

Addressing the turnover issue among new nurses from a generational viewpoint

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Addressing the turnover issue among new nurses from a generational viewpoint

Aim To investigate the relationship between dimensions of the psychosocial work environment and the intent to quit among a new generation of nurses.

Background As a new generation of nurses enters the workforce, we know little about their perception of their current work environment and its impact on their intent to stay.

Method A self-administered questionnaire was distributed to 1002 nurses.

Results The nurses who intended to quit their positions perceived a significant effort/reward imbalance as well as a lack of social support. The nurses who intended to quit the profession perceived a significant effort/reward imbalance, high psychological demands and elevated job strain.

Conclusion The balance between the level of effort expended and reward received plays an important role in young nurses' intent to leave.

Implications for nursing managers Nurse Managers must offer Nexters, from the beginning of their career, a meaningful work and supportive environment. Without the efforts of the organization to improve the work environment and support nurses, this generation may not feel valued and move to another organization that will support them or another career that will offer fulfilment.

Keywords: generation, retention, turnover, work environment, young nurses

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Introduction

Labour shortages in nursing have been forecast for several years by human resource planners in health care (O'Brien-Pallas *et al.* 2003, Ministère de la Santé et des Services sociaux MSSS 2003). In the United States in 2000, the national supply of full-time equivalent registered nurses was estimated at 1.89 million, while the demand was estimated at 2 million, a shortage of 110 000 nurses, or 6%. By 2020, the

shortage is projected to grow to an estimated 808 400 nurses, or 29%. This shortage is not just in hospitals, but also in nursing homes, which project that they will need 66% more RNs in 2020 based on 1991 data (Gutiérrez & Ranji 2005). In Canada, the shortfall of nurses was quantified at approximately 78 000 nurses by 2011, (Canadian Nurses Association, CNA 2002), and Australia projects a shortage of 40 000 nurses by 2010 (Australian Health Ministers Conference 2004).

To address the supply issue and ensure that a new generation of nurses enters the health network, measures to recruit and educate more nurses have been developed and implemented (Stuenkel *et al.* 2005). In their analysis of retention strategies in four countries, Baumann *et al.* (2006) also recommended addressing the shortage by increasing the nursing workforce through increased admission to the professional education programmes.

According to the 2004–2005 data of the National Student and Faculty Survey of Canadian Schools of Nursing, admissions to entry-to-practice nursing programmes rose to 12 361 (60%) from 1998 to 2004 (CNA 2006). In 2004, 7983 nurses graduated from entry-to-practice programmes, as compared with 4833 in 1999 (Canadian Nurses Association and Canadian Association of Schools of Nursing 2006). This represents a 65% increase in the number of graduates since 1999 (CNA 2002). At the provincial levels, across Canada, admissions into nursing programmes increased considerably into both college and university nursing programmes (Baumann *et al.* 2006). For example, in Quebec admissions to colleges increased from 3211 in 2000 to 3946 in 2004 and admissions to bachelors nursing programmes in universities increased from 381 in 1999/2000 to 587 in September for 2003/2004 (MSSS 2007). However, this recruitment will only be effective to the extent that these students complete their training programmes and do not leave their jobs or the profession early in their careers. Many reports have pointed out the importance of studying the effects of an increase in admissions and promoting strategies for retaining nurses in their first jobs (Advisory Committee on Health Human Resources (ACHHR) 2003, MSSS 2003, Baumann *et al.* 2006). This means that we must try to ensure that the many young people who have shown an interest in the profession and have begun their studies in nursing manage to complete their studies, acquire the skills needed to practice the profession well, and remain nurses once they start working. Boychuk Duchscher (2001) and a CNA (2000) report showed that many new graduates are leaving their jobs within 2 years of graduation. In addition, the current shortage of nurses in Western countries appears destined to worsen over the long term, with nurses' job dissatisfaction and intent to leave at high levels, an ageing workforce, and an increased tendency for younger nurses to show greater willingness to leave their hospital jobs (Aiken *et al.* 2001). All these factors will intensify the nursing shortage and add to the stressful nature of nursing working conditions. Burnout, the inevitable result of long-term exposure to stressful working conditions, is a precursor of job dissatisfaction

and turnover (Laschinger 2007). The current health human resources crisis means that our health-care system cannot afford to lose a single provider from the workforce, especially the new and young nurses for the future of the healthcare.

In addition, we know little about how young nurses and, more specifically, the new generation perceive their current work environments. As healthcare institutions face a nursing shortage and a new generation of young nurses enters the workforce, it is essential that we know the factors that influence turnover so that we can create working environments that will retain nurses (Shader *et al.* 2001). This article presents the dimensions of the psychosocial work environment that influence these new and young nurses' intent to leave their current positions or the nursing profession and discusses strategies for fostering retention.

Background

Several studies have shown that low job satisfaction and dissatisfaction with work conditions increase intent to quit among nurses (Irvine & Evans 1995, Taunton *et al.* 1997, Strachota *et al.* 2003, Coomber & Barriball 2007). The meta-analysis by Irvine and Evans (1995) of data from 11 turnover studies among nurses indicated that work content and work environment variables had a stronger relationship with satisfaction than either economic or individual difference variables. Their findings suggest that administrators and nurse managers have more control over work content variables through job design and more control over work environment variables through appropriate leadership support and human resource management practices (Irvine & Evans 1995). In their review of nursing turnover research (1977–1996), Wai Chi Tai *et al.* (1998) identified factors that increase the intention to quit, including young age, low income, short tenure, low job satisfaction, deficiencies in work conditions, lack of career prospects and lack of support from supervisors. In their comprehensive review of the literature, Hayes *et al.* (2006) examined the current state of knowledge about the scope of the nurse turnover problem, based on a review of 130 documents from ten databases and the Internet, of which 37 studies were used in their article. These authors identified job dissatisfaction and an expressed intent to leave as the most consistently reported factors with an impact on turnover. Job satisfaction, turnover intent and turnover behaviour also appear to be influenced by certain moderators, including professional commitment and personal disposition. According to Hayes *et al.* (2006), organizational characteristics

associated with workloads, management style, empowerment and autonomy, promotional opportunities and work schedules are believed to contribute to turnover. The researchers therefore suggested that administrative interventions to improve the quality of work life are imperative to achieve a long-term solution. In their review of international research literature, Coomber and Barriball (2007) revealed that factors related to the work environment, rather than individual or demographic factors, were still the most important factors influencing nurses' turnover intentions for hospital-based nurses. Their review was based on nine articles from three databases. Baumann *et al.* (2001) have pointed out that organizations that do not invest in the quality of their work environment to attract new recruits and retain experienced staff may face staffing shortages that could be dangerous for patients. Addressing work environment issues from a generational viewpoint presents another avenue for solving the nursing shortage (Stuenkel *et al.* 2005). The American Hospital Association (AHA) (2002) responded to concerns regarding age diversity in the workforce with recommendations regarding the need to tailor the workplace to the needs of each generation. Failure to do so will impede the ability of hospitals to compete with other industries, which are seeking to attract workers from an increasingly smaller labour pool.

As noted by Formella and Rovin (2004), the workforce consists of workers from four generational groups: Generation Nexters (born between 1980 and 2000), Generation Xers (born between 1960 and 1980), Baby Boomers (born after World War II, between 1943 and 1960), and Veterans (1922–1943). Generation Nexters are beginning to enter the work force, and they are the future of nursing. Although generalizations about worker profiles based on age remain largely anecdotal and thus are not infallible, they do provide a reference point for understanding how life experiences affect core personal values and create a work ethic that influences professional work behaviours (Jennings 2000).

Generation Nexters are also called millennials, generation Y, and generation next (Hicks & Hicks 1999). Zemke *et al.* (2000) describe the Nexters as the ideal workforce. They combine the work ethic of baby boomers with the can-do attitude of veterans and the technological savvy of generation Xers. They value participation, collaboration and support as opposed to competition. Nexters will change positions and professions five to eight times, pursue lifelong learning, have a good work ethic, desire flexible working hours and adapt readily to changing technology. Members of this generation respect and admire their parents (Hicks &

Hicks 1999). Nexters have exceeded their parents in their knowledge and use of computer and digital technology, frequently serving as resources to their parents on the application of such technology to their lives and work. They have spend their formative years interactively participating in the discovery of new knowledge, challenging their own and other's assumptions, and synthesizing unprecedented amounts of interfaced information at break-neck speed (Gerke 2001). For a new Nexters graduate, access to cutting-edge technology for the structural, functional and intellectual aspects of their job is not a perk, it is what they expect (Kupperschmidt 2001). They may also arrive in the workplace minimally skilled in dealing with interpersonal dynamics and social relationships because of the generally isolationist influence of the technological communications and their virtual learning (Boychuk Duchscher & Cowin 2004). An emphasis on non-competitive teamwork and development of self esteem in their early years has them further confused as to what they should do with what they have achieved. Consequently, these outspoken and confident employees expect constant feedback, frequent praise and consistent rewards (Hill 2002).

Theoretical framework psychosocial work environment

The framework used in this study is the psychosocial work environment. This framework as defined by Kristensen (1999) is based principally on Karasek's Job Strain model (Karasek & Theorell 1990) and Siegrist's Effort-Reward Imbalance model (Siegrist 1996). These two models identify psychosocial work constraints, which have pernicious effects on physical and mental health, as the source of the problem, and there have been many empirical studies based on these models among a variety of occupations such as nurses in different countries (Karasek *et al.* 1998, Van der Doef & Maes 1999, Schnall *et al.* 2000, Siegrist 2002). This framework includes factors related to the work environment that are believed to contribute to turnover among nurses (Hayes *et al.* 2006).

The dimensions of Karasek's Job Strain model are psychological demands (amount of work, complexity of work and time constraints) and decision latitude (the capacity to use one's qualifications and develop new job skills, and the opportunity to choose how to do one's work and to influence related decisions). Social support has been included in the model to take into account the support of superiors and colleagues (team spirit, assistance and co-operation) (Johnson & Hall 1988). The

principal hypothesis of this model is that job strain results from the combined effects of increased psychological demands and low decision latitude in the workplace, and this brings a higher risk of health problems. Social support is expected to moderate the effect of job strain.

Siegrist's Effort-Reward Imbalance model rests on the hypothesis that a work situation characterized by a combination of a high level of effort expended and little reward received (money, esteem and career opportunities) can have pathological effects on health (Siegrist 1996). According to this theoretical framework, an optimal psychosocial work environment for workers is characterized by demands that are adapted to an individual's capacities (psychological demands), a satisfactory level of influence (decision latitude), adequate social support from superiors and colleagues and a balance between efforts expended at work and reward received (Karasek & Theorell 1990, Siegrist 1996).

Aim

The aim of this study has been to investigate which dimensions of the psychosocial work environment influence the intent to leave a job among young Nexter nurses at the start of their careers in the current work environment. The following research questions were addressed:

- Do nurses who intend to quit their current nursing position have different perceptions of the psychosocial work environment from nurses who do not intend to quit?
- Do nurses who intend to quit the nursing profession have different perceptions of the psychosocial work environment from those who do not intend to quit?

Design and participants

We used a correlational descriptive design for this quantitative study. Participants were recruited through a mailing list obtained from the provincial nursing licensing board. The participants who were surveyed included all newly registered nurses under the age of 24 as of August 1, 2005. Participation was limited to new French-speaking nurses, currently working in the public sector who also had received their nursing education in Quebec, where the study was conducted. All participants had received their professional attestations during 2004 and had accepted that Quebec Order of nurses distribute their contact information for research or statistical purposes. Thus, this convenience sample

included 1002 registered nurses out of 2865 nurses who had received their licenses in 2004. The study was approved by the Institutional Review Board at McGill University.

Measures

Socio-demographic variables

Socio-demographic data were collected from all participants. Participants were asked to report their age, gender, academic background and geographic location of their primary residence. Respondents also indicated the type of institution for which they currently worked, their job title and department, their employment status and usual schedule type (e.g. fixed day, rotation etc.).

Psychosocial work environment

The Job Content Questionnaire is a self-administrated instrument designed to measure the social and psychosocial characteristics of jobs. The best-known scales include: (a) latitude in decision-making, (b) psychosocial demands and (c) social support, and are used to measure the high-demand/low support model of the job strain development. All scales can be used for micro-level, job characteristic analytic purposes (Karasek *et al.* 1998).

The Job Strain model is a combination of high psychological demands and low decision latitude (Karasek & Theorell 1990). The validity of the original English version of the scales for psychological demands and decision latitude has been well documented (Karasek 1985, Karasek & Theorell 1990). The psychometric qualities of the French version were evaluated based on a representative sample of workers in Quebec ($n = 1100$). Internal consistency of the scales was supported by Cronbach alpha coefficients from 0.68 to 0.85. Factor analysis also supported the bi-dimensional structure that was postulated by the theory (Brisson *et al.* 1998, Larocque *et al.* 1999).

The decision latitude scale was measured by nine questions (Karasek 1985). Decision latitude is the sum of all sub-scales on the use of qualifications and task control. Potential scores for decision latitude varied from 24 to 96. Respondents who had a score less than or equal to 72, which was the median score observed among a reference group of workers from the Quebec population, was considered the exposed group who had low decision latitude (Institut de la statistique du Québec 2000).

The psychological demands scale also used nine questions (Karasek 1985). Psychological demand at

work includes three dimensions of work load: quantity, complexity and time constraints. Potential scores for psychological demands varied from 4 to 36. Respondents who had a score greater than or equal to 24, which was the median observed among workers in Quebec, formed the group that had a high level of psychological demands at work (Institut de la statistique du Québec 2000). A variable was created to classify respondents in four exposure groups. Those exposed to a combination of high psychological demands and low decision latitude were considered the most exposed group. Those having high demands and high latitude and those having low demands and low latitude were considered to be moderately exposed, and those having low demands and high latitude constituted the reference group.

Social support

Social support at work includes support from both colleagues and superiors, and the sense of belonging to a team at work. *Social support from colleagues* was measured by five items and *social support from superiors* by six items from Karasek's JCQ instrument (1985). These scales have been used in several studies with nurses (Bourbonnais *et al.* 1999a,b, Bourbonnais & Mondor 2001) and also have good psychometric qualities. Potential scores for the social support variable ranged from 11 to 44 and the median scores for the respondents in the study was 34. Respondents who had a score for social support from colleagues of less than 34, and those who had a score for social support from superiors of less than 34 made up the groups with low social support from colleagues and superiors respectively.

Effort/reward imbalance

Reward has three dimensions: (1) money, (2) esteem and (3) career opportunities, and was measured by 11 questions from Niedhammer and Siegrist's (1998) instrument. Potential scores for reward ranged from 11 to 44. Effort is measured by six items that refer to demanding aspects of the work environment (three items measuring quantitative load, one item measuring qualitative load, one item measuring increase in total load over time and one item measuring physical load) (Siegrist *et al.* 2004). Potential scores for effort ranged from 6 to 24. In the present study, *imbalance between efforts and rewards* was measured by a ratio computed for every respondent according to the formula: $e/(r \times c)$ where e is the sum score of the effort scale, r is the sum score of the reward scale and c defines a correction factor for different numbers of items in the nominator

and denominator. The correction factor is 6/11. As a result, a value close to zero indicates a favourable condition (relatively low effort, relatively high reward), whereas values beyond 1.0 indicate a high amount of effort spent that is not met by the rewards received or expected in turn (Siegrist *et al.* 2004).

Methodology

In January 2006, participants received by mail a letter inviting them to participate in the study along with a self-administered questionnaire. Respondents were instructed to take approximately 20 minutes to complete the questionnaire and return it to the primary author in an enclosed stamped envelope. Respondents were not required to identify themselves in any manner. Forty envelopes were returned to the investigator unopened because the nurse's home address was wrong or incomplete. A total of 309 questionnaires were completed and returned to the principal investigator. The response rate was therefore 32.1%.

Data analysis

The data were analysed using SPSS 14 (SPSS Inc, Chicago, IL, USA). Descriptive statistics were calculated for all the variables. To answer the two research questions, crosstabs with Chi-Square tests were performed to describe the association between the psychosocial work environment variables and intent to quit the current position or quit the profession. The level of statistical significance was set at 5%.

Results

Sample

Of the 309 respondents, the majority was female (96.4%). The mean age was 22.6 years (SD 1.28) with a range from 20 to 25 years. In terms of educational preparation, 40.1% had attended a 3-year post-secondary college-level nursing programme, 55.7% were attending or had graduated from a 3-year university programme and 4.2% had a certificate or a master's degree. The vast majority had worked in the same position since graduating and receiving their license (81.6%). Of the remainder, 12.9% had changed jobs once since beginning their career, and 5.1% had changed jobs more than once. More than half (56.7%) of the participants surveyed had held their current position for 2 years or less, and 40.7% had held it between 2 and 3 years. With respect to employment status, participants were almost evenly divided between

full-time, part-time and part-time occasional employees (29.1%, 33.7% and 34.6% respectively).

Descriptive statistics of the measured variables

Table 1 presents the number of respondents exposed to the psychosocial work environment dimensions. Results revealed that half of the respondents reported a high psychological demand, more than half reported low decision latitude and an imbalance between efforts expended and reward obtained, and a smaller proportion reported high job strain. More than half of respondents stated that they intended to quit their present job for another job in nursing. Some participants were considering taking up a career other than nursing, i.e. leaving the profession.

First research question – intent to quit a current nursing position

Comparing the data on nurses who did not intend to leave their current position ($n = 116$) with those who did ($n = 190$), the nurses who planned to quit perceived an imbalance between effort expended and rewards received as well as a lack of social support from colleagues and superiors ($P \leq 0.001$) (Table 2). The reasons given most frequently for quitting their present job

Table 1
Frequencies of the psychosocial work environment dimensions

Dimensions	N (%)
Psychological demand +	165 (53.4)
Decision latitude –	180 (58.3)
Job strain	91 (29.4)
Social support –	178 (57.6)
Effort/Reward imbalance	181 (58.6)
Intent to quit current nursing position	190 (61.5)
Intent to quit Nursing profession	39 (12.9)

(+) high; (–) low.

Table 2
Cross-table and chi-square tests between psychosocial work environment dimensions and intent to quit current position in nursing

Psychosocial work environment dimensions	Intent		χ^2	d.f.
	Intent n	No intent n		
Effort/reward imbalance	127	51	14.561*	1
Lack of social support from colleagues and superiors	131	45	29.352*	1
High psychological demand	104	53	2.441	1
Low decisional latitude	114	65	0.492	1
Elevated job strain	61	29	1.751	1

* $P \leq 0.001$.

were: (1) a lack of challenges, a need to make a change and acquire new skills, (2) career opportunities, and (3) difficult working conditions (Table 3).

Second research question – intent to quit the nursing profession

Comparing the data on nurses who did not intend to quit the nursing profession ($n = 263$) with those who intended to quit ($n = 39$), the nurses who planned to quit perceived an imbalance between effort expended and reward received ($P \leq 0.01$), high psychological demands and elevated job strain ($P \leq 0.05$) (Table 4). The reasons most often reported for quitting the nursing profession were difficult working conditions and unstable employment (Table 5). The nurses were able to provide more than one reason.

Discussion

The study found that 61.5% of new nurses intended to quit their present jobs for another job in nursing. Given the close relationship between anticipated turnover (behavioural intent) and actual turnover (Curry *et al.* 1985, Lucas *et al.* 1993, Irvine & Evans 1995, Taunton *et al.* 1997, Sjoberg & Sverke 2000), such a high turnover rate at the beginning of their careers raises issues concerning the development of skills and competencies among new nurses, the quality and safety of patient care, and the associated financial costs (Gardulf *et al.* 2005). One could ask if such a turnover rate is normal among Nexters, who are described as employees who will change positions several times during their careers (Hicks & Hicks 1999). In their study, Aiken *et al.* (2001) reported that the percentages of nurses under 30 years who plan on leaving within the next year are much higher than among nurses in general in five countries. They reported percentages from 26.5% to 53.7%. Many studies have demonstrated an inverse relationship between age and turnover (Gray & Phillips 1996, Kiyak *et al.* 1997).

The results from our study indicate that the imbalance between effort and reward (money, esteem and career opportunities) and a lack of social support influence their intent to quit their current nursing positions. Other studies have also identified social support as a factor that increases intent to quit (Wai Chi Tai *et al.* 1998, Laschinger *et al.* 2001, Hayes *et al.* 2006). Social support was identified as a key aspect of retention at commencement of employment among new and young nurses; this held true in several generations of nurses (Kramer 1974, Lavoie-Tremblay *et al.* 2002) The imbalance

Category	Description	Number of nurses
Challenge	Acquire new skills	48
Stimulation	Intellectual stimulation	
Need for change	Have a different work experience	
	Fulfil functions that require my real level of skills	
	A desire to confront challenges	
	Need for a change	
Career opportunities	Be in management	43
	Have a better position	
	Have some job security	
	Recognition of my training	
	Continue my studies	
Difficult and exhausting work conditions	Poor and difficult working conditions	42
	Unstable work, floating staff, on call, have less stressful work, not exhaust myself	
Moving	Spouse transferred	16
Work load	Work load too high	9
Work shift	Night shift too difficult	8
Travel	Travel in other provinces or countries	7
Other	Support, autonomy	13

Table 3Reasons for quitting their current nursing position ($n = 186$)**Table 4**

Cross-table and chi-square tests between psychosocial work environment dimensions and intent to quit the nursing profession

Psychosocial work environment dimensions	Intent		χ^2	d.f.
	<i>Intent</i> n	<i>No intent</i> n		
Effort/reward imbalance	32	143	11.197 [†]	1
Lack of social support from colleagues and superiors	22	152	0.008	1
High psychological demand	27	127	6.100*	1
Low decisional latitude	26	148	1.542	1
Elevated job strain	17	70	4.771*	1

* $P \leq 0.05$, [†] $P \leq 0.01$.

between effort and reward might be explained from a generational point of view. According to Hill (2002), Nexters expect constant feedback, frequent praise and consistent rewards. They expect to be appreciated for the intellectual capital they provide, want to share in the wealth that they have contributed to developing and expect mutual support, trust, commitment, and community in their work relationships (Bogdanowicz & Bailey 2002). Nexters will look for personal career plans,

complete with projected timelines for raises and advancements (Caudron 1997, Zemke 2001).

New nurses' main reasons for changing jobs include a lack of challenges, a desire for change, other career opportunities they have had and dissatisfaction with work conditions. Influenced by their education-minded boomer parents, the Nexters may believe that education and lifelong learning are the keys to success (Gerke 2001). It might be concluded that new nurses from the Nexter generation are looking for a job that will bring recognition, challenges, opportunities to learn, support and career opportunities. In previous studies, a lack of professional or career opportunities emerged as an important factor influencing the decision to leave (Davidson *et al.* 1997, Cartledge 2001, Fochsen *et al.* 2005, Hayes *et al.* 2006). Further research will be needed to describe the arrival of Nexters and their behaviour, such as a high internal mobility in their organization and the importance they give to rewards and challenges in their work. These expectations will require strategies from administrators such as providing different learning experiences, support and skill

Table 5Reasons for quitting the nursing profession ($n = 39$)*

Category	Description	Number of nurses
Difficult working conditions and unstable work	Difficult and unattractive working conditions, unstable work, floating staff, being on call, inflexible work schedules, stressful work, overtime, high work load	21
Salary	Salary inadequate for the work load	6
Continuing my studies	In another field or in management	6
Other	Lack of support, autonomy, rewards	8

*Nurses gave more than one reason for quitting.

portfolio development to help Nexters find a sense of accomplishment in their work and to give meaning to what they do (Caudron 1997, Kupperschmidt 2001, Clausing *et al.* 2003).

The study also found that 12.6% of new nurses intended to quit the nursing profession. In Quebec, 14% of new nurses abandon the profession in the first 5 years of practice (Desrosiers 2003). In a recent cross-Canada study, only 4% of nurses said they actually planned to leave nursing in the following year, and most of these nurses were retiring (Canadian Institute for Health Information, CIHI 2006). In their report on nursing shortages in a variety of Organisation for Economic Co-operation and Development (OECD) countries, Simoens *et al.* (2005) indicated that a nurse turnover rate from 9% to 15%, which seemed to be higher than turnover rates in other professions.

An imbalance between effort and reward, high psychological demands and elevated job strain influenced the Nexters' intent to quit the nursing profession. The reasons most often given for quitting the profession by half of the nurses were difficult working conditions and a lack of job stability. The other reasons dealt with inadequate salaries and further study. The imbalance between effort and reward is a significant dimension among Nexters, as much for intent to quit the present job in nursing as for leaving the nursing profession altogether. However, the nurses who intended to leave the profession perceived high psychological demands and elevated job strain, as well. Previous studies have suggested that the psychologically strenuous and stressful nature of the work causes nurses to consider leaving the nursing profession (Wai Chi Tai *et al.* 1998, Gardulf *et al.* 2005, Hayes *et al.* 2006). The context of nursing shortage in which the Nexter generation is arriving is difficult. In 2005, nearly 19 000 nurses across Canada participated in a survey on their work and health (CIHI 2006). Two-thirds (67%) reported that they often felt that they had too much work for one person, and 45% said that they were not given enough time to do what was expected in their job. A World Health report (World Health Organization 2006) launched the Health Workforce Decade (2006–15), placing a high priority on countries developing effective workforce strategies that include: improving recruitment, helping the existing workforce to perform better and slowing the rate at which workers leave the health workforce. Improving workplaces to retain the workforce is a key strategy discussed in this report. Heavy workloads, excessive overtime, inflexible scheduling, safety hazards, poor management and few opportunities for leadership and professional development result

in poor recruitment and retention among nurses (Shamian & El-Jardali 2007). Improving workplaces is a winning strategy for administrators to retain nurses from all generations.

Limitations

Participation rate was acceptable according to the methodology used (i.e. by mail). However, even if this convenience sample appears to have characteristics in common with the target population, the extent to which it may be representative of non-respondents is unknown. Indeed, nurses not interested in participating did not respond at all to the invitation of the investigator. The sample size was large enough to detect common trends and themes through appropriate analysis. Larger studies in other settings and countries are still required to further investigate the significance of the psychosocial work environment in Nexters' decisions to leave a current nursing job or the profession. Caution is therefore required when generalizing the results from this study to other nursing populations.

Conclusion

The imbalance between the high level of effort expended and minimal reward received (money, esteem and career opportunities) plays a role in young Nexter nurses' intent to leave their current position or the nursing profession at the start of their careers. For Nexters, the rewards of work are based on the career satisfaction they derive from mastering new challenges in continuing education and lifelong learning (Boychuk Duchscher & Cowin 2004). The young nurses will be willing to move from one nursing position to another in or outside the organization to find meaningful work and supportive environment. Without the promise of improved working conditions, it appears that a sizable percentage of young nurses will leave the nursing profession. This represents a major loss for the profession, given the current nursing shortage. Finally, as mentioned in many reports and studies, improving working conditions to make the workplace healthier for nurses is a winning retention strategy for all four generations of nurses and for the survival of our health care system.

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