitt et al. (1995) and Hartmann and Bambacas (2000) found inverse links between employees' affective commitment and their intentions to leave.

While there are some empirical studies examining the affective commitment of nurses (see Cohen 2006; Rodwell et al. 2009; Brunetto et al. 2011a, 2011b), few studies have examined the impact of supervisor-subordinate and colleague-colleague relationships along with outcomes such as wellbeing upon organizational commitment and turnover intentions. This is important because nurses' experience higher than average turnover levels (Buchan et al. 2004; Lynch & Tuckey 2008). Previous research identified an inverse relationship between affective commitment and turnover intentions (Meyer & Allen 1997; Lum et al. 1998; Meyer et al. 2002).

Generational Cohorts

Zemke et al. (2000) argues that there are three generational cohorts dominating the current workforce, although the debate remains as to the validity of the measure and the time specifications given (Ferres et al. 2003; Appelbaum et al. 2005; Marquez 2005). Zemke et al. (2000) argued that USA Baby Boomers (BB) are those born between 1943 and 1960 (although other authors suggest the birth years are 1946-1965), experiencing the Vietnam War and the Civil Rights movement. Generation X (Gen X) was born between 1960 and 1980 (alternatively 1965 - 1976) and experienced single-parent homes, the Challenger disaster, and computers. Generation Y (Gen Y) or Nexters were born between 1976 and 2000 (alternatively 1980 -2000). Past research also suggests that each generation has differing beliefs and values about work (Arsenault 2004). The relevance of generational cohorts to this paper is that some researchers argue that workplace relationships form more easily among those who belong to the same generational cohorts (Hooper & Martin 2008). Additionally, Lawler and Yoon (1996) argue that such relational cohesion predicts commitment to the relationship. As many current nurse supervisors are Baby Boomers, this suggests that nurses from the same generation (Baby Boomers) are likely to have greater levels of satisfaction with their supervisor-nurse relationships and teamwork, and these are

likely to impact positively on their wellbeing and affective commitment, leading to lowered turnover intentions.

The following hypotheses are therefore proposed:

H1: *For North American nurses, affective commitment is influenced by the quality of supervisor-subordinate relationships, teamwork and wellbeing.*

H2: *For North American nurses, turnover intentions are affected by the quality of supervisor-subordinate relationships, teamwork, wellbeing and affective commitment.*

H3: *For North American nurses, compared with Generations X and Y, Baby Boomers have higher levels of satisfaction with their supervisor-subordinate relationships, teamwork, wellbeing and affective commitment and have lower turnover intentions.*

METHODS

This research uses a cross-sectional design to gather data to test the relationship between nurses' satisfaction with supervisor-subordinate relationships, teamwork, wellbeing, affective commitment and turnover intentions. Data were collected using a survey-based, self-report strategy (Ghauri & Gronhaug 2002) during 2012. The emerging patterns of data were then compared with the findings of previous research. An anonymous online survey was made available to nurses and they were invited to participate, with no negative consequences assured for non-participation. The survey took approximately 20-25 minutes to complete. Informed consent was gained via the completion and submission online of each survey and respondents' confidentiality was assured.

Sample

The work of a nurse in the USA is similar to many other industrialised countries when the nurse is working within an acute clinical setting, and therefore such nurses have comparable patient case mixes to each other. The North American nurse sample came from two private sector hospitals located in mainland USA. Both hospitals were medium-sized, urban (city), and acute clinical settings, chosen to reduce variability. To gather data, 1815 nurses were linked to an online survey in 2 hospitals. The response was 718 useable surveys (12 discarded) - approximately 40% response rate and an acceptable sample size, according to Tabachnick and Fidell (2001: 117).

Measures

The measures were generated from the extant literature and presented using statements to be rated on a 6-point Likert-type scale, with 1 = strongly disagree, ranging to 6 = strongly agree. Table 1 details the key survey items used.

Satisfaction of nurses with the quality of their supervisor-subordinate relationship was measured using a seven-item uni-dimensional scale (LMX-7), developed by Graen and Uhl-Bien (1995). *Teamwork* was measured using Rubin, Palmgreen and Sypher’s (1994) modified version of Glaser et al. (1987) Organizational Culture scale which included measures for Teamwork and Conflict, Meetings and Climate, Morale, Supervision, Information Flow and Involvement. *Affective Commitment* measured nurses’ commitment to their organization using Allen and Meyer’s (1990) eight-item affective commitment scale. Items included, “I feel a strong sense of belonging to my organization”. *Wellbeing* was measured using a four-item scale by Brunetto et al. (2011a) to measure psychological wellbeing. Items included “Most days I feel a sense of accomplishment in what I do at work”. *Turnover Intention* (the dependent variable) was measured using a three-item scale adopted from Meyer, Allen and Smith (1993). Items included, “It is likely that I would search for a job in another organization”. The measure for *Generational Cohorts* was determined as

calculating the number of nurses born within specific years, chosen to include both ends of the date ranges identified within the literature: BB (1943 – 1964); Gen X (1965 - 1979) and Gen Y (1980 -2000).

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

Survey data were analysed using PASW 18. Correlations and regression analyses were undertaken to test nurses' satisfaction with supervisor-subordinate relationships, teamwork, wellbeing, affective commitment and turnover intentions. Additionally, a MANOVA was used to examine the impact of generational cohort upon the variables (supervisor-nurse relationships, teamwork, wellbeing, affective commitment and turnover intentions). If the multivariate F value is significant, then it means that there is a significant difference in the means for means for the variables across the generational cohorts.

RESULTS

The North American private sector nursing sample comprised 695 (95.7%) females and 31 (4.3%) males, which is roughly representative of the overall North American nursing population. In terms of job status, the sample included: (a) 17 Supervisors, (b) 98 Charge Nurses (assigns patients to nurses), (c) 578 Registered Nurses (RNs), (d) 22 Assistant Nurse

Managers, (e) 6 Unit educators, and (f) 6 Advanced Practice Nurses. In terms of generational cohorts, the sample had 193 Gen Y, 260 Gen X and 273 BB nurses.

Exploratory Factor Analysis

An exploratory factor analysis has been undertaken to ensure the reliability of each instrument because of changes made to the wording of questions due to differences in the cultural understanding of particular words or evidence from previous studies of poor performing statement. The correlation matrix identified many correlations exceeding .3, indicating the matrix was suitable for factoring. The Bartlett’s test for Sphericity was significant (Chi-square value=14,256.874, $p<.001$. df 276) and the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .929 - well above the .7 requirement. When Principal Axis Factoring was undertaken to extract the variables, five factors had eigenvalues greater than one and 75.628% of the variance of turnover intentions could be explained using these five factors (supervisor-subordinate relationship, teamwork, wellbeing and affective commitment). Table 1 shows the results of a factor analysis using Principal Axis Factoring as the extraction method and Varimax with Kaiser Normalization as the Rotation method. During the process, two of the LMX statements had to be removed from the construct because of poor factor loading (See Table 1).

[Insert Table 1 here]

Results from analysis

Table 2 identifies statistically significant correlation coefficients between Supervisor-Subordinate Relationships, Training, Wellbeing, Affective Commitment, Turnover Intentions as well as gender.

[Insert Table 2 here]

Hypotheses Testing

H1 (*Affective commitment is influenced by the quality of supervisor-subordinate relationships, teamwork and wellbeing*) is supported because the regression analysis indicates that in model 3, these three factors account for 45.9% of nurses' commitment to their hospitals. It must also be noted that demographic factors accounted for .6% of nurses' affective commitment.

H2 (*Turnover intentions are affected by the quality of supervisor-subordinate relationships, teamwork, wellbeing and affective commitment*) is supported because the regression analysis indicates that in model 3, these four factors account for 44.8% of nurses' turnover intentions, with demographic factors accounting for .7% of nurses' turnover intentions.

H3 (*Compared with Generations X and Y, Baby Boomers have higher levels of satisfaction with their supervisor-subordinate relationships, teamwork, wellbeing and affective commitment and have lower turnover intentions*) is somewhat supported. A MANOVA was undertaken. The findings evident in Table 3 indicate that there are significant differences across the means for wellbeing, affective commitment and turnover intentions, but not for nurses' satisfaction with supervisor-nurse relationships or teamwork. The means for BB nurses are higher compared with those for GenY and GenX nurses across all variables (and lower for turnover intentions).

[Insert Table 3 here]

Discussion

This paper examined the quality of supervisor-subordinate relationships teamwork, wellbeing, affective commitment and turnover intentions for nurses of different generational

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cohorts working in hospitals within North America. The study used a SET framework that argued that the ideal situation is one in which all nurses are satisfied with their supervisor-subordinate and colleague-colleague relationships because this would mean that they are sharing their time and other resources such as information, knowledge and skills, support and assistance with one another. Under such conditions, nurses would assist one another during busy periods, thereby reducing stress and burden and it is likely that this would positively impact on their perception of wellbeing and commitment to the hospital. As a result, it was expected that turnover intentions would be low. While previous research have tested the relationship between LMX and wellbeing, and LMX and affective commitment/turnover intentions, and teamwork and affective commitment/turnover intentions, no study has specifically examined the relationship between supervisor-subordinate relationships, teamwork, wellbeing, affective commitment and turnover intentions for US nurses belonging to different generational cohorts.

The findings from this paper suggest that *almost a half of nurses' commitment to their hospitals and intentions to leave* can be explained by the quality of workplace relationship variables (supervisor-subordinate **and colleague-colleague**) along with outcomes such as nurses' perceptions of wellbeing in the workplace. Consequently, one contribution of this paper is in identifying the importance of workplace relationships in the retention of US nurses. The finding has implications for management because of the importance of workplace relationships and nurses' perception of wellbeing in explaining their commitment to their hospital. Additionally, there was a significant difference in the means for the commitment of nurses depending on a nurses' generational cohort. As expected BB nurses were most committed, Gen Xs were somewhat committed and Gen Y were between somewhat committed and somewhat uncommitted. These findings are similar to those identified for Australian nurses belonging to different generational cohorts (Brunetto et al. 2012).

Additionally, the findings suggest that US nurses are somewhat satisfied with the quality of workplace relationships (both supervisor-subordinate (mean=4.5) and colleague-colleague (mean=4.6)). Previous research suggested significant relationships between LMX and teamwork (Edmondson 2003; Ellemers et al. 2004; Kalisch et al. 2009) and this study confirmed a similar significant relationship (see Table 2 indicating a significant relationship between LMX and teamwork).

Moreover, North American nurses perceive that they have some level of wellbeing (mean =4.59, half way between “slightly agree” and “agree”). Previous research had already identified a significant relationship between supervisor-subordinate relationships and wellbeing (Brunetto et al, 2011a) and this study confirms a similar significant relationship for North American nurses and adds new information about the impact of teamwork on wellbeing (See Table 2).

Further, while there is research identifying the impact of supervisor-subordinate relationships on affective commitment and turnover intentions (Thomas & Lankau 2009; Cropanzano & Mitchell, 2005), few studies have added teamwork and wellbeing to the equation. Table 2 indicates significant relationships between LMX and affective commitment and teamwork and affective commitment, wellbeing and affective commitment, as well as significant inverse relationships between LMX and turnover intentions, teamwork and turnover intentions and wellbeing and turnover. The findings indicate that US nurses are almost slightly committed to the hospital (mean=3.9, between a “slightly not committed” and “slightly committed”), although the mean for turnover intentions (mean= 2.6, between “slightly disagree” and “disagree”) suggest that nurses somewhat disagree that they intend to leave. In terms of the generational cohort lens, there are significant differences in the turnover intentions of BB nurses compared with Gen Y and Gen X nurses. The BBs have the lowest turnover intentions and Gen Y have the highest.

Study Limitations

There were some limitations to this study which need to be considered before discussing the results. First, 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. However, Spector (1994) argues that self reporting methods is legitimate for gathering data about employees’ perceptions, as long the instrument reflects an extensive literature review and pattern-matching is used to support interpretations of the data. Second, our study was limited to private sector hospitals and therefore cannot be generalised to public or not-for-profit sector hospitals. Third, this study was limited to one country and therefore cannot be generalised beyond North America. Further research is therefore suggested for both the public hospital sector and across different countries to support (or otherwise) our results.

Conclusion

There is a shortage of nurses in many OECD countries –including the USA (Cohen, 2006). We therefore know that maximising retention is a critical factor to organisational effectiveness within the healthcare sector. We also know that there are certain variables that are predictors of nurse retention. Our findings address a call by Buerhaus et al. (2007) for new evidence-based information about the impact of nurse shortages on the efficiency and effectiveness of hospitals by examining the impact of workplace relationships on nurses’ outcomes such as wellbeing, commitment and turnover intentions. This study’s contribution is that it empirically confirms, for the North American private hospital sector, which variables do predict nurse turnover, and by generation. Given that the North American nurse

workforce is the largest in the world the consequences of these findings are potentially very worthwhile.

In summary, the findings from this paper first indicate that supervisor-nurse relationships, teamwork and wellbeing explain almost half of nurses' commitment to their hospitals, as well as nearly half their intentions to leave their hospital. Second, the means indicate that nurses' are only somewhat satisfied with workplace relationships, perceive only some level of wellbeing in the workplace and are only somewhat committed to their hospitals. Third, the study provides evidence of a generational effect across some variables – which are important organisational outcome variables - wellbeing, affective commitment and turnover intentions. However, the workplace relationship variables (satisfaction with relationships) did not differ significantly between generations. Moreover, irrespective of generation, nurses were only somewhat satisfied with workplace relationships across the generational cohorts. Previous research about nurses suggests this may result be because the impact of professional clinical knowledge and values when forming workplace relationships are strong (Farr-Wharton et al. 2011) and this may overshadow the impact of belonging to a generational cohort.

These findings suggest that management has to focus on improving the quality of workplace relationships as a first step in retaining skilled nurses. With the cost of nurse turnover being estimated as being twice a nurses' annual salary, without costing the hidden implications for patient mortality, drug errors and infection rates (Atencio et al. 2003), it is time for nurse management to consider evidence-based ways of improving retention. It may also be time for senior management to embed performance indicators for all levels of management that are linked to ensuring effective workplace relationships. Over time, the result of such actions would be more committed nurses.

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This new knowledge also suggests that there are generational differences that could be targeted in any planned retention strategies. This is important evidence from which management decisions and HRM strategies can be planned to target specific factors which will make a positive difference in order to maximise retention, both generally and by specifically targeting the three generations of nurses. Future research is required across different countries to determine how generalisable these finding are within different healthcare systems and across national boundaries.

Review Copy

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TABLES

Table 1: Factor Analysis using Principal Axis Factoring as the extraction method and Varimax with Kaiser Normalization as the Rotation method (used to classify variables)

Variable	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Supervisor-Subordinate Relationship					
My supervisor is satisfied with my work	.881				
My supervisor understands my work problems and needs	.862				
My supervisor is willing to use her/his power to help me solve work problems	.833				
I have a good working relationship with my supervisor	.828				
My supervisor is willing to help me at work when I really need it	.812				
My NUM recognises my potential	.667				
I have enough confidence in my NUM that I would defend and justify his/her decisions even if he/she was not present	.609				
Wellbeing					
Overall, I am reasonably happy with my work life		.758			
Most days I feel a sense of accomplishment in what I do in the workplace		.821			
		.581			
Overall, I fulfil an important purpose in my work life		.454			
Overall, I fulfil an important purpose in my work life					
Affective Commitment					
I would be very happy to spend the rest of my career with this hospital			.895		
			.879		
This hospital has a great deal of personal meaning for me					
I enjoy discussing my hospital with people outside it			.792		
I feel a strong sense of belonging to this hospital			.610		
I feel strong ties with this hospital			.581		
I do not feel emotionally attached to this hospital			-.553		

Teamwork		.633
People I work with are cooperative and considerate		.598
People I work with constructively confront problems		
People I work with are concerned about each other		.717
People I work with resolve disagreements cooperatively		.566
When I complete my work tasks, I am happy to help the nurses		.519
		.301
Turnover		
I frequently think about leaving my current employer		-.795
It is likely that I would search for a job in another organization	1	-.761
It is likely that I would actually leave the organization within the next year		-.725

Table 2: Correlations, means, standard deviations and Cronbach's alpha coefficients

		Mean	SD	1	2	3	4	5	6
1	Gender			1					
2	LMX	4.4	.6	-.027	1	(.95)			
3	Teamwork	4.6	.8	.019	.31**	1	(.868)		
4	Wellbeing	4.6	.9	.031	.49**	.46**	1	(.862)	
5	Aff. Commit	4	.9	-.001	.49**	.35**	.63**	1	(.936)
6	Turnover	2.6	.1	-.041	-.42**	-.33**	-.53**	-.64**	1

N = 726. Cronbach's alpha coefficients of the composite scales are in brackets
 ** Correlation is significant at the 0.001 level (2-tailed).

Table 3: Regression analysis: Predictors of nurses’ perceptions of affective commitment

Variables	Model 1-Affective Commitment	Model 2 – Affective Commitment	Model 3 – Affective Commitment
Gender	.004	-.007	
Position	-.077*	-.033	
LMX		.238**	.239**
Teamwork		.063*	.061*
Wellbeing		.489**	.495**
F	.137	111.337**	189.971**
R ²	.006	.459	.46

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.001 level (2-tailed).

Table 4: Regression analysis: Predictors of nurses' turnover intentions

Variables	Model 1-Turnover Intention	Model 2 – Turnover Intention	Model 3 – Turnover Intention
Gender	-.049	-.043	
Position	-.065	-.016	
LMX		-.098*	-.099*
Teamwork		-.081*	-.079*
Wellbeing		-.159**	-.161**
Affect Commitment		-.451**	-.454**
F	2.271	87.609**	134.291**
R²	.007	.447	.448

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.001 level (2-tailed).

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**Table 5: Results from MANOVA: Testing for differences in means for nurses
across generational cohorts**

	Gen Y ¹		Gen X ²		BB ³		F score
	Mean ^a	SD	Mean	SD	Mean	SD	
Supervisor-Subordinate Rel	4.46	.9	4.39	1.2	4.48	1.2	.332
Teamwork	4.61	.7	4.5	.8	4.63	.9	1.368
Wellbeing	4.57	.79	4.49	.92	4.72	.88	4.088*
Affective Commitment	3.94	1	4.08	1.2	4.46	1.2	12.373**
Turnover Intention	2.7	1.3	2.8	1.4	2.29	1.3	10.959**

¹ GenY N=193; ² GenX N =260; ³ BB N= 273

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.001 level (2-tailed).

^a Mean for variables: 1 = Strongly Disagree, through to 6 = Strongly Agree