

The impact of supervisor-subordinate relationships on baby-boomers and x-generation nurses' perceptions of wellbeing and commitment: a social exchange theory perspective

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Abstract

This paper used a SET lens to firstly examine whether the quality of supervisor-subordinate relationships affects nurses' perceptions of wellbeing, and in turn, their level of affective commitment. Secondly, the paper examines whether the baby boomer cohort behaved differently from x-generation nurses. The findings indicate that both baby boomers (m=4.8) as well as generation x (m=4.3) nurses were at least somewhat satisfied with the quality of supervisor-subordinate relationships and that LMX in addition to wellbeing accounted for the variance of 17.9% of affective commitment. This means that the quality of the supervisor-subordinate relationship was somewhat instrumental in fostering effective sharing of information, resources and emotional support because they trust and respect one another.

The major contribution of this paper is that it has identified that generational differences do exist in nursing and that has major implications for HR managers in retaining different generations of professionals that are already in limited supply today. It maybe that x-generation nurses require other empowering processes and mechanisms so as to promote a positive perception of wellbeing. Such a position would be challenging to HR health managers who have not really addressed the possibility of different management strategies for different generations of professionals. In terms of the shortage of nurses in many OECD countries, it needs to be recognized that when nurses have a low perception of wellbeing, the costs become evident in terms of increased sick leave, decreased efficiency on the job, early retirement, resignation, and the cost of trying to find new staff members Hence, a generational stratified approach to HR maybe the future for retaining both baby boomers and x-generation professionals longer. More research is required to explore similar themes across OECD countries and for different professionals

Keywords: nurses; management practices, affective commitment, wellbeing

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Nurses are an example of one skilled professional group in increasingly short supply. Drucker (2006) argues that professionals are knowledge workers that differ from other employees because their knowledge is owned by them. Historically, organisations have created wealth by owning capital and equipment, however, there has been a fundamental shift in power within organisations because wealth is now created as a result of knowledge – not capital. The change in power has been exasperated by the increasing shortage of key professionals within many OECD countries (OECD, 2005). The implication of this change is that whilst knowledge workers may be employed by an organisation and have a supervisor as such, knowledge workers are responding less and less to traditional control management techniques (Covey, 2004). Instead, such employees are increasingly expecting control mechanisms to be replaced by trusting relationships (Drucker, 2006) and this in turn highlights the importance of the supervisor-subordinate relationship for professionals groups. Moreover, because knowledge workers now have greater power, their perception of wellbeing has become a significant factor affecting their employment choices (Cooper & Cartwright, 1994). However, previous approaches to retention have not captured the unique status of today's skilled labour.

This paper uses Social Exchange Theory (SET) as the lens for examining the impact of the workplace superior-subordinate relationships on one group of knowledge workers'- nurses' perception of wellbeing, and in turn their level of affective commitment. SET argues that when employees and supervisors/managers develop good workplace relationships, a reciprocal arrangement develops that not only benefits the individuals involved, it also benefits the organisation as a whole (Cole, Schaninger & Harris 2002; Wayne, Shore & Linden 1997). The organisation benefits because effective relationships amongst employees at different levels of the organisational hierarchy results in reciprocal information-sharing, trust and respect so that employees feel empowered to solve organisational problems efficiently and effectively (Haskin, 1996). Bernerth, Armenakis, Field, Giles and Walker (2007) argue that SET rests on the assumptions of perceived equivalence in mutuality and reciprocity in turn leading to increased stability in the workplace. Another theory that was derived from SET that explains why supervisors' actions affect subordinates' reactions in the workplace is Leader-Member Exchange (LMX). This theory explains the motivations for supervisors and subordinates in engaging in behavioural reciprocity in the workplace. These same conditions are also likely to optimize employees' perceptions of wellbeing.

Numerous researchers have now used the concept of 'wellbeing' across a number of disciplines, and have termed it differently including using 'psychological wellbeing' or 'mental health' or 'occupational health' (Danna & Griffin 1999; Diener, Suh, Lucas & Smith 1999). Most definitions of 'wellbeing' comprise satisfaction with work-life balance, work/job-related issues and general health (Danna and Griffin 1999, p.359). However, the term has not been used much in management research (Grant et al, 2007). A review of the literature suggests that the concept appears to cover a broad array of terms affecting perceived levels of stress, job satisfaction, acceptance of organisational change to name a few. However, presently, there is no construct of wellbeing specifically designed for knowledge workers. Its

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relevance to nursing is that the workplace of many nurses is a hospital and both publicly and privately funded hospitals have undergone significant change in the past decade across OECD countries because of changes in legislation affecting employees' work practices, OHS and access to health services as well as the selective implementation of new management practices (NMP) in public hospitals over the last twenty years (Brunetto & Farr-Wharton 2006, 2007; Flynn, 1997). The implementation of NMP involved a move towards a private sector model of management (including the selective use of strategic planning, program budgeting, risk management and increased use of accountability to achieve stated outcomes), although some authors argue that the important political objective was cost-cutting (Brunetto & Farr-Wharton 2006; Harris 1999). Much of the change was left to supervisors (Nurse Unit Managers (NUMs)) to introduce using their increased power to monitor, measure and assess performance of human resources to a far greater extent (Brunetto & Farr-Wharton 2006, 2007; Ferlie, Ashburner, Fitzgerald & Pettigrew 1996). As a result, NUMs were often placed in the difficult position of having to mediate between achieving organisational and professional/culturally-embedded goals (Bolton, 2003; Brunetto & Farr-Wharton 2006; Whittington, McNulty & Whipp 1994).

This paper argues that because nurses are knowledge workers, then effective workplace superior-subordinate relationships will be significant in determining nurses' perception of wellbeing and in turn, outcomes such as their level of affective commitment. However, this relationship is likely to be different for older nurses compared with younger nurses. The assumption of the paper is that the quality of the supervisor-subordinate relationship determines the extent to which workplace relationships foster effective information-sharing and participatory decision-making required to problem-solve effectively. Hence, the objective of this paper is to examine whether the quality of supervisor-subordinate relationship (LMX) affects nurses' perception of wellbeing by affecting their ability to problem-solve in the workplace and in turn, affects their level of affective commitment. The research question are:

RQ1 : What is the impact of LMX on nurses' perceptions of wellbeing and in turn, their perception of affective commitment?

RQ2: Does age affect nurses' perceptions?

This paper has three parts. The first part details an extensive review of the literature from which the hypothesis emerges. The second part describes the sample and methods to test the hypothesis. The third part reports the results from a linear regression and independent t-test analysis of relevant data followed by the discussion involving pattern-matching with relevant past research.

Theoretical Background

Context of the study

Australia is similar to other OECD countries in facing a shortage of nurses (Buchan and Claman, 2004; Buerhaus, Staiger and Auerbach, 2000). An acute shortage of nurses generally and poor management practices have contributed to the shortage (Buchan et al, 2004; Buerhaus, et al 2000; Buchanan & Considine, 2002). Moreover, the aging population and the decreased participation rates of older nurses in particular have exacerbated the situation

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(Australian Bureau of Statistics (ABS) 2006, OECD 2003, Productivity Commission (PC) 2005). In fact, at the Australian population census in 1996, 19.8% of persons (aged 15-64 years) with a highest qualification in nursing were not in the labour force. Both national and state data collections reveal that in NSW a potential pool of 30-35,000 registered or enrolled nurses are not currently working in nursing. (NHSRC, 2000). Whilst numerous reasons are suggested for the shortfall the lack of management support systems is one factor that has been identified as requiring research, policy and practice attention (AHWAC, 2003; Buchanan & Considine, 2002; Neuman, Maylor & Chansarkar 2002).

Management practices in hospitals have been affected by increased accountability which in turn has in turn increased workload and pace/intensity of work and increased performance monitoring (increasing their level of record-keeping and data-collection) (Buchanan & Considine 2002; Degeling, Sage, Kennedy & Perkins 1999; Harris 1999; Hughes 2000; Morland, Steel, Alexander, Stephen & Duffin 1997). Neuman, Maylor & Chansarkar 2002). Moreover, nurse managers have been forced to operate in a more constrained fiscal environment (Buchanan & Considine 2002; Neuman, Maylor & Chansarkar 2002). Bolton (2003, p.126) argues that nurse managers are expected to create empowering social environments, however, they are supposed to achieve such environments operating within “tight budgetary controls and performance measures and targets” that override all other goals. Hence, the supervisor-subordinate relationship appears to have changed and this may have affected nurses’ perception of wellbeing. The hypotheses used to explore this idea emerged from a review of the literature below.

The Quality of LMX

LMX theory argues that supervisors manage employees differently which in turn leads to different outcomes from different groups of employees. Over time, the differences in “social exchanges” lead to a diverse quality of relationships between supervisors and subordinates. Effective LMX relationships are characterised by a high level of mutual support, trust and respect (Gerstner & Day 1997; Mueller & Lee 2002) where staff appear to be liked by their supervisors, irrespective of their performance (Graen & Uhl-Bien, 1995). As a result, such an “in-group” receives increased access to information, support and participation in decision-making, which in turn, makes it easier for them to undertake tasks and solve work-related problems (Haskins, 1996). In turn, this may lead to tangible benefits such as promotions and bonuses and/or intangible benefits such as interesting work assignments and greater control over workloads (Yukl, 2006). The benefits for supervisors include dedicated employees who show initiative in the workplace as well as providing extra support for the supervisors’ decisions (Wayne et al., 1997). In contrast to the in-group, the “out-group” tends to suffer from poor levels of information-sharing and involvement in decision-making.

Using the lens provided by the SET framework, the theory suggests that the in-group would receive higher quality LMX. A high quality LMX is associated with increased information flow and empowering relationships as a result of supervisors allocating increased levels of organisational resources (time) towards each subordinate (Sparrowe & Linden, 1997). In addition, when high quality LMX relationships are present, supervisors provide employees with meaningful feedback (consequently increasing their access to relevant information about

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the organisational changes), and delegate decision-making and power. Hence, using the SET framework, it seems likely that the quality of LMX could affect nurses' perceptions of wellbeing.

Wellbeing

The study of employees' perceptions of well-being by management is relatively new. Within other disciplines, it has been conceptualized as 'psychological well-being' (Cooper and Cartwright 1994; Daniels and Guppy 1994; 1997), 'affective well-being' (Warr 1987; 1990), 'mental health' (Price and Hooijberg 1992), 'general health' (Burke and Greenglass 2000;), 'organisational well-being' (Thomsen et al. 1999) and 'employee well-being' (Lapierre and Allen 2006; Thompson and Prottas 2006).

As, stated, the result is that there is a lack of consistency in terms of frameworks for conceptualising 'well-being in the workplace'. For example, Danna and Griffin (1999) perceive 'health' as a sub-component of 'well-being' because the latter is considered to be broader and more encompassing than the former. Their framework comprises the combination of mental, psychological, physical and physiological indicators, and general physical health. As such, they argued that employees' perceptions of well-being was a function of four variables – their perception of: competence (how well they can perform workplace tasks), autonomy (belief about their ability to determine when and how tasks will be undertaken), aspiration (beliefs about the future opportunities) and integrated functioning (how well employees combine different tasks) (Danna and Griffin 1999, p. 362). In contrast, Warr (1987; 1990), uses the term 'affective well-being' in his framework as a component of mental health (the other components of health are 'competence', 'autonomy', 'aspiration' and 'integrated functioning'). Irrespective of the term used for wellbeing, using the SET framework it seems likely that employees' perception of wellbeing would be enhanced by high quality LMX relationships. It is however, unclear whether wellbeing is significantly related to nurses' level of affective commitment and whether wellbeing mediates the relationship between LMX and affective commitment.

Hypothesis 1. Nurses' perceptions of wellbeing mediates the relationship between LMX and affective commitment.

Affective Commitment

Allen and Meyer (1990) define affective commitment as the emotional attachment to, and identification with, an organisation. Previous research has identified that those with high levels of affective commitment are likely to be loyal and attached to the organisation, in turn, reducing their likelihood of leaving – that is turnover is low (Meyer and Allen 1997; Pitt, et al. 1995). Whilst previous research has identified the positive significant relationship between LMX and the level of affective commitment of a range of public sector employees (Brunetto and Farr-Wharton 2004, 2006a, b, 2007) and research that links well-being with job satisfaction (and job satisfaction is significantly related to affective commitment) (Judge and Watanabe 1993) and LMX with well-being (Gerstner and Day 1997), there is minimal previous research linking well-being and affective commitment. To guide the data collection that examines the link between LMX, wellbeing and affective commitment, the following hypothesis is proposed:

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Hypothesis 2: There is a significant positive relationship between employees' perceptions of well-being and their levels of affective commitment.

Hypothesis 3: There is a significant positive relationship between employees' satisfaction with LMX, their perceptions of well-being and their levels of affective commitment

Intergenerational Differences

Nurses' perception of working generally and wellbeing in particular may vary depending on their age. Because the nursing labour force is ageing with the average age of employed nurses has increased from 41.2 years in 1999 to 43.3 years in 2004 (PC, 2005) and over the same period, the proportion of nurses aged 50 years and over has increased from 21.5% to 29.8%, it is the baby boomers' decision to leave an organisation which will affect them more than if other age groups leave. The concept of intergenerational cohorts has become popular for organisations, and maybe be useful in differentiating the needs of older knowledge works in comparison with younger workers. 'Generational cohort' characterises a group of people who have similar birth years, history and in a sense, a collective personality as a result of their shared life experiences (Zemke, Raines & Filipczak, 2000). According to the literature, each generational cohort has attitudes, emotions, belief, values and preferences toward work and career that differ from previous generations. Each generation may also differ in terms of the different education and training experiences (Arsenault, 2004; Biggs et al., 2007; Dencker, Joshi & Martocchio, 2007; Palese, Pantali & Saiani, 2006). For example, older nurses may have attitudes and values toward career succession that differs from younger nurses (McNeese-Smith & Crook, 2003). The four major and distinct generations in today's workforce include 'Mature', 'Baby Boomer', 'Generation X' and 'Generation Y' (Duchscher & Cowin, 2004; Hart, 2006; Smith & Clurman, 1997; Zemke, Raines & Filipczak, 2000), however, this paper defines and focuses only on 'Baby Boomer' and 'Generation X' because they make up the majority of the sample.

In particular, baby boomers are those people born between 1946 and 1965 who are now aged between 43 to 61 years old. Baby Boomers in the workplace value promotion, position and personal growth (Bell & Narz, 2007; Kupperschmidt, 2000; Zemke, Raines & Filipczak, 2000). Many are known for their strong work ethic (Sherman, 2006). They also tend to have little faith in authority (Weston, 2001). The Baby Boomers are currently the largest generation within the Australian nursing workforce. Results from the census of 2001 indicated that major proportion of the Baby Boomer cohort, aged between 40 to 60 years, comprised around 60 per cent of the Australia nursing workforce (Schofield & Beard, 2005). Between 2006 and 2026 the retirement of around 60 per cent of Australian nurses can be expected, at an average of 14 per cent of the nursing workforce every five years and a total of 90,000 nurses (Schofield, 2007). Although a significant number of nurses in this generation will be eligible for retirement within the next few years (Krail, 2005; Schofield & Beard, 2005), many Baby Boomers are leading a trend towards delayed retirement for a more lucrative and self-servicing advancement in the workplace (Duchscher & Cowin, 2004; Schofield, 2007).

In contrast, Generation X (Gen-X) employees were born between 1966 and 1980 and are currently between 30 and 42 years old. Typical attitudes attributed to Gen-X employees in the workplace include lack of belief of job security, an expectation to achieve a balance between work and leisure time, they are less hierarchical and more entrepreneurial (Bell & Narz 2007; Kupperschmidt 2000). They are better educated, more likely to move from one job to another

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to get more experience and very confident in the use of new technology (Burke, 1994; Sadler, 2003). Generation X employees tend to place lower value on work itself and are unwilling to sacrifice their personal lives for a career, compared to Baby Boomers (Krug, 1998). This generation cohort is significantly smaller than the Baby Boomers. Results from the census of 2001 indicated that Generation X employees made up 22 per cent of the Australia nursing workforce (Schofield & Beard 2005). While the proportion of Australian nurses aged 40 years or more has more than doubled, the proportion of Generation X nurses, aged less than 40 years, has fallen from around 70 to 40 per cent (Schofield 2007).

The implication of different cohorts is that strategies to improve affective commitment and reduce turnover need to focus on the specific needs of different cohorts. (Stuenkel and Cohen, 2005). However, there is limited empirical evidence to validate generational differences. In terms of the research undertaken to date, Arsenault (2004) reported significant differences between generational cohorts of business students in terms of leadership characteristics, whereas Davis, Pawlowski and Houston (2006) found that the attitudes to work commitment between Baby Boomers and Gen-X professionals based on a sample of IT professionals were more homogenous than different in their beliefs about the value of work (work involvement, job involvement and work group attachment) and commitment to the organisation and to the profession. Similarly, Ferres, Travaglione and Firms (2003) found no significant differences in levels of trust and affective commitment to the organisation between Gen-X and Baby Boomer employees, however, they found that Gen-X employees displayed lower continuance commitment, exhibited higher intentions to turnover and had lower scores for perceptions of procedural justice.

Within the nursing literature, the research findings vary with Santos & Cox (2000) finding significant differences in US Baby Boomer nurses who had significantly higher mean scores on the stress scale of role overload and role boundaries compared to Generation X. In contrast, Stuenkel and Cohen (2005) found no statistically significant differences between Baby Boomer and Generation X for US nurses in terms of peer cohesion, work pressure, clarity, control and physical comfort. Surprisingly, Generation X nurses in this study reported a higher level of job involvement compared to Baby Boomers. It is therefore unclear whether baby boomer nurses are similar or different to gen-X in terms of their satisfaction with LMX, perception of wellbeing and level of affective commitment. The hypothesis used to examine this issue is:

Hypothesis 4: There is a significant difference in baby boomers and gen-x nurses' satisfaction with LMX, their perceptions of well-being and their levels of affective commitment.

These hypotheses are used to guide data collection.

METHODS

A cross-sectional, survey-based, self-report strategy (Ghauri and Gronhaug, 2002) was used to obtain data to test the impact of LMX on nurses' perceptions of wellbeing and in turn, their level of affective commitment. Nurses indicated their perceptions about LMX, self-determination and wellbeing using a 6-point Likert-type scale ranging from 1 (strongly agree) to 6 (strongly disagree).

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Measures

The measures included in the questionnaire are outlined as follows:

- a) The leader-member exchange (LMX) validated test-bank survey (Mueller & Lee, 2002) traditionally measures the satisfaction of employees with the quality of the relationship with their supervisor.
- b) The questions used to measure '*nurses' perception of wellbeing*' were developed by Warr and operationalised in Mullarkey, Wall, Clegg and Stride (1999).
- c) Allen and Meyer's (1990) commitment instrument was used to measure the dependent variable - affective commitment (commitment to the organisation - using 8 items from their organisational commitment inventory. Researchers have reported Cronbach alphas ranging between .74 and .90 for this measure (see Allen and Meyer 1996).

Sample

Sampling choices were made based on typicality in order to meet the following criteria that the sample was representative of both:

1. The public and private hospitals,
2. Urban and rural hospitals
3. Big and smaller hospitals
4. In at least four states of Australia

In total, 4,800 surveys were distributed to a 20 hospitals specifically chosen to meet the criteria listed above. In total, the response rate was 1071 completed useable surveys, inferring a response rate of approximately 23%.

RESULTS

The demographics of the population are listed below:

1. Gender: fifty-six males and ten hundred and eleven females.
2. AGE: 110 were aged less than thirty years of age, 412 were aged between 35 and 45 years of age and the remainder – 552 were aged over forty-five years of age.
3. Employment contracts: 337 nurses worked full time, 587 worked permanent part time, 121 worked casually and 18 worked as a pool nurse going to any ward of a particular hospital as required.
4. Qualifications: 280 had completed a hospital certificate or equivalent, 83 had obtain their qualifications at a TAFE or technical educational institution, 208 had undergraduate degrees and 357 had completed postgraduate training in nursing and 126 nurses had "other" qualifications.
5. Time in their present position: 144 nurses had been in their present position for less than five years, 788 nurses had been in their present position for between five and fifteen years and 20 had been in heir present positions for more than 15 years
6. Rank: 65 were either in a position of a NUM or higher, 149 were clinicians, 547 were registered nurses and 36 were enrolled nurses.

Results from quantitative analysis

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Linear regression analysis was used to analyse the data. The means, standard deviations, correlations and reliability of the data in this study are reported in Table 2. Coefficient alphas were all acceptable, ranging from .748 to .926. The findings indicate that the nurses' perception of wellbeing is significantly correlated to LMX and affective commitment (but not the control variable: position) (See Table 1)

[Insert Table 1 here]

Hypothesis 1. In order to address the first hypothesis (*Hypothesis 1: The quality of LMX affects nurses' perception of wellbeing*) a correlation coefficient table was examined. The hypothesis was accepted because the findings suggest that there is a significant and positive relationship between the quality of LMX and nurses' perceptions of wellbeing ($b=.224$, $p<.001$) (See Table 1).

[Insert Table 2 here]

Hypothesis 2. In order to address the second hypothesis (*Hypothesis 2: The quality of LMX affects nurses' perceptions of wellbeing and in turn, affective commitment*) a regression analysis was undertaken. The hypothesis was accepted because the findings suggest that there is a significant and positive relationship between the quality of LMX and nurses' perceptions of wellbeing and the dependent variable – affective commitment ($F=151.241$, $p<.000$, $R^2 = 36.4\%$). Overall, the R^2 value suggests that LMX and wellbeing contributes 36.4 per cent of the variance of nurses' level of affective commitment (See Table 2).

Hypothesis 3. In order to address the third hypothesis (*Hypothesis 3: Nurses' perception of wellbeing mediates the relationship between their satisfaction with LMX and affective commitment*) the Barron and Kenny (1986) approach was used. This involved regressing "Affective Commitment" against (1) "LMX" and (2) "Perception of Wellbeing" (Analysis 1 Results - $F=97.83$ $p<.000$, $R^2 = 17.9\%$), followed by regressing "Affective Commitment" against "LMX" only (Analysis 2 results - $F=168.74$ $p<.000$, $R^2 = 15.8\%$) and finally regressing Wellbeing against LMX (Analysis 3 results - $F=49.788$ $p<.000$, $R^2 = 5.3\%$). Using the Barron and Kenny (1986) rules, partial mediation was evident because Analysis 3 (using Wellbeing as the dependent) was significant, and the regression coefficient from Analysis 2 ("Affective Commitment" against "LMX" ($\beta=.398$, $p<.001$), was larger than that for Analysis 1 ("Affective Commitment" against "LMX" ($\beta=.364$, $p<.001$), and "Wellbeing" ($\beta=-.148$, $p<.001$), Because there was only a very small reduction in the beta score for LMX in Analysis 1 compared with Analysis 2, it seems likely that Wellbeing barely mediate the relationship between LMX and affective commitment. Hence, the third hypothesis is rejected (See Table 3).

[Insert Table 3 here]

Hypothesis 4. In order to address the fourth hypothesis (*Hypothesis 4: There is a significant difference in baby boomers and gen-x nurses' satisfaction with LMX, their perceptions of wellbeing and their levels of affective commitment*) an independent t-test was undertaken. The hypothesis was accepted because the findings suggest that there is a significant difference for

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baby boomers compared with the x-gen group of nurses for the variables – nurses’ perceptions of wellbeing and the dependent variable – affective commitment, but not LMX (See Table 3).

DISCUSSION

This paper used a SET lens to firstly examine whether the quality of supervisor-subordinate relationships affects nurses’ perceptions of wellbeing, and in turn, their level of affective commitment. Secondly, the paper examined whether the baby boomer cohort behaved differently from x-generation nurses. The findings indicate that both baby boomers ($m=4.8$) as well as generation x ($m=4.3$) nurses were at least somewhat satisfied with the quality of supervisor-subordinate relationships and that LMX in addition to wellbeing accounted for the variance of 17.9% of affective commitment. This means that the quality of the supervisor-subordinate relationship was somewhat instrumental in fostering effective sharing of information, resources and emotional support because they trust and respect one another, and this makes them feel empowered to solve organisational problems efficiently and effectively as argued in the literature by Cole, Schaninger & Harris 2002; Haskins 1996; Kessels and Poell 2004; Wayne, Shore & Linden 1997.

This in turn was significantly related to nurses’ perception of wellbeing (See Table 1), however, whereas Blanchard (1993) argued that an effective relationship between employees and supervisors is one of the major contributors to an individual’s perception of wellbeing and ultimately physical health, the findings from this study are inconclusive. The means for the wellbeing of both baby boomers ($m=3.49$) and x-gen (3.05) nurses suggests they were somewhat dissatisfied with their level of wellbeing, irrespective of their satisfaction with their supervisor. Moreover, nurses’ perception of wellbeing did not mediate their level of affective commitment, suggesting that it will not predict turnover outcomes.

There are several possible explanations of these findings. One explanation is that other organisational management factors such as workload, pay and conditions are better predictors of nurses’ perception of wellbeing. A review of the literature indicates that these are the very factors identified for nurses leaving the industry (See Buchanan et al, 2002; Buchan et al, 2004; Newman et al, 2002). Another explanation is that the instrument used to measure wellbeing was not able to capture nurses’ perception of wellbeing. Van der Doef and Maes (1999) has criticised the measures previously used for being too general and not specific to a work context. Future research needs to develop a measure of wellbeing that is context specific to nursing.

The strongest finding of this study is that the two generational cohorts behaved significantly differently to one another in affecting nurses’ perception of wellbeing, satisfaction with LMX and their level of affective commitment. For example, baby boomers were significantly more committed to the organisation than x-generation nurses and since they presently comprise 60% of the nursing workforce in Australia, hospital HR managers may be somewhat relieved that they appear to have a higher level of commitment to the organisation. On the other hand, as previously stated, the findings for Generation X employees who presently make up 22 per cent of the Australia nursing workforce (Schofield & Beard 2005) is significantly different. The findings from this study suggests a lower level of commitment to the organisation for x gen nurses and as such these findings may provide one explanation as to why whilst the proportion of Australian nurses aged 40 years or more has more than doubled, the proportion

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of Generation X nurses, aged less than 40 years, has fallen from around 70 to 40 per cent (Schofield 2007). These findings must signal a major warning to HR managers of hospitals. Hence, the **major contribution of this paper is that it has identified that generational differences do exist in nursing and that has major implications for HR managers in retaining this group of professionals that is already in limited supply today, without considering future needs.**

This study has a number of limitations. The main limitation is the use of self-report surveys causing common methods bias. 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.

CONCLUSION

The study adds new information to the issue of the retention of one professional group – nurses in that it has provided new evidence about the significance of different generational cohorts in affecting affective commitment (a predictor of turnover). Stuenkel and Cohen (2005) had argued that if different cohorts exist then HR managers need to consider introducing different strategies for different cohorts so as to improve affective commitment and reduce turnover. The findings from this study identified significantly different levels of satisfaction with LMX, significantly different perceptions of wellbeing and significantly different level of affective commitment, thereby confirming the need for a different HR management approach for each generational cohort. Further research is required to examine the differences in nursing cohorts so as to develop appropriate new HR policies specifically aimed at retaining different age groups of nurses.

In addition, SET provided an useful lens for providing new insights into the impact of nurses' level of satisfaction with supervisor-subordinate relationships on their perceptions of wellbeing for different cohorts of nurses. For nurses working in bureaucratic hospitals where traditionally control mechanisms have been used (Drucker, 2006) in place of empowered supervisor-subordinate relationships, the findings from this paper have some challenging implications for nurse managers. SET argues that nurses' perception of their supervisor-subordinate relationships is in turn a reflection of the types of relationships embedded within the workplace. Not only will nurses be more productive when high quality LMX is embedded within the workplace because it will ensure information and resource sharing and participatory decision-making, these same questions will enhance their perceptions of empowerment, which should improve their perception of wellbeing.

However, it maybe that x-generation nurses require other empowering processes and mechanisms so as to promote a positive perception of wellbeing. Such a position would be challenging to HR health managers who have not really addressed the possibility of different management strategies for different generations of professionals. In terms of the shortage of nurses in many OECD countries, it needs to be recognized that when nurses have a low perception of wellbeing, the costs become evident in terms of increased sick leave, decreased efficiency on the job, early retirement, resignation, and the cost of trying to find new staff members (Buchan and Claman, 2004; Buerhaus, Staiger & Auerback, 2000; Buchanan & Considine, 2002). Hence, a generational stratified approach to HR maybe the future for retaining both baby boomers and x-generation professionals longer. More research is required to explore similar themes across OECD countries and for different professionals.

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Table 1: Means, Standard Deviations, Correlations and Cronbach's Alpha Reliability

Variable	M	SD	1	2	3	4
1. LMX	4.69	1.08	1	(.93)		
2. Wellbeing	3.27	1.12	.224**	1	(.75)	
3. Affective Commitment	3.96	1.22	.419**	.3**	1	(.86)
4. Position (Control Variable)	3.3	1.48	.01	-.032	.18	1

^a N = 164. Numbers in parentheses on the diagonal are the Cronbach's alpha coefficients of the composite scales.

** 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 relationship between LMX, nurses' perception of wellbeing and Affective Commitment

Independent Variable	Affective Commitment Statistically significant beta scores F=97.83 p<.000 R²=17.9%	Affective Commitment Statistically significant beta scores F=168.7 p<.000 R²=15.7%	Wellbeing Statistically significant beta scores F=49.79 p<.000 R²=5.3%
LMX	.364 (p<.000)	.398 (p<.000)	.229 (p<.000)
Wellbeing	.148 (p<.000)		

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Table 3: Results from Independent Samples Test

A=Nurses aged 31>x<45 N=340 B=Nurses aged >45 N=486	Mean (Standard Deviation) =Strongly Disagree through to 6=S. Agree	<i>Levene's</i> <i>For equ.</i> <i>Variance</i> * Equal variances assumed		t-test	Equality Means
	Nurses=A Nurses=B	F	T	Df	Sig (2 tailed)
Satisfaction with Supervision (LMX)	4.3 (1.2) 4.8 (1.1)	.696	-1.253	824	.211
Well being	3.05 (1.2) 3.49 (1.2)	1.943	-5.089	824	.001
Affective Commitment	3.83 (1.2) 4.31 (1.2)	.021	-5.617	824	.001

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