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

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Abstract

US 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. This paper examines the relationship between supervisor-nurse relationships, teamwork, psychological wellbeing and turnover intentions for US nurses using a cross-sectional design. The findings indicate that supervisor-nurse relationships, teamwork and wellbeing explain almost half of nurses’ commitment to their hospital as well explaining almost half of their intention to leave. Additionally, nurses’ are only somewhat satisfied with workplace relationships, perceive that they have only some level of wellbeing in the workplace and are barely somewhat committed to their hospital although nurses’ somewhat disagree that they intend to leave. These findings suggest that management has to focus on improving the quality of workplace relationship as a first step in retaining skilled 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
One contributing factor explaining the shortage of register nurses is higher than average turnover (Buerhaus, 2008; Buerhaus, et al, 2007). This is an important issue because the nursing shortage affects patient care by impacting on 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 their ability to detect complications early (Buerhaus, 2008; Aiken, et al, 2007). Consequently, there is a need for research that examines factors affecting turnover intentions.

However, it would be inaccurate to assume that the 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 and others arguing that it provides a useful lens for predicting workplace behaviour of specific groups (See Brunetto et al, 2012 for the opposing arguments). Hence, this study will examine whether each generation has different attitudes towards supervisors and/or engagement and/or 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 US 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, Bommer, Rao, & Seo, 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, Farr-Wharton, Shacklock, 2010, 2011, 2012, Rodwell et al 2009), and retention (Cohen 2006; Cropanzano & Mitchell 2005). The following research questions guide data collection:

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

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

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 (SET)**
As stated 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. Whilst 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 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, Law, Hackett, Wang & Chen, 2005). Also, employees can 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, the theory suggests that in the ideal context, the in-group would experience a higher quality supervisor-subordinate relationship giving them access to the information, resources, support and respect and these values and practices would underpin teamwork activities, and therefore would enhance their perception of wellbeing and commitment to the organisation and therefore reduce turnover intentions.
The next section examines the concepts: Supervisor-Subordinate Relationships, Teamwork, Wellbeing, Organisational Commitment and Turnover Intentions.

**Supervisor-Subordinate Relationship**

As stated, theories conceptualising the benefits accruing from an effective relationship between the supervisor and the employees – such as Leader Member Exchange Theory (LMX) use the SET theoretical framework. LMX theory examines the supervisor-subordinate relationship. As per SET, it assumes that the same principles underpinning SET also underpin LMX. 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 (Yrie, Hartman, & Galle, 2003; Yukl, 2006; Gerstner & Day, 1997; Graen & Uhl-Bien, 1995).

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 (Thomas & Lankau 2009; Cropanzano & Mitchell, 2005; Hodson, 2004; Uhl-Bien & Maslyn, 2003). 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, 2007), but also less experienced nurses (Wain, 1993). Effective teams are a product
of numerous factors. For example; teams can only be effective if the members trust one another enough to share information and resources (Brunetto et al, 2011b; Day et al, 2007). Additionally, having a supportive supervisor who encourages sharing behaviour is also necessary (Kalisch et al, 2009; Edmondson, 2003; Ellemers, Gilder & Haslam, 2004). 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, Shmotki, and Ryff (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 (Brunetto et al. 2011a; Wright and Cropanzano, 2000) and affective commitment (Brunetto et al. 2011b). Further, LMX is a significant antecedent of wellbeing and turnover intentions (Cropanzano and Mitchell, 2005; Hodson, 2004; Thomas and Lankau 2009). However, the relationship between LMX and teamwork on the one hand and 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 a link between employees’ affective commitment and intention to leave.

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

Generational Cohorts

Zemke et al, (2000) argues that there are three generational cohorts dominating the workforce, although the debate remains as to the validity of the measure and the time
specifications given (Appelbaum et al, 2005; Ferres et al, 2003; Marquez 2005). They argue that Baby Boomers (BB) are those aged between 1943-1960 (although other authors suggest the years should be 1946-1965). This group was born during the Vietnam War and the Civil Rights moment. Generation X (Gen X) was born between 1960 and 1980 (although other authors suggest the dates should be 1965 and 1976) and experienced single-parent homes, the Challenger disaster, and computers. Generation Y or Nexters were born after 1976 till 2000 (Zemke et al, 2000). Past research 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 easier amongst those who belong to the same generational cohorts (Hooper & Martin 2008). Additionally, Lawler and Yoon (1996) argue that relational cohesion predicts commitment to the relationship. As many of the nurse supervisors are Baby Boomers, this would suggest that Baby Boomer nurses are likely to have greater levels of satisfaction with their supervisor-employee relationship and teamwork and this is likely to impact positively on their wellbeing and affective commitment leading to an inverse relationship with turnover intentions.

The following hypotheses are proposed to direct data collection:

1. H1: Affective commitment is affected by the quality of supervisor-subordinate relationships, teamwork and wellbeing

2. H2: Turnover Intentions are affected by the quality of supervisor-subordinate relationships, teamwork and wellbeing and affective commitment.

3. H3 Baby Boomers have a higher level of satisfaction with their supervisor-subordinate relationship, teamwork, wellbeing and affective commitment and lower turnover intentions compared with Generation X and Y.
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.

Sample

All nurses in the study are from hospitals operating in acute clinical settings. The USA nurse sample came from two private sector hospitals located in mainland USA. To gather data from North American nurses, 1815 nurses were linked to an online survey in 2 hospitals. The response was 718 useable surveys (12 discarded) - approximately 40% response rate.

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. Appendix 1 details the items used in the survey.

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. (2011) 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 dates: BB (1/1/43 – 10/1/64); Gen X (11/1/64 - 1980) and Gen Y (1/1/1980 -1/1/2000).

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 USA private sector nursing sample comprised 695 females and 30 males, 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 Manager (e) 6 Unit educator (f) 6 Advanced Practice Nurse. 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 because of 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 could be explained using these five factors (supervisor-subordinate relationship, teamwork, wellbeing, affective commitment and turnover intentions). 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.

**Hypotheses Testing**

**H1 (Affective commitment is affected 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 their commitment to the hospital. It must also be noted that demographic factors accounted for .6% of nurses’ commitment to the hospital.
**H2** (Turnover Intentions are affected by the quality of supervisor-subordinate relationships, teamwork and wellbeing and affective commitment) is supported because the regression analysis indicates that in model 3, these four factors account for 44.8% of their turnover intentions, with demographic factors accounting for .7% of nurses turnover intentions.

**H3** (Baby Boomers have a higher level of satisfaction with their supervisor-subordinate relationship, teamwork, wellbeing and affective commitment and lower turnover intentions compared with Generation X and Y) 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 and 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 cohorts working in hospitals within the USA. 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. Whilst previous research have tested the
The findings from this paper suggest that almost a half of nurses’ commitment to their hospital and intention to leave can be explained by the quality of workplace relationship variables (supervisor-subordinate and colleague-colleague) along with outcomes such as nurses’ perception 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 and Gen Xs were somewhat committed and Gen Y were between somewhat uncommitted and somewhat committed. 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 (Kalisch et al, 2009; Edmondson, 2003; Ellemers, Gilder & Haslam, 2004) and this study confirmed a similar significant relationship (See Table 2 indicating that there is 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, 2011) and this study confirms a similar significant relationship for US nurses and adds new information about the impact of teamwork on wellbeing (See Table 2).

Further, whilst there is research identifying the impact of supervisor-subordinate relationships on affective commitment and turnover intentions (Thomas & Lankau 2009; Cropanzano & Mitchell, 2005; Hodson, 2004), 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, MacKenzie, Lee & Podsakoff, 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. Third, this study was limited to one country and therefore cannot be generalised beyond the USA.

**Conclusion**

There is a shortage of nurses in many OECD countries – including the USA (Cohen, 2006). The 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. In summary, the findings from this paper indicate that supervisor-nurse relationships, teamwork and wellbeing explain almost half of nurses’ commitment to their hospital as well as their intention to leave their hospital. Additionally, the means indicate that nurses’ are only somewhat satisfied with workplace relationships, perceive that they have only some level of wellbeing in the workplace and are barely somewhat committed to their hospital. Finally, the study provides some evidence of a generational effect across some variables – particularly the important outcome variables - wellbeing, affective commitment and turnover intentions, although, the workplace relationship variables appears to indicate no significant differences in satisfaction with relationships, however, nurses were only somewhat satisfied with workplace relationships across the generational cohorts. Previous research about nurses suggests this may be because the professional clinical knowledge and values is stronger in impact than generational cohort impact when forming workplace relationships (Farr-Wharton, et al, 2011).

These findings suggest that management has to focus on improving the quality of workplace relationship as a first step in retaining skilled nurses. With the cost of nurse turnover being
estimated as being twice a nurses’ 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 be time for senior management to embed performance indicators for all levels of management linked to ensuring effective workplace relationships. Over time the impact of such actions would be committed nurses. Future research is required across different countries to determine how generalisable these finding are within different healthcare systems across national boundaries.

REFERENCES


Buerhaus, P., Donelan, K., Ulrich, B., Norman, L., DesRoches, C. and Dittus, R. (2007). Impact of the Nurse Shortage on Hospital Patient Care: Comparative Perspectives, Health Affairs, 26(3), 853-862,


### 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)

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

**Teamwork**  .633
People I work with are cooperative and considerate  .598
People I work with constructively confront problems  .717
People I work with are concerned about each other  .566
People I work with resolve disagreements cooperatively  .519
When I complete my work tasks, I am happy to help the nurses  .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>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
<td>2</td>
<td>LMX</td>
<td>4.4 (.6)</td>
<td>-.027</td>
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<td>(.95)</td>
<td></td>
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<tr>
<td>3</td>
<td>Teamwork</td>
<td>4.6 (.8)</td>
<td>.019</td>
<td>.31**</td>
<td>1</td>
<td>(.868)</td>
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<tr>
<td>4</td>
<td>Wellbeing</td>
<td>4.6 (.9)</td>
<td>.031</td>
<td>.49**</td>
<td>.46**</td>
<td>1</td>
<td>(.862)</td>
</tr>
<tr>
<td>5</td>
<td>Aff. Commit</td>
<td>4 (.9)</td>
<td>-.001</td>
<td>.49**</td>
<td>.35**</td>
<td>.63**</td>
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<td>Turnover</td>
<td>2.6 (1)</td>
<td>-.041</td>
<td>-.42**</td>
<td>-.33**</td>
<td>-.53**</td>
<td>-.64**</td>
</tr>
</tbody>
</table>

N = 730. Statistically significant Pearson correlation scores - **p < .01, * p < .05, Two-tailed tests

Cronbach’s alpha coefficients of the composite scales are in brackets
Table 3: Regression analysis: Predictors of Nurses’ perception of Affective Commitment

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1 - Affective Commitment</th>
<th>Model 2 – Affective Commitment</th>
<th>Model 3 – Affective Commitment</th>
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<tbody>
<tr>
<td>Gender</td>
<td>.004</td>
<td>-.007</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>-.077*</td>
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<td></td>
<td>.238**</td>
<td>.239**</td>
</tr>
<tr>
<td>Teamwork</td>
<td></td>
<td>.063*</td>
<td>.061*</td>
</tr>
<tr>
<td>Wellbeing</td>
<td></td>
<td>.489**</td>
<td>.495**</td>
</tr>
<tr>
<td>Affect Commitment</td>
<td></td>
<td>.451**</td>
<td>.454**</td>
</tr>
<tr>
<td>F</td>
<td>.137</td>
<td>111.337**</td>
<td>189.971**</td>
</tr>
<tr>
<td>R²</td>
<td>.006</td>
<td>.459</td>
<td>.46</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed). * p < .05

Table 4: Regression analysis: Predictors of Nurses’ perception of turnover intentions

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

** Correlation is significant at the 0.01 level (2-tailed). * p < .05
Table 5: Results from MANOVA: Testing for differences in Means for Nurses across generational cohorts

<table>
<thead>
<tr>
<th></th>
<th>Gen Y#</th>
<th>GenX##</th>
<th>BBs</th>
<th>F score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisors-Subordinate Rel</td>
<td>4.46</td>
<td>.9</td>
<td>4.39</td>
<td>1.2</td>
</tr>
<tr>
<td>Teamwork</td>
<td>4.61</td>
<td>.7</td>
<td>4.5</td>
<td>.8</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>4.57</td>
<td>.79</td>
<td>4.49</td>
<td>.92</td>
</tr>
<tr>
<td>Affective Commitment</td>
<td>3.94</td>
<td>1</td>
<td>4.08</td>
<td>1.2</td>
</tr>
<tr>
<td>Turnover Intention</td>
<td>2.7</td>
<td>1.3</td>
<td>2.8</td>
<td>1.4</td>
</tr>
</tbody>
</table>

* BB N= 247  ## GenX N=238 , GenY N=176  ** Correlation is significant at the 0.001 level (2-tailed).

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