What are the views of Generation Y New Zealand Registered Nurses towards nursing, work and career?

A descriptive exploratory study

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The material presented in this thesis is the original work of the candidate except as acknowledged in the text, and has not been previously submitted, either in part or in whole, for a degree at this or any other university.

Isabel Jamieson

This thesis is dedicated to my father, Eric George Carter 1917 - 2000

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Abstract

Background

This descriptive exploratory study was undertaken to ascertain the views of Generation Y New Zealand Registered Nurses (Gen Y nurses) towards nursing, work and career. Little empirical data exists about why young New Zealanders choose to become nurses in the 21st century. Further, little is known about their future career plans or their intentions to remain in the nursing workforce. Currently there is a global nursing workforce shortage with indications that shortages will continue into the future. The nursing shortage is occurring at a time when many populations are ageing and placing unprecedented demands on both health care providers and health care systems. Not only are populations ageing, the burden of chronic disease is escalating. However, there is strong evidence highlighting positive patient outcomes when nursing care is provided by registered nurses. Therefore the long term retention of young nurses is of critical importance for both the health care consumer and the profession.

Method

A nationwide on-line survey was undertaken with 358 Gen Y Nurses from late 2009 to early 2010.

Key findings

Young New Zealanders are driven by traditional values of altruism, the desire to care for others, the ability to work closely with people, as well as being able to make a strong contribution to society when deciding to become a nurse. Further, they are seeking interesting, challenging and exciting work. Job security, the ongoing demand for nurses, the ability to leave and return, as well as the ability to combine work and family, are also important factors that help them to choose to become nurses.

The Gen Y nurses were overwhelmingly satisfied with their decision to become nurses but they are very clear that nursing does not define them. They appear set to remain in the profession for at least five years with many stating that they wish to increase their clinical skills as well as undertake formal postgraduate study. However, while the Gen Y nurses demonstrated a high level of affective commitment towards nursing, they do not show a high level of continuance or normative commitment. It is questionable if they have long term career plans to remain in nursing.

Further, the Gen Y nurses find nursing work to be more stressful and challenging than they anticipated. They expressed concern about nursing salaries, workplace bullying and the impact of shift work on their private lives. They are also concerned about the apparent lack of recognition demonstrated by managers and management of the contribution that nurses make to patient care. A further concern for Gen Y nurses is the lack of understanding by the public about the role of registered nurses.

Conclusion

Most young New Zealanders who decide to become nurses do not regret their decision to do so. They have chosen to become nurses because of their desire to care for others in a team focused environment with a promise of job security. Many Gen Y nurses are planning on advancing their careers by increasing their clinical skills and academic knowledge. While some are planning to seek promotion, the majority want to remain in a clinical role, at the bedside. While the Gen Y nurses view themselves as career motivated they do not demonstrate a high level of career commitment to nursing. It is therefore imperative that the nursing profession, as well as nursing employers and policy makers, collaborate to design a workplace and work conditions that motivate Gen Y nurses to want to remain in the profession for the long term.

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Publication, presentations and interview resulting from this thesis

Publication

2009

- Generation Y: Why nursing must retain this workforce in *Kai Tiaki Nursing New Zealand, August 2009, Vol. 15, No. 7, pgs 18-20.*

Presentations

2009 & 2010

- Generational Diversity in the workforce: A focus on nursing. *Guest lecturer for s*enior *commerce students, University of Canterbury, Christchurch, New Zealand.* 2010

- New graduate nurses views of other members of the interprofessional team: Implications for practice. *The All Together Better Health Conference 5, Sydney, Australia.*

- Generation Y NZRNs motivation to nurse. *The New Zealand Nurses Organisation Perioperative College of Nurses. Theatre Nurses and Educators Conference, Christchurch, New Zealand.*

- Generation Y NZRNs: What are they thinking? *The Christchurch Polytechnic Institution of Technology Research Week, Christchurch, New Zealand.*

2011

- Why nursing for Gen Y? *Invited speaker PROBUS Club, Rolleston, Christchurch, New Zealand.*

- Are Generation Y NZRNs engaged in nursing for the long haul? *The New Zealand Nurses Organisation Perioperative College of Nurses Annual Conference, Christchurch, New Zealand*. Abstract accepted but the conference was cancelled due to the February 2011 Christchurch earthquake.

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2009

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1 Introduction

The author has taken a broad approach to this research to explore the views of Generation Y New Zealand Registered Nurses towards the nursing profession, the work itself and their career plans. This study arose out of the author's interest in health care workforce planning for nursing and in particular the retention of young nurses given the current national and global shortage of nurses. Because of the broad and descriptive nature of the research, a wide variety of topics are included in the literature reviewed. Chapter one provides background to the study and an overview of generational cohorts. Chapter two explores selected literature relevant to the concept of work and the characteristics of the Generation Y workforce. Other topics included in this chapter include Herzberg's work motivation hygiene/maintenance theory and a selection of literature about key workforce recruitment and retention issues.

Chapter three provides details about the history of nursing in New Zealand as well as information about the New Zealand Registered Nurses' scope of practice and other topics pertinent to nursing, such as the gendered nature of its workforce. Information about the characteristics of Generation Y nurses is included in this chapter. Attention is paid to the significant changes that have affected the nursing profession in New Zealand in the last two decades as well as recruitment and retention issues specific to nursing. The focus of chapter four is to provide an overview of workforce planning in general and nursing in particular. Included in this chapter is information about current New Zealand workforce strategies to support newly graduated nurses as they enter the workforce as well as other approaches that may contribute to their retention.

Chapter five explains the methods used to gather data for this research as well as the development of the instrument used. Information about the data analysis is also included in this chapter. Chapter six provides a detailed description of the research results while chapter seven provides a discussion of the findings in light of the selected literature reviewed. Finally, chapter eight considers the implications arising from the research results for New Zealand undergraduate nursing educators, nurse employers, the nursing profession and professional organisations. The chapter concludes with a list of suggestions for future research.

1.1 Statement of the issue

In New Zealand, as in other nations around the globe, the growing shortage of nurses in the healthcare workforce presents a problem of increasing significance. At a time when the New Zealand population is ageing and the demands for healthcare services are increasing, the health professional workforce, and in particular nursing, faces a shortage of skilled professionals (2007, p. 34; Massey University, 2007; New Zealand Nurses Organisation, 2007a, 2007b; Young & Twinn, 2006; Zurn, Dolea, & Stilwell, 2005). This being the case the retention of nurses in the healthcare workforce is of vital importance especially as older, baby boomer nurses (i.e. over 65 years of age) begin to retire from 2008 onwards. Further, Robyn Leeming, a recently retired professor from New Zealand's Massey University School of Business, in her keynote address at a 2007 New Zealand health workforce conference, suggested that members of the Generation Y cohort would have several careers in their lifetime (Leeming, 2007). Moreover, according to Leeming (2007), many of these career options have yet to be invented. If this prediction were to prove correct then it is important to know the future career plans of newly graduated nurses so that plans might be put in place, by employers of these nurses, to contribute to their retention in the health workforce and to include them in the future development of the nursing profession. However, there is a paucity of literature about newly graduated New Zealand nurses regarding who they are, why they choose nursing as a career and whether they plan to remain in the nursing profession (Clendon & Walker, 2011a).

1.2 Research question and aims

Given the lack of available literature about newly graduated young New Zealand nurses and their views about nursing, the research question was: What are the views of Generation Y New Zealand Registered Nurses towards nursing, work and career?

The aim of this research was to identify and understand the attitudes of newly graduated young New Zealand Registered Nurses (NZRNs) in relation to three important workforce concepts: nursing, work and career. Miers, Rickaby and Pollard (2007, p. 93) suggested that "it is possible that members of the Generation Y cohort, who are considered to value innovation and teamwork, may hold the values needed for contemporary health professionals". Whilst this might be so, this perception also raises several other questions such as; Why are Generation Y attracted to the profession of nursing? Will the nursing profession retain Generation Y nurses in the New Zealand health workforce? Will Generation Y nurses be retained in the global nursing workforce?

This research has canvassed the views of Generation Y NZRNs to establish what their attitudes are to the profession of nursing, how they view the concept of work and what they perceive their future career plans to be. The research aims were to determine:

1) What motivated this generation to choose nursing as a career option?

2) What are the future work and career plans of these nurses?

3) How long do these nurses intend to stay in the nursing profession?

4) What intrinsic and extrinsic factors influence these nurses to either remain in or exit from the healthcare workforce?

1.3 Key thesis arguments

Given the current shortage of nurses (Cassie, 2008a; Kimball & O'Neil, 2002) and predicted future shortages (AMN Healthcare, 2011; Brudereck, Urban, & Kelly, 2010; Buerhaus, 2009) it is imperative that the nursing profession retains its new graduates. It is costly for the individual to qualify as a registered nurse, both financially and personally. In turn, it is costly for the government, taxpayers and education providers to offer undergraduate nursing courses, and recruitment and retention of employees is a costly endeavour for employers. Therefore, to ensure the best use of resources, it is in the interests of the key stakeholders, the students, their teachers and their employers, to understand why young people in the 21st century are still choosing to qualify as nurses given that:

1. More career choices for women are available
2. Historically nursing has been a poorly paid profession
3. Predictions that Generation Y workers will opt to have several careers in their life time.

Therefore it is imperative to understand what has influenced the career choice of Generation Y nurses in New Zealand. Are they just 'passing through' on their way to bigger and better careers? Or is nursing still seen as a good career choice, especially for women, and is this nursing's saving grace?

1.4 Significance of the study

It is possible that members of the Generation Y cohort, who are considered to value innovation and teamwork, may hold the values needed for contemporary health professionals yet there is little available research to support this assumption. Given the current and predicted future New Zealand nursing shortage there is an urgent need to understand more about what Generation Y nurses want from the profession. The results of this research will provide a 'snapshot' of the views of nurses new to the profession about nursing, work and

career. If there is a better understanding of what matters most to this important cohort of nurses then the profession will be better placed to recruit, retain and to involve them in the future of the nursing profession. The results of this research will provide insight as to why young people are still choosing to be nurses, what their views of the profession are and how they might influence the profession in the future. Importantly, this research will also examine if the profession is attracting appropriate applicants for the registered nursing role. Further, this research will explore factors that will contribute to Generation Y remaining in, or exiting from, the profession. In addition, challenges for young inexperienced nurses working with more experienced nurses will be discussed. Moreover, this research will examine the realities of practice for young nurses

1.5 Defining generations

Sociologists define generations as a group of age related individuals who were born during the same period in time. The span of an age related generation is about 15 - 20 years. In the mid twentieth century Karl Mannheim, an Austro-Hungarian sociologist and historian, noted that people positioned in the same generational cohort may hold different views about the world around them than previous generations. It was Mannheim's observation that the unique experiences of each generational cohort contributed to social change (Mannheim, 1952). For example, Elder (1999) suggested that a generation raised in a time of economic hardship will hold a very different view about life than those living in a time of prosperity. The American historian, economist and demographer Neil Howe and American writer and historian William Strauss have undertaken extensive research on the concept of generations. Strauss and Howe (1997) proposed that a generational cohort moves together through age and life stages, thus creating their own paradigm of beliefs, language, memories, history and experiences. Strauss and Howe (1997) share Elder's view that each generation is defined by a shared position in history and that each generation shares common collegial traits (Elder, 1999; Howe & Strauss, 2000). Sheahan (2005) added that it is commonsense that groups of people born at about the same time will share common characteristics because they are all influenced by the same consistent political, social, cultural, environmental, technological and economic influences. Differences between generations are created by the way in which each generation reacts to their particular set of influencing factors.

1.5.1 Situating Generation Y in context: Definitions and characteristics of Generation Y and their counterparts

In order to understand the characteristics of Generation Y it is useful to understand the characteristics of other generational groupings currently employed in the healthcare workforce. Several names and age ranges have been attributed to these generational cohorts. To simplify matters the following terms and date ranges will be used for this research project: **Veterans** born 1925 -1945, **Baby Boomers** born 1946 – 1965, **Generation X** born 1966 – 1979, **Generation Y** born 1980 – 1994 and **Generation Z** born 1995+. The age ranges used here are reflective of McCrindle and Pleffer's (2008) work. It is important to note that the generational differences observed are generalisations based on social, economic and political events influencing group differences, hence there will be individual differences within each cohort.

1.5.2 Veterans

The Veteran generation, also known as the 'traditionalist' (Lancaster & Stillman, 2002) or 'the silent generation' (Grose, 2005), grew up in a turbulent society alternatively surviving and reviving from two world wars, the Korean war and economic adversity. Not surprisingly, the values of this cohort are centred on concepts of thrift, hard work and loyalty. Loyalty in the workplace is coupled with a desire to be disciplined and respectful of authority figures (Miers, Rickaby & Pollard, 2007). As a consequence, Veterans value managers that offer clear direction to a workforce that they command. As Grose (2005) observes this generation learnt that to achieve success it was necessary to work together and sacrifice personal wants and needs. As a result the Veteran generation also enjoyed greater prosperity than their parents.

1.5.3 Baby Boomers

The children of Veterans are known as Baby Boomers because they are the largest generational grouping. Born into a time of social and technological change, innovations such as television allowed this group to be aware of, and connected to, a completely different set of social markers (Lancaster & Stillman, 2002). This group challenged stable social norms and values. The feminist movement (Pugh, 1997) was emerging as a force for social and political change as women demanded equality at both home and in work environments. In America, Watergate unfolded, consumer goods flooded the marketplace, and the American war in Vietnam began. The Baby Boomers rebelled against their conservative Veteran

parents' principles. Examples include the introduction of 'flower power' ideals and promoting the freedom to 'love the one you're with' (Strauss & Howe, 1997).

Whilst a key term to describe Veterans might be considered *loyalty,* Lancaster and Stillman suggest that *optimism* and *competitiveness* are key terms to describe the Baby Boomer psyche. Optimism because the post-World War Two economy suggested that the impossible was possible and competitive because the sheer numbers of them meant competing to succeed. However, this group also demonstrated loyalty to an employer believing that work is a long term endeavour hence the catch phrases 'workaholic' and 'superwoman' emerged during this time (AH Revelations, 2006).

1.5.4 Generation X

The term Generation X was popularised by Douglas Coupland (Bloomsbury Business Database, 2004; Coupland, 1991). Members of this generation are noted to be motivated by work life balance ideals, flexible working conditions and employability (Bloomsbury Business Database). Displeasure with conservative society and politics gave rise to alternative ways of being, the grunge movement of heavy punk rock and hip hop music emerged (Bullock & Trombley, 1999). The pace of change increased for this generation. The burgeoning technological revolution of multi-media connected this generation even more than their Baby Boomer parents to the world around them (Lancaster & Stillman, 2002). Inventions like the personal computer, and later the internet, linked this cohort to the entire globe in a way that was never available to any generation before them.

While the Baby Boomers were considered indulged, Generation X were vulnerable to a time of adult self discovery and divorce. Not surprisingly Lancaster and Stillman (2002) suggested that this group can be summed up with the key word of *sceptic.* This '13th generation' (Strauss & Howe, 1997) (in America, the 13th generation able to call itself American) grew up against a changing social backdrop of issues such as the 'latch key kid' era, open classrooms and the new disease AIDS. It has been suggested that this generation was burdened with unfair expectations. For example, Barker (2003) noted that they were mostly poorly educated yet expected to assume a high level of responsibility to repay the national debt. Noted historians Strauss and Howe observed that the Baby Boomers' notions of loyalty were replaced by Generation Xers' concepts of free agency and pragmatism underpinned by risk taking attitudes. Labelled as slack by some, this generation was motivated more by a need for a work life balance than money, favouring employability and

flexibility over long term employer/job loyalty (Bloomsbury Business Database, 2004; Strauss & Howe, 1997).

1.5.5 Generation Y

The Generation Y cohort is known by several other titles: Echo Boomers, Second Baby Boom, Boomlets, Millennials, Internet Generation, I Generation and Generation WHY (Henry, 2006; Howe, 2000; Markiewicz, 2003; McCrindle, 2007). This particular cohort, the children of the Baby Boomers, have been the subject of much recent research, especially in the management and marketing fields. Australian author, workforce trends and generational change expert Peter Sheahan (2005) described Generation Y as mature, resilient, fast learners who demonstrate both practical and enterprising skills. He suggests that this is because many of this group grew up with either divorced parents, with whom they lived week about with, or with two working parents who were focused on career development and long work hours. From a workforce perspective McCrindle Research Company (McCrindle, 2006, 2007; McCrindle & Pleffer, 2008) suggested that there are five key elements that Generation Y will value most in a work environment. Firstly, work life balance matters. They will not view work as their 'life', rather they will favour flexibility in the workplace. More detailed information about work life balance can be found in chapter two, section 2.3.4.

Secondly, this generation values the culture of their workplace, placing a high importance on being socially connected with peers. McCrindle (2006, 2007) noted this factor is considered to be in the top ten in terms of retention factors. They are looking for a place to belong to, a community, not a workplace (McCindle, 2006, 2007). Thirdly, this cohort likes change and hence seeks a workplace that offers variety. Fourthly, Generation Y prefers managers who not only communicate well with them but also offer mentorship. Finally, McCrindle (2006, 2007) suggested that Generation Y place a high worth on a workplace that offers them ongoing education.

In addition, Tulgen and Martin's (2001) book about how to manage Generation Y noted that Generation Y were demonstrating greater altruistic attributes than the previous Generation X. However, a more recent study disputes this notion. Twenge, Campbell, Hoffman and Lance's (2010) time series research of 16,507 USA senior high school students spanning 1976, 1991 and 2006, known as the Monitoring the Future series, noted that there were no noteworthy differences in altruistic attitudes across these generational cohorts. That is, members of Generation Y are no more altruistic than previous generations. Hershatter and

Epstein's (2010) literature review also concurs with this view, suggesting that the only real difference for Generation Y is their relationship with and exposure to technology.

Others, such as Healy (2008) suggested that Generation Y are looking for a career that they can be passionate about, yet Twenge et al. (2010) noted that senior high schools students are not searching for meaning at work. Healy (2008) also noted that Generation Y employees are seeking a career that allows them to move freely within an organisation. This flexibility to design a personal and unique career pathway is considered by Healy (2008) to be an important factor in the retention of Generation Y employees. Healy (2008) goes on to say that Generation Y employees are computer savvy, keen to be team players and are results orientated. Importantly, Healy (2008) suggested that Generation Y employees want on-going mentorship as well as regular feedback on their performance. This support, to develop their careers, is important to this cohort of employees. Hershatter and Epstein (2010) agree that Generation Y want and need support and mentorship in the early days of their work and will do well in the long term if they are well supported in the short term.

A more detailed discussion about the characteristics of Generation Y in the workforce can be found in chapter two, sections 2.4.1 to 2.4.4.

1.5.6 Generation Z

Born after 1995, this generational group, currently entering adolescence, is credited with their ability to influence parental spending habits on a range of items from trendy 'tweenies' clothing to the family car and luxury holidays (Grose, 2005).

1.5.7 A new baby boom?

Recent figures released from Statistics New Zealand noted that a baby boom occurred in New Zealand during 2006, with 59,193 births recorded. This is the highest figure recorded since 1991 (59,911 births), with the highest number births in one year occurring in 1961 (65,390 births) (Statistics New Zealand, 2008). Speculation has occurred about whether this is the beginning of an increasing population trend with a New Zealand senior demographer stating that it is too early to know (Silkstone, 2008).

1.5 8 The intergenerational healthcare workforce

The healthcare workforce has, for the first time, four generational cohorts working alongside each other in an increasingly demanding environment (Boychuk Duchscher & Cowin, 2004; Lancaster & Stillman, 2002). Boychuk, Duchscher and Cowin (2004) cautioned that this generational diversity in the health care workforce may result in increased tension in the workplace due to generational differences in work ethic. According to

McCrindle Research (2007), Generation Y accounted for 21% of the New Zealand population, and is predicted to be 39% of the workforce by 2020. In comparison, by 2020 Veterans are expected to be 0% of the workforce, Baby Boomers 4%, Generation X 41% and Generation Z 16%.

1.5.9 Caution required regarding generational cohorts

The literature regarding generational cohorts is a useful typology to assist with understanding different generations. However, it is important not to overstate the differences or to assume that all members of a particular cohort will act and think in the same way. "The differences observed are generalisations based on social, economic and political events influencing group differences, hence there will be individual differences within and between each cohort" (Jamieson, 2009, p. 18). Diversity can be expected within the cohorts as well as between them. Moreover, "just because stereotypes are currently socially acceptable does not mean that they are accurate" (Deal, Altman, & Rogelberg, 2010, p. 198).

It is also important to note that the generations described here are a Western description of generational groupings based on the Western calendar and Western concepts of generations. For example, Deal at al. (2010) noted that the names used to describe generations, such as Generation Y, have no "functional meaning for people who use Chinese, Islamic, Jewish... calendars" (p. 195). Deal et al. (2010) also caution that different countries have different:

> cultural touchstones...for example, in Israel people typically identify generations by wars (and therefore the generations span fewer years), while in the US generations are typically described based on birth rate and large events (like World War 11 and the Millennium) (p. 195).

It is also important to note that research about members of Generation Y often included younger members of Generation Y who had not yet entered the workforce. Hence it is important to view the literature with caution as future historical events may influence this cohort in a hitherto unexpected manner. Nevertheless, the concept of a generational framework provides a useful approach to investigate the issues to be researched.

1.6 Chapter summary

      This chapter has provided information about the overall structure of this thesis. In addition, justification for the choice of this research topic, which is to explore the views of Generation Y New Zealand Registered Nurses towards nursing, work and career was stated. The chapter concluded with a review of selected literature about generational cohorts. Recurring themes are that generational cohorts are influenced by the times in which they live. Exposure to, and experiencing of, different social, political and economic determinates over the course of a lifetime contributes to the difference of viewpoints and characteristics between generations. The theme of the next chapter is the concept of work, beginning with an introduction to Herzberg's Work Motivation Hygiene/Maintenance Theory.

2 The concept of work

2.1 Chapter introduction

This chapter will firstly provide information and critique about Herzberg's Work Motivation Hygiene/Maintenance theory noting that this theory is used in this research primarily as a framework for analysis of qualitative data. Next it presents a detailed account of the notion of work and relevant concepts such as how work contributes to a person's health status, what motivates nurses to work and the work life balance debate. Important characteristics of Generation Y workers are also examined, including their attitudes to work and their specific aspirations for a work life balance. The chapter concludes with an outline of the costs associated with worker recruitment and retention as well as providing a discussion about key factors that contributes to the recruitment and retention of workers.

2.2 Herzberg's Work Motivation Hygiene/Maintenance Theory

2.2.1 Background

Frederick Herzberg (1923-2000) was a clinical psychologist often referred to as the 'father of job enrichment' who developed his theory of motivation to work during the "the golden age of work motivation theories" (Steers, Mowday, & Shapiro, 2004, p. 381). He is remembered as one of the most celebrated researchers of management and motivational theory (University of Utah, 1995). Herzberg, along with colleagues Mauser and Snyderman, conducted research about workers' attitudes towards their jobs, focusing on the view of the individual rather than the view of the group (Herzberg, Mausner, & Snyderman, 1959). From this initial research Herzberg developed the Motivation-Hygiene Theory (Herzberg, 1968). By 1974 the study had been replicated "more than 200 times", including a study on nurses (Herzberg, 1974, p. 18), while Herzberg's 1975 "article for the Harvard Business Review, *One more time how do you motivate workers,* is still the most requested article from HBRs archive" (Carter, 2006, p. 64). A plethora of current research still adopts Herzberg's theory to explain worker motivation such as Leach and Westbrook (2000), Navigate (2002), Demir (2008) and Lundman, Gudmundson and Andersson (2009).

2.2.2 Motivation Hygiene/Maintenance Theory

The Motivation-Hygiene Theory was developed following in-depth interviews of 200 American engineers and accountants based in the Pittsburgh area during the late 1950s (Herzberg, et al., 1959). It was further refined by Herzberg in the 1960s (Herzberg, 1968). The aim of Herzberg et al.'s research was to discover the individual workers' attitudes towards their work and what it was that individual workers wanted from their jobs. As noted

by Herzberg et al. (1959) "work is absorbing, fulfilling the greater part of the day, either a source of satisfaction or grief" (p. 3).

The Motivation-Hygiene Theory, also known as the 'two factor theory' or 'dual structure theory' proposes that two sets of independent and distinctive factors exist which serve to motivate workers. Motivational factors or 'motivators/satisfiers' are intrinsic factors which relate to the content of the job. These 'pull factors' are likely to be mentioned by workers as reasons to stay in their job or as 'push factors' to a job considered to have more 'pull factors' (Navigate, 2002). Motivators contribute to personal growth and long lasting changes of attitudes and are more likely to contribute to increased job satisfaction. Consequently, motivating factors become a source of job 'satisfiers'. The motivating factors are: achievement, recognition, work itself, responsibility, advancement and personal growth with the most important motivators being work itself, responsibility and advancement (Herzberg, 1968, 1993, 2008; Herzberg, et al., 1959). For example, Herzberg (1968, 1993) noted the more a worker can exert control over their work the greater their sense of achievement, personal growth and sense of work satisfaction.

Hygiene factors, or maintenance factors/dissatisfiers, are extrinsic to the worker and relate to the context of the job. These factors are likely to be 'push factors' or reasons for leaving a job (Navigate, 2002). Hygiene factors prevent dissatisfaction with the job but do not contribute to long term job satisfaction. Hygiene factors are more likely to contribute to dissatisfaction. Hygiene factors include: status, security, relationship with subordinates, personal life, relationship with peers, salary, work conditions, relationship with supervisor, company policy and administration and supervision. All factors are equally important, but some may become more important than others depending on circumstances (Herzberg, 1968, 1974, 1993; Herzberg, et al., 1959). Hygiene factors are so named because these factors were considered by Herzberg et al. (1959) to be factors that 'prevent' dissatisfaction or discontent at work just as medical hygiene measures 'prevent' disease transmission. Herzberg et al. (1959) suggested that employees expect the hygiene factors to exist in the workplace, therefore hygiene factors are not in and of themselves motivators for work. However, the existence of positive hygiene factors such as excellent policy, administrative support and high-quality supervision will not result in positive job attitudes. Rather, hygiene factors serve as a basis for a satisfied employee and are not themselves satisfiers. Hygiene factors may be dissatisfiers because they represent the work environment which an employee must continuously adjust to. Changes in hygiene factors will only result in short term attitude

changes. Furthermore, Herzberg et al. (1959) suggested that hygiene factors fail as satisfiers because they do not contribute to the workers' personal growth. The fewer motivational factors that exist in a job, the more important it is that hygiene factors are in place to prevent dissatisfaction.

When hygiene factors are considered by workers to be poor or non-existent, the result is job dissatisfaction. The factors most likely to influence employees' negative feelings about their work are company policy and administration and poor supervision. When hygiene factors are considered to be positive, the result is the absence of dissatisfaction rather than existence of satisfaction (Herzberg, et al., 1959). Job satisfaction occurs when the individuals needs for self-actualization occur. Herzberg et al. (2010) noted that "man tends to actualize himself in every area of his life, and his job is one of the most important areas"(p. 114).

Herzberg et al. (1959) concluded that: 1) work is the most important aspect of who we are, 2) work conditions do not have the potential to provide satisfaction, 3) rewards generated from the performance of the work itself contribute to motivation and job satisfaction while factors external to the work itself, that is hygiene factors, prevent job dissatisfaction. Moody and Pesut (2006) noted that Herzberg et al.'s (1959) theory has:

> Been used to explain motivation in health care contexts and nursing work. Significant correlations among nurses' work motivation, nurses' internal psychological states, and external job characteristics such as autonomy, work conditions, quality of supervision, and interpersonal relations have been reported for staff nurses...nurses' work motivation is significantly and positively related to both the quality of job content and to personal meaning. (p. 25)

2.2.3 Criticism of Herzberg's theory

Herzberg's theory has attracted some criticism since its inception over 50 years ago, mostly related to the supposed distinction between the two categories of factors. Furnham, Forde and Ferrari (1999) noted that fundamentally there are five concerns in the literature:

> 1) Verbal responses to interview questions may elicit selective recall of the facts,
>
> 2) The replication of the original study using various methods, such as questionnaires rather that interviews, may result in different results which were dependent on the context of the data gathering,

3) The assumption that satisfaction or no-dissatisfaction is solely dependent on hygiene factors,

4) The lack of acknowledgment of the influence of individual factors, for example gender and age, and

5) The influence of the organisation's culture on the satisfaction of its employees.

Further, Parsons and Broadbridge (2006) have voiced concerns that factors such as salary, relationships with peers and status may be viewed as falling into either motivators or hygiene factors depending on the individual and the their own personal circumstances. However, Gawel (1997) noted that the motivation-hygiene theory was still relevant today while Furnham et al. (1999) concluded that Herzberg's "theory and its applications remains influential in the area of organisation psychology" (p. 1036). Others have criticised Herzberg's theory and other motivation theorists as failing to develop theories that specifically explore why nurses are motivated to care (Moody & Pesut, 2006; Toode, Routasalo, & Suominen, 2011). However, recently Moody and Pesut (2006) have suggested a Model of Motivation to Care for Professional Nursing Work which now requires "empirical testing and theory building" (p. 15). None-the-less, Chapman (2009) stated that 'the absence of any serious challenge to Herzberg's theory continues effectively to validate it" (para. 8).

2.2.4 Use of Herzberg's theory for this study

It was not the intent of this study to critique or test Herzberg's theory. Rather this study is exploratory in nature as it seeks to discover the views of Generation Y NZRNs towards nursing, work and career. To this end, the study was not designed with Herzberg in mind, rather Herzberg's theory is used firstly as a framework for the analysis of qualitative data and secondly for the discussion of both quantitative and qualitative data results.

2.3 Work

2.3.1 Defining work

The definition of the term 'work' is complex. Defined as a noun, work may be considered an activity whereby one is expected to apply either sustained physical or mental force so that a task may be performed ("Work, 2008a"). Additionally, the term 'work' may be used to describe one's place of employment and/or the duties that one undertakes there (Work, 2008b). Work is also defined as the a "task to be undertaken ...thing done or made by work; result of an action" (Deverson, 1997, p. 1231). Intrinsic to the meaning of 'work' throughout history have been the dual ideas of punishment and reward. Work was seen as a

punishment for one's place in society. Slaves were delegated the less agreeable tasks, whilst the reward for being rich was the luxury of having others do your work for you (Doyle, 2003). Conversely, Doyle (2003) notes that the Christian based Protestant Work Ethic is founded on the notion of hard work being in and of itself a way to save one's soul for the afterlife.

Recently, Gardner, Csikszentmihalyi and Damon (2001) expressed the view that 'good work' can be defined as occurring when individuals are concerned about the implications and the impact of their work for the wider world and vice versa. Gardner et al. (2001) suggested that individual workers and employers have the power to define what good work is. Good work in nursing has been defined as "work that is technically and scientifically effective as well as morally and socially responsible" (Miller, 2006). Miller (2006) suggested that nursing's 'good work' is influenced by several factors such as professional Codes of Conduct, mentors, the workplace environment and personal values.

Work also affords us status, or lack of status, in the society in which we live. This is evident by the clear link between the type of work that one undertakes, society's view of that work and the monetary rewards afforded to the particular work, for example the status of a bus driver versus a lawyer (Doyle, 2003; Landy & Conte, 2007). Regardless of occupation Landy and Conte (2007) noted that the majority of adults in the Western world dedicate more of their time to work than to any other activity. Given this allocation of time to work, Landy and Conte (2007) suggested that it would be fair to assume that work is a significant and important aspect of adult life. Moreover, Greenhaus, Callanan and Godshalk (2000) noted that work is a fundamental aspect of one's life. Ongoing research published by American researchers (National Research Council, 1999) strongly suggested that work is considered to be central to one's adult life. Since 1973 the annual General Social Survey results, of cohorts of 1,500 English speaking Americans, have noted that an average of 70% of adults would keep working even if they were to get enough money to live comfortably for the rest of their lives (National Research Council, 1999). Work defines who we are personally, as well as being a mechanism for others define us (Landy & Conte, 2007).

2.3.2 The changing nature of work

Since the time of the Industrial Revolution in Great Britain the nature of work has changed considerably. The Industrial Revolution heralded an unprecedented move of masses of people from their rural homes, where they had been peasant farmers under a feudal system, to being employees in city-based factories (Chmiel, 2000). From that point forward the work

environment has continued to change at an ever-increasing pace, assisted by the rapid speed of the development of technology (Frese, 2000).

Psychology Professor Frese's extensive literature review on the changing workplace noted that there are several significant changes facing our future working environment and workforce. Firstly, our previous concrete concepts of space and time are being challenged to accept that space and time are no longer barriers to workplaces. One can work 'on line' to produce papers without ever meeting one's colleagues face-to-face. Global car design companies can have the European-based design team take over when the Tokyo based designers finish their work for the day so that no production time is lost to workers requiring sleep. Secondly, there will be more pressure for workers to be faster innovators due to the economic pressure of the global market place. This faster pace in the workplace will mean that workers' skills will quickly become obsolete and new skills will need to be acquired quickly, hence workers will need to be 'meta-skilled'.

Thirdly, Frese (2000) suggests that due to the increasing complexity of the technology being used in the workplace workers will need to be increasingly intelligent, constantly acquiring new knowledge to avoid being obsolete. The [American] National Research Council (1999) also noted that professional workers of the future will need to constantly update their skills with new information and ways of doing things. They noted that the constant need to 'keep up-to-date' is challenging the traditional hierarchies of knowledge and power citing the example of junior radiologists needing to explain how to operate complex computerised scanners to consultants. Fourthly, Frese's work noted that there is likely to be greater global competition in the workplace with countries such as India competing with Switzerland for technology services coupled with a decrease in blue and white collar workers in the Western world. Finally, Frese (2000) suggested that the future workplace will be more culturally diverse than before. In Europe this is due in part to the demands of the European Union's emphasis on different nationalities working together as well as the increasing numbers of ethnic minorities entering work.

Other authors (Greenhaus, et al., 2000) also support Frese's (2000) view suggesting that there will be an increasing number of immigrants, women and racial minorities entering the workplace. Demographic shifts in New Zealand over the last twenty years have resulted in an increase in the ethnic diversity of the workforce as more Asian, Pacific and Māori workers are employed (Department of Labour, 2011).The New Zealand workforce is projected to become increasingly more ethnically diverse with the percentage of people

identifying as European decreasing while those identifying as Asian, Pacific and Māori increases (Ministry of Social Development, 2010). Frese (2000) warned that the cultural diversity may reveal workers' intolerance and ill feeling towards co-workers due to historical, cultural or religious differences.

2.3.3 Work as a determinate of health

Compelling evidence has suggested that being able to work is good for both personal and community health (Wilkinson & Marmot, 2003). Work contributes to a sense of status, self-worth and well being, and increases life expectancy. Participants of a New Zealand project exploring fairness at work noted that "work is a critical source of well-being and identity expressed by the whakataukī: Mauri Mahi, Mauri Ora, Mauri Noho, Mauri Mate: a working soul is a healthy soul" (Human Rights Commission, 2010, p. 3). Furthermore, people flourish when they have autonomy over their work. However, work and the workplace can be 'a doubled edge sword'. The demands of the job and the workplace can put workers under considerable strain, with excessive stress and unsafe conditions being a precursor to poor health and a shortened life expectancy. Other contributing factors to the poor health of workers are having little opportunity to use your skills, lack of autonomy and unequal rewards for effort expended. Moreover, the psychosocial culture of the workplace also plays an important part in the health of workers (Black, 2008; The Australasian Faculty of Occupational & Environmental Medicine, 2010; Wilkinson & Marmot, 2003; Wilkinson & Pickett, 2010).

2.3.4 Work life balance

Since the 1960s much has been written about the concept of work life balance (Gregory & Milner, 2009). It has been defined as "the relationship between the institutional and culture times and spaces of work and non-work in societies where income is predominantly generated and distributed through labour markets" (Felstead, Jewson, Phizacklea, & Walters, 2002, p. 56). Felstead et al. (2002) have suggested that employers "purchase workers' time and their attendance at a designated place or space" (p. 56) and as a consequence workers need to self-negotiate strategies to co-ordinate their work and non-work lives. A large scale consultation with 700 New Zealanders to seek their views about work life balance indicted that this was an important issue for New Zealanders. Key concerns included:

- An imbalance of work life balance was discernible by increasing stress due to increasing work hours and work intensity.
- Flexible work hours were a high priority for workers.
- It was difficult for workers to achieve a work life balance if they were on low incomes.
- The demands of work at the expense of non-work life impacted negatively on personal relationships and family life.
- For women the decision to have children was influenced by the ability to manage a work life balance.
- The inability to live on one income (Department of Labour, 2004, 2006).

Other concerns for workers include the notion of the 'spill-over effect' of work. That is, the impact that one domain (work) has on another domain (family life) (Dolbier, Smith, & Steinhardt, 2007; Grzywacz, Almeida, & McDonald, 2002). The spill-over effect of work life balance may have a positive or negative effect on the individual work and non-work life and vice versa. An American study of 741 working adults noted that the negative spill-over effect of work impacting on family and family demands impacting negatively on work was more prevalent for women workers (Grzywacz, et al., 2002).

Given the demands of modern life such as stress related to longer work hours, the need for both parents to work and the consequential pressure to juggle child care, the notion of a work life balance has come to the attention of governments. Legislation has been developed to address workers' rights in this area. For example, New Zealand legislation, the Employment Relations Flexible Working Arrangements Amendment Act 2007 ("Employment Relations (Flexible Working Arrangements) Amendment Act, Wellington, New Zealand ", 2007) provides employees with caring responsibilities a right to request a flexible work schedule of their employers because it has been recognised by the New Zealand government that flexible work can contribute to a work life balance and workers' autonomy over their work hours is a method to achieve this. In turn, flexible work conditions should benefit workers as well as employers and the wider community (New Zealand Department of Labour, 2011). Further, the New Zealand Ministry of Women's Affairs has noted that an improved work life balance for New Zealanders will contribute to economic and social benefits for individuals, families/whanau and communities with a positive flow on affect to the nation's economy and social environment (New Zealand Ministry of Women's Affairs, 2008).

Information about the specific needs of Generation Y workers and their desires for a work life balance can be found later in this chapter, in section 2.4.4.

2.3.5 Shift work

In New Zealand the Department of Labour has defined shift work as "work that begins before 8 am and finishes after 6 pm. A biological definition of shift work is any pattern that causes a change in normal sleep patterns...shifts that last longer than eight hours are considered to be extended shifts" (Department of Labour, 2007, p. para. 9). Shift work is known to impact negatively on the health of shift workers, often as a result of fatigue. Fatigue is thought to be multifactorial as well as multidimensional and brought on due to the inability of a person to respond to a situation due to previous excessive mental or physical activity (L. M. Barker & Nussbaum, 2011; Occupational Safety and Health Service, 1998). The accumulated effects of fatigue can contribute significantly to increased errors, decreased productivity/performance, as well as short or long term health issues (L. M. Barker & Nussbaum, 2011; Department of Labour, 2007; Occupational Safety and Health Service, 1998). A more detailed analysis of shift work and its relevance to nursing can be found in chapter 3, section 3.5.2.

2.3.6 Bullying in the workplace

Much has been written about bullying in the workplace and its negative impact on workers directly involved and others who witness such behaviour. Bullying and harassment is a noteworthy issue in the workplace (Meloni & Austin, 2011). It has been acknowledged that bullying has contributed to high workplace and personal costs for both employees and employers and is known to occur in the nursing profession (McKenna, Smith, Poole, & Coverdale, 2003; van Heugten, 2010). For the nursing profession the saying 'nurses eat their young' is a widespread refrain in the literature (Brown, 2010; Clendon & Walker, 2011b; Rowe & Sherlock, 2005; Simons & Mawn, 2010). Clendon (2011b, p. 30) cautioned that "bullying remains a significant issue for a large number of nurses".

Rocker (2008) has cautioned that bullying is difficult to define while others have noted that no unanimous definition of workplace bullying exists (Hutchinson, Vickers, Jackson, & Wilkes, 2010). However, Hutchinson et al. (2010) have suggested that a power imbalance between the bully and bullied is a common feature of any definition. Bullying has been said to have occurred when a person or group perceive that they have received negative actions from another person or group that is persistent over time and in circumstances that recipients are unable to defend themselves (Bentley, et al., 2009; Lutgen-Sandvik, Tracy, &

Alberts, 2007). The term 'horizontal violence' is often used in the literature to describe nurse-to-nurse bullying. Horizontal violence has been described by Duffy (1995) as a one off negative act towards another nursing peer where a power gradient does not exist, which is distinct from bullying which occurs repeatedly over a period of six months or more (Simons & Mawn, 2010). Nonetheless "horizontal violence or latent violence and bullying do, however, share behaviours such as sabotage, infighting, scapegoating, and excessive criticism" (Simons & Mawn, 2010, p. 305).

The results of bullying on the victim(s) can be devastating and may result in long term and permanent impairment of the individual(s). Such effects may be, but are not limited to, the following:

- Increased absences from work

- Increased work related stress

- Increased alcohol or other drug intake

- Sleeplessness

- Inability to concentrate

- Lack of motivation and self esteem

- Poor mental health

- Post traumatic stress disorder

- Suicide (Anonymous, 2010; Bentley, et al., 2009; Lutgen-Sandvik, et al., 2007; Simons & Mawn, 2010).

Information about bullying contributing to nurses leaving the profession can be found in chapter 3, section 3.7.5.

2.4 Characteristics of Generation Y in the workforce

2.4.1 Attitudes to work

Little empirical research has been published to date about Generation Y views and values related to work (Deal, et al., 2010; Families and Work Institute, 2005; Kowske, Rasch, & Wiley, 2010). Deal et al. suggested that "the relatively sparse empirical research published on Millennials [Generation Y] is confusing at best and contradictory at worst" (p. 191) and cautioned that although generational differences do exist the "differences are often modest at best" (p. 196). Kowske et al. (2010) examined data collected over an 18 year period, via the Kenexa WorkTrends USA employee opinion survey (N=115,044). The large dataset for this research contributes significantly to validity of the results. Data were analyzed for

generational effects on attitude to work. Results suggested that while some different views about work are apparent across generations, the effect size was small. Generation Y were likely to report "higher levels of overall company and job satisfaction, satisfaction with job security, recognition, and career development and advancement, but reported similar levels of satisfaction with pay and benefits and the work itself, and turnover intentions" (p. 265). Similarly, research results from New Zealand research of 504 employees across different fields of work noted "fewer than expected" differences between Baby Boomers, Generation X and Generation Y regarding work values (Cennamo & Gardner, 2008, p. 904). However, Cennamo and Gardner noted that Generation Y employees are more likely than others to have a preference for "a psychological contract with the organisation which emphasises freedom, status and social involvement" (p. 904).

An international survey of 3,200 Generation Y finance professionals from 122 countries discovered that opportunities for career development and learning opportunities were the key drivers for this group when seeking employment. Career development needs to include the opportunity for a flexible career path and job rotation (Association of Charted Certified Accountants & Mercer, 2010).

Twenge et al.'s (2010) time lag study of 16, 507 senior high school pupils from 1976, 1991 and 2006 noted that members of Generation Y are likely to value leisure time more than other generations, hence they will attach importance to workplaces that allow flexible work hours and perks that contribute to free time out of work. Twenge et al. (2010) also noted that Generation Y valued intrinsic rewards, such as "meaningful work, career growth and the opportunity to make a difference" (p. 1136) less so than older workers. Therefore employers offering opportunities to Generation Y, such as learning new skills, may not be successful. Furthermore, results from Twenge et al.'s research found "no significant differences among the three generations on a scale of altruistic work...Gen Me [Generation Y] was significantly less likely than Boomers to say they wanted a job that gives you an opportunity to be directly helpful to others" (Twenge, 2010, p. 204).

Psychologists Lipkin and Perrymore (2009) have suggested that Generation Y workers may appear overconfident, with an inflated sense of self worth, due to overly supportive parenting providing them with constant feedback about their talents. Additionally, they were schooled in a system that promoted concepts of fair play and an ethos of 'everyone's a winner' which has resulted in Generation Y workers finding critique or criticism of their abilities by co-workers or bosses difficult to reconcile. They may lack a

sense of ownership of the consequences of poor decision making in the workplace and lack the ability to learn from their mistakes.

Lipkin and Perrymore (2009) also noted that Generation Y workers are mostly extrinsically motivated by recognition and rewards and hence will look for tangible recompense such as praise, immediate feedback for a job well done and on-going acknowledgment of their work. Lack of these rewards may result in insecurity, frustration and decreased performance. Lipkin and Perrymore (2009) stated that Generation Y workers prefer to work in teams to achieve a common goal and thrive on all team members being recognised for their achievements. In terms of work ethic, these authors have observed that life takes precedence over work and personal talent is viewed as equalling promotion. Furthermore, Generation Y workers desire a flexible work schedule, dislike formal dress codes and expect organisations to change to meet their needs. Moreover these workers were most likely to make no distinction between work friends and non work friends. They are highly likely to view their boss as their friend and mentor and as such will seek and expect guidance and feedback from them. Finally, Lipkin and Perrymore (2009) viewed Generation Y workers as likely to speak up about their concerns, to view their superiors as equals and not to indulge in office politics.

2.4.2 Relationship with Baby Boomers: A shared vision

A quantitative survey data undertaken with 50 multinational companies by the American Hidden Brain Drain Task Force and augmented by qualitative data from Hewlett, Sherbin and Sumberg (2009) noted a close relationship between Baby Boomer and Generation Y employees. Results suggested that both generations value:

> 1) A workplace that allows them a work life balance
>
> 2) The opportunity to make a positive contribution to society
>
> 3) The wish to take time out of the workforce to follow a passion
>
> 4) The desire for Baby Boomers to mentor Generation Y and vice versa.

2.4.3 Career focus

Recent Australian and New Zealand research of 1,200 people found that Generation Y view themselves as career focused risk takers (Hays Specialist Recruitment Limited, 2010). Career was rated as more important than personal health as well as being a means to attain a meaningful profession. The majority of Generation Y did not associate a job for life with the concept of career, nor did they anticipate long term commitment to any one employer. Qualitative research using "workplace interviews with hundreds of Generation Yers and

managers" across the USA (Martin, 2005, p. 39) noted that Generation Y workers viewed a long term commitment to an employer as meaning one year. Martin (2005) cautioned that employers who "can't or won't customize training, career paths, incentives, work responsibilities will need a wake up-call" (p. 41).

The need to create career paths to recruit and retain young lawyers in Great Britain was strongly suggested by Letsch (2006). Letsch emphasised that law firms could no longer rely on reputation alone to attract its young professionals. Rather employers of young lawyers need to seriously consider establishing specialised accreditation programmes as a career development tool to retain them.

Likewise, it has been suggested that mentoring programmes targeted at Generation Y need to be established if medicine is to lessen the attrition of young surgeons in the USA (Longo, 2007). Similarly, results from Munro's (2009) qualitative research of 452 Generation Y Canadian Human Resources Practitioners (HRPs) revealed that it is essential to mentor new Generation Y HRPs during their formative years in their new career to ensure their development and retention.

2.4.4 Desire for a work life balance

Longitudinal research, undertaken by the USA Families and Work Institute from 1992-2002, of between 2,800 and 2,990 waged and salaried employees, noted that Generation Y employees are significantly less likely to be work-centric than previous generations (Families and Work Institute, 2005). That is, Generation Y are more likely to want a work life balance compared to older workers and in turn are less likely to invest in work and less likely to seek promotion (Deal, et al., 2010; Families and Work Institute, 2005; Hershatter & Epstein, 2010). Other researchers suggested that Generation Y view a work life balance as a normal expectation of the workplace (Hays Specialist Recruitment Limited, 2010). Twenge's (2010) literature review and time lag research (Twenge, et al., 2010) also noted that Generation Y rated work as less central to their lives. In addition, results from a large scale national survey of Canadian university students (N=23,413) highlighted that a work life balance was rated as the fifth of sixteen most desirable work-related features. It rated slightly lower than opportunities for advancement, having 'good people' to work with and report to, and opportunities for further education, but higher than work-related attributes such as job security, initial salary and challenging work (Ng, Schweitzer, & Lyons, 2010).

However, Levenson (2010) cautioned that given that research about the phenomenon of work life balance is relatively new (from the 1980s onwards), it is difficult to make

significant comparisons between generations. While he acknowledged that literature has suggested that a desire for a work life balance does influence people's way of thinking about work, it is not clear what measurable impact this desire has on job selection and career planning.

Ng et al. (2010) also cautioned that a desire for a work life balance should not be viewed as Generation Y "desperate to punch-out at 5.00 o'clock, but rather, that they seek employers who can provide them with fluidity between work and play" (p. 289). These authors also rightly pointed out that Generation Y are "in their 20s, and often are free from family or care-taking commitments" (Ng, et al., 2010, p. 289) hence their focus on wanting a work life balance may be more related to their life stage rather than a narcissistic outlook (Deal, et al., 2010). Others suggest that Generation Ys desire for a work life balance is actually a need for work life integration where work and life are seamless. This is possibly due to the use of technology such as the wireless network that allows them to be connected to friends and information via the World Wide Web anywhere, anytime (Lipkin & Perrymore, 2009).

The American Families and Work Institute have suggested that Generation Y's need for a work life balance is due to their experience of having both parents work while witnessing the increase of parents who were made redundant due to the changing nature of the workforce from "a job-for-life to be replaced by the notion of employment at will" (Families and Work Institute, 2005, p. 10). Likewise, Hershatter and Epstein (2010) suggested that Generation Y place a high value on a personal work life balance due to "personal observation [of parents] and societal shifts toward more focus on families" (p. 219). However, the Families and Work Institute also note that employees (in the USA) are working more hours now than in the past twenty years:

> hence, perhaps it is not so much that work is less central; perhaps it is that people are less willing to accept positions of greater responsibility because they already believe that they are working too many hours and they do not want to work even more (Deal, et al., 2010, p. 195).

2.5 Workers recruitment, retention and turnover: An overview

The notions of recruitment, retention and turnover are important concepts for both employers and employees regardless of whether the work or business is a corporate or a service industry such as health. Meta-analytical analyses undertaken by Hom, Cranikis-Walker, Prussia and Griffeth (1992), Mitra, Jenkins and Gupta (1992) and more recently by

Griffeth, Hom and Gaertner (2000) revealed that the matter of retention of employees and turnover rates has been the "most durable topic of academic inquiry, attracting well over 1,000 studies during this century" (Hom et al., p. 890). American retention specialists Kaye and Jordan-Evans (2004) suggested that retention of employees is the paramount issue for managers. They base their comments on the premise that retention of staff leads to happier more productive motivated staff, increased customer satisfaction and a positive impact on profit margins. Further, the recruitment of new staff is costly (Mitchell, Holtom, Lee, Sablynski, & Erez, 2001; North, et al., 2006; Sheridan, 1992). Moreover, exiting staff can have a negative impact on the morale of remaining staff, create rumours and incite other staff to leave (Mattox & Jinkerson, 2005). It is evident that several key interrelated antecedents contribute to workers' intent to either remain in or exit from their current work. The antecedents include Herzberg's (Herzberg, 1968) work motivators such as job satisfaction and the work itself, as well as hygiene factors such as the work environment, supervisor support, personal characteristics and salary.

2.5.1 Career commitment

The Oxford Dictionary defines career as "one's professional etc. progress through life" (Oxford Dictionary, 1995, p. 145) while Blau (1985, 1988) views career commitment as both an attitude about one's vocation and commitment to the wider profession rather than commitment to a specific job. Blau (1988) noted that workers often leave a job because they want to change careers. Blau (1985) undertook a longitudinal study of 119 American nurses from a large Midwestern hospital by administrating a survey twice over a period of seven months. The survey was designed to explore career and organisational commitment and career withdrawal using the Blau Commitment Scale. This scale was later considered by Fields (2002) to be a validated scale suitable for organisational research. Blau (1985) noted that career commitment was based on individual and situational variables such as the personal centrality of work and one's job involvement. From this study Blau (1985) concluded that career commitment for nurses was more evident the longer the nurses had been in the profession, if they were single, perceived less role ambiguity and identified with the job.

Further longitudinal research by Blau (1999) of 484 newly graduated American medical technologists from across the country from 1993, 1994, 1995 and 1996 was undertaken to examine what early career factors influenced career commitment. The results are a useful indicator of factors that influence new graduates career commitment. Blau (1999)

noted that newly graduated medical technologists career commitment was positively affected by undertaking routine tasks and being members of their professional organisation. In addition, Blau (1999) discovered that supervisors' support such as feedback, coaching and acceptance was a crucial factor that contributed positively to career commitment. Further, supervisors need to consider the new graduates career stage before allocating work. Negative impacts on career commitment occurred when the new graduates were overly involved in work commitments, in this instance research activity. Blau (1999) speculated that 'too much too soon' can become a career commitment deterrent. Finally, Blau (1999) stated that over the time of the study career commitment decreased. Blau (1999) suggested that early high career commitment scores were probably a result of "the honeymoon effect" (p. 693) brought about by the initial enthusiasms of obtaining a job post graduation.

A survey of 520 full time nurses from three hospitals in the American state of Washington was conducted to determine career and organisational commitment (Reilly & Orsak, 1991). The survey included Blau's Career Commitment Scale. The authors noted that the nurses' career commitment was stronger than organisation commitment. Zeytinoglu et al's. (2006) survey of 1,396 nurses across three teaching hospitals in Southern Ontario to explore the factors related to nurses' retention also included Blau's Career Commitment Scale. Results indicated that a high level of career commitment correlated to a high likelihood of being retained in the profession. Other results from this survey indicated that young nurses, Generation X and Generation Y, showed a higher level of career commitment than older nurses (Blythe, et al., 2008). Blythe et al. (2008) suggested that the nursing profession needs to capitalise on the career commitment of young nurses to secure their retention in the profession.

McCabe and Garavan (2008), researchers from Ireland, undertook qualitative research involving in-depth interviews of 40 nurses from two national health organisations to examine what contributes to nurses' career commitment. Several themes emerged that contributed to career commitment such as: being proud to be nurse, a shared sense with colleagues of vocational commitment, camaraderie and team work. Career commitment for these nurses was centred on patient care and positively influenced by strong and supportive leadership at both unit and higher organisation level. Limitations of this research include the nurses interviewed only coming from two health care organisations and the non generalisabilty of the qualitative data.

2.5.2 Job satisfaction

Mobley, Stanley and Hollingsworth's (1978) survey of 203 full time employees (nurses, clerical and technical staff) of a south-eastern American hospital noted four key antecedents related to a decision to resign from a job: job satisfaction, work environment, personal characteristics, and voluntary turnover intent. Their results revealed that thoughts of quitting one's current employment are heightened when job satisfaction is low, the likelihood of finding other work is high and the employee is young.

2.5.3. Work itself

Kim (2000) investigated issues related to the recruitment and retention of physicians and mid-level health care providers employed by an American Navajo area health service. During the late 1990s this service had an overall vacancy rate of 16% and upwards of 65% in some areas. A survey of 221 staff members (64% of those eligible) suggested that reasons for staying were their personal desire to work with Navajo people and the quality of their work colleagues and flexible working conditions. However, excessive work hours were likely to influence a decision to quit. Other reasons for leaving included factors such as a lack of administrative support and the lack of quality management.

An American national survey undertaken by Boothby and Clements (2002) of 830 prison correctional psychologists noted that the three most important aspects of job satisfaction were related to the work itself: the ability to work autonomously, personally meaningful work and work achievements. Decreased job satisfaction was linked to the work environment, in this case overcrowded prisons.

2.5.4 Work environment

The work environment has been identified as a key factor related to both the retention and turnover of employees. In 2006 the New Zealand Customs Service, a large public sector employer, invited staff to complete self report survey on three occasions over a two year period. The return rates for the three surveys were 46% ($N = 360$), 41% ($N = 316$) and 45% ($N = 405$). The intent of the survey administered by Mansell, Brough and Cole (2006) was to "determine the influence of perceived job conditions on individual and organization health outcomes" (p. 84). The background to this research was that the employer was aware that staff well-being issues were evident as a result of changed working conditions such as workload and a perceived lack of respect for employees. Another factor impacting negatively on staff, by increasing their stress, was the change to their work as a result of the attacks on the World Trade Centre in New York and the Pentagon on 11 September 2001 and the

subsequent worldwide increase of border control procedures. Given these concerns, the Custom Service managers proactively made changes to the work environment.

The result was that over the time of the surveys job satisfaction and staff retention were significantly improved when workplace changes were evident to the staff concerned such as the resolution of payment schedules, working conditions agreement and improved communications between management staff and other employees of the service. Mansell et al. (2006) also concluded that the "stable predictors of job satisfaction include minor daily stressors, positive work experiences, job control, and perceived supervisors support" (p. 84). Of interest, events outside of the control of management staff, such as the September 11 events coupled with the screening of a reality television series about border patrol officers, appeared to have contributed to an increase in the public's appreciation and understanding of customs officers' work. Mansell et al. (2006) surmise that this positive image of customs and their role contributed to the workers increased sense of well-being and morale.

Employers who promote a work environment where staff are aware of the bigger picture have been noted to promote an increase of employee retention rates. Mattox and Jinkerson (2005) retrospectively reviewed human resources data to compare the retention rates of employees who had attended a specifically designed in-house training course aimed at motivating employees and encouraging them to take ownership in developing a successful career with the company and those who had not. They reviewed 3,136 personnel files of employees of a multi-national company which hires more than 3,000 employees a year worldwide. Of those reviewed 89% were managers and 11% held executive leadership positions. Results indicated that this employer-driven initiative was successful. The previous turnover rate for the first year of employment was 20%, compared to 5% for those attending the course. However, the turnover rate by the end of the second year was the same for both groups. This decreased turnover rate for the first year of employment for this group of employees was significant, as the turnover cost for those employed for one year was more than $USD80 million.

Organisational culture is also thought to influence retention rates. A study undertaken by Sheridan (1992) examined the job performance files of 904 recent university graduates working in six international accounting firms in a American city. The job performance evaluation, which used a descriptive scale to score the employees performance and was identical in all six firms, was compared to results from an Organisation Culture Profile survey administered by Sheriden (1992) to 96 senior employees across the six firms. Results

indicated that "new employees stayed voluntary for 45 months in the culture emphasizing interpersonal relationships values and 31 months in the culture emphasizing work task values" (p. 1050). Sheridan (1992) calculated that the cost to firms emphasising work task values was $USD6-9 million more than firms whose culture was to value interpersonal relationships.

The New Zealand Health Workforce Advisory Committee noted that negative and positive performance spirals may occur as a result of the workplace environment. A workplace with a negative or poor reputation results in negative performance factors such as low employee morale, poor patient outcomes and high staff turnover. This in turn leads to a negative response by the organisation such as reducing staff development. Such a response results in negative staff behaviours such as less productivity and burnout, which lead to an increase in performance problems, organisational responses and more negative staff behaviours and so on. The reverse is also true (Health Workforce Advisory Committee, 2003b).

2.5.5 Supervisors support

Organisational support theory proposes that employees develop views about the extent to which they are personally valued by their organisation/employer. This 'perceived organisational support' (POS) supports their personal/emotional needs as well as assisting them to determine the organisations willingness to reward extra effort. In conjunction with POS the notion of 'perceived supervisor support' (PSS) is also an important factor in terms of employees' views of the organisation, POS and importantly their satisfaction and retention (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002). Eisenberger et al.'s (2002) investigations of the link between PSS and POS and retention involved a three part study of 314 Belgium university graduates, 300 US chain store employees and a further 493 employees of the same chain store. Their results noted three main findings. One, that the relationship between PSS and POS was higher for employees who viewed their supervisors as having high status within the organisation regardless of the legitimacy of this status. Hence the employees perceived status and character of their supervisor was seen by the employees to reflect the organisations values. Two, that employees who assumed that their supervisors valued their work and contribution to the organisation demonstrated high POS "which in turn was related to decreased turnover" (Eisenberger et al., 2002, p. 72). Three, that PSS was noted to be higher than POS probably because employees have a closer working relationship

with supervisors. Eisenberger et al. (2002) concluded that a positive employee-supervisor relationship is a key employment practice in terms of the retention of employees.

2.5.6 Personal characteristics

Intention to voluntarily leave paid employment may occur when there is a mismatch of an employee's personal values and ethics and those of their employer. Liou (1998) surveyed youth detention workers in two southeast metropolitan areas of the US. Respondents said that they intended to leave their work because they could not reconcile their personal beliefs about punishment with the stance taken by the US authorities. This mismatch contributed to job dissatisfaction which became a strong predictor of the youth detention worker's decision to leave.

An employee's personal feelings of their attachment or embeddedness may also influence their intentions to remain in or voluntarily leave their current work. Mitchell et al. (2001) used job embeddedness theory as a tool to predict voluntary turnover of employees in two high turnover workplaces, grocery stores and hospitals. Job embeddedness is described by Mitchell et al. (2001) as:

> the idea that people have a perceptual life space in which the aspects of their lives are represented and connected. These connections can be few or many and close or distant....we describe job embeddedness as like a net or a web in which an individual can become stuck. One who is highly embedded has many links that are close together....Moreover, the content of the parts may vary considerably, suggesting that one can be enmeshed or embedded in many different ways (2001, p. 1104).

Further, job embeddedness may be thought of as having "three dimensions: links, fit and sacrifice" (Mitchell et al., 2001, p. 104). 'Links' refers to the extent to which an employee is connected to other employees, the employer and the institution. Other links include the wider influences of psycho-social links such family, non-work friends, the community and the environment, all of which may play a part in influencing an employee's decision to remain in or exit from the workplace. 'Fit' refers to an employee's personal perception of their compatibility with the employer's values and organisation goals while 'sacrifice' refers to the personal cost of leaving, either financially or psychologically, such as leaving friends and interesting work. The more an employee needs to sacrifice, the less likely they are to leave.

Completed surveys were returned from 177 grocery store employees and 208 hospital employees (including nurses, administrative staff and maintenance). Results indicated that job embeddedness is an important factor influencing voluntary turnover. Mitchell et al. (2001) stated that "people who are embedded in their jobs have less intent to leave and do not leave as readily as those who are not" (2001, p. 116). Mitchell at al. (2001) also suggested that job embeddedness is comparable to job satisfaction as a predictor of turnover.

2.5.7 Salary

Herzberg (Herzberg, 1968; Herzberg, et al., 1959) suggested that salary was a multifaceted factor that was more likely to contribute to job dissatisfaction than job satisfaction. Herzberg (1968) noted that while salary could be either a motivating or hygiene factor, the motivating effects of an increase in salary were only short term. Rather, an acceptable salary is viewed by employees as a given or hygiene factor. However, Herzberg (1968) noted that the most important factor contributing to employee job satisfaction with their salary was the perceived fairness of the salary scale.

A 1993 survey (MacManus & Strunz, 1993) of 118 American public sector army physicians found that several factors influenced them to remain practicing in the public rather than the more financially rewarding private health sector. Only 5.4% cited their total salary package as a primary reason for staying, suggesting that for this group of physicians salary is not a prime motivating factor. Rather, the primary reasons that influence them to stay were related to a complex mix of altruistic beliefs of 'service to the country', a pragmatic need to repay the military for medical school education, overall satisfaction with the work, family related reasons, future retirement benefits and satisfactory working hours.

Rust, Stewart, Miller and Pielack (1996) conducted a telephone survey of 326 US Certified Nurse Assistants (CNAs) [second level nurses] to elicit data about retention of this group of health workers employed by nursing homes. Factors that contributed to employee satisfaction were related to management processes such as supervision, benefits, work design, work environment and salary. In this study, salary per se was the weakest predictor of satisfaction. The strongest predictor of satisfaction was the number of pay periods per year. More pay periods equalled increased satisfaction levels.

The results of Kaye and Jordan-Evans (2004) survey of 2000 workers from diverse industries indicated that salary ranks at number 10 for reasons that employees choose to remain in their jobs. The top three reasons for remaining in their jobs were the motivation factors: career growth, challenging work and meaningful work that makes a difference.

However, the motivation for those in seasonal work differs. A survey by Lee and Moreo (2007) of 121 seasonal summer resort workers in South Dakota, USA suggested that salary was the strongest motivator for applying for seasonal work.

2.5.8 The link between work motivators and work maintenance/hygiene factors

The correlation between Herzberg's motivation factor of job satisfaction and the maintenance/hygiene factor of work environment and turnover was demonstrated by Lambert, Hogan and Barton's (2001) test of a structural measurement model using data collected from the 1977 Quality of Employment Survey conducted by researchers Quinn and Staines from the University of Michigan. Quinn and Stains interviewed 1,515 US citizens living in 74 different geographic areas of the US. The in-depth interviews involved 887 questions about the respondents' work and home life. Lambert et al.'s (2001) work revealed that performing a variety of tasks, relationships with fellow employees, age and salary contributed significantly to job satisfaction. They commented that the positive correlation between a variety of work tasks and increased job satisfaction is well noted in the literature, also noting that given the amount of time people spend at work it is no surprise that positive relationships with co-workers contributed to increased job satisfaction. They postulated that older workers are more content with their work because they simply have had more time to find work that they like and that involvement with friends and family takes on a greater importance. Lambert et al. (2001) also suggested that the positive correlation between income and job satisfaction is linked to American workers "socialisation into a capitalistic society where money, benefits, and security are generally sought after and many times gauge the importance or worth of a person" (p. 244). Lambert et al. (2001) concluded that:

> the results are supportive of the fundamental postulations that work environment is very important in shaping worker job satisfaction, even after controlling for the effects of demographic characteristics, and that job satisfaction is a highly salient antecedent of turnover (p. 246).

However, a meta-analysis undertaken by Griffeth, Hom and Gaertner (2000) of 500 studies published about turnover and retention during the 1990s (N = approximately 30,0000) suggested limited or no correlation between personal characteristics and quit rates. The quit rate by gender was similar, especially when applied to educated women who quit jobs at a similar rate to men. These women quit work to take on other employment, as did men, while less educated women were likely to exit the workforce entirely. The strongest predictor of

turnover, as noted by other researchers, was job satisfaction (Griffeth, et al., 2000; Liou, 1998; Mobley, et al., 1978; Rust, et al., 1996).

Ellett, Ellis, Westbrook and Dews (2007) conducted 58 focus groups with 369 child welfare professionals across the American state of Georgia to determine which personal and organisation factors contributed to their retention and exit from the workforce. Given the qualitative nature of this research, the high number of participants contributes to the robustness and reliability of the data collected. Their results noted the inter-connectedness of motivation and hygiene factors that contribute to the retention or loss of employees. Organisation factors that contributed to turnover were excessive work hours (over 60 hours per week), a tense and fearful work environment, poor salary, lack of promotion opportunities and employees not feeling valued. Personal factors that influenced these professionals to leave were the lack of work life balance (intrusion of work into their home life), the anxiety of working on high profile cases, and lack of preparation for the job. Organisation factors that most supported these professionals to remain were retirement incentives, flexible working hours and the challenging nature of the work, while personal factors that encouraged them to remain were personal knowledge and disposition, commitment to the clients, personal desire to make a difference and a realistic attitude to what could be achieved.

2.6 Chapter summary

This chapter has provided information about Herzberg's Work Motivation Hygiene/Maintenance Theory which has been used in this research as a framework for the analysis of qualitative data as well as to support the discussion of the results. Herzberg's theory contends that six motivating factors, such as work itself and recognition, act as push factors to work or pull factors from it. In addition, Herzberg suggested that workers expect ten hygiene/maintenance factors, for example a reasonable salary and good work conditions, to be 'a given' in the workplace. The overall lack of hygiene/maintenance factors acts as a push factors to other work.

Following the overview of Herzberg's Work Motivation Hygiene/Maintenance Theory a discussion about the concept of work revealed that work not only affords an individual status in their society it can also contribute significantly to their health status. As such, work is an important part of adult life for all generational cohorts. There is some debate in the literature about the differences between Generation Y workers and other generational groupings. Many researchers suggested that caution should be applied when considering the characteristics of Generation Y workers as being different to other workers. On the other

hand, numerous researchers have suggested that Generation Y workers are career focused but not likely to want only one career for a life's work, confident but not resilient, have a desire for a work life balance and seek a workplace that offers them flexibility. Further, it has been suggested that Generation Y workers will thrive when they receive support and mentorship from their supervisors and peers. Support and mentorship were noted by some authors to be crucial to the retention of Generation Y workers.

The chapter concludes with a review of selected literature about factors that contribute to the recruitment and retention of workers. Career commitment for newly graduated professionals was noted to be positively correlated to having the skills to do the work, membership in a professional organisation and receiving support from supervisors and management. Career commitment was noted to be high soon after graduation, a phenomena known as the honeymoon effect. Personal job satisfaction, a positive work environment and enjoyment of the work itself also positively correlated to intent to stay in a job and vice versa. Salary was noted to be more likely to contribute to job dissatisfaction than job satisfaction. It was also clear from the literature reviewed that Herzberg's motivation and hygiene/maintenance factors are inter-connected with some, or all factors, being contributors to both the recruitment and/or retention of workers.

The theme of the next chapter is nursing. It begins with a detailed description of the history of nursing and nursing education in New Zealand.

3 The context of nursing

3.1 Chapter introduction

This chapter covers a wide range of issues and topics pertinent to this research. The first section begins with an outline of the nursing profession in New Zealand. This includes an overview of the history of the establishment of nursing and nursing education in New Zealand, highlighting the changes that have occurred since the mid 1800s to the present day. This is followed by information about the New Zealand nursing workforce as well as the scope of practice for New Zealand registered nurses. Information about the requirements to become a registered nurse in New Zealand is also provided. This section also includes a brief discussion about the tendency for New Zealand registered nurses to work overseas as well as a review of literature about Generation Y New Zealand Registered Nurses.

The second section includes a review of selected literature about nursing in general, the female dominated nature of the profession, who chooses to become a nurse and their motivation to do so. A literature review of the global nursing shortage is included in this section. This is followed by a section describing significant changes that have occurred to the nursing profession in New Zealand over the last twenty years, including the impact of the 1990 health care reforms as well as the recent economic recession. A brief overview is also included about the changed patient profile that has also occurred during this time. The chapter concludes with a review of literature about the recruitment and retention of nurses as well as exploring what factors influenced nurses to remain in, or exit from, the profession.

3.2 The nursing profession in New Zealand

3.2.1 The history of nursing and nursing education in New Zealand

Some 1000 years prior to the discovery of New Zealand by the Dutch seafarer, explorer and merchant Abel Tasman in 1742, New Zealand had been discovered and settled by peoples from Eastern Polynesia known today as Māori. However, it was the Englishman Captain James Cook who claimed the country for Great Britain in 1769. By February 1840 a treaty was signed between the British Government and the Māori Chiefs which ceded sovereignty of New Zealand to the British Crown (King, 2003).

As a frontier nation New Zealand was the domain of men as the fledging country attracted European whalers, sealers, traders and settlers to its shores. During this early colonial period the ill were cared for at home predominately by women (Harding, 2003) thus setting the scene for nursing as the right and proper duty of women. By 1851 the New Zealand Provincial Government supported the establishment of the first hospitals. The work

of the first hospital based nurses was strongly associated with their work as mothers and homemakers (Sargison, 2001). However, many of these first nurses were unskilled and uneducated. Noted for their untrustworthiness and lack of health care knowledge, these early nurses where seen by the 1906 nursing inspector of hospitals, Hester MacLean, as akin to the Dickens character of Sairey Gamp (MacLean, 1932). In fact MacLean (1932) noted many of her nurses were "innocent of anti-sepsis and sometimes even ignored ordinary cleanliness" (p. 9). As one of the early advocates for New Zealand nurses, MacLean was strongly supportive of the need for nursing education and training. She noted that "of many women it can be said that she is kind, kind, gentle and true but unless training and experience are added no woman could ever meet the requirements of modern nursing and make a good nurse" (p. 10). MacLean went on to state that a good nurse was "a woman well endowed with intelligence and common sense, with abundance of the milk of human kindness, alert in mind and body, with some sense of humour, and well trained in nursing" (p. 10).

New Zealand recognised the professional status of nurses when State registration was made possible by the Nurses Registration Act 1901, (Dictionary of New Zealand Biography, 2008). The passing of this Act marked the beginning of formal education for nurses to be trained in hospital-based programmes (Papps, 2002). This was followed three years later by the Midwives Act 1904. These government Acts were significant as they set rules and guidelines for this female dominated profession. In fact, the Nurses Registration Act 1901 was noteworthy for excluding men from the profession as they were not able to be entered onto the register of New Zealand Registered Nurses (Harding, 2003). Equal access to the profession for men was not possible until the Nurses and Midwives Act 1925 developed a Male Nurses Register. However, whilst men were able to gain a nursing qualification, Harding (2003) noted that the male nurse training was only a two year programme at second grade hospitals compared to the three year training programme for women.

While the Nurses Registration Act 1901 allowed for the registration of nurses, nursing education and their clinical work was controlled by doctors. The medical profession developed, administered and marked state nursing exams (French, 2001), thereby controlling nursing knowledge by setting clear guidelines about what they were expected to know. Not surprisingly, nurses were expected to follow the instructions of their more learned medical colleagues. As Nurse Sibylla Maude (Maude, 1908),the founder of the Nurse Maude Association, so fondly noted:

To hear a nurse answer 'yes Sir' is surely more professional than 'Yes, Dr'...Whatever a nurse may think, her duty is to obey without expression of opinion as after all the patient is in the doctor's charge, the nurse being required simply to carry out his instructions faithfully (p. 36).

Starting in 1901 New Zealand nurses were trained to become nurses in Schools of Nursing affiliated to public hospitals, receiving hospital certificates upon passing the state exam. The image of these early nurses was one of an upper class or superior woman who was rather naive to the more cruel ways of life and as such was offered protection from the 'dirty' work of caring by the employment of male porters (Harding, 2003).

From World War Two onwards the nature of healthcare delivery changed (Gage & Hornblow, 2007). The healthcare industry became one of New Zealand's largest employers and improvements in medicine, assisted by new technologies, created new medical specialities and sub specialities. The changing environment of healthcare also demanded change in the delivery of nursing care to a more advanced level. Following the publication of The Carpenter Report (Carpenter, 1971) the transfer of nursing education from its traditional hospital-based environment, under the control of medicine, to tertiary based institutions led by the nurses themselves began. The first polytechnic courses for New Zealand nurses opened in 1973 in Christchurch and Wellington, followed by Nelson in 1974 and Auckland in 1975 (Department of Education, 1978). After a three year programme of study these nurses were able to gain a Diploma of Nursing and New Zealand nursing registration. However, registration was only possible only after the successful completion of the Nursing Council of New Zealand's state exam. By 1989 the transfer of nursing education to the tertiary sector was completed. From 1990 polytechnics were able to offer their own undergraduate degree programmes. This resulted in the development of undergraduate degree programmes for nurses that offered nurses the opportunity to clearly link nursing theory to nursing practice, develop their critical thinking skills and underpin their practice with research based evidence (Ministry of Health, 1998). By the late 1990s the single point of entry to registered nurse education was via a three year degree programme. The move to undergraduate nursing education via the tertiary education sector heralded the move to postgraduate education opportunities for nursing at several universities across the country (Gage & Hornblow, 2007).

3.2.2 The New Zealand nursing workforce profile

As of 31 March 2010 there were 51,762 nurses with a current New Zealand practising certificate, of whom 48,052 were active registered nurses. Registered nurses were predominately female (92.5%) and predominately New Zealand European/Pakeha (61%). The largest single group of registered nurses (43%) worked in the acute District Health Board sector compared to less than 1% who worked for Pacific Health Providers, in rural areas or were self employed (Nursing Council of New Zealand, 2010a). The workforce of registered nurses is ageing, with 37% over the age of 50 years, while 57% are employed by a District Health Board (Nursing Council of New Zealand, 2010a). The average length of service for nurses employed by a District Health Board is 7.81 years (District Health Boards New Zealand, 2007) whilst 48% of registered nurses exit the profession within 11 years of their initial registration (Nursing Council of New Zealand, 2000).

3.2.3 New Zealand Registered Nurse scope of practice

The Nursing Council of New Zealand, the statutory authority governing the practice of nurses in New Zealand, offers the following comprehensive definition of the scope of practice for the contemporary New Zealand Registered Nurse:

> Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses, healthcare assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some

registered nurses according to their qualifications or experience limiting them

to a specific area of practice. (Nursing Council of New Zealand, 2010b, p. 1).

It is clear from this definition that current registered nursing practice is complex and covers a wide range of clinical, teaching and research areas. It is a career that offers its workers versatility, flexibility and diversity in a wide range of settings (Trim, 2008). Nurses, unlike other professional groups, are likely to move between sub-specialties many times over the course of their careers, with a median career length of 12 years (Health Workforce Information Programme, 2009). The practice of contemporary nursing has also been described as being underpinned by scientific knowledge (Nelson & Greehan, 2006) as well as the central notion of holistic caring (Bassett, 2004; Baumann, 2007; Miller, 2006). Miller (2006) noted that nurses are altruistic in their outlook, as well as being accountable and compassionate professionals. The International Council of Nurses, a federation of more than 124 national nurses' associations, defines nursing practice as:

not [being] limited to specific tasks, functions or responsibilities but includes

direct care giving and evaluation of its impact, advocating for patients and for

health, supervising and delegating to others, leading, managing, teaching,

undertaking research and developing health policy for health care systems

(Madden-Styles & Affara, 1996, p. 2).

Further, nursing has been described as a therapeutic endeavour that deliberately contributes to positive outcomes for patients or consumers of nursing care (McMahon & Pearson, 1998). The New Zealand Nurses Organisation, the largest nursing union in New Zealand, noted that the role of a professional nurse should be governed by five key principals:

1. Accountability for personal practice
2. Ongoing concern about the safety and well-being of their client group
3. Entering into and maintaining professional relationships with their client, their family and their community
4. Commitment to ongoing professional development
5. The efficient and effective management of resources (New Zealand Nurses Organisation, 2003a).

3.2.4 New Zealand Registered Nurse qualification

The requirements to become a registered nurse in New Zealand are:

1. A bachelor degree in nursing (or an equivalent qualification) approved by the Nursing Council of New Zealand AND

2. A pass in an assessment of Nursing Council Competencies for Registered Nurses by an approved provider AND

3. A pass in an Examination for Registered Nurses (Nursing Council of New Zealand, 2010b).

3.2.5 Why New Zealand nurses work overseas

Little literature was located about why New Zealand nurses work overseas. However, it is very common for New Zealand nurses to seek overseas work experience (Cobden-Grainge & Walker, 2002). Newspapers reporting the New Zealand Nurses Organisation views on this subject noted that nurses have always travelled ("Plan to halt nurses drain", 2000; Clausen, 2000). Reasons for leaving New Zealand include the need to repay student loans (New Zealand Nurses Organisation, 2003b; Oats, 2003), to further their clinical experience (Marshall, 2005), better working conditions (R. Berry, 2000), to increase salary (Daniels, 2004; Department of Labour, 2005) and tax incentives ("Why are they leaving", 2010). In 2005 the Department of Labour noted that the number of nurses leaving New Zealand had increased significantly in recent years. They also noted that the majority of nurses left to work in Australia or the United Kingdom (Department of Labour, 2005). In 2010 nurses were reported as one of the ten most common occupational groups to leave New Zealand ("Why are they leaving", 2010).

3.2.6 New Zealand Generation Y nurses

Little literature is available about New Zealand Generation Y nurses (Clendon & Walker, 2011a). The Nursing Council of New Zealand (NCNZ) reported that in 2010, 11.5% (*n*=4,883) of all active registered nurses were under the age of 30. These Generation Y nurses were predominately New Zealand European/Pakeha, 63% were employed by a public District Health Board and worked mostly in child health, emergency and trauma, intensive care, medical, surgical and perioperative care areas. Geographically the majority worked in the Auckland region, followed by the Wellington and Canterbury regions (Nursing Council of New Zealand, 2010a).

A 2008 New Zealand Nurses Organisation survey of 720 nurses was undertaken to explore issues related to professional development. A small number of respondents were Generation Y nurses (*n*=48). Of these, 13 planned to leave nursing in New Zealand in the next six months. However, the numbers of respondents is too small to place any significance on the findings (Brinkman, Wilson-Salt, & Walker, 2008).

In a recent on-line survey undertaken to determine the characteristics of young (Generation Y) New Zealand nurses, 99% (N=674) of respondents were registered nurses. While the on-line nature of the survey excluded participants who did not have an email address at the time of the survey, the results from this research are very important due to the lack of published research about this group. The demographic characteristics of the nurses mirrored the 2010 NCNZ statistics. The three main reasons that these nurses had chosen nursing as career were because they wanted to help people, they liked the caring aspects of the job and they thought nursing had a good career structure. The ability to travel, job flexibility and security were also seen as important factors. However, 41.6% noted that nursing was not what they had expected it to be. Issues that contributed to disillusionment were less than expected supported from colleagues (such as bullying occurring), career structure and poor pay progression and higher than expected levels of emotional and physical challenge (Clendon & Walker, 2011a).

This group of young nurses was noted to be mobile, with 33.1% having changed jobs within the last 12 months while "a significant number (31.6%, *n*=55) were seeking work outside New Zealand" (Clendon & Walker, 2011a, p. 8). A significant reason for changing a job was noted to be bullying and/or harassment. Bullying and harassment were noted to be occurring in the workplace by 38.2% of the young nurses (Clendon & Walker, 2011b). In addition, many felt that being young in the workplace contributed to them being allocated the least favoured shift patterns.

A further 10.3% were contemplating leaving nursing within 12 months due to dissatisfaction with the work environment, feeling "underpaid and overworked, ... not respected for the knowledge they brought to the working environment and ... frustrated with the direction management was taking" (Clendon & Walker, 2011a, p. 8). Additional issues that were contributing to their intention to leave were work related stress and the inability of employers to offer family friendly shifts. Factors that the nurses felt would contribute to nurse retention included a pay increase, flexible hours, better choice of shifts, better staff-patient ratios and better career opportunities. Furthermore, this group of young nurses

overwhelming favoured the establishment of a New Zealand Nurses Organisation group specifically aimed at supporting nurses less than 30 years of age.

3.3 Nursing

3.3.1 Nursing as a female occupation

Since the 19th century nursing has been well recognised as a female dominated profession. This socially constructed and widely accepted view of the gendered nature of nursing is attributed to Florence Nightingale (1820 -1910), who viewed nursing as a respectable profession for women due to the domestic nature of the role (Meadus, 2000; Mooney, Glacken, & O'Brien, 2008). She also considered nursing a natural role for women because of their instinctive drive to care and nurture as well as their inborn self-sacrificing nature (Meadus, 2000). The idea of women as nurses was given further credence when Nightingale established the first nursing training schools, in England in 1859, which accepted only female students who were able to supply a character reference from a doctor. Meadus (2000, p. 6) noted that the image of the Nightingale nurse as "subordinate, nurturing, domestic, humble and self-sacrificing, as well as not too educated, became prevalent in society".

In New Zealand the Department of Labour defines an occupation as 'female dominated' when 70% or more of a particular occupation group are female (Department of Labour, n. d). According to the Department of Labour, nursing is the fifth-highest ranked female dominated occupation in New Zealand, with 96% of its practitioners being female (Department of Labour, n.d). The highest ranked female dominated occupation in New Zealand is Early Childhood Teaching with 100% of its teachers being female. The next three highest ranked occupations, in descending order, are Special Education Teaching (98%), Speech-Language Therapy (97%), Typist and Wood Processor Operators (97%).

Figures for the female participation in nursing in other countries are similar; Australia 91% (Australian Bureau of Statistics, 2005), United States of America (US) 92% (U S Census Bureau, 2005), England and Wales 89% (Office for National Statistics, 2006) and approximately 80% across eleven European countries; Belgium, Germany, Finland, France, Great Britain, Italy, Norway, Netherlands, Poland, Sweden and Slovakia (Hasselhorn, Muller, & Tackenberg, 2005).

Given this history and current statistics, Preston (2005) suggested the gender imbalance of nursing is unlikely to change in the foreseeable future but warns that "in a climate of expanded occupational opportunities for woman, the previously guaranteed supply

of female labour may no longer be counted upon" (Preston, 2005, p. 323). However, Preston (2005) also noted that if women continue to exit nursing for family-related matters and child care duties, then their ability to re-enter the nursing workforce as a part time worker may be the 'saving grace' for the profession. Other professions such as law, engineering and IT, have noted the lack of part time work as a barrier to retention of its female employees (Preston & Burgess, 2003).

3.3.2 Choosing to be a nurse.

An American doctoral researcher from the early 1990s surveyed 272 nursing students undertaking a baccalaureate programme (Brendtro, 1991). Although this is dated research, the results are worth noting given their familiar and traditional theme of a desire to care for others as a prime reason why people choose to become nurses. Brendtro (1991) noted that the five most important reasons, ranked in order of importance, that the students had chosen nursing were: "desire to work in the health field, diverse positions available in nursing, availability of jobs in the nursing field, opportunity to work closely with people, and desire to help others" (Brendtro, 1991, p. 75). Further analysis of free text comments noted that "career opportunities, altruism, previous health care experiences, and spiritual reasons" were also important factors that promoted students to enter into the nursing profession (Brendtro, 1991, p. 78). However, Brendtro (1991) noted that the most important reason that the students had chosen nursing was their desire to help others. Further, Brendtro (1991) stated that family, especially parents, were very influential in helping them to decide to become a nurse.

A later and much larger survey in 2002 of 1884 nurses registered with the Nurses Board of Western Australia (WA) was conducted by researchers at the Women's Economic Policy Analysis Unit of Curtin University, WA, Australia (R. McCabe, Nowak, & Preston, 2003). The age of nurses surveyed ranged from 20 years to over 60 years. The strengths of this research are the high number of participants and the broad range of data collected. However, limitations include the self-selecting nature of surveys, which may add bias, as results only reflect the views of respondents at one point in time. The research results echoed some of Brendtro's findings, noting that there were three important factors that were the initial motivators that influenced the respondents to enter the nursing profession:

1. The intrinsic appeal of interesting and challenging work generated by ability to help others
2. the ability to work hours that reflected changing personal needs for example being able to combine work and family
3. the ability to travel as a registered nurse (R. McCabe, Nowak, & Mullen, 2005).

These factors rated more highly than the appeal of financial rewards. McCabe et al. (2005) also noted that there was a difference between older nurses' (35+ years old) and younger nurses' (under the age of 35 years) reasons for being attracted to nursing. Younger nurses placed a greater value on nursing being a challenging and exciting career choice when compared to their older counterparts. The younger nurses also placed a higher value on the "flexible hours of work, responsibility and autonomy, pleasant working conditions and opportunities for creativity and originality" (R. McCabe, et al., 2005, p. 402).

Some parts of McCabe et al.'s survey (2003) were used by Israeli researchers Natan and Becker (2010) to explore factors that affected the choice of careers among the general population. This survey was undertaken in a non-Western country, so it is possible that the results may not be applicable to a Western setting. Nonetheless, and perhaps not unexpectedly, results did reveal familiar themes. Of the 309 people surveyed, who ranged in age from 18-50 years, 8% were interested in nursing. Natan and Becker (2010) concluded "people motivated by desire to help others rather than personal interest or challenges are predisposed to choose a nursing career" (Natan & Becker, 2010, p. 308). This intrinsic desire to help others as a motivator to nurse aligns with other research results (Brendtro, 1991; Eley, Eley, & Rogers-Clark, 2010; R. McCabe, et al., 2005; R. McCabe, et al., 2003; Price, 2009).

Dockery and Barns (2005) investigated the future career choices of year 9 (14 years old) Australian high school pupils. Data were analysed from a large dataset of 9,837 respondents to a self-completed questionnaire administrated in 1995 and 1996 and from 10,307 telephone interviews undertaken in 1997 under the auspices of the Longitudinal Surveys of Australian Youth (LSAY) conducted by the Australian Council for Education Research (ACER). The large dataset accessed for this research provides strength to the results. Dockery and Barns (2005) found that year 9 students are more likely to choose nursing as a career option if they are female, have a parent who is a nurse, have a higher numbers of siblings than average, are the eldest sibling, have experienced a disability, and have a working mother. In addition, these year 9 students were likely to score lower on

standardised reading and mathematics tests than their peers. Socially these students were more likely to have been raised in a lower socio-economic background than students who did not choose nursing as a possible career option (Dockery & Barns, 2005). The strength of this research is in the high number of responses and the longitudinal nature of the study which adds to the validity of the results over time.

These same researchers also examined why 1,439 first-year university students in Western Australia had chosen their particular course of study. Of the total sample, 159 were nursing students. All students ranked career opportunities, being highly employable and being able to complete the course as the three most important elements that influence their decisions to study a particular course. Nursing students, who were more likely to be female, ranked the importance of prestige and status lower that other students did while ranking the wish to work closely with people and the ability to contribute to society higher than their contemporaries. The ability to work flexible hours and hence the ability to balance the demands of work and family were also more important to nursing students. Dockery and Barns (2005) noted that the nursing students were more likely to be concerned about course costs and their need to earn an income while they studied than their peers. The authors pondered if this concern reflected their lower socio-economic background. The nursing students also planned to have more children than their contemporaries and to begin a family at an earlier age. Dockery and Barns (2005) speculated that nursing students may have had a stronger perception of traditional gender roles.

A recent on-line Australian study of 531 nursing students ($n=259$) and nurses ($n=272$) from one Australian state, noted that there was no significant difference between why older student nurses (30+ years old) and Generation Y student nurses had chosen to enter the nursing profession. For both nursing students and nurses, regardless of age, their reasons for entering nursing included "self interest, vocation and altruism" (Eley, et al., 2010). Although the response rate for the nurses was not able to be determined, the response rate for the students was 61.4%, which is very good for an on-line survey. Even though it was not possible to gain a return rate for the nurses, the researchers exceeded the minimum number of 400 respondents which was required to be able to make comparisons between the nurses and the students. However, the self selecting nature of the survey may contribute to a biased sample. Further, the study is restricted to one Australian state at one point in time so may not be applicable to other settings.

Price's (2009) conclusion from her meta-synthesis of ten qualitative research papers about nursing as a career choice and early professional socialisation was that people chose nursing because they wished to help and care for others and as well as nursing fitting their self image. Furthermore, Price (2009) noted that others, such as family members, teachers and peers, significantly influenced career choice. However, Price (2009) cautions that for many nurses there was a disparity between what they had expected nursing to be and the realities of practice. Price (2009) called this the 'paradox of caring', where nurses who had once wanted to be known as 'carers of others', also wanted recognition for other skills and attributes that they brought to the profession and not to be viewed exclusively as 'carers'.

Similarly, a survey of 344 newly graduated Belgian nurses, 87% of whom were Generation Y nurses, cited altruism and the need to help others as a key motivating factor when choosing to become a nurse, as well as the work itself. Again the familiar themes of wanting to care for and help others is evident. The least important factors when choosing nursing were the working hours, income and the need for a work life balance (De Cooman, et al., 2008). Mooney, Glacken and O'Brien's (2008) qualitative study of 23 Generation Y (under the age of 23 years) nursing students' motivation for entering nursing, concluded that their main reason for choosing nursing was a desire to help others via a caring profession. Further, the nursing students, regardless of gender, identified "caring as the essence of nursing" (O'Brien, Mooney, & Glacken, 2008, p. 1843). Similar to Brendtro's (1991) results, Mooney et al. (2008) also noted that the influence of family and friends was an important factor for these students when choosing to enter a nursing programme, especially the influence of a parent, mostly the mother, who was a nurse. A 2005 survey of 1,051 Korean college students, of whom 40 were nursing students, noted that nursing students were more likely than non nursing students to have been influenced by their parents or teachers to choose nursing as a career (Cho, Jung, & Jang, 2010). However, the nursing students rated themselves, as well as their parents or teachers, in almost equal measure as people who influenced them.

By contrast, Storey, Cheater and Ford's (2009) survey of 485 British community nurses noted that younger nurses (under 50 years old) were less likely than older nurses to cite wanting to help others as a reason to enter nursing. The younger nurses were also less likely than older nurses to report that nursing had lived up to their earlier expectations. Furthermore, an editorial by Mimura, Griffiths and Norman (2009) noted that several

empirical studies of why people choose nursing confirm that altruism is the most frequently cited reason.

3.3.3 Work motivation of nurses

Toode et al. (2011) caution that little empirical evidence exists about factors that motivate nurses to work. Their literature review of 24 work motivation studies from 1990-2009 has indicated that nurses are motivated by the following five groups of factors:

1. Workplace characteristics such as collaboration between nurses and the interprofessional team, a positive workplace culture and the ability to have autonomy over work.

2. Workplace conditions such as suitable hours, reasonable shift patterns and the opportunities for promotion. Job security, salary and work life balance are motivators but are not of paramount importance.

3. Personal characteristics. Age: evidence has suggested that young nurses are more motivated than older nurses. Gender: no difference in motivating factors. Length of service: no difference.

4. Individual priorities which included altruism, the opportunity to help others and a deep sense of calling.

5. An internal psychological state whereby nurses who perceive their work to be meaningful are motivated to care for others even if their own health and security are placed in jeopardy.

3.3.4 Global nursing shortage

Currently there is a global shortage of nurses, which is considered by some researchers to be the "health workforce issue of this decade" (Cowin, Johnson, Craven, & Marsh, 2008, p. 2). The New Zealand Department of Labour (DoL) stated that in 2004 employers had difficulty filling vacancies for registered nurses, noting it was taking up to ten weeks to fill 63% of the nursing vacancies (Department of Labour, 2005). The majority of these vacancies (95%) were for established positions prompting the DoL to suggest that the turnover rate for nursing is high in New Zealand. In addition, during 2003 and 2004 there was an upward trend of advertised nursing vacancies. However as of 2005 the shortage of nurses in New Zealand was considered by the DoL to be a recruitment and retention issue, not a genuine skills shortage. This assumption was based on the Ministry of Health (2004) survey of registered nurses noting that in 2003 4,452 nurses (and midwives) with an Annual Practising Certificate were choosing not to work in the profession.

Cassie (2008a) reported that as of May 2008 there were 1,000 nursing vacancies across all New Zealand District Health Boards. Peach (2008, as cited by Cassie, 2008, p. 1) suggested that while the causes of the nursing shortage are multi-factorial, the New Zealand District Health Boards wish to "hold on to a younger and more transient workforce in the wake of significant competition from other providers, both locally and across the Tasman". Additionally, a front page news article in a New Zealand newspaper noted that its major acute hospital is short of 70 registered nurses (Wylie, 2008). This was reported to be the worst nursing staffing shortage that had occurred at that hospital, resulting in the deferral of elective surgery and the cancellation of surgery if patients required admission to the Intensive Care Unit. It is of little consolation that the reporter notes that the shortage of nurses in this hospital is in line with international trends. A survey of 720 New Zealand nurses reported that there was a potential for 26% of nurses to exit the workforce within the next two years (Brinkman, et al., 2008). To add to this concern nursing shortages are occurring at a time when there is an increasing global demand for the services of nurses coupled with nurses experiencing high levels of job dissatisfaction and burnout (Carryer, 2004). The negative flow-on effects from nursing personnel shortages in New Zealand included "bed closures, restricted elective surgery, reduced inpatient admission and ED service restrictions" (North, et al., 2005, p. 59).

According to International Council of Nurses researchers, Zurn, Dolea and Stilwell (2005) in 2003 South Africa alone had 30,000 vacant nursing positions. In countries such as the United Kingdom and the United States of America, turnover rates of nursing positions equal 20% (Zurn, et al., 2005). While there appears to be no universally accepted definition of the term 'nursing shortage', there is evidence to suggest that there is a supply versus demand imbalance occurring globally (Buchan & Calman, 2004; Simoens, Villeneuve, & Hurst, 2005), in both first world and developing nations. Researchers Simoens, Villeneuve and Hurst (2005) developed a mathematical model to predict the future composition of the nursing workforce in OECD countries if no measures are undertaken to recruit or retain nurses. Their predictions are that by 2021 the nursing workforce in New Zealand will still have a high proportion of nurses over the age of 45 years with fewer nurses in the 30 – 40 year age bracket. Simoens et al. (2005) also predict a possible decline of 15% - 30% of nursing numbers in New Zealand by 2021.

Kimball and O'Neill (2002) suggested that there are several factors that are contributing to the current nursing shortage such as the ageing population, fewer workers, more options for women and a poor working environment. In 2002 the New Zealand Health Workforce Advisory Committee suggested that there were seven key issues contributing to the New Zealand nursing shortage:

1. Workload and conditions
2. The global nursing shortage
3. The numbers entering nursing
4. The retention of new graduates
5. Lack of clear career pathways
6. Poor skill mix
7. Lack of nurses in the aged care sector (Health Workforce Advisory Committee, 2002a).

McCarthy, Tyrrell and Lehane (2007) noted that "due to the multiplicity of factors contributing to the phenomenon, understanding the nursing shortages has always been difficult" (p. 249).

Massey University nursing researcher Dr Annette Huntington noted in a New Zealand National Radio interview that the nursing workforce is in crisis due to a shortage of nursing personnel. She agreed that the nursing shortage is a global issue (Massey University, 2007) and noted that in New Zealand there are two key factors contributing to this; 1) the ageing population, and 2) new nursing graduates heading oversees to work. The New Zealand Nurses Organisation CEO Geoff Annals, commenting on Dr Huntington's interview, agreed that the nursing workforce is in crisis, noting that 1,000 New Zealand nurses leave to work in Australia each year (New Zealand Nurses Organisation, 2007a, 2007b). For example, a New Zealand Herald reporter noted in November 2006 that New Zealand's busiest hospitals were facing a critical shortage of junior doctors and nurses, with hospital employers of New Zealand health professionals becoming more and more reliant on oversees qualified health professionals (Phare, 2006). In December 2007 New Zealand education providers, such as Wintec, were attempting to increase the numbers of undergraduate students studying nursing due to a critical regional shortages of nurses (Waikato Institute of Technology, 2007). Interestingly, a 2007 New Zealand wide survey of 1,300 first year undergraduate nursing students, undertaken on behalf of the National Association of Nurse Education in the Tertiary

Sector (NETS), noted a move towards younger people enrolling to study nursing, with 60% of these students aged 25 or younger (Cassie, 2008b).

3.4 Significant changes affecting nursing in New Zealand in the last two decades

In the past two decades nursing in New Zealand has undergone significant changes, including the health care reforms of the 1990s, legislative change and the introduction of expanded roles (Hughes, 2007).

3.4.1 The impact of the health care reforms on nursing

By 2001 the New Zealand health system had undergone unprecedented major structural changes with four transformations of service delivery occurring from 1983 to 2001 based on a regulated competition model (Ashton, 1992). During this time four new organisations had been established to improve health care delivery and health outcomes for New Zealanders as successive New Zealand governments, as others around the world, focused their attention on how to provide health care services for an ageing population against a backdrop of increasing use of medical technology and increasing expectations from the public (Quin, 2003). From 1983-1993 14 Area Health Boards (AHBs) delivered health care to their respective areas funded on a population based model. Between 1993 and 1997 AHBs were replaced by four Regional Health Authorities (RHAs) and 24 districts based Crown Health Enterprises (CHEs). This new system separated the roles of the purchaser (RHAs) and the provider (CHEs) of health care services, placing health into a tax funded business-like competitive model, or public contact model, of health care.

From 1998 to 2001 a Health Funding Authority (HFA) replaced the RHAs and CHEs were replaced by Hospital and Health Services (HHSs), returning the New Zealand health care system to operating on a not-for-profit system. In 2001 this system was replaced by 21 District Health Boards (DHBs) to manage healthcare for their districts, including acute services, and in 2001 Primary Health Organisations (PHOs) were established to manage primary care which included general practitioners. The taxpayer funded DHBs and PHOs operate on a not-for-profit system (Buchan & North, 2008; Howden-Chapman & Ashton, 2000; Quin, 2003).

The impact of these reforms resulted in a public loss of confidence in the healthcare system (Howden-Chapman & Ashton, 2000) and had a major impact on nursing (Buchan & North, 2008). During the time of the health reforms, especially during the funder-provide split era, many nursing leadership roles were disestablished and career pathways lost. As a result, organisation stress levels increased, patient care declined and nursing morale was low.

As well as stress and increasingly poor outcomes for patients other factors that contributed to low nursing morale were the increasing "casualisation of nursing, inappropriate staffing levels and skill mix, lack of professional leadership and an associated reported decline in quality of patient care" (Buchan & North, 2008, p. 2).Other issues during this time were the increasing age of nurses, minimal yearly change in actively practising nurses, an increased number of nurses opting to work part-time and poor working conditions such as low salaries, lack of child care facilities for working nurses, unattractive working hours and lack of support for nurses who wanted to return to the profession (Buchan & North, 2008).

Furthermore, the physical demands of nursing, increased patient acuity and high workloads, as well as poor pay and inflexible hours, were identified as barriers for nurses considering returning to the workforce (Health Workforce Advisory Committee, 2002a). By the end of 1999 the cumulative effects of the healthcare reforms were a shortage of nurses, low morale amongst practicing nurses and an uninterested and disengaged group of non-working nurses. Carryer (2001, p. 10) suggested that "many [New Zealand] nurses escaped from nursing with a sigh of relief" as a result of the New Zealand Health Reforms during the 1990s. Moreover, new nursing graduate numbers decreased and the number of New Zealand educated nurses leaving soon after graduation to work overseas increased as they sought better paid work (Andrew, 2005). Andrew's (2005) editorial noted that a decade of constant healthcare reforms with the subsequent loss of nursing career pathways, as well as the publicity surrounding poor pay for nurses, had resulted in fewer people applying for nursing undergraduate programmes across New Zealand. Nursing lost "to career options such as business, marketing, tourism and hospitality that give entry to the perceived 'glamorous world' of global commence" (Andrew, 2005, p. 2). In addition nurses were reported to be occupationally detached as the numbers of nurses leaving the profession voluntarily was increasing, with the numbers of nurses still practicing three years after graduation falling from 81% to 60%. This exit from the profession was linked to poor salaries and poor working conditions (Department of Labour, 2005).

3.4.2 Significant nursing salaries increase

The widespread discontent of nurses following the healthcare reforms, the reluctance of non working nurses to return to nursing and an increasing concern about supply and demand imbalances of the New Zealand nursing workforce were some of the factors that led to the New Zealand Nurses Organisation negotiating a national Multi-Employer Collective Agreement (MECA) for nurses employed by the District Health Boards (Buchan & North,

2008). Changes to employment law and the introduction of the Employment Contracts Act in 1993 had led to "nurses income dropping in real terms, compounding the existing gender income gap affecting a predominantly female workforce" (Buchan & North, 2008, p. 7).

The MECA negotiated in 2004 meant that, for the first time since the early 1990s, nurses working in the Public Health sector would be paid according to a nationally negotiated collective agreement rather than to an agreement negotiated with their local District Health Board employer (Buchan & North, 2008). The initial pay increase of 20% was considered to be a "ground breaking achievement" (Annals, 2005, p. 2), with commentators later noting that "a one-off large pay increase does not happen often in many countries" (Buchan, 2008, p. 7). It was hoped that the MECA would go some way to address the salary gender gap, attract non-working nurses back to nursing, and improve nursing's image, thereby attracting more applications for undergraduate programmes as well as encouraging the profession to rebuild (Annals, 2005; Department of Labour, 2005). A review undertaken by Buchan and North (2008) of the impact of the 'pay jolt' indicated that immediately following the introduction of the 2004 MECA there had been "significant improvements in recruitment/retention and return of nurses to DHB employment" (p. 40). Further, "increases in applications to nurse education have been attributed in part to the 2004 pay rise" (Buchan & North, 2008, p. 40). Although applications to nursing schools trended upwards significantly after 2004, Buchan and North (2008) have noted that it is not possible to verify that the MECA itself was the cause of this. However, the New Zealand Nursing Review reported an increase in well qualified school leavers applying to nursing schools following the introduction of the MECA as well as major upswings in applications in 2005 and 2006 (Cassie, 2007). The increase in applications had reversed years of little reported interest in nursing by school leavers. Cassie (2007) noted that many heads of nursing schools equated the sudden interest in nursing with the improved pay resulting from the MECA as well as the subsequent improved profile of the nursing profession.

3.4.3 Legislative change

The statutory authority that governs the practice of nurses in New Zealand is the Nursing Council of New Zealand (NCNZ). The role of this council is to set and monitor nursing standards of practice to ensure public safety (Nursing Council of New Zealand, 2007b). Prior to 18 September 2004 the legislation governing the NCNZ was the Nurses Act 1977 ("Nurses Act, Wellington, New Zealand," 1977). A requirement of this Act was for the names of all New Zealand Registered Nurses to be entered into the Register of Nurses by the

NCNZ under one of seven categories such as registered comprehensive nurse, registered general and obstetric nurse or registered psychiatric nurse. Once entered onto the Register of Nurses, registered nurses required an Annual Practicing Certificate (APC) before they were able to practice. Other than the payment of the yearly APC fees, registered nurses were not required to report to the NCNZ regarding their ability to practice. In essence, registered nurses were able to hold on to a current practicing certificate for life.

In 2004 the Health Practitioners Competence Assurance Act 2003 (HPCA) came into force (Ministry of Health, 2008b).Once in force the HPCA repealed 11 occupational statutes governing 12 professions (Ministry of Health, 2008b). The purpose of the HPCA was twofold: 1) to protect the health and safety of the public and 2) to ensure the competence of health practitioners. The HPCA covers 11 regulated health professions, including nurses. As a result of the introduction of the new Act, several new requirements were put into place. All previous classes of registered nurses were to be known as Registered Nurses, with restrictions placed on the practice for nurses who were not deemed comprehensive nurses under the Nurses Act 1977. Hence the NCNZ developed new scopes of practice for Nurse Practitioners, Registered Nurses (see this Chapter, section 3.2.3) and Enrolled Nurses. Each scope is accompanied by its own set of competencies which must be met before the nurse can obtain an annual practicing certificate (Nursing Council of New Zealand, 2007a). In addition, the NCNZ have legislated three requirements for all registered nurses to demonstrate competency:

1) The completion of 450 hours (or 60 days) of practice in the last three years.
2) The completion of 60 hours of professional development in the last three years.
3) Evidence that the nurse has met the NCNZ's competencies for their particular scope of practice.

Another change that occurred as a result of the introduction of the HPCA was that NCNZ would audit registered nurses' practice by reviewing 10% of all registered nurses competency to practice each year. An additional change was that nurses returning to practice after an absence of five years or more would be required to undergo a NCNZ authorised Competency Assessment Programme to assess their ability to practice prior to being issued with a practicing certificate.

3.4.4 The introduction of the new advanced Nurse Practitioner role

In 2001 the new advanced nursing role of Nurse Practitioner was introduced by the Ministry of Health. The requirements to become a Nurse Practitioner are the same as those for registered nurses (see this Chapter, section 3.2.3), plus the additional requirements of a minimum of four years of practice in a specific area, successful completion of a clinical Masters Degree, a pass in a Nursing Council assessment of competencies and/or successful completion of an approved prescribing programme (Nursing Council of New Zealand, 2011c). This role provides a career pathway for nurses who wish to advance and extend their clinical practice in a specific area. In the Nurse Practitioner role nurses are able to work independently, as well as collaboratively, by being able diagnose, treat, prescribe medication and order tests as required to manage people's health needs (Ministry of Health, Nursing Council of New Zealand, DHBNZ, & NPAC-NZ, 2009).

3.4.5 The introduction of nurse prescribing

Independent nurse prescribing for nurse practitioners is a relatively new phenomenon in New Zealand. The first consultation paper was published in 1997, with the Medicines Act (1985) amended in 1999 but not implemented until 2005 due to concerns voiced by other health practitioners such as the New Zealand Medical Association (Moller & Begg, 2005; T. Smith, 2005). More recently, the Minister of Health announced that the government had agreed to make amendments to the Medicines Act (1985) to align prescribing rights of all health professional such as doctors, nurse practitioners and dentists.

In addition, the government has recently created a new category of prescriber called 'a delegated prescriber' which allows advanced health practitioners, such as an experienced registered nurse, to prescribe some medications under the strict supervision of an independent prescriber such as a medical doctor (Minister of Health, 2011). The introduction of the registered nurse diabetes nurse prescribing demonstration site is an example of this. For more detail see Chapter 4, section 4.4.4.

3.4.6 A new role for registered nurses: Direction and delegation

Changes to the Enrolled Nurses Scope of Practice by the Nursing Council of New Zealand have also led to a changed role for registered nurses. Enrolled nurses, or second level nurses, must now work under the direction and delegation of a registered nurse or nurse practitioner. In the past, enrolled nurses could be supervised by any registered health practitioner. This change to the enrolled nursing scope of practice has meant that registered nurses now need to understand the enrolled nurses' role and how they will practice in a given

setting. As well as this, registered nurses need to know how to direct and delegate care to enrolled nurses to ensure that enrolled nurses do not work outside their scope of practice so the role of the registered nurses has become that of an overseer of the practice of others (Nursing Council of New Zealand, 2011b).

3.4.7 The global economic recession and its impact on nursing

Data collection for this research during late 2009/early 2010 occurred during the global recession of 2007-2010/2011 which had placed the harshest economic conditions on New Zealand for the past 20 years (Department of Labour, 2009; Key, 2011). By 2009 the recession had lasted longer than any recession since World War Two (Buerhaus, Auerbach, & Staiger, 2009). Deal et al. (2010) noted that what Generation Y may have wanted in their first job in 2006 may have been irrelevant by 2009 due to the recession, especially the belief that they could progress quickly in their chosen fields. Others have noted that growing up during a recession leads to individuals who believe that success in life depends more on luck than hard work (Giuliano & Spilimbergo, 2009). Further, the New Zealand Department of Labour has stated that both young and older employees are most affected by economic recessions due to their vulnerability to job losses, lack of job vacancies and difficulties finding re-employment (Department of Labour, 2009). The New Zealand unemployment rate for the 2009 June quarter rose by 6% with most job losses triggered by the recession in the manufacturing and retail sector (Department of Labour, 2009).

By late 2009, as the recession became more embedded, registered nurses who had left nursing were looking to re-enter the workforce while New Zealand schools of nursing were reporting higher than usual numbers of applications for both pre and postgraduate nursing programmes (Fourie, 2009). By 2010 it was becoming more difficult for newly graduated nurses in New Zealand to secure a place on a Nurse Entry to Practice Programme (NETP) due to slowed attrition rates of nurses employed by District Health Boards (Cassie, 2010; Daley & Johnston, 2010). The number of new graduates accepted into a NETP had continued to drop since 2009. Similar barriers for new graduate nurses finding work were also evident in America (Gerber, 2010; Jones, 2010).

In America researchers noted that the recession had resulted in high nurse employment with a potential mix of negative outcomes such as limited salary rises and new graduates having difficulty securing work (Buerhaus, et al., 2009). Buerhaus, Auerbach and Staiger (2009) have predicted that the recession will ease or possibly end the current crippling nursing shortage in America, while others have suggested that the nursing shortage will start

again as the economy recovers and baby boomers begin to retire and possibly be worse than it was before (Brudereck, et al., 2010; Carlson, 2009; New Zealand Nursing Review, 2010). However, Buerhaus et al. (2009) warned that although the current nursing shortage may have abated, at least in the US, a new nursing shortage is predicted for 2015 and beyond as older nurses retire at the same time as the demands of an ageing population begin to impact on the healthcare system (Buerhaus, 2009). Moreover, a 2011 nationwide survey, undertaken during a modest 'upswing' of economic confidence in the USA, of 1,002 nurses noted that 45% of survey participants planned to change their career plans by either seeking a new place of employment, working less hours or leaving nursing altogether as the economy recovers over the next two to three years (AMN Healthcare, 2011).

A phenomenon of the economic down turn was a recession triggered increase in employee-employer engagement especially for Generation Y employees. A 2009 New Zealand survey of 5,000 employees noted that 32% of the respondents felt more loyal to their employers than they had in the past which was predicted to contribute to a more committed and focussed workforce (Kellyservices, 2011). However, De Hauw and De Voss' (2010) comparative surveys from 2006 of 787 Belgium Generation Y university graduates and their 2009 survey of 825 graduates noted the recession was highly correlated to decreased levels of optimism with Generation Y lowering their expectations of a work life balance. However their "expectations regarding job content, training, career development, and financial rewards remain high, suggesting that these expectations are largely embedded within the generation" (De Hauw & De Vos, 2010, p. 293).

3.4.8 A changing patient profile

Alongside the changes that have occurred to the nursing profession the profile of the patient has also undergone major change in the last twenty years. Patient acuity has steadily increased while the global burden of disease from high blood pressure, tobacco use, high blood glucose, physical inactivity and obesity continues to escalate (World Health Organization, 2009). Further, "mental illness accounts for 15 percent of the total burden of disease in the developed world, with depression set to become the second leading cause of disability in the world by 2020" (New Zealand Ministry of Health, 2011, p. 1)

Increasing patient acuity has placed increased demands on nursing workloads and skill mix (Clendon & Walker, 2011b). At the same time it has become increasingly common for healthcare professionals to be dealing with patients who are self-informed, self-diagnosed and self-treating as a result of their personal internet research (Fea, 2011). While some

patients may be well informed about their condition, many are not. The increasing numbers of misinformed patients is a challenge for contemporary health practitioners (Broom, 2005; D'Ambrosia, 2009). Other challenges that will contribute to increasing patient acuity include the accelerating spread of antibiotic resistance heralding a possible post-antibiotic era and the increasing gap in health inequalities and increasing rates of disease amongst the poor and disadvantaged, such as acute rheumatic fever occurring in the young Māori and Pacific Island Peoples in New Zealand (Chan, 2011; Jaine, Baker, & Vengopal, 2008).

The advent of the internet has also provided a platform for the delivery of health care in the patient's own home via telehealth, especially for the management of chronic disease (Johnstone, 2011; Koch, 2006). Such initiatives have been noted to lessen the burden of travelling to visit healthcare providers, maximise support from nurses and family, as well as the having the advantage of providing tailored health care plans (Sevean, Dampier, Spadoni, Strickland, & Pilatzke, 2008). The use of teleheath has been noted to have the potential to empower patients to become increasingly self managing of their personal health needs, resulting in better health outcomes for them (Suter, 2011).

3.4.9 New Zealand Nurses Organisation vision for nursing

The New Zealand Nurses Organisation (NZNO) is the largest nursing union in New Zealand, representing 44,000 members across all areas of the health system. It has both an industrial and a professional focus, undertaking a range of activities such as salary and working conditions negotiations, professional support, education and research (New Zealand Nurses Organisation, 2011a). In 2007 NZNO undertook a project to develop a picture of the future of nursing in New Zealand, called 2020 and Beyond. NZNO also acknowledged the future challenges for the health sector given the ageing population and ageing nursing workforce. Additional challenges noted include the unknown impact of new technologies and treatment modalities, the globalisation of healthcare, nurse migration, emerging diseases and global pandemics (Clendon, 2011a).

Clendon (2011a) also noted that patient acuity, lack of staff and low salaries will continue to put pressure onto nurses, as will government cuts to health funding. Further Clendon (2011a) has suggested that nursing will require on-going development of advanced practice roles and the removal of barriers to practice such as limitations on prescribing. In addition, Clendon (2011a) has called for nursing retention and recruitment to be high in the workforce planning agenda. Moreover, Clendon (2011a) has noted the need for models of care delivery to be changed to meet future health needs, such as increasing nurses led clinics.

From an education perspective, Clendon (2011a) has noted that the ageing nursing faculty presents a key concern, as does the lack of funding for nurses to undertake postgraduate education and training. Finally, Clendon (2011a) has suggested that research needs to be undertaken to explore the impact of the workplace on young nurses with a view to offering appropriate support to retain these nurses. The next step in the 2020 and Beyond project is for NZNO to develop a strategy to support nurses and the future of the profession against a backdrop of a constantly changing, complex and resource demanding healthcare system (Clendon, 2011a).

3.5 Recruitment and retention issues specific to nurses

The issues of recruitment and retention of nurses are key matters for the healthcare industry, as evidenced by several studies published on this subject (Hasselhorn, et al., 2005; Naude & McCabe, 2005; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002; North, et al., 2005; Zurn, et al., 2005). Staff turnover is costly to an organisation (Naude & McCabe, 2005) whilst the loss of nurses and their skills, knowledge and experience can be detrimental to positive patient outcomes (McCloskey & Diers, 2005; Needleman, et al., 2002).

3.5.1 Lack of registered nurses linked to poor patient outcomes

As the World Health Organization and others have noted, the retention of nurses in the healthcare workforce is vital in order to avoid undesirable effects for consumers of healthcare services (Wilson, 2005; Zurn, et al., 2005). The large scale Needleman et al. (2002) study of 5 million medical discharges and 1.1 million surgical discharges in the USA noted that the greater the number of hours of care provided to a patient by a registered nurse, the better the patients' clinical outcome. McCloskey and Diers' (2005) large scale retrospective longitudinal analysis of 3.3 million inpatient discharges of New Zealand patients from 1993 to 2000 also noted that "adverse clinical outcomes rates [decubitus ulcers, deep vein thrombosis, sepsis, upper gastrointestinal bleeding and surgical wound infections] increased substantially" (p. 1140) when the numbers and working hours of registered nurses decreased.

The retention of nurses is understood to be paramount if quality healthcare systems are to be offered to patients (Wilson, 2005). The International Council of Nurses (ICN) suggested that health policy makers need to be mindful of the challenges involved in the recruiting and retention of appropriate healthcare workers (Zurn, et al., 2005). They suggested that the quality of any healthcare system is dependent on the quality of its 'human resources'. They also recognised the links between positive patient outcomes and the

retention of skilled nurses. Retention is noted by ICN to be a serious issue, citing 2003 statistics of 30,000 nursing vacancies in South Africa and nursing turnover rates for the United Kingdom and the United States of America of 20%. Lack of adequate nursing numbers leads to reduced access to care for patients, poor quality nursing care, and negative patient outcomes which in turn lead to increased staff turnover (Zurn, et al., 2005). The cohesiveness of organisations is also negatively affected by high staff turnover, and organisational efficiency is disrupted whist monetary costs rise (North, et al., 2006; North, et al., 2005).

3.5.2 The impact of shift work

Shift work is an integral part of clinical nursing work due to the 24 hour nature of healthcare delivery. For nurses, decreased job satisfaction and an increase in adverse patient outcomes have been noted as a result of shift work induced stress and fatigue, as have increased personal injuries (L. M. Barker & Nussbaum, 2011; Keller, 2009). However, Zhao, Bogossian and Turner's systematic review of 13 studies noted that the relationship between "shift work and work related injuries amongst healthcare workers [including nurses] could not be determined due to the relatively low level of evidence" (2010, p. 62). Nevertheless, an earlier systematic review of 17 studies by Zhao and Turner noted that shift work "impacts negatively on daily health habits and can lead to adverse health outcomes, such as poor dietary intake, smoking and becoming overweight" (Zhao & Turner, 2008, p. 8).

Some research has been published about shift work and young nurses. Two studies have examined the effects of shift on student nurses (Fietze, et al., 2009; West, Ahern, Byrnes, & Kwanten, 2007). A German study of 30 generation Y student nurses undertaking their first night shift allocation of a three week block of 'nights' concluded that young healthy students appeared to tolerate night shift well when measured against both objective and subjective measurements of quality of sleep (Fietze, et al., 2009).

By contrast, a 12 month longitudinal Australian study of 150 final year nursing students followed through to the end of their first graduate year of rostered clinical work, noted significant disrupted sleep patterns at first for the respondents with some adaptation over time (West, et al., 2007). However, the new graduates had not achieved tolerance towards a disrupted social life. Furthermore, new graduates who had high pre-shift depression scores had experienced significant emotional exhaustion at six and twelve months post graduation. By the end of twelve months, "social dysfunction scores remained significantly related with variables associated with burnout, job satisfaction, sleep disturbance and life

disruption" (West, et al., 2007, p. 23). Although West et al. (2007) began the study with 150 respondents, only 37 remained at twelve months, so the results need to be treated with some caution. The authors wondered if the loss of so many respondents, who had indicated that they would continue with the study, had in fact left the profession which at the time of the study was facing high attrition rates. Nonetheless, the results do signal to the profession that new graduates nurses do not enjoy restrictions placed on their social lives as a result of unsociable shift patterns. West et al. (2007) strongly advised the profession to reconsider how shift patterns are constructed given that "our approach to providing 24 hour healthcare and the systems of work have been used without much scrutiny since the 1970's" (West et al., 2007, p. 30). Of even more concern it is possible that new graduate nurses may be susceptible to shift work induced depression and burnout.

More recently a systematic review of 60 articles related to shift work tolerance concluded that being young was positively correlated to shift work tolerance when testing for sleepiness, performance tests, recovery after work and sleep. Reduced shift work tolerance was noted for people between the ages of 36 to 50 years of age. The difference in age related shift work tolerance is thought to be related to the increased sensitivity of older people to circadian effects and sleep loss (Saksvik, Bjorvatn, Hetland, Sandal, & Pallesen, 2011). A phenomenological study of 13 mid-life Australian shift working nurses noted that all 13 participants viewed young nurses as being more assertive than they were when requesting shifts to accommodate their personal needs, such as time off for their social lives (West, Boughton, & Byrnes, 2009). This assertiveness, related to shift requests, had in fact angered the participants, creating significant tensions in the workplace due to the need for the older nurses to change their shift work patterns to accommodate the younger nurses.

3.5.3 Generation Y nurses

Generation Y nurses have been described as having needs similar to other generations of nurses; that is, they want respect from colleagues and recognition for their contribution to the workplace (Elvy, 2009). However, newly graduated Generation Y nurses are also seeking on the job support, professional development plans and clinical experiences in diverse settings (Fenner, 2009; Lower, 2008). Lower (2008) also noted that they desire work schedules that allow for a work life balance. She also commented that stressors for Generation Y nurses included lack of experience and poor time management skills.

A survey of 309 Canadian Generation Y nurses examined their psychological health and revealed that 43.4% self-disclosed a high level of "psychological distress" (Lavoie-Tremblay,

et al., 2008, p. 290), which could contribute to future health problems and an exit from the profession. These nurses perceive that an unequal effort for reward work model existed due to work strain such as heavy workloads, time pressure and high acuity of patients. Focus groups and interviews conducted with 35 Canadian Generation Y nurses to explore the needs, motivations and expectations of theses nurses resulted in the following themes:

- Recognition
  - Monetary and peer recognition was a key motivator
- The need to be challenged
  - but only when flexible work schedule, recognition, professional development and supervision were in place
- Employment to one unit (not deployed to a different unit every shift)
- Ongoing education
- Ongoing coaching and feedback
- The need to specialize
- Belongingness (Lavoie-Tremblay, Leclerc, Marchionni, & Drevniok, 2010).

Further Canadian research, which surveyed 1,376 intergenerational nurses and other hospital workers, noted that the number of Generation Y nurses who intended to leave their workplace was three times higher than that of all other workers across all generations. It was suggested by the researchers that career advancement in the workplace would go a long way to retain young nurses (Lavoie-Tremblay, Paquet, et al., 2010).

3.5.4 Retention of new graduates

As baby boomer workers begin to retire from 2008 onwards, the need to retain other generations in the workforce will become even more critical (Myers, Arbor, & Dreachslin, 2007). However, Australian researchers (Gaynor, Gallasch, Yorkston, Stewart, & Turner, 2006) noted that there is a paucity of literature on the new graduate nursing workforce and retention. They suggest that "there is a need to systematically track … new graduates...to quantify retention and workforce choices within the nursing profession and begin to build this evidence-base" (Gaynor, et al., 2006, p. 31).

North et al. (2005) also noted that there is very little New Zealand research about the reasons why New Zealand nurses leave the workforce. The need to retain the newly graduated workforce is paramount, as Cowin and Hengstberger-Sims (2006) noted that 'the loss of new graduate nurses is unsustainable in a workplace climate where nursing shortages

continue to rise" (p. 59). Their survey of 83 newly graduated nurses from a Sydney university, with a mean age of 23 years, noted that during their first year of practice newly graduated nurses remained flexible regarding their intent to remain in the profession regardless of both the financial and emotional cost of gaining their degrees in nursing. Cowin and Hengstberger-Sims (2006) postulated that Generation Y new graduates may lack long term professional commitment and that in fact 'education for life' provides them with portable skills.

3.5.5 New Zealand nursing turnover costs

Although difficult to calculate accurately, research by North et al. (2005) estimated that the cost to a New Zealand healthcare organisation of turnover of one registered nurse was $NZD20,000. These authors noted that this figure "under-represents actual turnover costs" (North et al., 2005, p. 57). Turnover costs include costs related to termination procedures, hiring temporary nurses, the employment and orientation of new nurses. The turnover of nurses in New Zealand was an increasing concern, although North et al. (2005) noted that there was a scarcity of definitive data. They reported that in 2005 13 Directors of Nursing from the publicly funded 21 District Health Boards had reported nursing turnover rates from 12% to 25%. Their more recent research noted that the New Zealand nursing turnover rate by 2006 was as high as 39.16% (North, et al., 2006). As well as the monetary cost of turnover to an organisation, Naude and McCabe (2005) also suggested that the impact on an organisation due to the loss of personal institutional knowledge, skills and experience is also problematic.

3.5.6 Nurse migration

In New Zealand the retention of nurses is intensified by the international recruitment efforts of other countries (North, et al., 2005) such as the United Kingdom (Hasselhorn, et al., 2005) coupled with the migration of nurses to an international market place. However, New Zealand not only has one of the highest proportions of migrant nurses but it also has high nursing emigration rates (Dumont & Zurn, 2008). Dumont and Zurn (2008) suggested that out of the entire Organisation for Economic Co-operation and Development (OECD) countries, New Zealand faces the greatest challenge of dealing with the issue of migration and emigration of its healthcare workers. The New Zealand nursing workforce comprises 29% foreign-born nurses and 23% foreign-trained nurses. This is the highest rate for all OECD countries. Coupled with this high immigration rate New Zealand has the second highest expatriation rate for nurses at 23%. "The number of New Zealand born nurses living

in other OECD countries is matched by the number of foreign-born nurses in New Zealand (about 7,500)" (p. 7). Whilst the in-migration of nurses goes some way to solve the nursing shortage, the turnover rate for migrating nurses is high which in turn contributes to increased cost for the New Zealand health service. Dumont and Zurn (2008) noted that "the training rate for nurses is close to the OECD average but out-migration, notably to Australia, partly offsets this effort" (p. 8). Recruiting back nurses who emigrate is an important workforce strategy for New Zealand. However, Dumont and Zurn (2008) reported that it is generally accepted in New Zealand that young workers will leave to work overseas, especially Australia, in order to increase their clinical experience. In fact these researchers noted that careers such as nursing are promoted as a ticket to travel.

3.6 What influences nurses to stay?

Clearly the retention of nurses is crucial for patients and their families as well as healthcare providers. Zurn et al. (2005, p. 3) suggested that "motivation at work is widely believed to be a key factor for performance of individuals and organisations and is also a significant predictor of intention to quit the workplace". They noted that three aspects of the working environment need to be considered in relation to the motivation of nurses:

     1) The personal ability of the nurse to undertake their job

     2) Personal motivation drivers

     3) Organisational support to undertake the job they were employed to do.

Other authors have suggested additional factors that influenced nurses to remain in their jobs such as working in a supportive multidisciplinary team, having a permanent work contract with shift patterns that suited their lifestyle, a reasonable income given their level of responsibility, the enjoyment of working with a particular client group and making a difference to their care as well as access to on-going professional development (Cobden-Grainge & Walker, 2002; A. E. Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2009).

3.6.1 The work environment

Bulter (2000), a specialist in organisational development, believed that employers need to create workplace environments that encourage retention. Factors that she considered important for this are leaders that employees can trust and respect, a workplace that places an emphasis on the customer [patient], a workplace that offers employees a sense of community, recognition and the essential tools to perform their job as well as a work life balance. Naude and McCabe (2005) also strongly suggested that "the action to improve job satisfaction, to provide challenges and to create opportunities for staff development are ultimately the

responsibility of managers and leaders in the organisation" (p. 436) whilst Acree (2006) stated that "nursing leadership is responsible for the retention of nurses once they are recruited" (p. 34).

Naude and McCabes's (2005) research of nursing staff at three metropolitan based hospitals in Western Australia, which had staff turnover rates of less than 20% and were considered by the local nursing profession to be attractive places to work, revealed four important retention factors: "friendly and supportive co workers, supportive and effective management, job satisfaction, staff development opportunities and opportunities for challenges" (p. 427). At the three hospitals studied nurses valued managers who worked alongside them and who were seen to be fair and flexible in their decision making. In addition, nurses valued managers who included them in the decision making plus they valued managers who added personal touches to their work such as acknowledging them by name or managers who took part in informal events. Factors that these nurses felt contributed to job satisfaction were flexible rosters that allowed them some work life balance and an adequate staffing and skill mix which supported them to undertake their work so that they could make a difference for patients. These nurses also highly valued promotion opportunities and clear career pathways.

3.6.2 Positive Practice Environments

The emerging concept of Positive Practice Environments is being considered by nursing bodies and government organisations as one way of contributing to the retention of nurses. The New Zealand Ministry of Health has noted the importance of ensuring that staff are supported to grow and contribute to an organisation (Ministry of Health, 2005). As the CEO of the New Zealand Nurses Organisation notes, "it could be called a fortunate coincidence or even too good to be true, but the evidence is clear – quality workplaces correlated with quality patient care" (Annals, 2007, p. 2). Positive Practice Environments (PPEs) have been defined as violence free workplaces that motivate and support staff to provide excellence in patient care as well as improving personal performance and enhancing organisation productivity (International Council of Nurses, 2007; Registered Nurses Association of Ontario, 2008). Positive Practice Environments are characterised by several contributing hygiene factors such as workplace polices related to health and safety issues, safe work loads, peer support, worker participation in decision making, work life balance opportunities, equal treatment of staff, professional development and career advanced prospects, job security, appropriate salary and benefits and access to resources (International

Council of Nurses, 2007). As noted by Herzberg (1968), the existence of hygiene factors will offer employees a platform to encourage the growth of motivation factors that will lead to job satisfaction.

The International Council of Nurses (ICN) highlighted the importance of promoting PPEs by using this as their theme for International Nurses Day 2007. Baumann (2007) notes that:

> It is a pressing reality. Health systems worldwide are increasingly challenged – faced with a growing range of health needs and financial constraints that limit services' potential to strengthen health sector infrastructures and workforces. We are immersed in a global nursing workforce crisis – one marked by a critical shortage of nurses. The reasons for the shortage are varied and complex, but key among them are unhealthy work environments that weaken performance or alienate nurses and, too often, drive them away − from specific work settings or from the nursing profession itself (p. 1).

Hospitals where nurses work in PPEs have been noted to attract and retain staff. Positive Practice Environments, which occur in so called 'Magnet Hospitals', have low turnover rates, increased job satisfaction amongst nursing staff, improved patient outcomes and decreased rates of absenteeism (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Miller (2006) suggested that positive and supportive practice environments consist of cohesive health teams who share similar values. In turn cohesive nursing teams contributed to positive patient outcomes. Furthermore, ICN suggested that PPEs encourage nurses to have autonomy over their work, which in turn makes them feel respected and valued as health professionals (International Council of Nurses, 2007). Recent focus group based research of 21 Canadian nurses also elicited responses that their job satisfaction was high and they provided quality patient care when they were able to be autonomous practitioners who were respected by management and who had access to ongoing education (Bookey-Bassett, et al., 2008).

Throughout the first decade of the 21st Century the Health Workforce Advisory Committee suggested that developing healthy working environments should be a key priority for New Zealand's health industry, one which should go some way to retaining staff (Health Workforce Advisory Committee, 2002b, 2005b, 2006). The recent chair of the Safe Staffing/Healthy Workplaces Committee of Inquiry (SSCOI) noted that the current New Zealand health industry is faced with an enormous challenge of creating both a safe and a healthy environment for its staff and patients (Safe Staffing/Healthy Workplaces Committee

of Inquiry, 2006). As noted by the SSCOI (2006), there is a strong correlation between positive practice environments, safe workplaces and the retention of nurses.

3.6.3 Retention strategies

Recent retention strategies have included targeted international recruitment campaigns (Hasselhorn, et al. 2005) which may solve recruitment issues locally but which will inevitably contribute to retention issues at the point of recruitment. Hasselhorn et al. (2005) also suggested that the appointment, in the UK health services, of dedicated Retention and Recruitment Nurses may go some way to resolving local staffing issues. These nurses expressed their moral concerns about targeting international staff and were supportive of local efforts to highlight the roles of nurses to local communities and schools to encourage young people to consider nursing as a career option. One such local initiative was to have the Retention and Recruitment Nurses follow the undergraduate student nurses throughout their undergraduate years, offering career advice, clinical visits and assistance with job interviews.

Some New Zealand District Health Boards have employed registered nurses as specialised Human Resource personnel. Their task was to quickly follow up requests from nurses who wish to work for the District Health Board. Given their in-depth understanding of clinical needs of both the potential employee and the employer, they have been successful in creating a fast turnaround of applications for work (M. Gordon, Executive Director of Nursing, Canterbury District Health Board, personal communication, July 24, 2008).

Additional targeted retention activities have involved specially designed professional development programmes such as the Australian Career Development Year for nurses working in emergency departments (Morphet, McKenna, & Considine, 2008) and the New Zealand NETP (District Health Boards New Zealand, 2006) designed to support newly graduated nurses working for New Zealand District Health Boards. Morpeht et al. (2008) noted that the Emergency Department Career Development Year involving 72 nurses had been very successful in recruiting newly graduated nurses to work in this particular clinical area, with 48% of the nurses noting that they had not considered working in this area of practice when they graduated. Following the programme the long term (more than one year) retention rate for these nurses was 96.1%. Likewise, NETP "has had a positive impact on recruitment and retention of new graduate nurses into New Zealand DHBs although approaches to recruitment varied considerable nationally" (Haggert, McEldowney, Wilson, & Holloway, 2009, p. 9). More information about the NETP can be found in Chapter 4, section 4.3.3.

3.7 What influences nurses to leave?

3.7.1 Reasons unique to nursing

There are multiple factors that influence employees to voluntarily leave their jobs. However, some influencing factors for nurses may be viewed as unique to the profession. Unlike employees of other occupational groups, nurses have often exited a job without another firm job offer or intention to seek immediate employment because they are easily re-employable (Hom, et al., 1992).

3.7.2 Job dissatisfaction

A major survey of staffing, organisation and patient outcomes was conducted across five countries (United States [Pennsylvania], Canada, England, Scotland and Germany) comprising 43,329 nurses (Aiken, et al., 2001). Results indicated that job dissatisfaction, burnout levels and intent to leave were high across all countries, with 17.4% - 41% reporting job dissatisfaction and 15.2% - 43.2% indicating that they were burnt out. Further, 26.5% - 53.7% of young nurses under the age of 30 years reported that they intended to leave nursing within the next year. This number was reported by the researchers as "striking...[numbers] are much higher than among nurses in general in all countries" (Aiken, et al., 2001, p. 47). Factors that contributed to job dissatisfaction were poor work design, inadequate salary, lack of registered nurses to provide adequate care and lack of acknowledgment from management of nurses' concerns and their contribution to patient care.

3.7.3 The push-pull effect of motivation and hygiene/maintenance factors

Hasselhoen et al.'s (2005) longitudinal research of cross sectional data from 56,400 nurse participants as well as longitudinal data from 18,800 nurses from 623 institutions involving 11 European countries, noted that "the decision to leave the nursing profession is likely to be the result of a process with – simultaneously – numerous underlying causes, push – as well as pull- factors" (p. 3). Factors which might 'push' a nurse to leave the professional included a mix of motivation and hygiene/maintenance factors such as demanding working conditions as well as personal issues (ill health) whilst 'pull' factors included attractive employment outside the professional and early retirement options. Hasselhoen et al. (2005) noted that nurses aged between 30 and 40 years, who worked in hospital rather than community settings, were more likely to consider leaving. The key reasons reported by the nurses as reasons to leave the profession were:

1. Motivating factors:
    a. work content (work itself)
2. Hygiene/maintenance factors:
    a. work/home conflict (personal life)
    b. burnout/general health (personal life)
    c. work environment (work conditions)
    d. work organisation (work conditions)

A qualitative focus group study of 78 Canadian nurses also highlighted themes closely aligned to the push-pull effects of hygiene/maintenance as reasons to leave nursing (A. E. Tourangeau, et al., 2009) which were:

1. Poor relationships with co-workers (peers) as a result of bullying
2. Poor relationships with managers (supervisors) who were perceived as:
    a. invisible
    b. unfair with their decisions
    c. not supportive
3. Challenging work conditions due to:
    a. lack of essential equipment
    b. excessive workloads which resulted in increased stress and concern that the nurses could not provide a high standard of care
4. Low salary

Female nurses were believed to be likely to take a career break due to the pressures of balancing clinical workloads and the demands of family life (Mark & Gupta, 2005). However, Hasselhoen et al. (2005) discovered that European male nurses contemplated exiting the profession more often than female nurses. Other authors also suggested that the primary reasons for nurses leaving nursing are related to pregnancy or child care, career change, to follow a transferring spouse/partner, lack of nursing positions and/or burnout (Jamieson & Taua, 2009; Palumbo, Murray, & Gray, 2003; Yancy & Heanley, 2004). Burnout, or 'compassion fatigue', is noted by several authors as a key reason for nurses taking time out or leaving the profession (Bakker, Le Blanc, & Schaufeli, 2006; Worley, 2005).

3.7.4 New Zealand nurses

Miles (1996) undertook an in-depth Heideggerian hermeneutic study of ten New Zealand Registered Nurses (NZRNs) who had left nursing to enter medicine and law. She noted that the three key reasons why these nurses left the profession were: "lack of commitment (no vocation), need for challenge (academic extension) [and] … need for power and autonomy (dissatisfaction with the profession)" (Miles, 1996, p.iii).

A large-scale New Zealand Health Information Service (2000) survey of 2071 NZRNs and New Zealand midwives also reflected the theme of child care responsibilities as the primary reason for NZRNs leaving nursing, with shift work and poor salary also being alluded to. Cobden-Grainge and Walker's (2002) national study of 300 New Zealand nurses who obtained a degree and entered the Nursing Councils register as new graduates in 1998 noted that the nurses were likely to be influenced by five key factors when considering their career planning, namely childcare responsibilities, job satisfaction, income, lifestyle and professional development. Their research noted that younger nurses were more likely than older nurses to leave their New Zealand-based employment to seek nursing work overseas, which was viewed by these nurses as an opportunity to travel as well as to increase their clinical experience and remuneration.

Although the new graduate nurses were intending to continue their nursing whilst overseas, Cobden-Grainge and Walker's (2002) research suggested that by five years post registration 31% of this cohort felt that they were unlikely to stay in the profession. The New Zealand Department of Labour (2005) also noted that only 60% of nurses (and midwives) were likely to remain active in the profession three years post registration, a phenomena known as 'occupational detachment'. Reasons cited for their exit from the profession were salaries and working conditions. Daniels' (2004) survey of 297 NZRNs noted that the nurses' intentions to leave the profession were linked to issues such as dissatisfaction with extrinsic rewards such as salary and lack of opportunity to interact with other health professionals. Additional factors included a feeling of minimal support in the workplace for nurses to discuss problems as well as personal frustration or lack of power to implement positive change in the workplace.

A small survey of 32 registered nurses in a large metropolitan centre in the South Island of New Zealand noted that NZRNs left nursing for three main reasons:

1. Changes in their personal circumstances such as moving overseas with their partners or relocating to live in rural areas where they were unable to have access to nursing work.

2. Dissatisfaction with working conditions such as low pay, poor shift work patterns and an unsupportive environment.

3. To have a career change such as a move to midwifery or teaching (Jamieson & Taua, 2009).

3.7.5 Bullying

Bullying has been noted to be a key reason why nurses change jobs or their place of work or exit the profession altogether (Clendon & Walker, 2011b; McKenna, et al., 2003; O'Connor, 2008; Simons & Mawn, 2010). It has also been suggested that bullying has been a significant contributor to the nursing shortage (Rocker, 2008).

McKenna et al.'s (2003) survey of 551 New Zealand new graduate nurses noted that both covert and overt bullying was commonplace, with 34% (*n*=188) of respondents stating that they had experienced direct verbal statements "that were rude, abusive, humiliating or involved unjust criticism. Verbal sexual harassment was experienced by 5% (*n*=25) of the sample, inappropriate racial comments and gestures by 4% (*n*=21)" (McKenna, et al., 2003, p. 93). They noted that bullying was not confined to any particular clinical area, gender, or ethnic group. Younger nurses (under 30 years) were more likely than older nurses to have experienced feeling undervalued and to have been allocated too much responsibility without appropriate support. On the other hand, young nurses were less likely than older nurses to experience verbal humiliation. The bullying cases reported as most distressing for the new graduate nurses were perpetrated by other nurses that they were accountable to, such as a charge nurse, supervisor, duty manager or unit manager. Likewise, Clendon and Walker's (2011b) survey of 674 Generation Y New Zealand nurses discovered that 38.2% (*n*=258) of respondents cited bullying and harassment as having occurred in their workplace and that this had contributed to them looking for new work. Further, Simons and Mawn (2010) analysed responses from 184 newly graduated registered nurses to an open ended question about bullying in the workplace. Themes evident from this were:

1) Structural bullying which occurred due to unfair and punitive actions taken by a supervisor such as allocating an unmanageable workload and the expectation that young nurses will be happy to undertake undesirable shifts or work overtime.

2) Nurses eat their young, manifested by such incidences as unwillingness of senior nurses to share their knowledge and public ridicule, feeling out of the clique.

3) Leaving the job or the profession due to being the target of bullying.

3.8 Chapter summary

This chapter has presented information and reviewed literature about a wide range of topics relevant to this study. A review of the history of nursing in New Zealand reveals a profession in constant transition from the unpaid and home-based mother/nurse carer to the unskilled hospital-based nurse. The next step in the development of nursing in New Zealand heralded hospital-based training of student nurses prior to registration. At this time the nurses continued to work under the direction of medical doctors. From here nursing progressed to an independent profession whose students were educated to diploma level at tertiary education institutes. Today all New Zealand registered nursing students continue to be educated in tertiary education institutes to degree level, while many registered nurses continue on to postgraduate education. As well as these changes, which occurred over a relatively long period of time, nursing in New Zealand has faced significant change in the last twenty years, such as the national healthcare reforms of the 1990s, the development of advanced practice roles such as the Nurse Practitioner, the introduction of nurse prescribing and the recent global economic recession. Information about the expanding role of the nurse is presented in section 4.4.4.

Like nurses around the world, New Zealand registered nurses are predominately female. The largest single group of New Zealand nurses work in the acute hospital setting. The scope of practice for the contemporary New Zealand registered nurse is broad and complex. Nurses work both independently and cooperatively with other members of the interprofessional healthcare team, with a focus on the delivery of safe and timely patient care. People who choose to be nurses do so due mostly to their desire to care for others in a helping profession. This desire to care is also a prime motivator for them to work.

Currently New Zealand and many other nations are faced with a shortage of nurses at a time in history when populations are ageing and patient acuity is increasing. There are several recruitment and retention issues specific to nursing, such as poor patient outcomes due to a lack of educated nursing staff, the negative impact of shift work on nurses and the loss of nurses from their home countries due to nurse migration. Nurses value positive practice environments and are likely to leave the profession when their levels of dissatisfaction with the work environment are high. Nurses are more likely than other professionals to leave their work before they have secured another position. Other reasons to leave the profession include the need to care for children, poor working conditions, excessive workloads, poor salary and workplace bullying. The theme of the next chapter is workforce planning factors relevant to New Zealand nursing.

4 The New Zealand political health context: Health workforce planning initiatives relevant to nursing

4.1 Chapter introduction

Like the previous chapter, this chapter also covers a wide range of topics relevant to the broad subject matter covered by this research. The focus of this chapter is the political factors related to health workforce planning that have influenced and shaped the nursing profession in New Zealand. Current initiatives that will influence nursing in the future are also included in this chapter. The first section provides background information about the topic of workforce planning in general. This is followed by detailed information about health workforce planning efforts and challenges in New Zealand over the last twenty years. Workforce initiatives undertaken by District Health Boards New Zealand (Ministry of Health, et al.) are notable for the attention paid to nursing initiatives delivered by DHBNZ via their strategic plan known as Future Workforce. The next section provides information about the recently established National Health Board (NHB) and Health Workforce New Zealand (HWNZ) and their contribution to new health workforce initiatives. The final section offers information about the recently introduced voluntary bonding scheme as well as a brief statement about the announcement of future compulsory career planning for HWNZ trainees from 2012 onwards. The chapter concludes with a brief overview of the recently established National Health IT Board.

4.2 Health workforce planning in New Zealand

4.2.1 Background

The workforce has been described as the number of people working in a given industry or institution while planning has been described as the concept of a detailed method or design by which a thing is to be completed (Oxford Dictionary, 1995). Other authors (Benton, 1998; Bulter, 1976; Cleary, Lacey, & Beck-Warden, 1998; Department of Health, 1985; Mathews, 1998; Peach, 1999) extended this definition. They describe workforce planning as a complex and dynamic process used to predict that the optimum number of health personnel with the appropriate skill mix will be available to care for an unpredictable number of patients. This is overlaid by the complexity of a changing society and the influence of both local and global pressures on workers and workplace needs. Political ideology also influences workforce development which is further complicated by inherent problems in predicting the future.

Mathews (1998) suggested that workforce planning strategies need to encompass four key elements: 1) clear objectives must be established, 2) factual statistical data should be collected and audited regularly, 3) the avoidance of quick fix solutions and 4) the utilisation of both a 'bottom-up' [examining the information regarding employees] and 'top-down' [defining organisational goals] approach to personnel management.

4.2.2 New Zealand Health workforce planning

Health workforce planning was considered to be a poorly developed area of research inquiry in New Zealand (Health Workforce Advisory Committee, 2003a). The Health Workforce Advisory Committee (2003a) noted that whilst there has been international interest in using research to support future health workforce planning, much workforce development research is focused on the application of technology modalities and not on the workforce per se.

4.2.3 Health workforce planning for New Zealand nursing in the last twenty years

Planning for the development of the nursing workforce has been challenging. The New Zealand Department of Health's (1985, p. 10) report stated that in 1977, "a detailed plan was still not feasible for the same reasons as in 1976….the absence of adequate data". Prior to 1985 a bottom up approach to workforce planning was undertaken at local level, with individual Hospital Boards deciding on nursing student intakes. Time delays also impacted on inadequate planning methods. Seven years elapsed from a 1977 workshop on the nursing workforce until the publication of the Department of Health's (1985) document on nursing manpower issues. During this time it appears that no clear objectives were developed at either local or a national level to plan for the future nursing workforce. As a result, New Zealand faced a nursing shortage in 1985. The eight years prior to this had seen a stable workforce.

During this time nursing training was predominantly hospital-based, supplying an inexpensive apprentice workforce to assist in caring for patients. The nursing shortage of 1985 appears to have been due to four interrelated elements: lack of data, 'business as usual' management practices of the then Hospital Boards, recruitment of New Zealand nurses by Australia and a decline in the New Zealand dollar. The Department of Health (1985, p. 10) mistakenly viewed the shortage as a short term event. While their assumption that supply and demand would be potentially three years out of step (due to the length of nursing training) was correct, they failed to see the ongoing significance of the events that had influenced the workforce. The Department of Health stated that predicting the future was problematic, yet they seemed comfortable to assume that issues like global recruitment and the value of the

New Zealand dollar were one-off problems. They also failed to plan for the impact of the New Zealand political system of three yearly elections. While in 1985 it may have been difficult to predict a radical change in healthcare delivery by 1990, what should have been certain was that change is always pending (Johnson, 1998). The Department of Health's 1985 report made two suggestions, which were supported by Mathews (1998). One, data should be collected on the nursing workforce. Two, national government, health agencies and educational institutes should collaborate on workforce issues.

The 1990 election of a National-led government heralded a new ideology in New Zealand politics. This was a move to a market-led philosophy and subsequent non-centralisation of nursing workforce planning (Upton, 1991) and introduced a funder/provider split for healthcare services. This commercially-focused model of healthcare delivery followed the view offered in The Gibbs Report (1988) that supported the notion of free enterprise to improve the equity and efficiency of the New Zealand public health system. The 1991 healthcare reforms meant that Crown Health Enterprises (CHEs) were established. These government-owned businesses were responsible for their own staffing issues. The competitive model of business imposed by government policy discouraged any nationwide coordinated workforce planning.

4.3 Recent workforce planning initiatives via District Health Boards New Zealand

4.3.1 Background

Since January 2001, when the New Zealand Public Health and Disability Act 2000 came into force, health services in New Zealand have been managed under a District Health Board model, with 21 boards established around the country (Ministry of Health, 2008a). By 2011 the number of boards had been reduced to 19. This non competitive model of healthcare delivery is centrally funded by the New Zealand government. Each health board is responsible for providing, or funding the provision of, health and disability services in their district. The statutory objectives of DHBs include:

- Improving, promoting and protecting the health of communities
- Promoting the integration of health services, especially primary and secondary care services
- Promoting effective care or support of those in need of personal health services or disability support (Ministry of Health, 2008a).

District Health Boards New Zealand (Ministry of Health, et al.) was also established in 2000 (Ministry of Health, 2008a). The role of DHBNZ is to assist DHBs to meet their objectives and responsibilities as set by the New Zealand government. It has been reported that DHBNZ has taken a proactive role in addressing workforce planning issues within their own public health focused sector (Health Workforce Advisory Committee, 2005a). However at a health workforce conference hosted by Counties Manukau District Health Board it was noted that the New Zealand health workforce was in crisis and was predicted to get worse before it gets better (Young & Twinn, 2006). A combination of people living longer and requiring more healthcare, the healthcare workforce ageing and a lack of interest in the healthcare professions in general are contributing to a health workforce that is under pressure to offer services to an increasingly discerning and demanding client group.

For example, the average age of nurses in 2006 was 44 years while "not enough young people are stepping up to replace the baby boomer nurses" (Young & Twinn, 2006, p. 6). Currently the New Zealand population is approximately 4.1 million, and this number is expected to grow to 4.7 million by 2026 (Young & Twinn). New Zealand has:

> 500,000 people over the age of 65. By 2026 that number will rise to over a million. Age related chronic diseases like diabetes are increasing significantly, and by 2026 it is estimated there will be a population of over 400,000 people with diabetes (Young & Twinn, 2006, p. 10).

With a current ageing healthcare workforce the implications of the recruitment and, more importantly, the retention of Generation Y is brought into sharp focus especially given that Generation X, a potential source of nurses, perceive nursing to be an undesirable choice of profession (Kimball & O'Neil, 2002). As noted by the World Health Organization, healthcare is a labour intensive endeavour whose workers are under increasing stress (World Health Organization, 2006).

4.3.2 The District Health Boards New Zealand strategic plan: Future Workforce

Future Workforce is the name of the DHBNZs strategic plan. It has identified several priorities for future development of the healthcare workforce including a nursing workforce strategy. The strategy tasks the DHBs to work with the nursing profession and other key stakeholders with a view to identifying key drivers that will influence the development of the nursing workforce and to make recommendations accordingly. Analysis to date has noted the following information:

- Nurses comprise 52% of the qualified health profession workforce
- There is a shortage of nurses. However it is difficult to quantify due to a lack of robust data
- Nursing is an ageing workforce, with 25% of nurses over the age of 50 years.
- More than 50% of registered nurses qualified from a hospital based training programme prior to nursing education being transferred to tertiary institutions.
- The nursing workforce does not represent the ethnic makeup of New Zealanders (Future Workforce, 2006b).

The strategy recommends that the future nursing workforce should include a mix of registered and specialist nurses as well as nurse practitioners and nurses working in expanded roles supported by second level nurses and unregulated workers. Priorities for action include developing the rural and primary nursing workforce, supporting the development and retention of nurses and increasing the professions ethnic diversity (Future Workforce, 2006b).

4.3.3 Nurse Entry to Practice Programme (NETP)

In 2005 the New Zealand Ministry of Health announced the establishment of nationwide Nurse Entry to Practice Programmes (NETPs) jointly funded by the Ministry and the New Zealand District Health Boards (DHBs). The twelve month programme was designed for new graduate nurses to be supported in their first year of practice and as well as acting as a retention tool for new nurses. The programme consisted of two rotations of six months duration to different clinical areas with one-on-one support. The programme began with nine DHBs in 2006 with the remaining 12 beginning in 2007. By 2008 there were 40 intakes across all DHBs, comprising 813 trainees. The majority of trainees identify as New Zealand European/Pakeha. Completion rates for the programme have ranged from 89%-94% from 2006-2008. More recently, a Nurse Entry to Practice Expansion Programme has been introduced to support new nurses in organisations outside the District Health Board structure such as primary healthcare organisations and Māori healthcare providers (Future Workforce, 2006a, 2008; Ministry of Health, 2010b).

Recent analysis of the NETP noted that most trainees have reported positive comments about the programme and the support they received as a first year nurse. Some concerns that the trainees would like to address were identified, such as having more rostered time with preceptors, decreasing the theoretical work load component of the programme and

decreasing the high clinical workload (Ministry of Health, 2010b). A synthesis of the findings of the national programme evaluations was also undertaken to explore to how well the NETP prepared newly graduated nurses to be part of the wider nursing and health workforce. Results highlighted that the programme supported newly graduated nurses to become confident and competent nurses, as well as having a positive impact on the recruitment and retention of new nurses in New Zealand. Recommendations include continuing the programme, establishing a seamless educational framework to link undergraduate, NETP and postgraduate programmes, and the establishment of a national nurse recruitment and retention campaign (Haggert, et al., 2009).

4.3.4 Professional Development Recognition Programme (PDRP)

Nursing career professional programmes or Professional Development Recognition Programmes (PDRPs) have been developed in several countries as a response to nursing recruitment and retention concerns (Bloomer, 2010). In New Zealand the new Multi Employer Collective Agreement for registered nurses employed by all New Zealand District Health Boards resulted in the obligatory establishment of PDRP in all DHBs (Bloomer, 2010).

The New Zealand PDRP is offered throughout the DHB and by some private providers to provide assessment and recognition of nurses' competency to practice and to recognise nursing innovation. The programme recognises various levels of advanced practice. For nurses employed by a DHB, remuneration is available for each level obtained via their employment agreement. Enrolment in a programme is not compulsory (Future Workforce, 2011; New Zealand Nurses Organisation, 2011b; Nursing Council of New Zealand, 2008b). However, as of 2012 in some DHBs registered nurses will be required to be PDRP participants before they can access funding assistance for postgraduate study (S. Johnson, PDRP educator, personal communication, July 15, 2011).

To date, "there is surprisingly little evidence available to quantify recruitment and retention gains from nursing career profession programmes" (Havill, 2010, p. 21). Bloomer's survey of 245 female registered nurses from one District Health Board noted that participants were more likely to be intrinsically rather than extrinsically motivated to undertake the programme. An increase in salary and the exemption from the Nursing Council of New Zealand audit process were the two most important external motivators to participation (Bloomer, 2010). Other research of 95 New Zealand nurses noted that younger nurses, who are required to have a nursing degree prior to registration, were more likely than older nurses,

who had fewer formal qualifications, to progress on the PDRP (Havill, 2010). However, Havill cautioned that although most of the respondents would like greater support throughout the PDRP process they did not wish to do this at the expense of family life. An earlier survey of 427 New Zealand nurses had noted a high level of resentment about the time involved to undertake the PDRP process and the excessive amount of personal time required to do so (Carryer, Russell, & Budge, 2007).

4.3.5 Safe Staffing Healthy Workplace Unit

As a result of a Multi Employer Collective Agreement between the New Zealand Nurses Organisation and the District Health Boards, a Safe Staffing Healthy Workplace Inquiry was set up in 2005 (Safe Staffing/Healthy Workplaces Committee of Inquiry, 2006). The inquiry established that there was a pressing need to address how the nursing and midwifery workforce was managed and supported. A recent survey of New Zealand nurses had noted that 40% said that there was not enough staff to get the work done (McCloskey & Diers, 2005). The inquiry concluded that in order to "achieve safe nursing and midwifery staffing for an effective healthcare environment... an appropriately resourced, well organised, healthy, care delivery environment in which patients achieved the planned outcomes" (Safe Staffing/Healthy Workplaces Committee of Inquiry, 2006, p. 8). Elements of a safe and healthy workplace were considered by the Inquiry to be:

- The cultural environment
- Creating and sustaining quality and safety
- Authority and leadership in nursing and midwifery
- Acquiring and using knowledge and skills
- The wider team
- The physical environment, technology, equipment and work design (Safe Staffing/Healthy Workplaces Committee of Inquiry, 2006, p. 8).

The Inquiry noted that providing safe staffing levels within a healthy workplace would improve patient outcomes and also improve job satisfaction of nurses and other health professionals. In turn it was predicted that retention rates for nurses would improve. Following the recommendations of the Inquiry, a Safe Staffing Healthy Workplace Unit was established in 2007, funded by the New Zealand Ministry of Health (Lawless, 2010). A 2009 review of the Safe Staffing Healthy Workplace Unit noted that some progress had been made, but many frontline nurses still reported no improvement in their workloads and clinical environments (Lawless, 2010).

Given this result, demonstration sites at three DHBs were established with the purpose of developing joint DHB and New Zealand Nurses Organisation action groups to identify and address workplace specific needs. It was apparent at all three sites that safe staffing and healthy workplaces could only be achieved when staffing and resources matched demand and variance of workload demand could be planned for (Lawless, 2010). An independent report on the three demonstration sites of the Safe Staffing Healthy Workplace Unit noted that several initiatives are starting to make a difference for nursing staff. For example, a trialled safe staffing tool has been able to address traditional patterns of stretched staffing resources with only minor changes to rosters, which should reduce nurses' stress and allow nurses to take scheduled leave. Other changes were the introduction of patient acuity tools to assist nursing managers to constantly adjust staffing levels as demand exceeded supply (Safe Staffing Healthy Workplaces Unit, 2011a). The success of the safe staffing tool allowed the roll out of the tool to three more DHBs during 2011 (Safe Staffing Healthy Workplaces Unit, 2011b).

4.4 National Health Board

4.4.1 Background

The National Health Board (NHB) was established by the New Zealand Ministry of Health in 2009 to address concerns related to the New Zealand health system such as an increasing demand for health services, an ageing population and a global shortage of skilled health professionals (National Health Board, 2009).

4.4.2 Trends in service design and new models of healthcare

A recent report from the NHB about service design and models of healthcare highlighted the complex nature of healthcare systems and the delivery of services. The NHB noted that the New Zealand healthcare system, as well as others around the world, faced significant, perhaps unprecedented, challenges in the future. In addition to a growing and ageing population, the New Zealand population is ethnically diversifying. Health wise the incidence of chronic conditions was rapidly increasing, with a flow on effect of greater demand on the health system. Health inequalities continued, especially for ethnic minorities and immigrants while at the same time the workforce shortages are occurring. Across DHBs access to services was inconsistent, healthcare costs were increasing and new technology modalities presented ongoing challenges. All of these challenges were set against a backdrop of government funding constraints and a global economic recession. Globally health services

were moving to home based delivery models and better integration of acute and primary services (National Health Board, 2010).

One initiative developed by the Ministry of Health in 2010 to deliver person specific primary healthcare was the Better, Sooner, More Convenient Primary Healthcare model. The aim of this care delivery model was to provide primary healthcare services tailored to individual New Zealanders' health needs at a location convenient to them. Individual primary healthcare organisations were required to submit an expression of interest to the Ministry of Health for consideration for inclusion in the new service. For nursing, this initiative may lead to opportunities to undertake independent advanced nursing roles such as being case managers for patients with chronic conditions (Ministry of Health, 2010a). An example of a new model of care delivery under the Better, Sooner, More Convenient Primary Healthcare model was the tentatively named Canterbury Clinical Network (CCN). The CCN is a collaborative working group formed by the region's health professionals including nurses, general practitioners, hospital specialists and pharmacists (Canterbury Clinical Network, 2011). It planned to integrate primary health services by establishing clusters of healthcare providers such as practice nurses, community nurses and mental health nurses and others to provide patients with an integrated, easily accessible and appropriate health service. Given that the CCN health delivery plan was still in its infancy at the time of this thesis submission, no efficacy data was available (Canterbury Clinical Network, 2011).

4.4.3 Health Workforce New Zealand (HWNZ)

Health Workforce New Zealand (HWNZ) is a business unit of the NHB. It was established in 2009 to provide leadership on the New Zealand healthcare workforce. It is responsible for the planning and development of the health workforce ensuring that the workforce is 'fit for purpose' (Health Workforce New Zealand, 2011a).

4.4.4 Health Workforce New Zealand workforce innovations

HWNZ (Health Workforce New Zealand, 2011c), in conjunction with professional organisations such as the New Zealand Nursing Council and the New Zealand Nurses Organisations, have recently supported the development of demonstration sites for new or expanded healthcare roles which, if successful, will contribute to improved quality of care, increased and timely access to services and reduced healthcare costs. The demonstration sites for nursing related initiatives are:

1. A gerontology nurse in primary care demonstration site will offer the first New Zealand career pathway for nurses based in primary healthcare.

2. The registered nurse first surgical assistant demonstration site is offering theatre nurses the opportunity to up-skill, providing the first specialist career pathway for theatre nurses.

3. The diabetes registered nurse prescribing demonstration sites have enabled 11 specialist nurses, at four sites, to prescribe a limited range of medication with medical supervision. This project is to be evaluated by the Nursing Council of New Zealand (Nursing Council of New Zealand, 2011a).

4.4.5 Voluntary bonding scheme

The voluntary bonding scheme was introduced by the New Zealand government in 2009. This was due to concerns that the New Zealand Health System was becoming increasing reliant on overseas-trained health professionals while at the same time increasing numbers of New Zealand trained health professionals were leaving to work in other countries (Lambie, 2010). The scheme offers recent nursing, medical and midwifery graduates payments against their student loans (or cash if they do not have a loan) if they choose to work in traditionally difficult to staff clinical areas and/or communities for three to five years (Ministry of Health, 2011). Difficult to staff areas for nursing for 2011 are considered to be aged care, mental health, operating theatre, intensive care, cardiothoracic and surgical. Preference will be given to new graduates who intend to work in the aged care or mental health specialties. Places are restricted to 350 graduates from nursing, medical and midwifery. All new nursing graduates must be enrolled in a NETP or its equivalent. Payments commence after three years employment (Ministry of Health, 2011). The first review of the scheme suggested that overall key stakeholders view it as a useful programme (Lambie, 2010). Some concerns were expressed that eligibility for the scheme should be better aligned with career pathways. However, Lambie (2010) noted that all professional colleges and health professionals consulted for the review, such as the New Zealand Nurses Organisation, the College of Nurses and the Future Workforce Group were eager to play a part in the ongoing management and success of the scheme. Given that the scheme has only been in place for two years, it is too soon to know how much it will contribute to the long term retention of New Zealand health professionals and Generation Y nurses in particular.

4.4.6 Compulsory career plans for trainees

As of 2012 all HWNZ trainees will be required to submit career plans before funding is provided for study, such as DHB-registered nurses enrolled in HWNZ funded postgraduate courses. For new graduate nurses enrolled in NETP, career plans will be developed during their training period (Health Workforce New Zealand, 2011b). This measure, along with the other initiatives, is expected to contribute significantly to the retention of New Zealand health professionals in New Zealand including Generation Y nurses.

4.5 National Health IT Board

In 2009 the New Zealand Minister of Health directed the establishment of The National Health IT Board (National Health IT Board, 2010). The aims of this board are to provide high quality health care and improve patient safety. As part of these aims the National Health IT Board plans to establish robust and trusted electronic health records for both patients and their healthcare providers. Such a system would allow for "shared care planning of specific health events" between the patient and the interprofessional team (National Health IT Board, 2010, p. 7). Further, the National Health IT Board (2010) has anticipated that the National Health IT Plan will contribute to health workforce planning in New Zealand by supporting new clinical practice initiatives such as nurse prescribing as well as contributing to increased job satisfaction for health practitioners by "improving access to trusted health information and enabling multidisciplinary practice" (National Health IT Board, 2010, p. 17).

4.6 Chapter summary

This chapter reviewed workforce planning in New Zealand. Recurring themes were the haphazard nature of workforce planning in New Zealand from 1985 to 2000, due mostly to the lack of reliable data about the healthcare workforce. Since 2000, when the New Zealand Public Health and Disability Act 2000 came into being and DHBs were established, DHBNZ has taken a proactive approach to workforce planning. Several workforce-focused initiatives have been established, such as the voluntary bonding scheme, NETP, PDRP and nurse prescribing programmes. However, limited research is available at this time to ascertain if, and to what extent, these initiatives will contribute to the short and long term retention of New Zealand health professions especially Generation Y Nurses. Currently the government is establishing new models of care delivery for the primary healthcare sector known as Better, Sooner, More Convenient Primary Healthcare. This may result in opportunities for nurses to extend their practice. However, it is not clear at this stage how or if this new model will cater

for the needs of Generation Y nurses. The next chapter describes the methods undertaken for this study.

5 Method

5.1 Chapter introduction

This chapter outlines how this study was conducted. The first part of the chapter provides information about the research design, ethical considerations, informed consent and data storage. The participants, as well as the sampling and recruitment method are described. The second part outlines the development and testing of the survey instrument and goes on to provide detailed information about the final version. In addition, the instrument validity and data analysis methods are described.

5.2 Research design

A descriptive exploratory design as described by Burns and Grove (2009) was used comprising a New Zealand-wide on-line survey (see Appendix A) so that insights could be gained about the phenomenon of interest, namely Generation Y New Zealand Registered Nurses.

5.3 Ethical Considerations, informed consent and data storage

Prior to the commencement of the study, ethics approval was sought and obtained from the University of Canterbury Human Ethics Committee on 16 June 2008 (see Appendix B). This committee ensured that appropriate attention was paid to the rights of all participants in the study, evaluated the ethical appropriateness of the methodology and considered if the researcher had taken into account any risks or benefits the study may bring to participants. In 2009 an amendment to the title of the research was approved (see Appendix C). The title changed from: What are the *attitudes* of Generation Y New Zealand Registered Nurses towards nursing, work and career, to: What are the *views* of Generation Y New Zealand Registered Nurses towards nursing, work and career?

The research is strictly anonymous. Participants whose birth dates were between 1980-1989 (inclusive) were selected from the NCNZs data base by the NCNZ Corporate Services Facilitator (CSF) or via the NETP programme co-ordinators. Each participant was allocated a four digit code (toggle) by either the NCNZ CSF for nurses recruited via NCNZ or by the research assistant for nurses recruited via the NETP programme. The toggle served several purposes. It allowed access to the survey for the participants and tracking of who had completed or partially completed the survey so that reminder emails could be sent. In addition the toggle allowed for the separation of the respondents' name and email details from the automatic survey Excel spread sheet so that at no time was the researcher or her supervisors able to access any details about the respondents, thus ensuring their anonymity.

Emails were sent to eligible participants from this group who had indicated earlier to NCNZ via their Application for Practising Certificate form that they were both happy to receive emails and to participate in surveys or they were currently or had been enrolled in a NETP programme. The participants were assured that their personal details, such as their name and email address, were known only to the NCNZ CSF (see Appendix D), or the research assistant. Furthermore, the participants were provided with a unique four digit toggle, which they entered into the on-line survey, which further ensured their anonymity.

All participants were provided with information about the survey and the contact details of the researcher at the beginning of the on-line survey (Appendix A). Completion and submission of the survey implied consent. Participants wanting to withdraw from the survey could do so at any time by choosing not to continue with the survey.

All paper copies of data were stored in a locked filing cabinet while electronic copies held by the researcher were password protected.

5.4 Participants, sampling and recruitment method

The participants in this survey were 358 Generation Y NZRNs with a current New Zealand Annual Practicing Certificate (APC) who were born between 1981 and 1988 (inclusive). Two recruitment methods were used. Firstly, nurses were recruited via the Nursing Council of New Zealand (NCNZ) because the NCNZ holds the only complete data base of information about all NZRNs due to its statutory authority as the regulatory body for all New Zealand nurses (registered nurses, enrolled nurses and nurse assistants). All nurses are required to apply for an annual practicing certificate. Part of this process requires the completion of an annual survey which collects a range of data including age, area of work, hours of work and geographical location. In addition, respondents to the annual NCNZ survey are asked to 'opt-in' to further surveys.

As at 21 May 2009 there were 3,760 RNs born between 1981 and 1988. The majority of these nurses, 3,499, supplied an email address while 261 did not. Further, 3,050 nurses stated that they did not wish to be sent information via their email address while 710 said 'yes' to information being sent to them via their email address. In addition, 1,641 nurses opted out of being selected for survey's, 1,560 did not response to the Nursing Council APC survey about being selected for surveys while 559 said 'yes' to being selected to survey's. Of these 559 Generation Y nurses who opted into to more surveys 454 said 'yes' to being emailed a survey while 105 stated that while they were happy to be included in further surveys they did not wish to be emailed a survey (N. Hay, Corporate Facilitator Nursing

Council of New Zealand, Personal Communication, 21 May 2009). All 454 were sent an email (see Appendix D) from NCNZ inviting them to undertake the on-line survey which also directed the RNs to the survey's unique University of Canterbury Uniform Resource Locator (URL).

To increase the return rate the following approaches were used. Firstly, an article written by the researcher, relevant to this research, was published in the widely circulated NZNO nursing journal, Kai Tiaki Nursing New Zealand, to advertise the research topic prior to the survey being sent (see page xx). Secondly a letter to the editors of Kai Tiaki Nursing New Zealand (see Appendix E) was published which provided details of the research project, as well as supplying contact details of the NCNZ CSF so that eligible nurses could take part in the survey if they wished to do so. Thirdly, all potential respondents who had either not replied or who had an incomplete reply were sent a reminder email from the NCNZ CSF. It had been the intention of the researcher to have two reminder emails sent, one two weeks after the first invitation and again at four weeks; however, due to the work load of the NCNZ CSF, only one reminder email was sent when time allowed. The above recruitment method elicited 295 responses = 65% return rate.

To further increase the return rate NETP coordinators at all New Zealand District Health Boards were contacted by a research assistant and asked if all eligible nurses, both enrolled in a current programme and those who had since completed the programme, could be invited to undertake the survey via an email from the researcher's research assistant. This was considered a useful way of contacting other eligible nurses, as the majority of new RNs are enrolled in a NETP for their first year of practice. NETP coordinators from all 21 DHBs agreed to contact eligible RNs. NETP coordinators either identified eligible participants from their records and sent them an email about the survey or sent an email to all possible participants so that eligible RNs could self select. Those interested in undertaking the survey were asked to contact the research assistant via email. Interested participants were the sent a letter via email to be allocated a toggle (ID) as well being directed to the survey's URL (see Appendix F). The research assistant and the NCNZ CSF checked that there were no duplications. Eighty-two nurses asked to be sent information about the survey. Sixty-three responses were received = 77% return rate. The total numbers of responses equals 358.

Another option considered was contacting eligible nurses via the New Zealand Nurses Organisation because this union represents over 42,000 New Zealand nurses and health workers (New Zealand Nurses Organisation, 2009b); however this was not possible because

their data base is protected (S. Trim, Professional Services Manager NZNO, Personal Communication, 6 November 2009).

5.5 The instrument

5.5.1 Back ground to the choice of instrument

Several potentially suitable instruments were located in the literature, such as an instrument designed by Buerhaus et al. (2005) to gather data about nurses' job satisfaction. While their questions about job satisfaction and professional relationships would have been useful for this research questions in this instrument about union membership were not. Another instrument which was considered was a tool developed by Milisen, Abraham, Siebens, Darras, & Dierckx de Casterle (2006) to explore nurses' "perceptions of their work environment, and workforce issues, quality of care, job satisfaction and professional decision making" (p. 745).

Neither of these instruments asked questions about attributes of Generation Y, career decision making, attitudes to nursing or career commitment. Therefore it was considered that these instruments were not suitable for this research.

5.5.2 Surveys as a data collection method

Because the participants being considered for this research lived throughout New Zealand, a simple descriptive on-line survey approach was considered the best means to collect data. Mertens (2010) noted that this data collection method allowed for a "one-shot survey for the purpose of describing the characteristics of a sample at one point in time" (p. 177).

5.5.3 Advantages of surveys

There are several advantages to using the survey method for data collection. Surveys are considered an appropriate way to gather data via self-report, known only to the respondents (Burns & Grove, 2009; LoBiondo-Wood & Haber, 1998). Self-report methods have been noted to lower the effects of the social desirability phenomena (R. Tourangeau, Rips, & Rasinski, 2000). When compared to telephone interviews or interactive voice recognition data collection methods, on-line survey respondents are less likely to be influenced by social desirability factors as well being more likely to accurately provide socially undesirable information considered sensitive to the respondent (Kreuter, Presser, & Tourangeau, 2008).

Smith and Leigh (1997) noted that the internet or on-line survey format supports the collection of both quantitative and qualitative data while at the same time allowing for anonymity of respondents as well as eliminating any potential influence by the researcher. Surveys are a commonly used form of data collection in the healthcare profession and therefore should be easily understood by nurses (Rattray & Jones, 2007), while the on-line format was considered likely to appeal to the supposedly technologically savvy Generation Y nurses (AH Revelations, 2006; McCrindle, 2006). Smith and Leigh (1997) noted surveys were a practical and cost effective way to gather data from a geographically dispersed subject group. On-line surveys, in particular, were less costly to administer than paper-based surveys (Couper, 2000; Couper & Miller, 2008). The survey approach is also a means of obtaining a broad range of data which provides a comprehensive portrait of the participants' views. The on-line survey format enables a reliable way to gather information and minimises data entry error because all data entered by the respondents is automatically entered into a data collection programme such as Microsoft Excel. This format allows the respondent the convenience of completing the survey at a time to suit themselves (Sax, Gilmartin, & Bryant, 2003).

5.5.4 Disadvantages of surveys

As with any research method there are inherent disadvantages to surveys. One disadvantage was that it was not possible to calculate the exact return rate prior to conducting the survey. Other disadvantages include lower response rates for on-line surveys compared to paper-based surveys, the need for potential respondents to access their email accounts, and potential respondents' concerns about privacy and security of their personal information (Sax, et al., 2003). To increase the return rate respondents were sent reminder emails while the survey's information and consent section clearly noted that all information would be collected anonymously.

Sax et al. also noted that if the participants perceive that the survey is too time consuming they may choose not to complete. To mitigate this concern the approximate time to complete the survey was included in the information and consent section. Further, a progress bar was included at the end of each section of the survey. However, while the response rate is an important aspect when considering the use of a survey, it is less important for this research because its purpose was to gather insight rather than measuring a particular effect which needed to be generalised to a larger population. Another disadvantage was that respondents may not answer all questions or they may not understand some questions. It is

also possible that someone other than the intended respondent may undertake to answer some or all of the questions even though procedures were implemented to reduce this such as use of a toggle ID.

On-line or Web based surveys have also been shown to return a "higher response rate for 'don't know' responses, to differentiate less on rating scales, and to produce more item non-response than face-to-face survey respondents" (Heerwegh & Loosveldt, 2008, p. 836) because participants of on-line surveys are "more prone to satisficing than are face-to-face survey respondents" (Heerwegh & Loosveldt, 2008, p. 844).

5.6 Other research designs considered

Other methods of data collection were considered. Face-to-face interviews in this instance were impracticable given the financial cost of travelling throughout New Zealand and the time constraints of the researcher. Telephoning potential respondents was considered and rejected as a possible method of data collection because of its time consuming nature given the number of potential respondents. Focus were also considered and rejected because this method would only elicit qualitative data from a small sample size as well as being impracticable given where potential respondents were domiciled. Finally, focus groups in combination with the survey were also considered and rejected due to the time constraints of the researcher and the cost.

5.7 Available instruments

5.7.1 Demographic data tool

The NCNZ Annual Practising Certificate survey was a useful resource that asked relevant questions about demographic data. This survey is completed by NZRNs as part of their annual practising certificate renewal process. The survey gathers demographic data which includes questions about gender, ethnicity, length of time working as a nurse, the main employer, area of practice, hours of work and job title. Due to the direct relevance of the NCNZs demographic categories for the New Zealand context, such as the use of New Zealand specific terms for workplaces such as Māori Health Provider and New Zealand specific ethnic groupings for example New Zealand European/Māori, the NCNZ categories were included in this survey. Sections of the NCNZ survey related to health issues that may impede safe practice, compliance to expected NCNZ competencies, registration with other health professional regulatory bodies and disciplinary issues were excluded because they were not relevant to this research.

5.7.2 Generation Y survey tool

In 2005 an Australia wide survey was undertaken with 230 Generation Y participants with the aim to "evaluate what Generation Y (born from 1980) think about work, training and development, family, the environment and what motivates them" (AH Revelations, 2005, P. 1). A majority of this survey had a focus on learning styles, future study intentions, leadership and intention to marry, which was not relevant to this study. However one set of questions about career and Generation Y values such as challenging work, access to work related education and work/life balance were relevant so this scale was included with minor adaptation, as discussed later in this chapter, section 5.9. Permission to use this part of the survey was granted by Avril Henry (see Appendix G).

5.7.3 Career commitment scale

A useful resource was a book by Fields (2002) 'Taking the Measure of Work', which provides information about several validated scales for use with organisational research. Specifically in the chapter about organisational commitment Field states:

> there are three primary issues to be addressed in measuring organizational commitment: the basis for the commitment (how does it form?), the manifestation of the commitment (what is the evidence of commitment – attitude or behaviour?), and the focus of the commitment (what or who is the employee committed to?) (p. 44).

One of the scales listed was an instrument developed by Blau (1989) which "has been widely used to examine individual's commitment toward their occupation, profession and career" (Fields, 2002, p. 63). The Blau scale of 23 questions was divided into three sections: career commitment, organisational commitment and continuance commitment. Given that one aim of this research was to explore if Generation Y nurses will remain in nursing, it was decided that the first section of Blau's scale, 'career commitment' would be appropriate for inclusion in the survey because it focused on the individual's commitment to the profession. However, because the other sections 'organisational commitment' and 'continuance commitment' focus on the individuals commitment to a particular organisation they were not included because organisation commitment was not the focus of this study.

Fields (2002) noted that Blau's Career Commitment Measure "has been widely used to examine individual's commitment towards their occupation, profession and careers" (p. 63). For example, Zeytinoglu, et al. (2006) used Blau's work commitment scale to measure the links between stress and job retention of 1,396 Canadian nurses. Blau's validated work

commitment scale (1985, 1988, 1989) was modified by Reilly and Orask to fit the nursing profession (Fields, 2002). Reilly and Orsak's modifications were to substitute the term 'nursing' for Blau's term 'career', and 'nursing' for 'profession'. Given this endorsement from Field and the appropriate modifications by Reilly and Orsak, it was considered appropriate to use Reilly and Orsak's survey questions related to career commitment for this study.

5.7.4 2002 RN survey tool

Results of a recent survey were located in the literature that reported the nursing views of 1,984 Western Australian nurses. This research had been conducted by staff at the Perth Curtin University of Technology in 2002 (McCabe, Nowak & Preston, 2003). The aim of McCabe et al's. research was to report on the "characteristics, attitudes and employment participation plans of practising RNs in Western Australia" (2003, p. 2). The tool developed by these researchers and known as the '2002 RN survey', asked questions about a wide range of issues related to nursing, work and career. The 2002 RN survey was divided into seven sections. Section one, 'your decision to become a nurse' contained general questions about why the participants had become a nurse as well as 28 questions asking specific questions about why participants had become nurses. These 28 questions were relevant to this research because some of the questions reflected issues important to Generation Y such as 'flexibility of hours' while others such as 'who influenced your decision to become a nurse' are important factors in deciding about nursing as a career choice. Therefore, these questions were considered relevant for this research while the general questions posed by McCabe et al. were not because they had already been included in the survey in a different format. Section two 'features and characteristics of your job' was not included because either the same or similar questions had already been included from the NCNZ survey, such as area of practice, or because they were not relevant to this researcher, such as questions about union membership, workplace rosters and income.

Section three of the 2002 RN survey included two sets of questions (38 in total) about the working environment. Thirty-three of these questions were considered relevant to this research because of the focus on issues such as family versus promotion, respect of nurses, bullying, pay and workload. Five questions with a focus on trade union involvement, the use of agency staff, preceptors and the stability of staffing numbers were not relevant.

Eighteen questions of 21 questions in section four, 'attitudes to nursing' were considered relevant to be included because of their focus on personal issues such as being proud to be a nurse, regrets about becoming a nurse and the challenges of changing careers, and were considered for inclusion because of their relevancy to the research aims. The three questions about the prestige of nursing and how it is regarded by the public were initially included, but subsequently excluded because of pragmatic concerns about the length of the survey and compliance by respondents to answer a survey which may take up to 15 minutes or more to complete.

Questions about 'gender at work' and 'your education' were excluded because they were not relevant. Questions posed in the 2002 RN survey related to nursing qualifications or RN registration and demographic questions were also excluded, either because they had already been considered for inclusion from the NCNZ survey, or were not relevant. The final section of the 2002 RN survey provided an opportunity for respondents to answer an open ended question about any comments that they wished to make about nursing. McCabe et al. (2003) noted that they received an overwhelming response to this section of their survey so it was decided to include it.

Given the close geographical location of Australia to New Zealand and a similar healthcare environment, use of language and the similarities of the nursing population (training requirement, education, age, English as a requirement for registration) it was considered that the questions designed by McCabe et al. (2003) and included in this study would be easily understood in the New Zealand context, relevant to the aims of this research as well as allowing for possible future comparisons of data Permission to use selected portions of the 2002 RN Survey was received from Professor Nowak (see Appendix H).

5.8 The instrument: 2009/2010 Gen Y nurses survey

Given that no one instrument in its entirety was located in the literature that matched the exact intent of the research aims, it was decided to combine different aspects of the NCNZ Annual Practising Certificate survey, Henry's Generation Y survey (2005), Blau's career commitment scale (1989) and the McCabe et al. (2003) 2002 RN survey into one instrument for this research, known henceforth as the 2009/2010 Gen Y nurses survey. Minor adaptations were made to parts of the above surveys that were included in the 2009/2010 Gen Y nurses survey.

5.9 Adaptation of the instrument

Question 10 was adapted from Australian researcher Avril Henry's 2005 Generation Y Survey (AH Revelations, 2005). Henry's study poses the question: Which of the following are important to you in terms of your career? This statement is followed by a list of ten elements of career thought to be important to Generation Y. For the purposes of this study one change was made to Henry's (2005) original work. Henry used the term 'access to training and development'. This was changed to 'access to education' as this more accurately reflects language commonly used by nurses in New Zealand, especially given that they are required by NCNZ to maintain a minimum number of 'education hours' in order to be eligible for an Annual Practicing Certificate without which they cannot legally practice as a nurse. As a result of this requirement it is common practice for NZRNs to keep a record of their 'education' not 'training'. Also, Henry's original question about 'access to up-to-date technology' was omitted as a result of a transcription error. Therefore there were nine questions in this study compared to Henry's ten.

Sections four to eight (inclusive) were adapted from the 2002 RN survey developed by Western Australian researchers (R. McCabe, et al., 2003). Section four of the 2009/2010 Gen Y RN survey had 22 questions all of which were from McCabe et al. (2003) work. Six questions from their work were not included for two reasons. Either the questions/concept had either already been asked, such as two questions about challenging work or the ability to travel overseas, or because questions were related to student training which was not the focus of this study.

Section five of the 2009/2010 Gen Y nurses survey contains 19 questions from McCabe et al.'s (2003) survey, as they were all considered appropriate for this study while seven changes were made to section six. Five questions from McCabe et al.'s (2003) survey were omitted because it was considered that these questions were workplace specific and this was not the aim of this study. In addition, two questions were added to section six of the 2009/2010 Gen Y nurses survey which were pertinent to the New Zealand context. One question related to the Profession Development Recognition Programme. The other question concerned the Nurse Entry to Practice Programme.

In section seven of the 2009/2010 Gen Y nurses survey three questions from McCabe et al.'s (2003) survey were omitted because it was considered that these questions were about the nurses' perception of the public's view of nursing, which was not a focus of this study.

The two open ended questions for section 8 of the 2009/2010 Gen Y nurses survey were based on the one question in 2002 RN survey "Any comments or suggestions which you would like to make about nursing or other issues in this survey"? (McCabe et al. 2003, Annexure 1, p. 98, [survey p. 19]).

5.10 Pilot testing

5.10.1 Pre-pilot testing

The researcher asked a panel of thirteen to complete an on-line draft format of the survey for the purposes of content validity. A convenience sample of six academic nursing colleagues, two Generation Y non-nurses, the researcher's four supervisors and a statistician were chosen to undertake this task. The nurse academics were approached because of their familiarity with nursing and the use of surveys as a research method while the two Generation Y participants were considered necessary, as the survey is aimed at this cohort. It was also considered vital to seek feedback from the supervisors and statistician at this stage of the project. The panel were asked to provide verbal feedback about the on-screen readability, spelling or grammatical errors, clarity of the questions, time taken to complete the survey and general thoughts about the survey layout. In addition the six nursing academics were asked to comment on the nursing related content while the supervisors were asked to comment on the suitability of this survey for the purposes of meeting the aims of the research. The statistician was asked to comment on the suitability of the question design for future quantitative analysis.

As a result of this process the following changes were made. The consent page was considered too long to read which might be off putting to potential respondents. Therefore this page was condensed for a quicker read with the option to click a 'read more' here button which linked the reader to the full consent information (see Appendix A). It was considered a lengthy process to complete the survey (approximately 10 minutes). When asked if the expert panel had noted the progress bar on the top right hand side of the survey most had not and thought this was because it was out of sight as they scrolled down the page. A change was made to place the progress bar in a more obvious position in the centre bottom margin of page so that participants could see a visual prompt of how far through the survey they were. To make the progress bar even more obvious, smile icons were inserted next to the progress

bar. The icons also served two purposes. Firstly, they were coloured yellow to draw the reader's attention to them especially given that the on screen page is black and white. Secondly, they show a progressively widening smile which added an element of humour to the survey.

Some screens were thought too long to read, which may distract the reader's concentration and interest. Screen breaks were therefore added to enhance readability. Finally, changes were made to ensure that questions asking about specific number ranges were clear and unambiguous.

5.10.2 Pilot

The survey was piloted via the NCNZ in April 2009 to test the stability of the URL, the reliability of the automatic transfer of data to an Excel spread sheet and the use of the toggle as a tracking device as well as the response rate. Twelve (*n=12*) emails were sent to eligible participants, five submitted replies within one week and a further reply was received after a reminder email was sent two weeks after the first contact. The return rate for the pilot was 50% (*n=6*). There were no obvious technical concerns regarding participants accessing the survey via its URL. There also appeared to be no technical concerns regarding the automatic transfer of data to an Excel spread sheet. The use of a toggle proved useful for tracking purposes. Given the ease of use of the on-line survey for the respondents and the promising return rate, it was decided to continue with this data collection method.

5.10.3 Changes to the instrument post pilot

Minor changes were made to the instrument. Firstly, the survey field for the toggle was changed to a compulsory requirement, meaning that respondents could not continue with the survey until their unique four digit code was supplied. This measure went some way to ensure that the targeted respondent was the person to complete the survey. It was anticipated that this would be in place for the pilot. However, post-pilot testing of the survey revealed that this was not the case.

Secondly, a question about the respondent's geographical work location was added as it was considered that this information might be of use for analytical purposes regarding any difference in the views of rural and metropolitan based nurses.

Thirdly the term 'abroad' was changed to 'overseas' as the researcher considered the term 'overseas' to be a more contemporary term and hence more appropriate for the targeted cohort.

Fourthly the explanation of the Likert scale in section four was changed from 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree', 'strongly disagree', 'no answer' to 'very important', 'quite important', 'of some importance', 'of little importance', not important' and 'no answer' to mirror the language used by the developers of this part of the survey. The correct terms had been used in the paper version of the survey but had been entered incorrectly into the on-line version.

The fifth and final change was to add a clearer explanation of the Likert scale for section six, with the addition of 'very satisfied', 'fairly satisfied', 'neither satisfied/dissatisfied', 'fairly dissatisfied', 'very dissatisfied' and 'not applicable' as this would mirror the language used by the developers of this part of the survey. In the pilot survey there was a mixture of a numerical scale, one through to five, as well as an explanation of one equals 'unsatisfied' and five equals 'extremely unsatisfied' with no explanation of the other possible choices. Unfortunately, whilst these changes were made, post-pilot, to the online survey, the changes did not appear to be saved. Therefore it is possible that the instructions for section six were not clear to the respondents. However, given that this occurs towards the end of the survey it can be assumed that the respondents did interpret the intended Likert scale given their familiarity with the survey at that point and the use of numerical scale to indicate meaning.

5.11 Finalised 2009/2010 Gen Y nurses survey

The 2009/2010 Gen Y nurses survey (see Appendix A) opened with an information and consent page which explains that the email recipient was being invited to participant in this research because they were a NZRN born between the years of 1980-1988. They were provided with information about their anonymity, ethics approval and how to contact the researcher and her supervisors if they had any questions. It was noted that completion and submission of the survey was accepted as informed consent for this study. Respondents could chose not to complete the survey once they had commenced. Further, respondents could exit the survey and return later at a time that suited them. The survey was divided into eight sections.

5.11.1 Section one: Demographic data

Section one had 18 questions to gather data about nursing registration details, age, the geographical location of their workplace, gender, ethnicity, current employment, length of time nursing, current employer and area of practice, job title, hours of work per week,

overseas work history, and intention to work overseas. This section required respondents to either click a box or provide specific detail.

5.11.2 Section two: Your future nursing career intentions

Section two consisted of thirteen questions related to intention to change area of practice and career plans for the next five years. Due to a numbering error, questions four and five appear to be missing, but all intended questions were included

This section required respondents to either click a box or provide specific detail. In addition, two questions (10 & 11) focused on nine key Generation Y indicators such as access to education, team work and work life balance. For these questions respondents were required to answer by clicking on the box that best represented their answer on a five point Likert scale. The scale asks respondents to rank each question as: 'very important', 'quite important', 'of some importance', 'of little importance', 'not important' and 'no answer'.

5.11.3 Section three: Your career commitment

Section three asked seven questions about career commitment. Respondents were required to answer by clicking on the box that best represented their answer on a five point Likert scale, ranking responses as follows: 'strongly agree', 'agree', 'neither agree or disagree', 'disagree', 'strongly disagree', 'no answer'.

5.11.4 Section four: Your decision to become a nurse

Section four had 22 questions related to career decision making. Respondents were required to answer by clicking on the box that best represented their answer on a five point Likert scale, ranking responses as follows: 'very important', 'quite important', 'of some importance', 'of little importance', not important' and 'no answer'.

5.11.5 Section five: Your working environment

Section five asked 19 questions related to the work environment. Respondents were required to answer by clicking on the box that best represented their answer on a five point Likert scale, ranking responses as follows: 'strongly agree', 'agree', 'neither agree or disagree', 'disagree', 'strongly disagree', and 'no answer'.

5.11.6 Section six: Your satisfaction with nursing

Section six had 16 questions related to the respondent's personal satisfaction with nursing. Respondents were required to answer by clicking on the box that best represented their answer on a five point Likert scale, ranking responses as follows: 'extremely satisfied',

"somewhat satisfied', 'neither satisfied or dissatisfied', 'somewhat dissatisfied', 'unsatisfied', and 'no answer'.

5.11.7 Section seven: Your attitude to nursing

Section seven consisted of 18 questions related to the respondent's attitude towards nursing. Respondents were required to answer by clicking on the box that best represented their answer on a five point Likert scale, ranking responses as follows: 'strongly agree', 'agree', 'neither agree or disagree', 'disagree', 'strongly disagree', and 'no answer'.

5.11.8 Section eight: Final comments

Section eight asked two open ended questions: 1) if there was one thing that you could change about nursing what would it be? and 2) Do you have any comments about nursing that you would like to add? Respondents were able to submit their answers by typing into on-screen pages which expanded to fit generated text. There was no limit on the number of characters that could be submitted.

5.12 Validity

Scales used in the 2009/2010 Gen Y nurses survey were consistent with the original source surveys except for changes noted earlier. Quantitative analysis was reviewed by a statistician to ensure that appropriate methods were used. Qualitative content analysis was reviewed by the researchers' supervisors to ensure that the researcher's own bias and subjectivity was avoided and that the categories created were a true reflection of the data.

5.13 Data Analysis

5.13.1 Quantitative analysis

All quantitative data were analysed using PASW Statistics Version 18.

5.13.2 Descriptive statistics

Descriptive statistics were calculated to determine measures of frequency and percentages of Likert scale data.

5.13.3 Multiple linear regression

Simultaneous multiple regression analysis of variables predicting career commitment using Likert scale data were calculated to determine what variables contribute to career commitment. Although Likert scale ordinal data is not 'strictly speaking' appropriate for multiple regression analysis, because the linear equation relies on the magnitude of change between data points "ordinal variables are used quite often in regression analysis because there aren't good alternates" (Allison, 1999, p. 10). Further, Carifio and Perla (2007, p. 115) note that "it is perfectly acceptable and correct to analyze the results at the (measurement)

scale level using parametric analyses techniques such as the F-Ratio of the Pearson correlation coefficients or its extensions (i.e., multiple regression and so on)". Moreover, Norman (2010, p. 301) suggests that "parametric statistics can be used with Likert data, with small sample sizes, with unequal variances, and with non-normal distributions, with no fear of ''coming to the wrong conclusion''. Ordinal logistic regression was considered as a statistical method. However, the simplicity of the linear regression approach was deemed to be sufficient.

The analysis process for simultaneous multiple regression was as follows:

1. Pearson Chi-square calculations were undertaken to determine significant data to be included in the regression models.
2. Assumptions were verified by inspection of residual patterns and p-p plots.
3. Univariate analysis was applied to these results with p considered significant at $p \leq .01$.
4. Simultaneous regression was calculated.
5. Backward variable selection was applied until all remaining variables in the final seven models were significant.
6. Collinearity diagnostics was undertaken to calculate variance inflation factors (VIF) and tolerance for all variables.
7. Missing data were examined to see if the data conformed to a specific pattern or whether it occurred in a random fashion to ensure that no bias existed in the results.
8. Explanatory variables were tested for interaction.
9. R^2 was calculated to determine the 'goodness of fit' of the models.
10. Validity was considered.

5.13.4 Qualitative manifest content analysis

NVivo 8 was used as a text management system to code free text data obtained from open ended questions. Many comments received consisted of one or two words or symbols such as 'pay', 'more money' or '$$$$' while other replies consisted of entire paragraphs. Given this, and because it was not possible to re-question respondents to further explore their views, a manifest content analysis was conducted utilising content analysis concepts as described by Graneheim and Lundman (2004). However, it is important to note that "a text always involves multiple meanings and there is always some degree of interpretation when approaching a text" (Graneheim & Lundman, p. 106). To analyse the free text from open

ended questions 1) If there was one thing that you could change about nursing what would it be? 2) Do you have any comments about nursing that you would like to add?, the analysis process was as follows:

1) The final categories for the content analysis were predetermined to be Herzberg's motivation and hygiene/maintenance factors (see Chapter 2, section 2.2.2).

2) Free text submitted by respondents to the two open ended survey questions (noted above) was selected as the unit of analysis.

3) The free text was read through several times in order for the researcher to become familiar with the entire text and to obtain a first impression of the emerging meaning units and categories.

4) The free text document was prepared for the NVivo programme and uploaded to NVivo 8 for further analysis.

5) Meaning units of keywords and phrases that corresponded to Herzberg's framework were highlighted.

6) Abstraction was undertaken with a small portion of the text (replies from 50 nurses) to pre-test that the proposed categories were evident in the text.

7) Following this all free text data were abstracted to Herzberg's categories and sub-categories.

8) Subcategories were further divided into groups of related subcategories.

Other free text data were analysed using the following steps:

1) Free text submitted by respondents to open ended survey questions were selected as the unit of analysis.

2) The free text was read through several times in order for the researcher to become familiar with the entire text and to obtain a first impression of the emerging meaning units and categories.

3) The free text document was prepared for the NVivo programme uploaded to NVivo 8 for further analysis.

4) Meaning units of keywords and phrases were identified.

5) Meaning units were condensed.

6) Text was abstracted to categories.

7) Subcategories were identified if evident.

5.14 Chapter Summary

Following ethics approval from the University of Canterbury an on-line survey of Generation Y New Zealand Registered Nurses was undertaken to explore what their views are towards nursing, work and career. The survey, which was divided into eight sections, was designed to gain a wide range of information including demographics and the respondents' views about; the nursing profession, why they choose nursing, their future career intentions, their working environment, their satisfaction with nursing and their attitudes to nursing.

6 Results

6.1 Chapter introduction

This first part of this chapter outlines the response rate, representativeness of the respondents and their socio-demographic characteristics. The second part provides details about both the descriptive quantitative data analysis and the qualitative data. The results are linked to the four research aims. Finally, prediction models of career commitment are presented.

6.2 Response rate

Emails inviting participation in the survey were sent via the Nursing Council of New Zealand (NCNZ) to 454 eligible participants (see Chapter 5, section 5.4), resulting in a 65% response rate *n*=295. To increase the return rate further a different recruitment method was used (see Chapter 5, section 5.4.) resulting in emails being sent to a further 82 participants via the 21 DHB NETPs. This resulted in a 77% response rate, *n*=63. The final response rate was therefore 66.8% while the final total number of participants was 358. This represents 9.5% of the total cohort of New Zealand Generation Y New Zealand Registered Nurses which equalled 3760 as of February 2009.

6.3 Representativeness of the respondents

Analysis of NCNZ 2009 socio-demographic data indicates that the study sample category of gender matches the NCNZ data, indicating a representative response in terms of gender (see Table 1). With regard to ethnicity, respondents identifying as New Zealand European or New Zealand Māori are over represented while all other ethnic groups are under-represented.

The place of employment for the majority of respondents (82%, *n*=287) is a DHB public hospital (see Table 2), which was an expected response. It was not possible to compare the respondents' place of employment to the larger cohort due to a 97% non response for the NCNZ survey to the question: 'what is your place of employment'? However employment by a public hospital has been a traditional point of entry to practice for new graduates. In addition, since February 2007 all 21 DHBs have offered new graduate NETPs which by 2008 included 813 trainees (Ministry of Health, 2010b) so the high percentage of respondents working in public hospitals was not an unexpected finding.

Overall the study sample shows a very high level of representativeness with regard to gender and place of employment, some over-representativeness of New Zealand Europeans and New Zealand Māori and under-representativeness of all other ethnic groups.

Table 1: Comparison of gender and ethnicity of New Zealand Generation Y New Zealand Registered Nurses and the study sample.

		NCNZ Gen Y RNs*	Study sample
Total in survey		**3760**	**358**
Gender Responses		**3760**	**351**
n (% of responses)	Female	3533 (94)	330 (94)
	Male	227 (6)	21 (6)
Ethnicity Responses		**3705**	****349**
n (% of responses)	New Zealand European	2138 (57.7)	259 (74.2)
	Other European	323 (8.7)	16 (4.6)
	New Zealand Māori	165 (4.5)	24 (6.9)
	Cook Island Māori	8 (0.2)	-
	Niuean	5(0.1)	-
	Samoan	21 (0.6)	2 (0.6)
	Tokelauan	1 (0)	-
	Tongan	10 (0.3)	-
	Fijian	24 (0.6)	-
	Other Pacific	8 (0.2)	4 (1.1)
`	Chinese	232 (6.3)	16 (4.6)
	Other Asian/South East Asian	270 (7.3)	25 (7.2)
	Indian	242 (6.5)	11 (3.2)
	Other	258 (7)	13 (3.7)

*Nursing Council of New Zealand Generation Y New Zealand Registered Nurses as at February 2009.
**From the study sample of 358, allowing for nine that did not identify ethnicity and 21 that identified dual ethnicities 349 responses were received. The percentages for this section therefore exceed 100%
Note: All percentages were calculated using valid responses only, i.e. total responses.

6.4 Socio-demographic characteristics of respondents

The socio-demographic characteristics of the respondents are detailed in the following section. Findings are collated in Table 2. Key findings include:

- The majority of respondents (90%, *n*=316) first registered as a registered nurse in New Zealand.

- Almost three quarters (74.2%, *n*= 259) identified as New Zealand European.

- There was a relatively even spread of birth years from 1981-1987 with a minority born in 1980 (2.3%, *n*=8) and 1988 (5.2 %, *n*=18).

- The mean age of the respondents was 25 years with a SD of 2.7 years

- The majority of respondents, including all 21 male respondents, had limited work experience as a RN; just over half (53.7%, *n*=188) have worked less than one year, while a further 36% (*n*=126) had worked for 1-4 years. A minority (10%, *n*=35) had worked for five years or more.

- The majority (87.7%, *n*=307) worked in main urban areas while a minority worked in secondary urban areas (6.9%, *n*=24) or minor urban areas (5.1%, *n*=18) and only one worked in a rural area as defined by Statistics New Zealand.

- Just over a third worked in surgical (21.4%, *n*=75) and medical (17.9%, *n*=63) areas while a minority (12.3%, *n*=43) worked in child health. Some worked in more specialised areas of practice such as perioperative (10%, *n*=35), intensive care/coronary care (7.1%, *n*=25) and mental health (6.6%, *n*=23), while very few worked in continuing care-elderly (2.6%, *n*=9), district nursing (1.4%, *n*=5) or public health (0.3%, *n*=1).

- The respondents mostly worked full time (mean = 38 hours per week, median and mode = 40 hours per week).

Table 2: Socio-demographic characteristics of respondents.

		Study Sample	Female	Male
Total in survey		**358**		
Gender Responses		**351**	**330**	**21**
n (% of responses)			330(94)	21(6)
Ethnicity Responses		***349**	**327**	**21**
n (% of responses)	New Zealand European	259(74.2)	248(75.8)	11(52.4)
	Other European	16(4.6)	14(4.3)	2(9.5)
	New Zealand Māori	24(6.9)	23(7.0)	1(4.8)
	Cook Island Māori	-	-	-
	Niuean	-	-	-
	Samoan	2(0.6)	2(0.6)	-
	Tokelauan	-	-	-
	Tongan	-	-	-
	Fijian	-	-	-
	Other Pacific	4(1.1)	4(1.2)	
	Chinese	16(4.6)	16(4.9)	-
	Other Asian/South East Asian	25(7.2)	21(6.4)	4(19.0)
	Indian	11(3.2)	8(2.4)	2(9.5)
	Other	13(3.7)	11(3.4)	2(9.5)
Country respondents first registered as a Registered Nurse n (%)				
Responses		**351**	**330**	**21**
n (% of responses)	New Zealand	316 (90.0)	301 (90.9)	15 (75.0)
	Australia	3 (0.9)	3 (0.9)	-
	Canada	3 (0.9)	3 (0.9)	-
	England/UK	5 (1.4)	5 (1.5)	-
	Germany	1 (0.3)	1 (0.3)	-
	India	5 (1.4)	5 (1.5)	-
	Philippines	14 (4.0)	10 (3.0)	4 (20.0)
	Zimbabwe	4 (1.1)	3 (0.9)	1 (5.0)

Table 2: Socio-demographic characteristics of respondents. (cont'd)

		Study Sample	Female	Male
Total in survey		**358**		
Year of birth n (%)				
Responses		**348**	**326**	**21**
n (% of responses)	1980	8(2.3)	7(2.1)	1(4.8)
	1981	45(12.9)	41(12.6)	4(19.0)
	1982	42(12.1)	39(12.0)	3(14.3)
	1983	35(10.1)	31(9.5)	3(14.3)
	1984	40(11.5)	37(11.3)	3(14.3)
	1985	47(13.5)	45(13.8)	2(9.5)
	1986	50(14.4)	49(15.0)	1(4.8)
	1987	63(18.1)	59(18.1)	4(19.0)
	1988	18(5.2)	18(5.5)	-
Age in years	Mean (SD)	25 (2.7)		
	Maximum	29		
	Minimum	21		
Time working as an RN				
Responses		**350**	**328**	**21**
n (% of responses)	Less than 1 year	188(53.7)	178(54.3)	10(47.6)
	1-4 years	126(36.0)	114(34.8)	11(52.4)
	5-8 years	35(10.0)	35(10.7)	-
	More than 8 years	1(0.3)	1(0.3)	-
Work location				
Responses		**350**	**329**	**21**
n (% of responses)	Main urban areas (population 30,000+)	307(87.7)	289(87.8)	18(85.7)
	Secondary urban Area (population 10,000 - 29,999)	24(6.9)	23(7.0)	1(4.8)
	Minor urban area (population 1,000-9,999)	18(5.1)	17(5.2)	1(4.8)
	Rural Area (population 300-999)	1(0.3)	-	1(4.8)

Table 2: Socio-demographic characteristics of respondents. (cont'd)

		Study Sample	Female	Male
Total in survey		**358**		
Main Employer Responses		**350**	**328**	- **21**
n (% of responses)	Educational institution	1(0.3)	1(0.3)	-
	Government agency	1(0.3)	1(0.3)	-
	Māori health service provider	1(0.3)	1(0.3)	-
	Nursing agency	2(0.6)	2(0.6)	-
	Primary healthcare/community service	18(5.1)	18(5.5)	-
	Private or non public hospital	20(5.7)	18(5.5)	2(9.5)
	Public community hospital (Ministry of Health, et al.)	9(2.6)	9(2.7)	-
	Public hospital (Ministry of Health, et al.)	287(82.0)	267(81.4)	19(90.5)
	Rest home/residential care	9(2.6)	9(2.7)	-
	Other	2(0.6)	2(0.6)	-

Table 2: Socio-demographic characteristics of respondents. (cont'd)

		Study Sample	Female	Male
Total in survey		**358**		
Practice areas **Responses**		**351**	**329**	**21**
n (% of responses)	Assessment and rehabilitation	11(3.1)	11(3.3)	-
	Assessment and rehabilitation (mental health)	1(0.3)	1(0.3)	-
	Child health including neonatology	43(12.3)	42(12.8)	1(4.8)
	Continuing care (elderly)	9(2.6)	9(2.7)	-
	District nursing	5(1.4)	5(1.5)	-
	Emergency and trauma	18(5.1)	16(4.9)	2(9.5)
	Intensive care/coronary care	25(7.1)	24(7.3)	-
	Medical	63(17.9)	60(18.2)	3(14.3)
	Mental Health	23(6.6)	21(6.4)	2(9.5)
	Nursing admin/policy development	1(0.3)	1(0.3)	-
	Obstetrics/maternity	1(0.3)	1(0.3)	-
	Occupational health	1(0.3)	1(0.3)	-
	Other	22(6.3)	21(6.4)	1(4.8)
	Perioperative (theatre)	35(10.0)	33(10.0)	2(9.5)
	Primary healthcare	17(4.8)	17(5.2)	-
	Public health	1(0.3)	1(0.3)	-
	Surgical	75(21.4)	65(19.8)	10(47.6)
Hours of work	Mean	38		
	Median	40		
	Mode	40		

*From the study sample of 358, allowing for nine who did not identify ethnicity gives 349 valid responses. Of these 349 responses one identified ethnicity, but did not identify gender. Of 327 valid female responses 20 identified dual ethnicity. Of 21 valid male responses one identified dual ethnicity. The percentages for this section exceed 100% due to these dual ethnicities.

6.5 Research aim 1: What motivated this generation to choose nursing as a career option?

In section four of the survey, respondents were asked to rate their responses to 22 questions about their decision to become a nurse on a five point Likert scale of 'very important', 'quite important', 'of some importance', 'of little importance', 'not important' (see Appendix A). The questions were asked in a random order with seven questions related to 1) intrinsic rewards, a further seven questions related to 2) extrinsic rewards, five questions related to 3) employment security and three were related to the 4) influence of others as noted by (Herzberg, et al., 1959).

6.5.1 Overview of results presented in this section

Overall the respondents were motivated by intrinsic rewards more than extrinsic rewards when deciding to become a nurse, as noted by the higher-ranking responses to the scale of 'quite important' or 'very important' (see Figures 1 & 2). The most important intrinsic rewards were interesting and challenging work, the ability to help others, exciting work, the ability to work closely with people and the ability to make a strong contribution to society. The least important intrinsic rewards were the notion that there is community respect for nurses and the concept that the profession was perceived to carry prestige.

However extrinsic rewards were also seen as important motivating factors when deciding to become a nurse. There appeared to be general agreement that the extrinsic rewards of starting salary, future earning potential, flexibility of hours, pleasant working conditions, opportunities for promotion and responsibility/autonomy were important considerations when deciding to become a nurse given the comparable responses across the Likert scale options of 'of some importance/quite important/very important'.

Employment security related issues of job security, the ongoing demand for nursing skills, the ability to leave and return and the ability to combine nursing work with family commitments were highly valued by respondents, while the concept that nursing is a good career for a women was not. Finally, respondents were not overly influenced by friends, careers advisors/teachers or family when deciding to become a nurse. Results are detailed in the following section.

6.5.2 Intrinsic rewards

Non-responses for this section ranged from 12.6% (*n=45*) to 13.4% (*n=48*). The three most important factors for the majority of respondents were interesting and challenging work (81%, *n=290*, quite important/very important), the ability to help others (80.2%, *n=287* quite important/very important) and exciting work (79.4%, *n=284*, quite important/very important) (see Figure 1).

The ability to work closely with people (74.5%, *n=267*, quite important/very important) and the ability to make a strong contribution to society (67%, *n=240*, quite important/very important) were also rated highly as motivators for deciding to become a nurse while the least important intrinsic motivators were the concepts of community respect for nurses (45.3%, *n=162*, quite important/very important) and professional prestige (32.4%, *n=116*, quite important/ very important).

Figure 1: Intrinsic rewards as motivating factors influencing the respondents' decision to become a nurse.

6.5.3 Extrinsic rewards

Non-responses for this section ranged from 12.6% (*n*=45) to 14.5% (*n*=52). The most important extrinsic motivating factor for the respondents was the responsibility/autonomy of nursing as noted by 79.4% (*n*= 284) who said that this was 'of some importance/quite important/very important' (see Figure 2). Similarly, 79.0% (*n*= 283) noted that flexibility of hours were 'of some importance/quite important/very important'. Correspondingly 78.9% (*n*= 282) considered opportunities for promotion were 'of some importance/quite important/very important' while a corresponding number (77.9%, *n*=279) considered that their future earning potential was 'of some importance/quite important/very important'. Pleasant working conditions were noted by 76.2% (*n*= 273) to be 'of some importance/quite important/very important'. Starting salary was also noted by 72.0% (*n*= 258) of the respondents to be of some importance/quite important/very important'. The time required to become a nurse was considered to be the least important extrinsic motivating factor, with only 58.4% (*n*= 209), noting that it was 'of some importance/quite important/very important'.
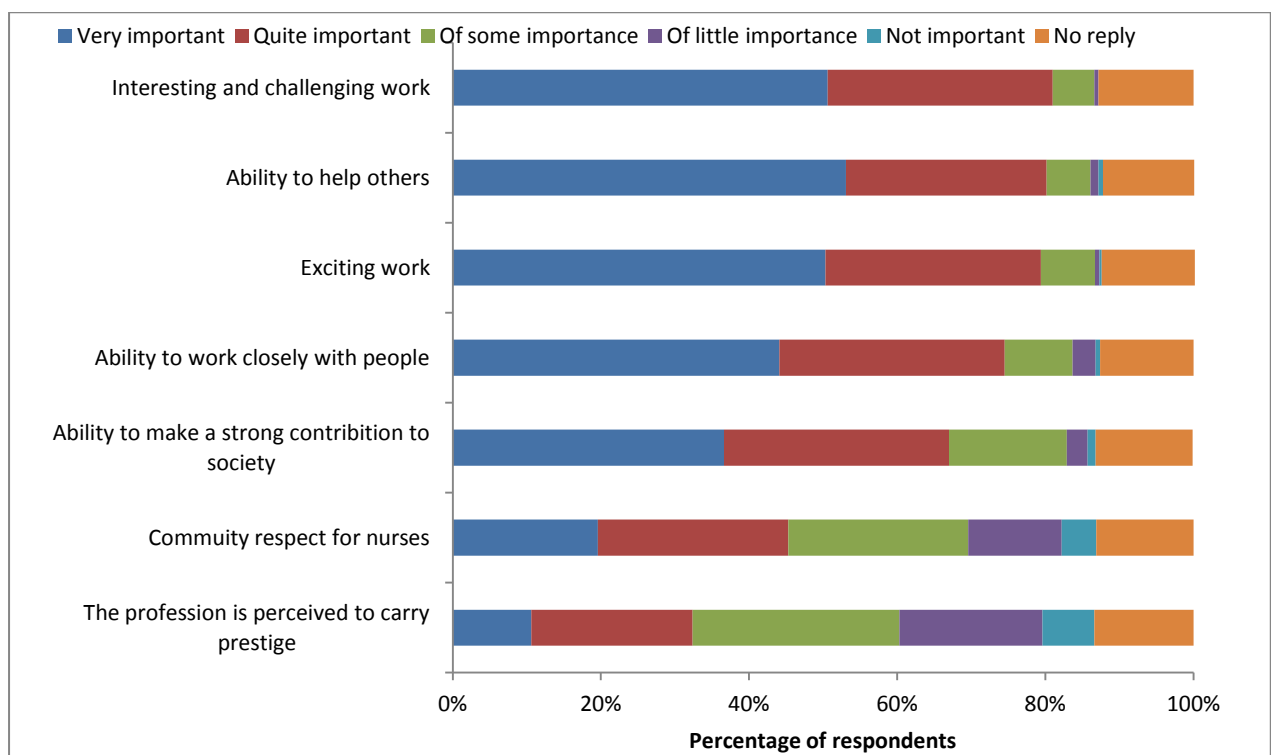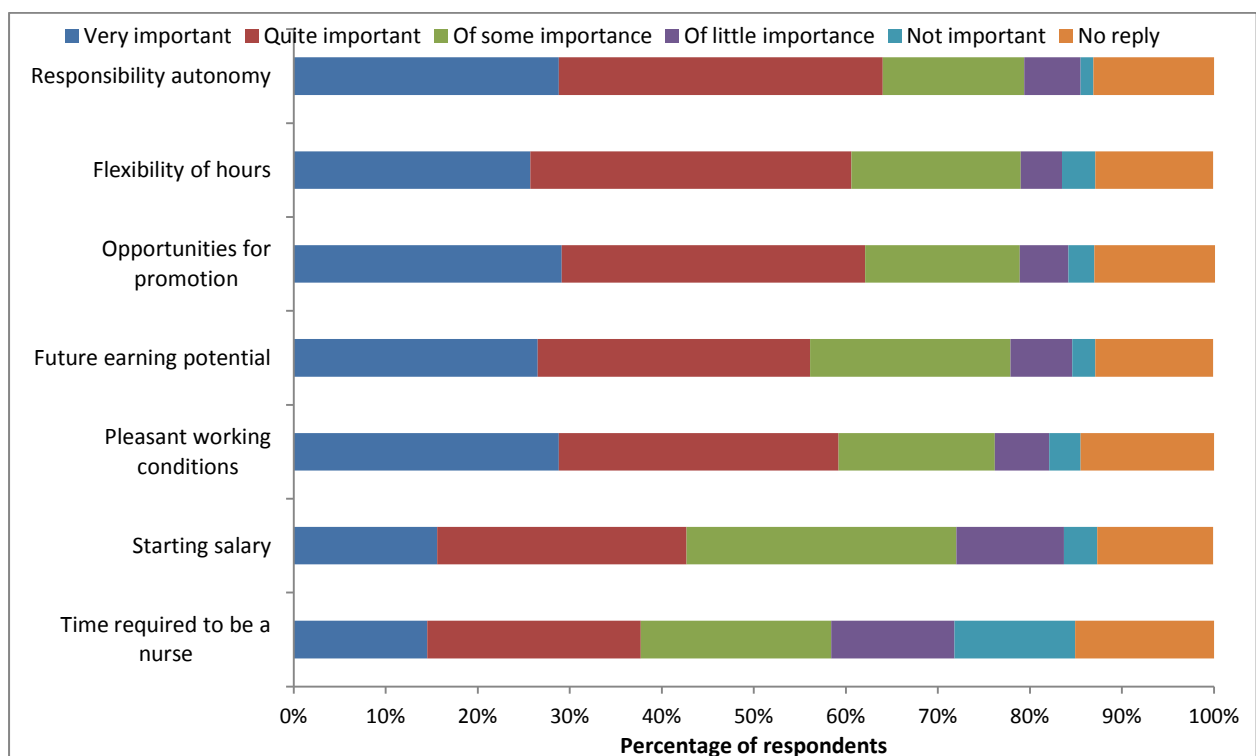

Figure 2: Extrinsic rewards as motivating factors influencing the respondents' decision to become a nurse.

6.5.4 Employment security

Non-responses for this section range from 12.3% (*n=44*) to 16.2% (*n=58*). Job security (76.3%, *n=273*, quite important/very important) and the perception that nursing skills are always in demand (74.9%, *n=268*, quite important/very important) were noted to be important employment security motivating factors by the majority of respondents when deciding to become a nurse (see Figure 3). The ability to be able to leave nursing and return (65.9%, *n=236*, quite important/very important) and the ability to combine nursing and family commitments (63.7%, *n=228*, quite important/very important) were also noted as important influencing factors.

Gender specific employment stereotypes were not significant. Nursing as a good career choice for a women was not a significant motivating factor for respondents when deciding on nursing as a career, regardless of gender. Almost a half of respondents (47.4%, *n= 170*) rated this as not important/of little importance, while less than a quarter (22.6%, *n=81*) rated it as quite important/very important while a small number (13.7%, *n=49*) rated this factor of some importance (see Figure 3).
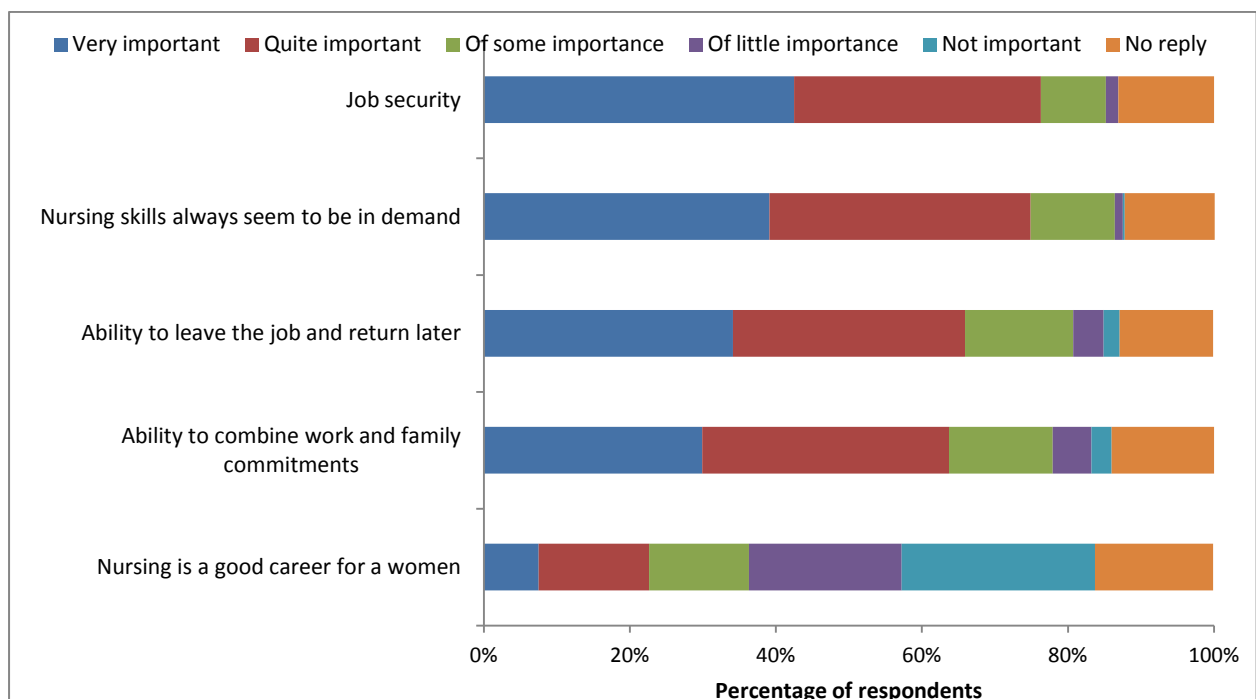
Figure 3: Employment security motivating factors influencing the respondents' decision to become a nurse.

6.5.5 Influence of others

Non-responses for this section range from 14.2% (*n=51*) to 15.6% (*n=56*). Overall, respondents have not been overly influenced by others when deciding to become a nurse (see Figure 4). The majority (60.1%, *n=215*) noted that the ability to be with their friends was 'not important/of little importance/of some importance'. A similar number, 62.7% (*n=223*) regarded advice provided by career advisors or teachers as not important/of little importance/of some importance. Likewise, parental advice was rated as not/little/of some importance by 58.9% (*n=211*).
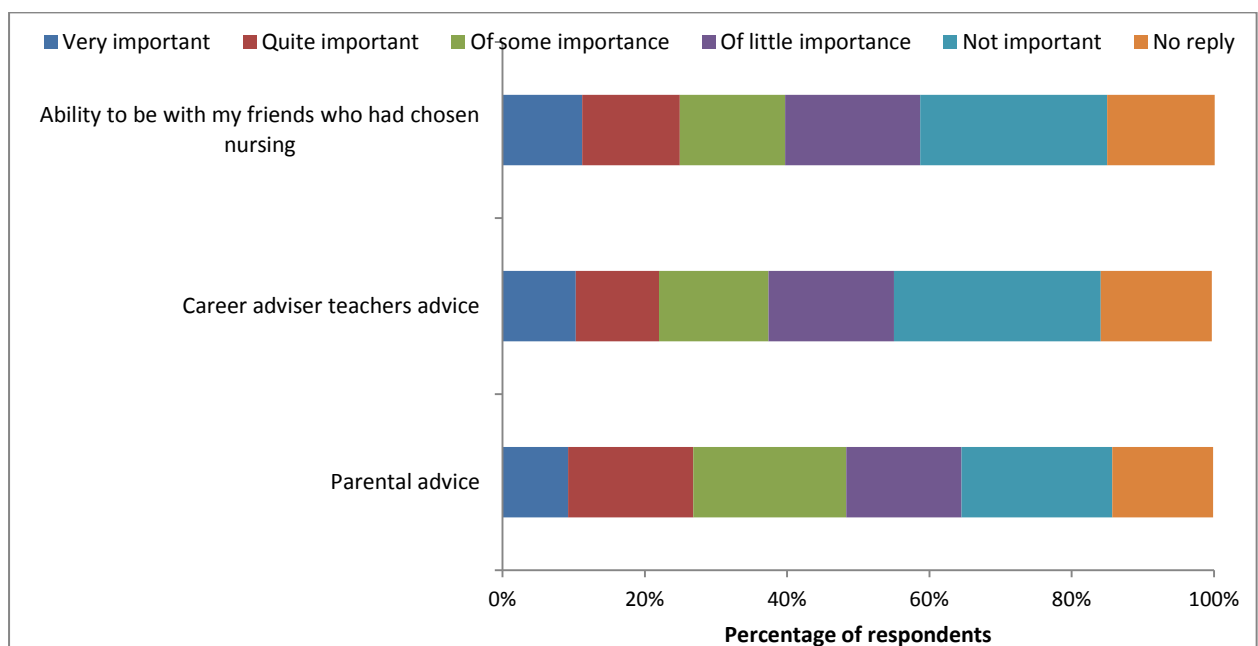
Figure 4: Influence of others as motivating factors influencing respondents' decision to become a nurse.

6.6 Research aim 2: What are the future work and career plans of these nurses?

Sections one and two of the survey were designed to elicit both qualitative and quantitative data about the respondent's future career plans, their intentions to change their current area of practice and their preferred area of clinical practice. In addition, data were collected about respondents' intentions and reasons to work overseas, career plans for the next five years, intentions to take a break from nursing as well as intentions to return. Finally, respondents' views about career factors that are important to them were obtained.

6.6.1 Overview of results: Career commitment

Most respondents planned to change their current area of clinical practice within the next twelve to twenty-four months. Their intention to change their area of practice within this timeframe was mostly likely to be due to the respondents intending to successfully complete a one year NETP and then being required to apply for advertised positions and was therefore not an unexpected finding. The two most preferred areas of clinical practice were emergency nursing and medical nursing.

Less than half of the respondents (40%) were definitely considering working overseas. However, a comparable number (44%) either didn't know or did not reply, so it was somewhat unclear how many might leave New Zealand for work opportunities. The three most popular reasons for considering working overseas include the ability to increase clinical work experience, the opportunity to travel and the ability to earn more. The most popular destinations were Australia and the United Kingdom. Those planning to work overseas planned to do so in two years time and planned to work overseas for two years before returning to New Zealand.

Career plans for the next five years were focused on increasing clinical experience and undertaking postgraduate study, including Masters Degree preparation. Many respondents (45%) were not planning on taking a break from nursing in the next five years. However, several (27%) were not sure. Those who might take a break thought that they would mostly likely leave due to reasons of motherhood, career change or travel. The two most common reasons to return include a passion for nursing and the need for an income.

With regard to career factors that are important to Generation Y, respondents were overwhelmingly in favour of the need for a positive work environment, good management, and team work as well as the ability to have a work life balance. Access to education, challenging work, mentoring, regular feedback and creativity and innovation were also highly rated.

All career elements were rated as being 'very important/quite important' for the majority of respondents. However, for the most part these career factors were less evident in nursing than the respondents might have expected with the exception of challenging work which was more evident than expected. Only access to education matched the expectations of the respondents.

A work life balance was found to be very important for the respondents. The respondents were very clear that they sought to have a work life separation; they did not wish to take work or working issues home with them. A work life balance meant being able to balance their work life and personal life with a work schedule and work load that left them with enough energy to enjoy their non work life. In turn, the respondents understood that it was their responsibility to have enough energy reserves to be able to undertake their work. Findings are detailed in the following sections.

6.6.2 Intention to change current area of clinical practice

The respondents were asked; do you intend to change your area of clinical practice? While a little more than a third of respondents did not plan to change their area of practice (38.5%, n=138), half of the respondents (49.5%, n=178) did plan to change within the next twelve months or more (see Figure 5).
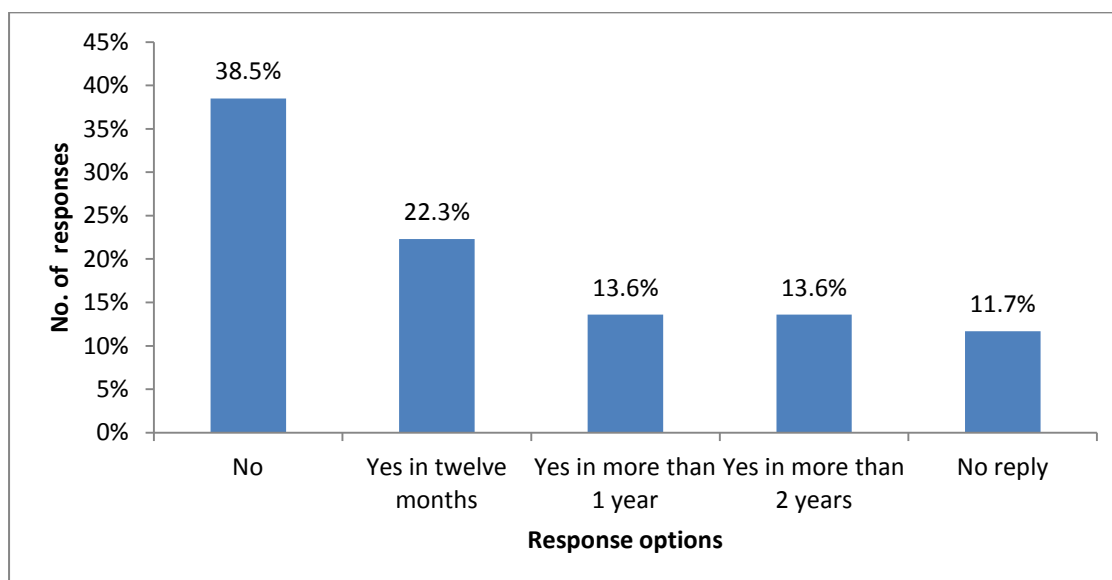
Figure 5: Respondents' intentions to change current area of clinical practice.

N=358

6.6.3 Preferred clinical areas

The RNs were also asked the open ended question where would you like to work and why? Comments were received from 161 (44.9%) of the respondents. The areas for future work were the clinical specialties of: 1) emergency 2) medical 3) intensive care 4) primary health, 5) surgical and 6) other (see Figure 6). Reasons for wanting to change their current areas of practice included needing a greater challenge, a lesser challenge, to increase clinical skills or to have more autonomy over their practice.
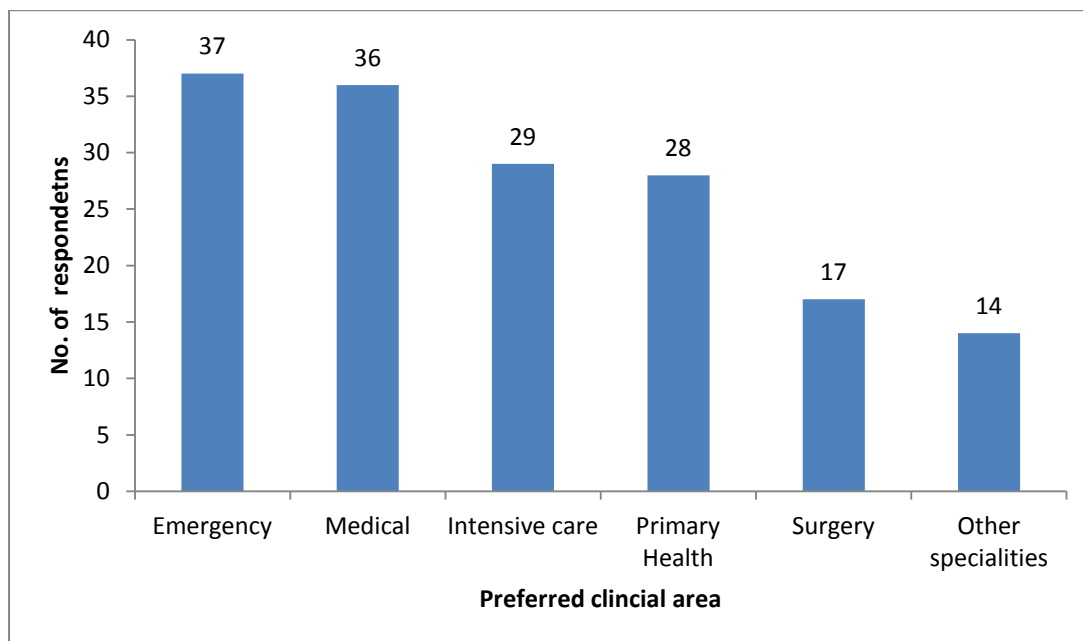
Figure 6: Respondents' preferred clinical area to work in.

n=161

6.6.4 Intention to work overseas

Respondents were presented a series of questions/statements regarding their intentions to work overseas (see Figure 7). Initially they were asked if they intended to work overseas. If they replied 'yes' or 'don't know' they were offered two further questions, 1) why do you think you might work overseas? and 2) if you decide to work overseas as an RN please tell us what might you do?

Do you intend to work overseas ? (*n*=358)

Yes (*n*=146)

No (*n*=53)

Don't know (*n*=82)

No reply (*n*=77)

Why do you think you might work overseas? (*n*=228)

Comments received (*n*=222)

If you decide to work overseas as a registered nurse please tell us what you might do (*n*=228)

Comments received (*n*=212)
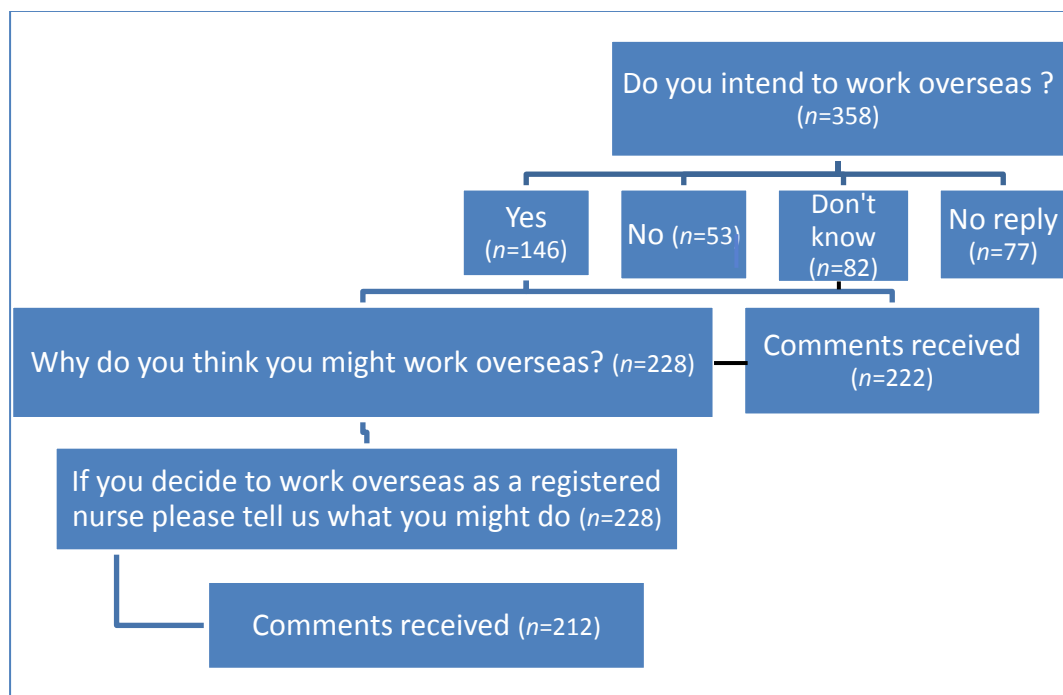
Figure 7: Flow of questions and statements asked of respondents if they replied 'yes' or 'don't know' to the question: Do you intend to work overseas?

Less than half of respondents intended to work overseas (40.8%, *n*=146), while a small number 14.8% (*n*=53) did not plan to do so. However, almost a quarter of respondents, 22.9% (*n*=82), were undecided at this time while a comparable number did not answer this question 21.5% (*n*=77) (see Figure 8).
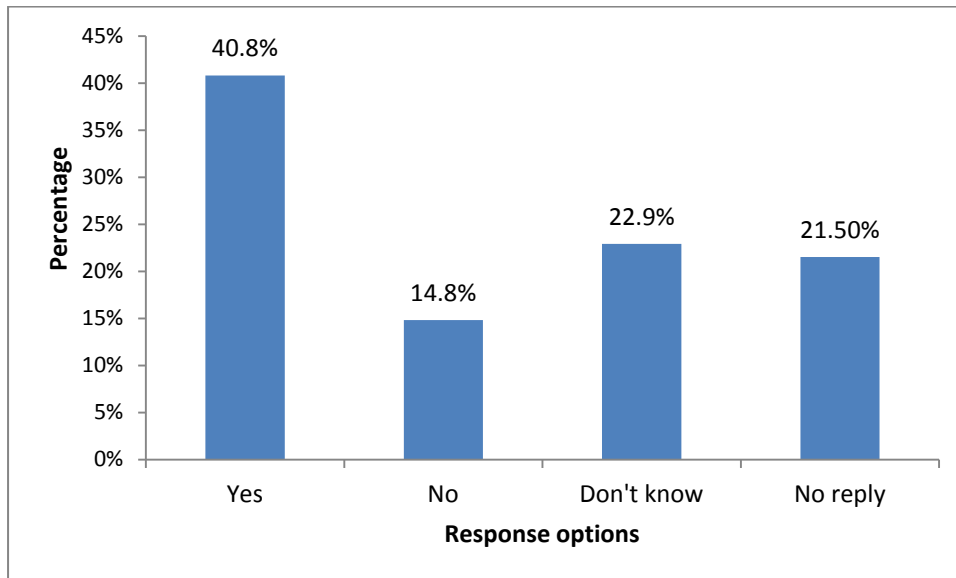
Figure 8: Respondents' intentions to work overseas.

N=358

6.6.5 Reasons to work overseas

Of those respondents eligible to reply (*n*=228) to the question 'why do think you might work overseas?' Comments were provided by 222 respondents. Many respondents replied with several reasons/options. Five categories were evident as reasons for working overseas: 1) work experience 2) travel 3) better pay 4) mission work (mostly in Africa) and 5) to follow a partner overseas (see Figure 9). Work experience and travel were the most common reasons. Work experience included the desire to experience different types of nursing, work with different cultures, experience different healthcare systems, increase nursing knowledge and skills and to use new gained knowledge and skills back in New Zealand. Travel was considered to be an adventure, a way to 'see the world' and to experience living and working with other cultures. Several respondents thought that nurses were paid better overseas while a minority planned to undertake mission work and some would work overseas as a nurse because their partners are moving overseas.
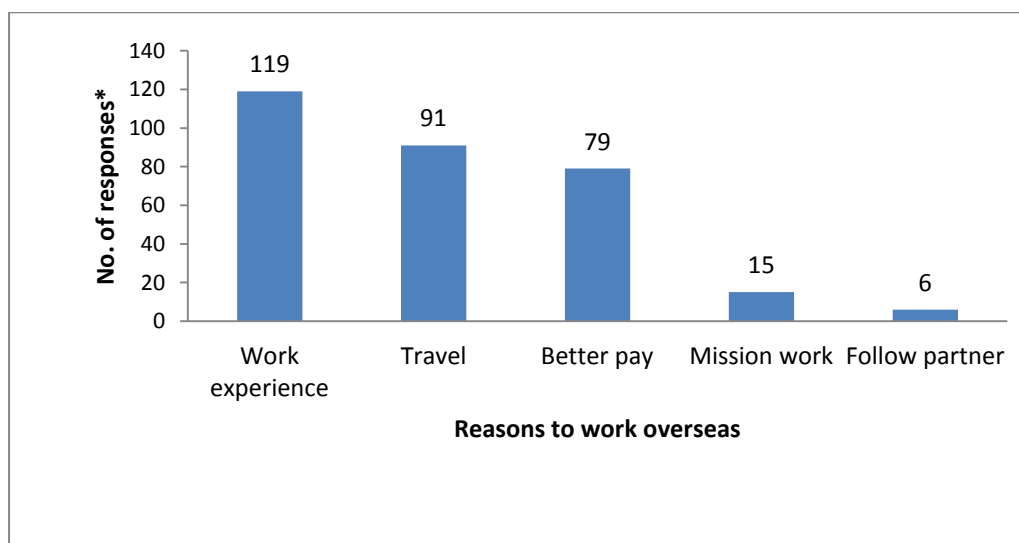
Figure 9: Respondents' comments regarding reasons to work overseas.

n=222

*Responses total > than 222 as multiple reasons for working overseas could be provided by each respondent.

6.6.6 Potential plans when working overseas

Of those respondents eligible to reply (*n*=228) to the statement 'if you decide to work overseas as a registered nurse please tell us what you might do' 212 provided comments. Many respondents replied with several comments. Three categories were evident:

1) Country of choice (see Figure 10)

2) Potential timeframe for leaving New Zealand

3) Potential timeframe for returning to New Zealand (see Figure 11).

The most popular countries/continent to work in, listed in order were, the United Kingdom/Europe, Australia, Canada, United States of America and Africa. The most reported time frame for leaving New Zealand was within the next two to three years, while the most common time period for returning was after one to two years away overseas.
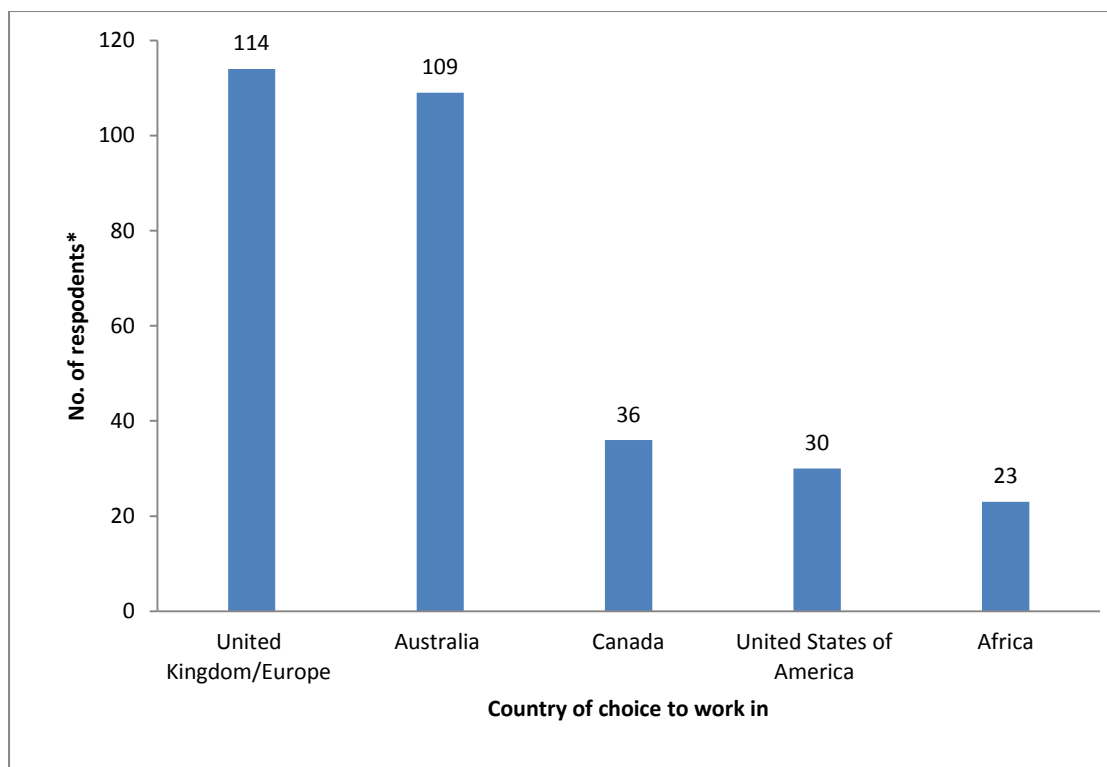
Figure 10: The most popular country for respondents to work in if they travel overseas.

n=228

* Responses total > than 228 as each respondent could report multiple countries that they would like to work in
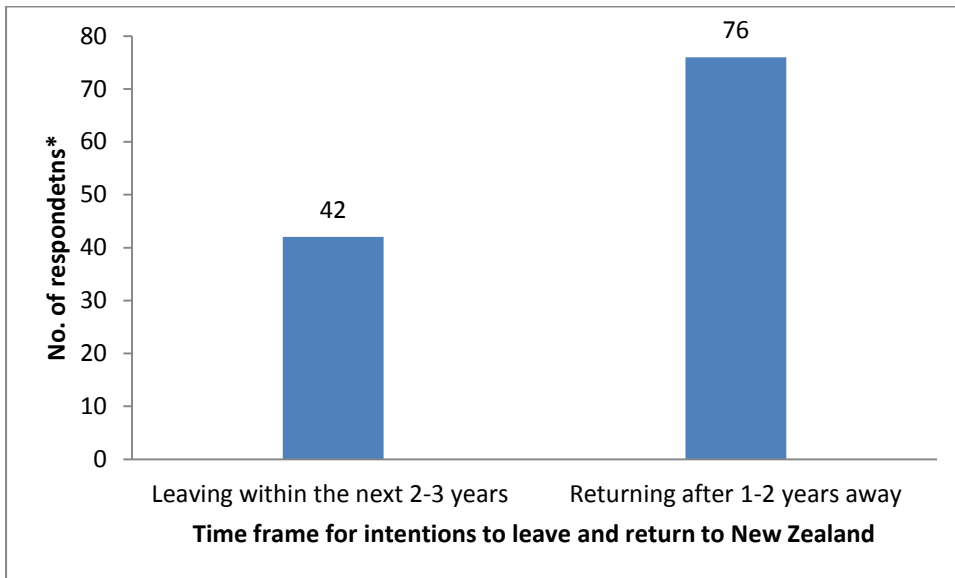
Figure 11: Potential time frame for respondents leaving and returning to New Zealand.

n=228

* 52% reported between 1-2 or 2-3 years while the rest of the respondents reported other time frames or did not provide a time frame

6.6.7 Career plans for the next five years

The respondents were asked the open ended question: 'what are you career plans for the next five years?' Replies were received from 89.9% (*n*=322) of the respondents. Many respondents offered several options. Five categories were evident: 1) increase clinical experience 2) formal study 3) promotion 4) motherhood and 5) Career change (see Figure 12). The majority wished to increase their clinical experience. This category reflected the wide range of clinical options available to nurses. Some nurses offered very specific insights into their future plans regarding increasing their clinical experience while many others were less specific. Others plan to embark on study towards the completion of formal postgraduate education qualification(s) while a smaller number are considering increasing their clinical status through promotion via the PDRP, a move into charge nurse roles, clinical nurse specialists or nurse practitioner positions. Some were contemplating motherhood. It was unclear from their comments if a move to motherhood was seen as a career change per se while a few stated they are considering a career change. Three respondents specifically noted that they would like to become midwives while a further four would like to become medical doctors and one respondent would like to become a cancer researcher, while one other would like to become an entrepreneur. Details of each sub category are in Table 3.
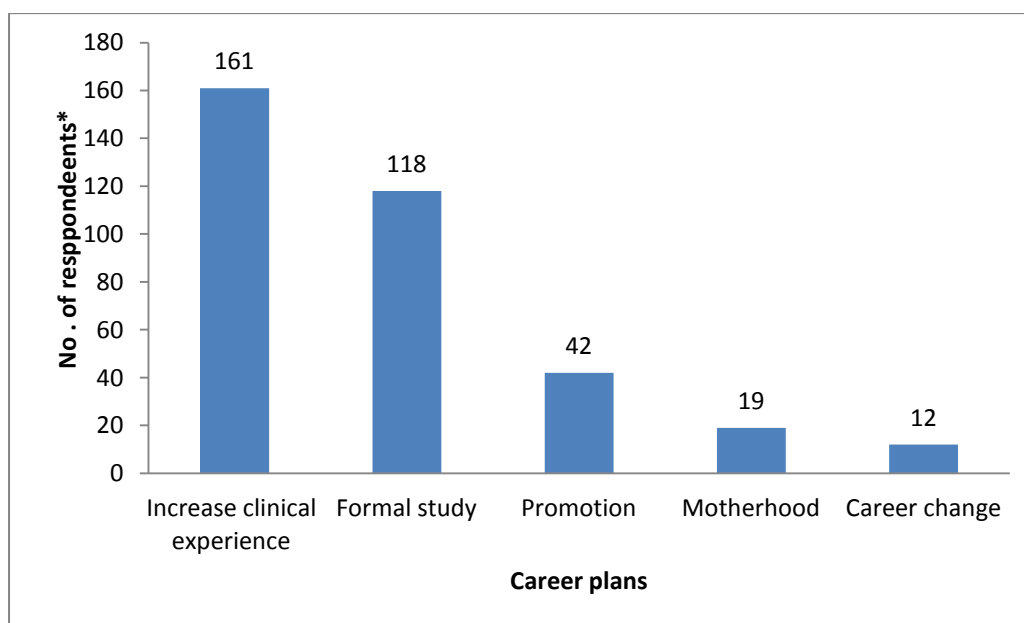
Figure 12: Respondents' comments regarding personal career plans for the next five years.

n=322

* Responses total > than 322 as each respondent could report multiple responses

Table 3: Examples of subcategories identified by individual respondents related to career plans for next five years.

Category: Career plans for next five years (322)	
Subcategories	**Example/meaning unit**
Increase clinical experience (161)	
	"gain more experience in perioperative nursing"
	"specialize to nurse anaesthetist (sic)"
	"become competent and then proficient working in a critical care area"
	"gain experience in surgical, acute and medical areas"
	"Try out a few different specialties, heading towards ENT, not sure exactly
	"to become a more experience Senior R.N. capable of caring for a high acuity patients"
	"like to be a flight nurse therefore gotta (sic) stay in ICU for that to happen"
Formal study (118)	
Postgraduate study (70)	*"I intend to do a post grad certificate in perioperative nursing next year*
	"planning to do postgraduate degree in anaesthesiology"
	l am planning to do a postgraduate study in cardiology"
Master degree (47)	*"begin my Masters of Nursing. Gain a Nurse Educators/nurse specialist position"*
Doctoral degree (1)	*"deciding between PhD or nurse practitioner"*
Promotion (42)	
Increase PDRP status (20)	*"hopefully complete proficient level on PDRP"*
Charge Nurse (11)	*"progress to charge nurse manager*
Clinical Nurse Specialist (6)	*"Work towards a clinical nurse specialist role"*
Nurse Practitioner (5)	*"I really enjoy child health nursing and may consider doing my study to become a nurse practitioner in the area"*

Table 3: Examples of subcategories identified by individual respondents related to career plans for next five years. (cont'd)

Category: Career plans for next five years (322)	
Subcategories	**Example/meaning unit**
Motherhood (19)	*"I am a new Mum so my focus is more on this than on career at the moment, I will just be working part time in jobs that suit me"*
	"I will have to leave nursing for a while as I am expecting my first child and intend to stay at home with my kids"
Career change (12)	
Midwifery (3)	*"I would like to complete studying for my midwifery degree"*
Medical doctor (4)	*"I am considering applying for med school"*
Cancer researcher (1)	*"cancer researcher"*
Entrepreneur (1)	*"nursing but hopefully investing then do some business"*
Not specified (3)	

Note: number in brackets = number of comments

6.6.8 Intention to take a break from nursing in the next five years

Respondents were asked a series of questions regarding their intentions to take a break from nursing in the next five years, as noted in Figure 13. Many (45.5%, *n*=163) did not plan to leave in the next five years while a minority (19.6%, *n*=70) are planning to do so. A further 26.8 (*n*=96) are not sure while 8.1% (*n*=29) did not answer (see Figure 14).
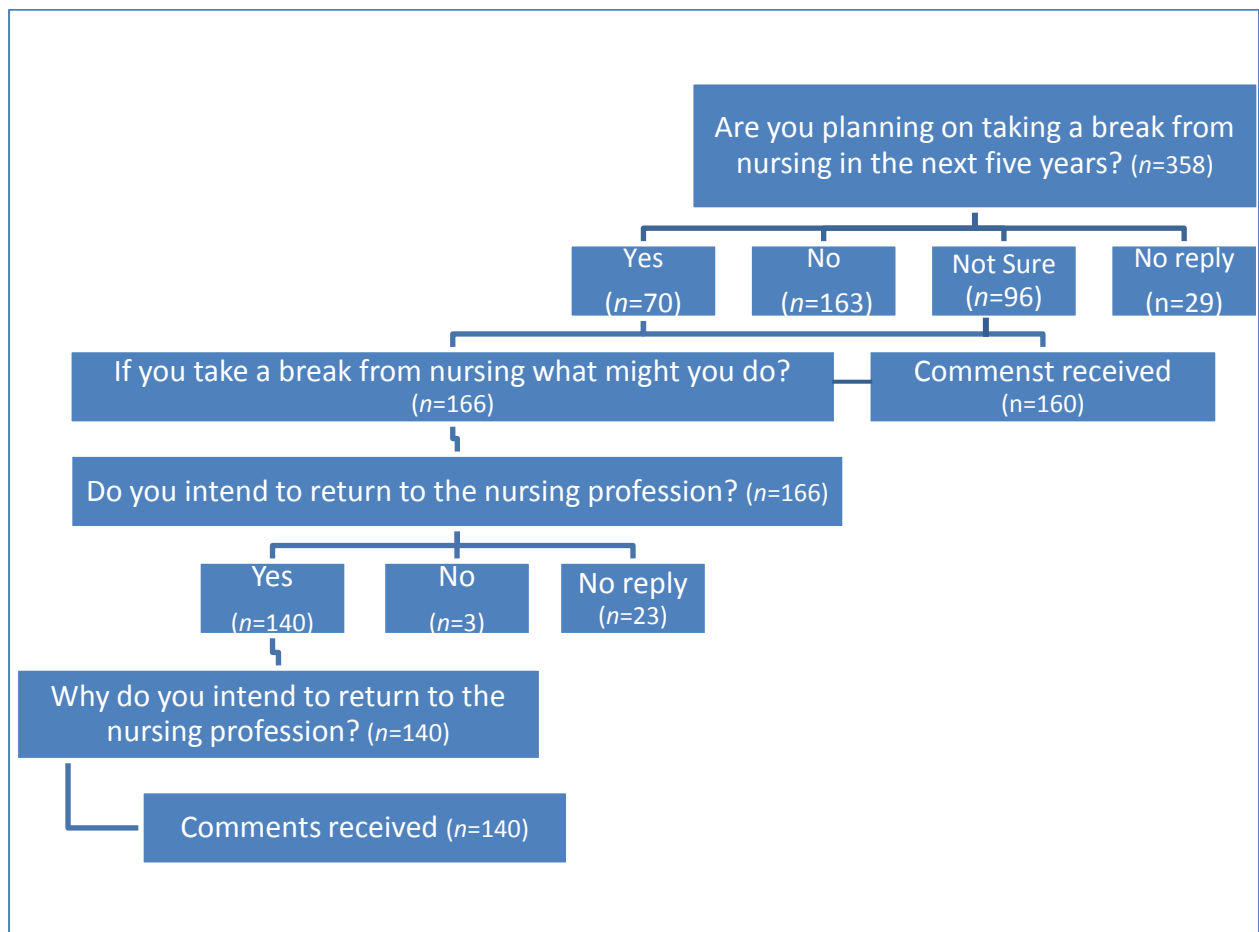
Figure 13: Flow of questions asked of respondents if they replied 'yes' or 'not sure' to the question: are you planning on taking a break from nursing in the next five years?'
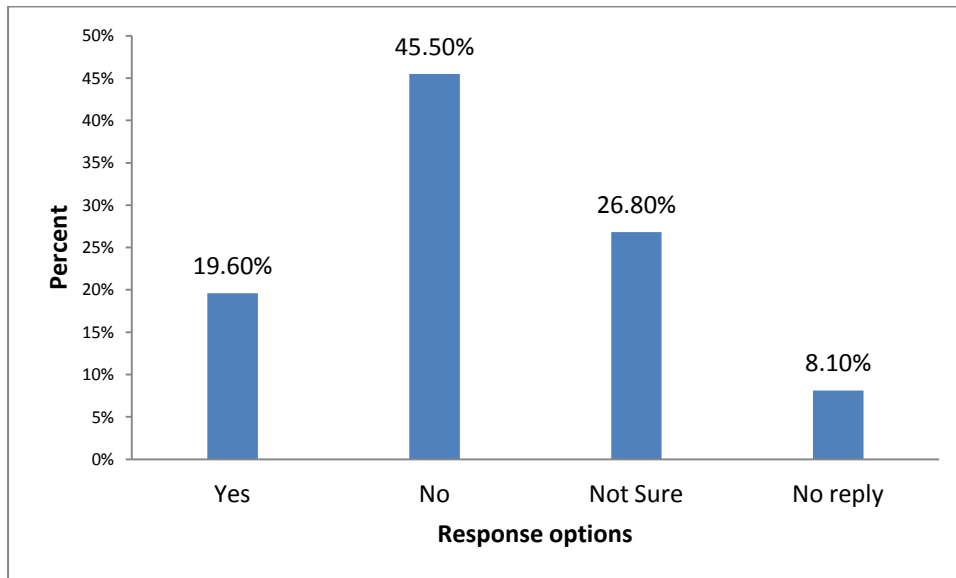
Figure 14: Respondents' intentions regarding taking a break from nursing within the next five years.

N=358

If respondents answered 'yes' or 'not sure' (*n*=166) for the question 'are you planning on taking a break from nursing in the next five years?' the following open ended question was asked: 'if you do take a break from nursing what might you do?' Comments were received from 160 respondents (96.3% of those offered this question). The four most prevalent reasons for taking a break were 1) motherhood 2) career change 3) travel and 4) study (see Figure 15).
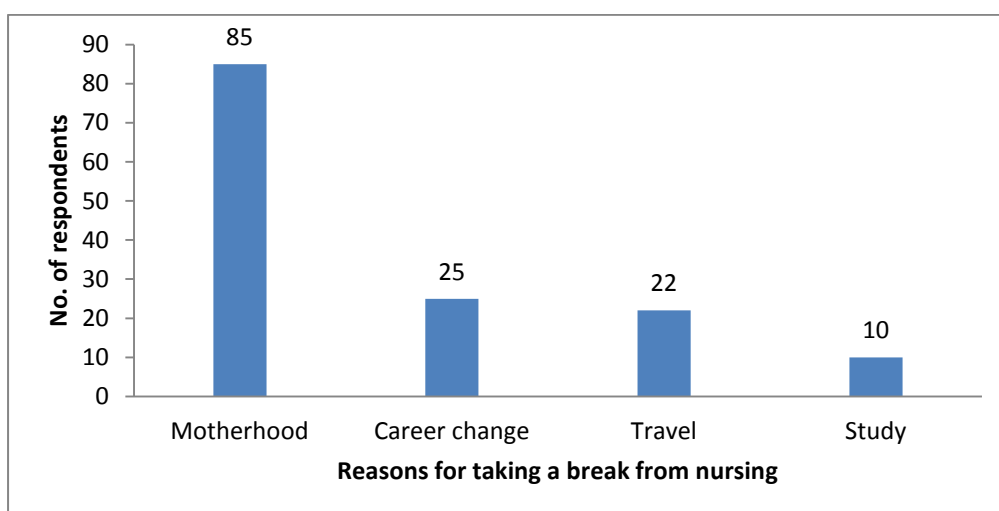
Figure 15: Respondents' reasons for taking a break from nursing.

n=160

6.6.9 Intentions to return and reasons why

If respondents answered 'yes' or 'not sure' (*n*=166) to the question 'are you planning on taking a break from nursing in the next five years?' they were asked an additional question: 'do you intend to return to the nursing profession?' Options offered were 'yes', 'no', or 'no reply'. Replies were received from 143 respondents (86.1% of those offered the question). The overwhelming majority (84.3%, *n*=140) said 'yes' while the minority (1.8%, *n*=3) said 'no', with no reply from 13.8% (*n*=23) (see Figure 16).
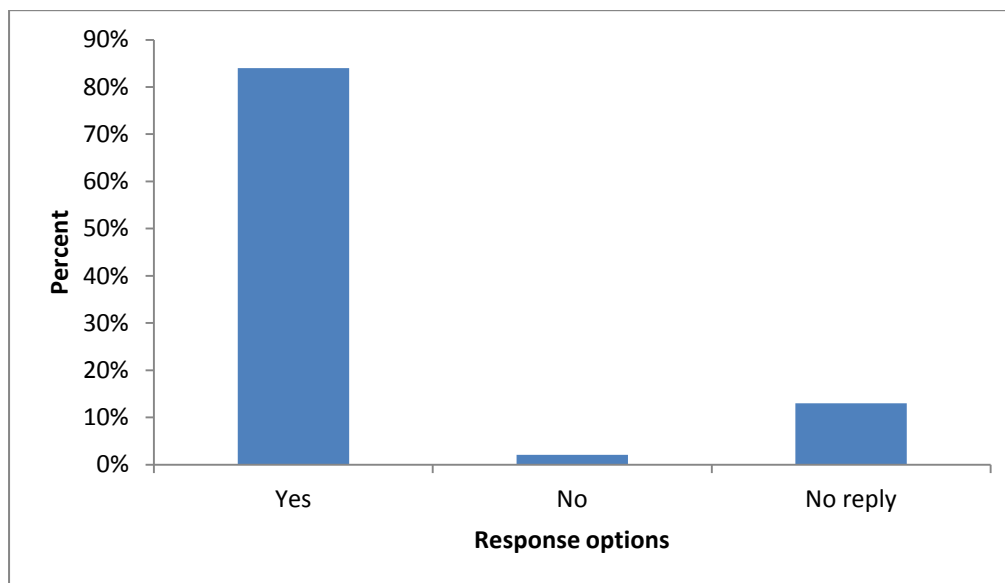
Figure 16: Respondents planning to return to nursing after taking a break in the next five years.

n=143

If respondents answered 'yes' (*n*=140) to the question 'do you intend to return to the nursing profession?' they were able to offer comments to the open ended question: 'why do you intend to return to the nursing profession?' Comments were received from 130 respondents (92.8% of those directed to this response stem). Seven categories of reasons to return were evident upon analysis (see Figure 17). The most commonly cited reasons were 'having a passion for nursing' followed by 'needing job/financial security'. Only a few did not wish to waste/lose their nursing skills while only one respondent commented that retraining would be too costly and one commented that it would now be too difficult to retrain.
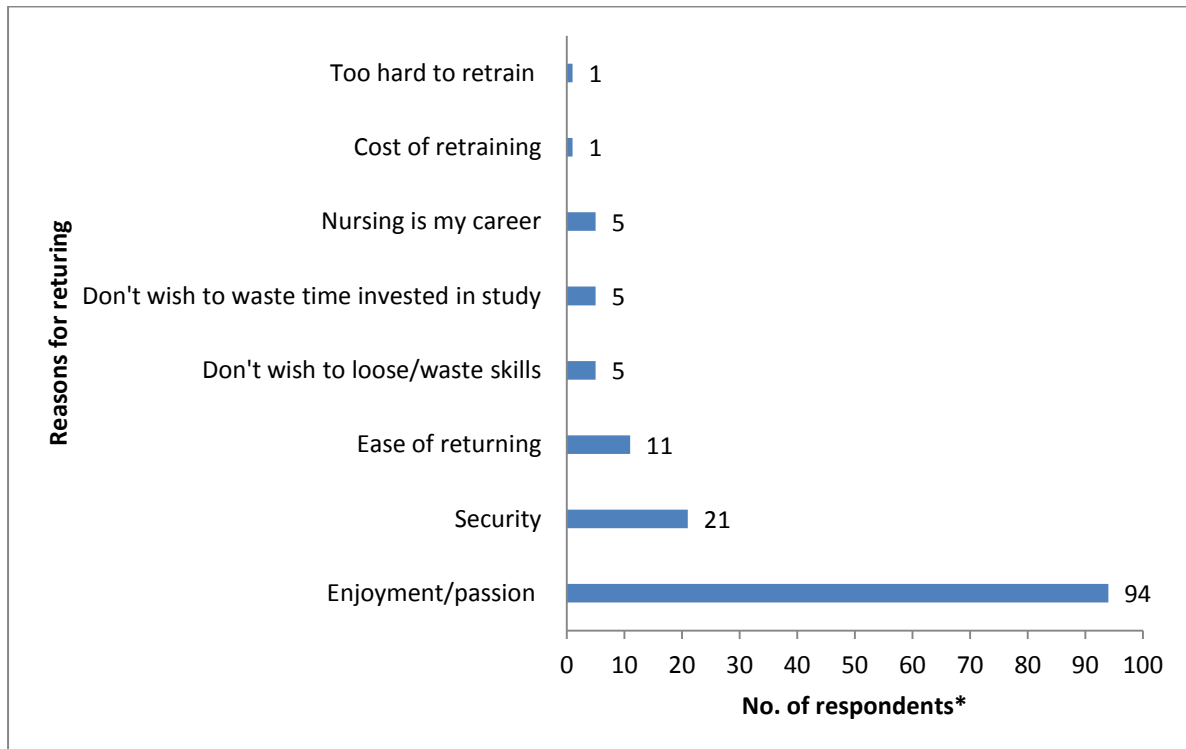
Figure 17: Respondents' reasons for returning to nursing.

*Respondents could provide multiple reasons for returning

6.6.10 Factors important to a career

Using a five point Likert scale of 'very important', quite important', 'of some importance', 'of little importance' and 'not important' the respondents were asked to rate their replies to nine career factors often attributed as being important to Generation Y (Henry, 2006). The nine career factors, listed in no particular order, were:

- challenging work
- access to education
- positive work environment
- good management/leadership
- team work
- regular feedback
- work/life balance
- mentoring
- creativity/innovation

Results are detailed in the following section.

Non-responses for this section ranged from 7.5% (n=27) to 8.4% (n=30). All nine factors were rated highly by the respondents as important elements of a career. A positive work environment was overwhelmingly significant for 92.2% (n=330) who rated this factor as very important/quite important. Similarly good management/leadership was very important/quite important for 91.1% (n=326) as was team work for 89.9% (n=322), the ability to have a work/life balance for 88.6% (n=317) and access to education 84.1% (n=301). Likewise, challenging work was rated as very important/quite important for 78% (n=279), mentoring was very important/quite important for 76.6% (n=274) and regular feedback was very important/quite important for 76% (n=272). Finally, creativity and innovation, while rated the lowest of the nine factors, was still very important/quite important for the majority (70.7%, n=253) of respondents (see Figure 18).
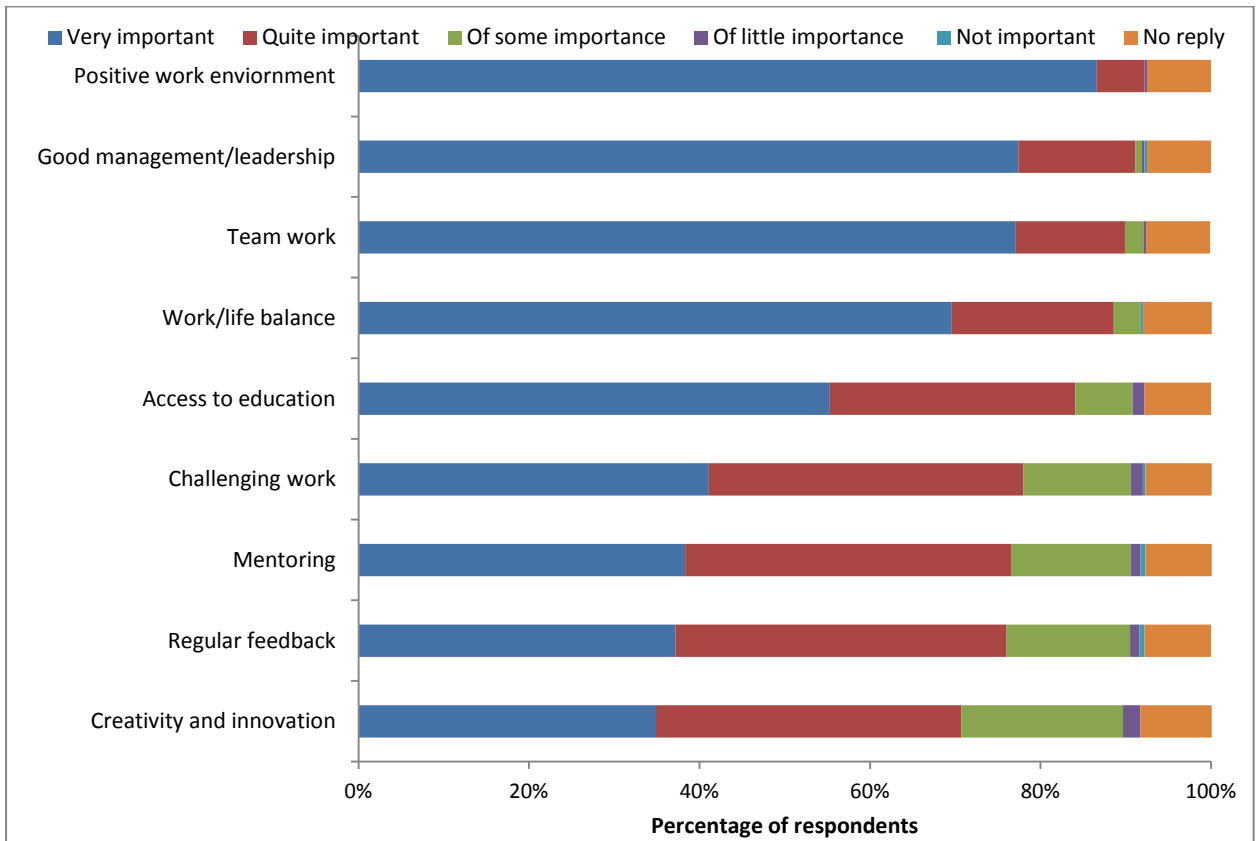
Figure 18: Career factors important to respondents.

6.6.11 Career factors evident in nursing

Respondents were asked to answer 'yes' or 'no' as to whether the above nine career factors were evident in nursing. Non-responses range from 8.1% (*n*=29) to 17.3% (*n*=62). While it was apparent that all nine career factors were evident in nursing there was no unanimous agreement about any one factor being evident (see Figure 19).

For the majority the most apparent factors were challenging work (88.3%, *n*=316), access to education (83.2%, *n*=298), team work (78.2%, *n*=280), and positive work environment (70.1%, *n*= 251). Good management/leadership was evident for 65.4% (*n*=234) of respondents. A similar number (63.7%, *n*=228) noted that work/life balance is apparent as is mentoring (60.9%, *n*=218). A little over half of the respondents noted that regular feedback occurs (56.1%, *n*=201) while less than half (45.5%, *n*=163) suggested that creativity and innovation occurs in nursing.
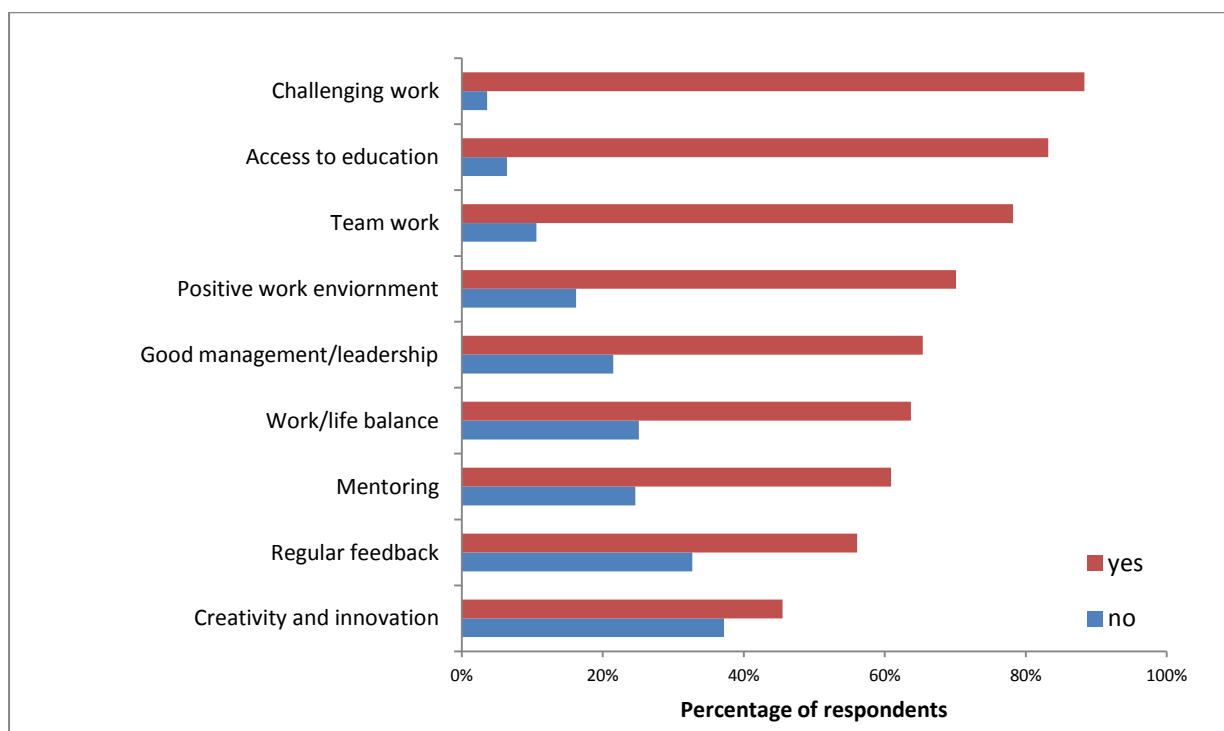
Figure 19: Career factors evident in respondent's nursing career.
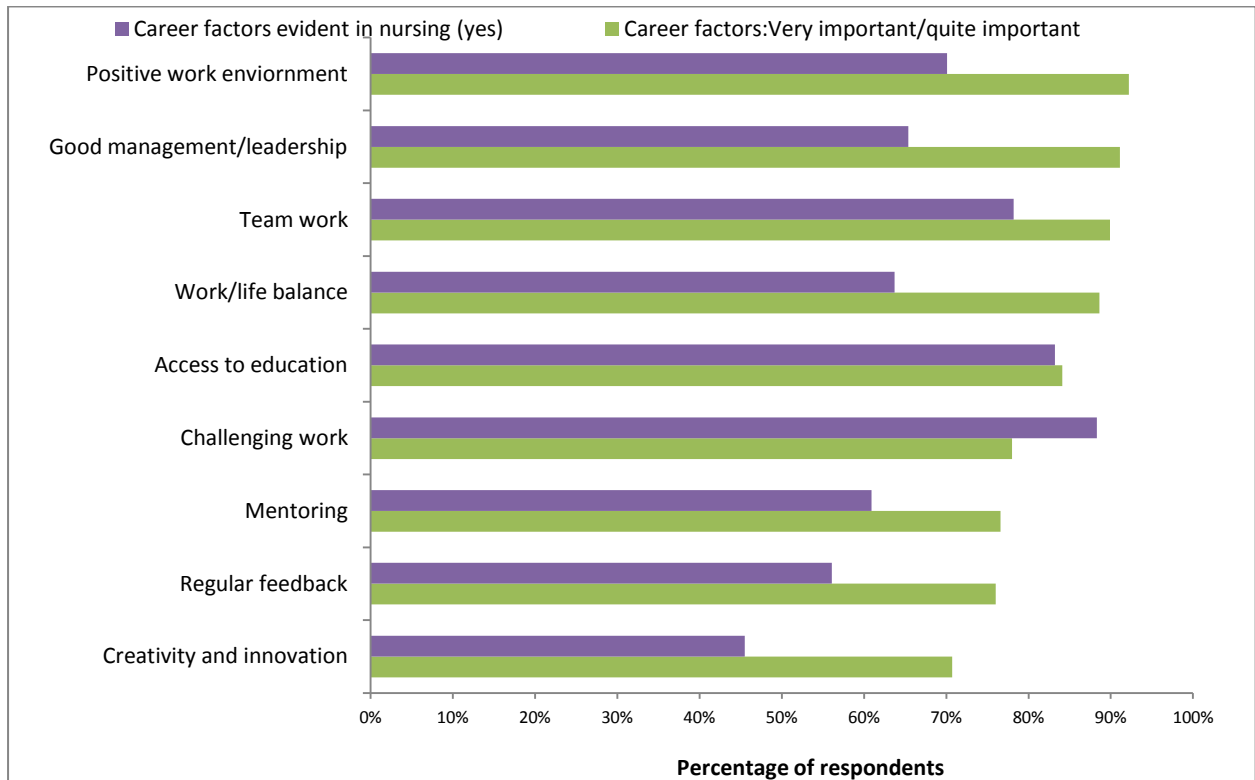
Figure 20: Career factors evident in nursing compared to career factors considered very important or quite important.

Figure 20 shows a comparison of very important/quite important replies from respondents when they were asked to consider how important nine career elements were to them. A 'positive work environment' was rated very highly by 92.2% (*n*=330) while only 70.1% (*n*=251) noted that this element was evident in nursing. Correspondingly, 91.1% (*n*=326) considered 'good management/leadership' to be quite/very important however, it was only evident to 65.4% (n=234). Likewise 'team work' was greatly valued, 89.9% (*n*=322) rate it is as quite/ very important, yet it was evident to only 78.2% (*n*=280). Similarly 'work/life balance' was rated as quite/very important by 88.6% (*n*=317) yet it was only evident to 63.7% (*n*=317).

There was agreement about the career element 'access to education'. It was rated as quite/very important for 84.1% (*n*=301) and evident to 83.2% (*n*=298). The reverse was apparent for 'challenging work' which was rated as quite/very important for 78% (*n*=279) yet evident for 88.3% (*n*=316). Mentoring was considered to be quite/very important for 76.6% (*n*=274) yet it was only apparent for only 60.9% (*n*=218). Comparable results were obtained for the concept of 'regular feedback'; quite/very important for 76% (*n*=272) yet evident to

only 56.1% (*n*=201). Finally 'creativity/innovation' was considered quite/very important for 70.7% (*n*=253) while this was evident to only 45.5% (*n*=163).

6.6.12 The need for a work life balance

Respondents were asked if having a balanced lifestyle was important to them, to which an overwhelming 89.9% (*n*=322) said yes, 1.1% (*n*=4) said no, and 32 (*n*=8.9%) did not reply. Respondents were then asked to describe a balanced lifestyle. Replies were received from the majority of respondents (86%, *n*=307). Three categories were evident: work life, personal life and a combination of work/life as noted in Figure 21. Examples of comments are detailed in Table 3.
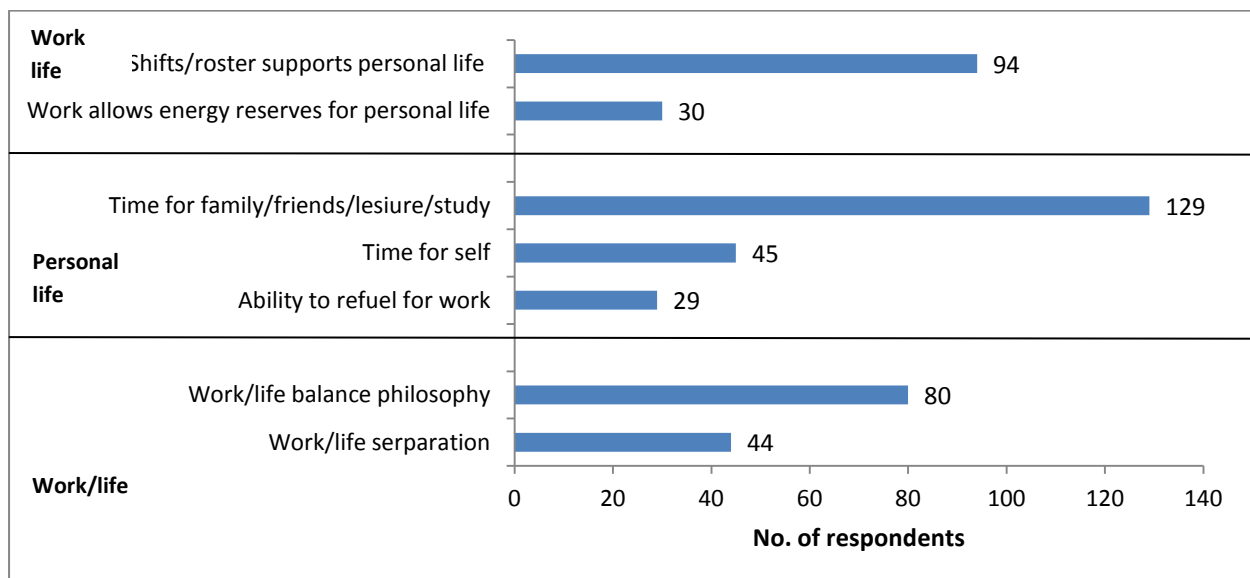
Figure 21: Respondents' comments describing a balanced lifestyle.

6.6.13 Work life

Respondents were very clear that it was crucial that work shifts and/or rosters needed to be designed to take into account the need for them to be able to enjoy a personal life and hence maintain a balanced lifestyle. In addition, many respondents wrote about the need for workloads that did not physically drain them so much that they needed to spend all of their personal time recovering their energy levels to return to work.

6.6.14 Personal life

Overwhelmingly respondents wanted to be able to spend time with family and friends as well as having time for leisure activities and some study. In addition, respondents noted that they had a personal responsibility to ensure that they were rested enough in order to 'refuel' their energy level to be ready for work.

6.6.15 Work/Life

In addition, respondents identified a work/life combination where work and life were viewed as 'two sides of the same coin'. A category of work/life philosophy was evident where work and life needed to work together to achieve the balance they desired. Further, a category of the need for work and life to be separated was evident. Many respondents were adamant that they needed to 'leave work at work' and did not want work intruding into their private lives. No comments were received that indicted that respondents wanted work/life integration. Comments are detailed in Table 4.

Table 4: Comments from individual respondents about a balanced lifestyle

Category: A balanced lifestyle (451)	
Subcategory	**Example**
Work life (124)	
Shifts/roster supports personal life (94)	*"A balanced lifestyle for me is having a job which enables me to do my forty hour week, but rosters me on shifts where it is understood that I have a life outside of work"*
	"Having a healthy roster system which enables you to have adequate time off to enjoy activities out of work"
Work allows reserves for personal life (30)	*"Consistently having sufficient time and energy after work commitments to dedicate to home and family"*
	"Having time and energy to spend with friends and family. Not always being exhausted physically and mental from work e.g. short changes, understaffing, difficult patients. More than one day off in a row. Being able to attend important/ significant events in your life"

Table 4: Comments from individual respondents about a balanced lifestyle. (cont'd)

Category: A balanced lifestyle	
Subcategory	**Example**
Personal life (203)	
Time for family/friends/leisure/study (129)	*"A balanced lifestyle for me would be like you get the feeling that you have worked hard for the week and then have your days off and going back to work all excited and totally recharged because you've had your work days and get the chance to actually experience rest/fun days*
	Leaving work at work. Keeping healthy and fit and having time to particpate (sic) in hobbies and spend time with family and friends
	"Also having other interests to make up for the lack of some things in nursing. Eg.(sic) Helping my sister to start her fashion design career "
	"having enough time to finish educational papers"
Time for self (45)	*"being able to take holidays "*
	"Not burning out. Enjoying Life"
	"Good life/work balance. Healthy eating - a little of everything in moderation. Daily exercise - at least half an hour. Spiritual wellbeing"
Ability to refuel for work (29)	*"That I have enough time to myself so I can rest and refuel"*
	"Carrying out extracurricular activities and not sacrificing many aspects of your life for your job but ensuring that you do have the energy needed to perform at your best in your job"

Table 4: Comments from individual respondents about a balanced lifestyle. (cont'd)

Category: A balanced lifestyle	
Subcategory	**Example**
Work/life (124)	
Work/life philosophy (80)	*"a life where i (sic) give equal importance to job satisfaction and a fulfilling family life"*
	"bieng (sic) able to accomplish set goals at work and have good results at the end, and keeping a happy family at home"
	"not feeling like you live at work and having looked back on your week and be able to say you had time to do more then just work eat and sleep"
Work/life separation (44)	*"coming home and not ruminating about work"*
	"being able to go home from work without having to take your work home with you"
	"a balanced lifestyle is also being able to remove yourself from work and leave it behind"

Note: Numbers in brackets = *number of comments*

n=307

6.7 Research aim 3: How long do these nurses intend to stay in the nursing profession?

6.7.1 Career commitment

In section three of the survey, 'career commitment', respondents were asked to rank their responses to seven statements on a five point Likert scale of: 'strongly agree', 'agree', 'neither agree nor disagree' and 'strongly disagree' (see Appendix A). The seven statements were designed by Blau (1985) specifically to explore attitudes to career commitment.

6.7.2 Overview of results: Career commitment

Results indicated that most respondents liked nursing too well to give it up at present although several respondents were undecided. A minority were disappointed that they had entered nursing. Many noted that they would continue to nurse even if they did not need the income while just over half would not change to another profession with a similar income at this time. A minority would go into another profession if it paid the same. A minority would not choose to become a nurse if they were able to 'do it all again', while the majority definitely wanted a career in nursing while few respondents viewed nursing as a lifelong career option. Results are detailed in the following section.

6.7.3 Career commitment

Non responses for this section range from 12.6% (*n*=45) to 15.6% (*n*=56). Results indicated that most respondents (63.4%, *n*=227) strongly agree/agree that they currently like nursing too well to give it up, a minority (8.1%, *n*=29) disagree/strongly disagree, however, 15.6% (*n*=56) returned a neutral response of neither agree or disagree indicating that many respondents are as yet undecided about their career intentions regarding nursing (see Figure 22). Conversely only a minority 4.2% (*n*=15) strongly agree/agree with the statement 'I am disappointed that I ever entered the nursing profession' while the majority 73.8% (*n*=264) disagree/strongly disagree with this statement. Fewer respondents 6.4% (*n*=23) offered a neutral response of neither agree nor disagree.

Results to the statement 'if I had all the money I needed without working, I would probably still continue to work in the nursing profession' are comparable to the previous statement of ' I like nursing too well to give it up'. Most respondents (63.7%, *n*=228) strongly agree/agree that they would continue to nurse even if they did not need the income.

With regards to the statement 'if I could go into a different profession other than nursing which paid the same I would probably take it', just over half of the respondents 51.3% (*n*=184) disagree/strongly disagree, indicating that they would not change from nursing for a job with a similar income at this time. A minority (12.8%, n=46) strongly

agree/agree that they would go to a different profession if it paid the same. A minority (10.6%, *n*=38) strongly agree/agree with the statement 'if I could do it all over again I would not chose to work in the nursing profession' while the majority 65.6% (*n*=235) disagree/strongly disagree with this statement. The majority of respondents 68.7% (*n*=246) strongly agree/agree with the statement 'I definitely want a career for myself in the nursing profession'. However, fewer respondents (41.9%, *n*=150) strongly agree/agree with the statement 'this (nursing) is the ideal vocation for a life's work' while over a third (35.2%, *n*=126) neither agree nor disagree and a minority, 8.9% (*n*=32) disagree/strongly disagree.
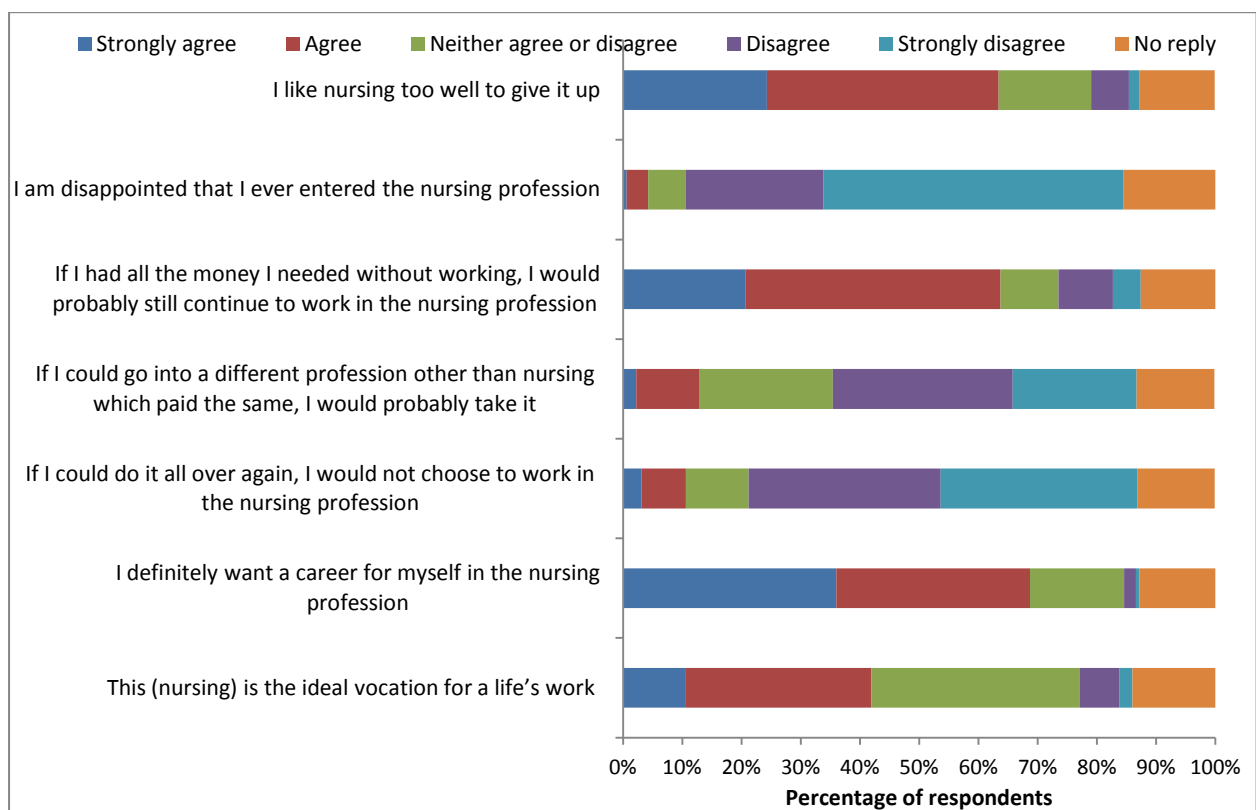
Figure 22: Respondents' career commitment to nursing.

6.7.4 Attitudes to nursing

In section seven of the survey, 'attitudes to nursing', the respondents were asked to rank their responses to 18 statements "designed to measure commitment to the nursing profession" (R. McCabe, et al., 2003, p. 47) on a five point Likert scale of: 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' and 'strongly disagree'(see Appendix A). The statements, offered in a random order, were associated with three areas of professional commitment: 1) affective commitment (commitment to a profession due to intrinsic rewards or emotional attachment, 2) continuance commitment (remaining in a profession due to personal needs such as lack of alternatives or inertia), and 3) normative commitment (personal sense of obligation) (Encyclopedia.com, 2006; R. McCabe, et al., 2003).

6.7.5 Overview of results: Attitudes to nursing

Respondents had personal ideals which supported their affective commitment to the nursing profession, such as being proud to be a nurse and enjoying nursing work.

Continuance factors influencing respondents to stay in the profession included the financial cost of changing professions as well as the personal cost of needing to make sacrifices and the difficulty of changing. Nonetheless, for a significant number (almost a quarter of respondents) these factors were not seen as barriers to changing to another profession, while almost half of the respondents felt that there was no pressure to remain in the profession.

Respondents did not hold strong social or normative commitment values relative to nursing. Most respondents did not feel obligated to remain in the profession nor do they have a sense of loyalty to it. Few would have felt guilty if they had left the profession as they mostly did not feel socially obligated to stay and did not have a sense of a need to stay in a profession that they had been educated in. However, most did not feel that it was currently the right time to leave the profession. Results are detailed in the following section.

6.7.6 Affective commitment

Non-responses for this section range from 15.4% (*n*=55) to 16.8% (*n*=60). Results for the respondents' affective commitment towards nursing reflect the results to the previous section of Blau's (1985) measure of attitudes towards nursing and career commitment (see Figure 23). The respondents were overwhelmingly proud to be nurses. The majority (80.7%, *n*=289) strongly agree/agree that they are proud to be a nurse while only 0.8% (*n*=3) disagree/strongly disagree and very few weren't sure 3.1% (*n*=11) neither agreed nor disagreed. Likewise the respondents were excited about the profession. Most respondents

(73.2%, *n*= 262) strongly agree/agree that they are enthusiastic about nursing while a small group are not: 2% (*n*=7) disagree/strongly disagree.

Correspondingly, very few respondents had an aversion to nursing, with only 2% (*n*=7) strongly agree/agree that they dislike nursing while 75.5% (*n*=270) disagree/strongly disagree. Similarly, 2.8% (*n*=10) respondents strongly agree/agree that they do not identify with the nursing profession while 72.4% (*n*=259) disagree/strongly disagree. Correspondingly, 3.3% (*n*=12) strongly agree/agree that they regret having entered the nursing profession while 72.9% (*n*=261) disagree/strongly disagree.

While the majority of respondents were proud to be nursing and are enthusiastic about their choice of career nursing, it was not necessarily viewed by the respondents as being important to their intrinsic sense of self image/self esteem. While a little more than a third (33.3%, *n*=119) strongly agreed/agreed that nursing was important to their self image a further 29.9% (*n*=107) neither agreed/nor disagreed while 20.3% (*n*=73) disagreed/strongly disagreed.
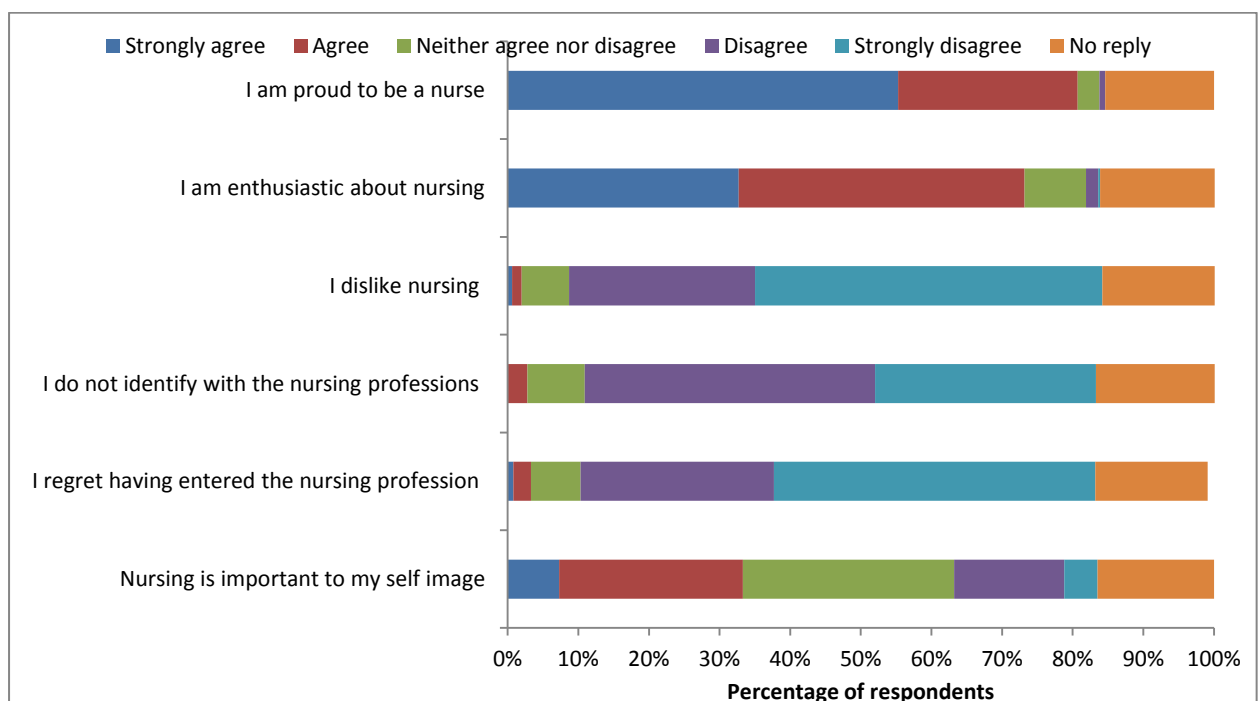
Figure 23: Respondents' affective commitment to the nursing profession.

6.7.7 Continuance commitment

Non-responses for this section range from 16.5% (*n*=59) to 16.8% (*n*=60). Results from this section suggest that respondents perceived that there was little pressure for them to remain in nursing (see Figure 24). Almost half (43.8%, *n*=157) strongly agree/agree with the statement 'there are no pressures to keep me from changing professions' while almost a quarter (24.3%, *n*=87) noted that they neither agree/nor disagree. Only 14.6% (*n*=52) disagreed/strongly disagreed with the statement. With regard to the statement 'I have put too much into nursing to consider changing now' there was a somewhat even spread of opinion with 31% (*n*=111) strongly agreeing/agreeing while 34.6% (*n*=124) disagree/strongly disagree. However almost half of the respondents (48%, n= 172) strongly agree/agree that it would be too costly to change professions now while only 22% (*n*=79) disagree/strongly disagree. Likewise, 50% (*n*= 179) of respondents strongly agree/agree that changing professions would require considerable personal sacrifice while 20.1% (*n*=72) disagree/strongly disagree. Similarly, 41.9% (*n*=150) strongly agree/agree that changing professions at this time would be difficult while 23.7% (*n*=79) disagree/strongly disagree. Correspondingly, 39.1% (*n*=140) of respondents strongly agree/agree that too much of their life would be disrupted if they were to change profession while slightly fewer, 27.9% (*n*=100), disagree/strongly disagree.
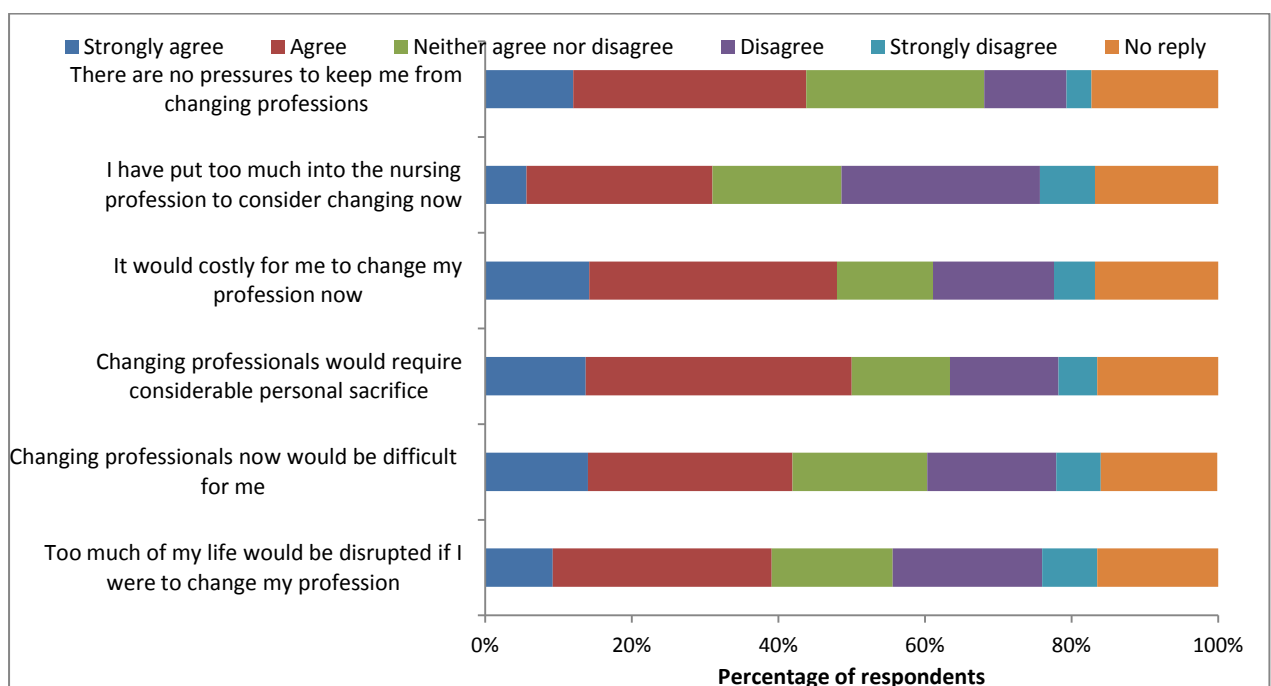
Figure 24: Respondents' continuance commitment to the nursing profession.

6.7.8 Normative commitment

Non responses for this section range from 15.9% (*n*=57) to 17% (*n*=61). Results for normative commitment show the respondents felt little social obligation to remain in nursing (see Figure 25). Most (47.3%, *n*=169) strongly agree/agree that they do not feel an obligation to the nursing while only 17.1% (*n*=61) disagree/strongly disagree. However, 42.2% (*n*= 151) strongly agree/agree that 'even if it was to my advantage I do not feel it would be right to leave the profession at the moment' with 42.2% (*n*=151) while 22.1% (*n*=79) disagree/strongly disagree.

Some respondents, 21.8% (*n*=78) strongly agree/agree that they are in nursing due to a sense of loyalty to the profession while others (38.5%, *n*=138) disagree/strongly disagree while almost a quarter (23.7%, *n*=85) neither agreed nor disagreed. A few respondents, 17.9% (*n*= 64) strongly agree/agree that they would feel guilty if they left nursing; however, many, 47.8% (*n*= 171) disagree/strongly disagree. Similarly, a few (19%, *n*= 68) strongly agree/agree with the statement 'I believe that people that have been educated in a profession have a responsibility to stay in that profession for a reasonable amount of time' while 50.6% (*n*=181) disagree/strongly disagree with this concept.

Likewise 24.3% (*n*=27) strongly agree/agree that they feel a responsibility to the nursing profession and hence a need to continue with it while 35.7% (*n*=128) disagree/strongly disagree. However, almost a quarter of respondents, 22.9% (*n*=82) neither agreed nor disagree with the statement 'I feel responsible to the nursing profession to continue in it'.
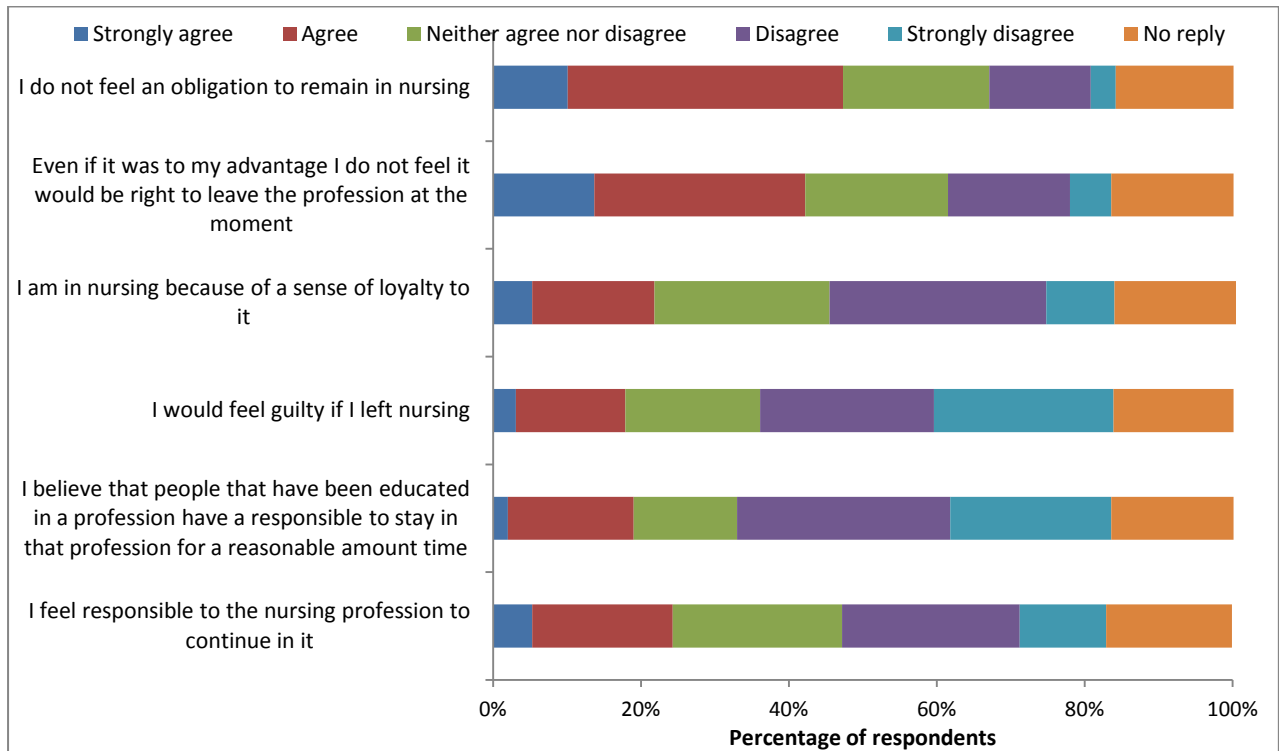
Figure 25: Respondents' normative commitment to the nursing profession.

6.8 Research aim 4: What intrinsic and extrinsic factors influence these nurses to either remain in or exit from the healthcare workforce?

In section five of the survey the respondents were asked to rank their responses to 19 statements related to their working environment on a five point Likert scale of: 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' and 'strongly disagree'(see Appendix A). The statements were offered in a random order. The statements can be considered as being divided into two categories. Firstly, intrinsic factors are attitudes towards achievement via promotion/advancement and attitudes to the work of nursing itself (see Figures 26 & 27). Secondly, extrinsic factors are attitudes towards interpersonal relationships with peers and the public and attitudes towards work conditions and supervisors (managers) (Figures 28 & 29), as noted by Herzberg et al. (1959).

6.8.1 Overview of results: Working environment

There was no apparent consensus view amongst the respondents regarding their attitudes towards a career in nursing via promotion with regard to the competing intrinsic factors of family, promotion and salary. For all statements in this section, with the exception of promotion equalling a significant increase in work-related reasonability, there were a significant number of respondents who were undecided. Overall respondents viewed themselves as career motivated but were not generally prepared to advance their careers via promotion if a promotion meant they would have less time with their families. In fact many were willing to trade off a pay increase if it meant more time with family.

Many would have refused promotion if it meant that they would have less time in a clinical/'hands on nursing' role. In turn, there was little agreement amongst respondents about whether promotion would equal more autonomy. Nor was there agreement that there were enough promotion opportunities in nursing. In turn, respondents were unclear if promotion would result in greater job related stress but there is agreement that a promotion would result in significantly more responsibility. Nursing work was considered by many respondents to be repetitive and stressful while paperwork associated with the role is seen as relatively straight forward.

There was consensus amongst respondents regarding intrinsic factors related to nursing work. Many respondents felt that nurses were respected and appreciated by other health professionals while almost a quarter were unsure. Of concern, slightly more than a third of respondents considered that bullying of co-workers was prevalent. Verbal and physical abuse from members of the public did not appear to be widespread.

There was little consensus about extrinsic organisational factors. While many nurses felt that the physical work environment was very pleasant many were unsure. With regard to management, opinion was divided about whether management respect and appreciate nurses. Findings are detailed in the following sections.

6.8.2 Intrinsic factors: Attitude to career advancement via promotion

Non-responses for this section ranged from 14.8% (*n*=53) to 15.6 (*n*=56). Most respondents considered themselves to be career motivated: 61.2% (*n*=219) strongly agreed/agreed that they were 'really career motivated' while only 11% (*n*=59) disagree/strongly disagree. Some respondents, 18.4% (*n*=66), neither agreed nor disagreed. With regards to the statement 'time with family is more important than promotion', 58.3% (*n*=119) of respondents strongly agreed/agreed while only 5.8% (*n*=21) disagreed/strongly disagreed, while many respondents (20.7%, *n*=74) neither agreed nor disagreed. As evidence of this, many respondents were prepared 'to trade off a pay increase for more time with family' with 36.3% (*n*=130) strongly agree/agreeing. However many were undecided about this as 28.8% (*n*=103) neither agreed nor disagreed. Few respondents (18.7%, *n*=75) disagreed/strongly disagreed indicating that they would have been prepared to take a pay increase even it meant less time with family.

There was little consensus regarding the respondents' view about being prepared to have a reduced clinical role due to promotion. Some, 30.4% (*n*=109), strongly agreed/agreed that they would 'refuse promotion if it took me out of hands on nursing'; however, a similar number, 33.5% (*n*=120), returned a neutral neither agree nor disagree response to the statement while 21% (*n*=75) disagreed/strongly disagreed. Similarly, 33% (*n*=118) neither agreed nor disagreed with the statement 'If I was promoted I would have a greater say over my hours of work' while a comparable number 36% (*n*=129) strongly agreed/agreed and a minority (15.4%, *n*=55) disagreed/strongly disagreed. Nor was there a consensus view amongst respondents regarding opportunities for promotion. While 29% (*n*=104) of respondents strongly agreed/agreed that there are not enough opportunities for promotion in nursing, an almost equivalent number 28.8% (*n*=103) neither agreed nor disagreed while correspondingly 26.8% (*n*=96) disagreed/strongly disagreed. In a similar vein, respondents were unsure if career advancement would make their work more stressful. While 29.3% (*n*=105) strongly agreed/agreed that career advancement would make their work more stressful, an almost equal number, 28.8% (*n*=103) were unsure and neither agreed nor disagreed while slightly less, 26.2% (*n*=94) disagreed/strongly disagreed. Respondents

overwhelmingly strongly agreed/agreed (71.8%, *n*=203) that promotion would significantly increase their level of responsibility while only 10.6% (n=38) neither agreed nor disagreed and a minority, 2% (*n*=7), disagreed/strongly disagreed.
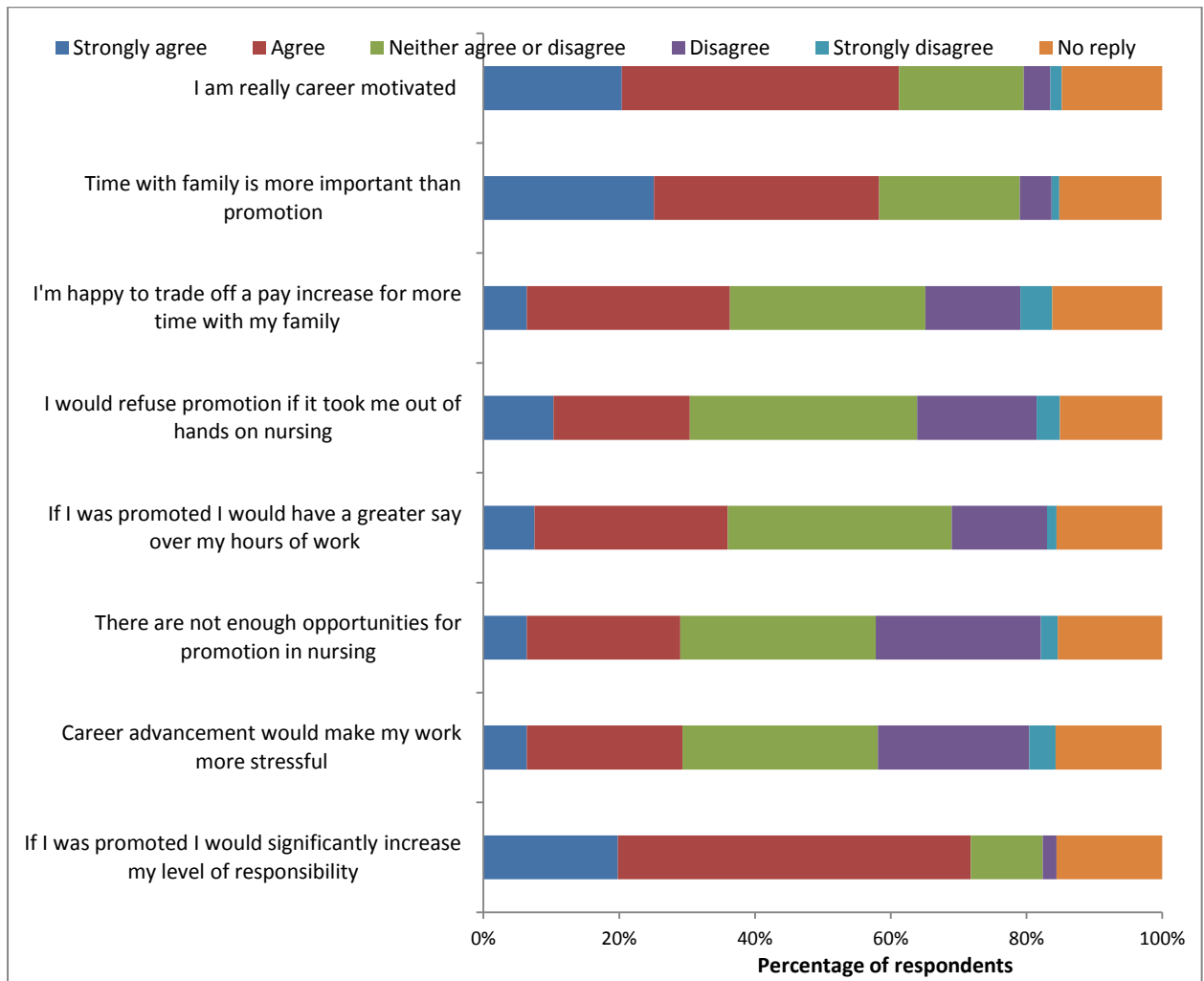
Figure 26: Respondents' attitudes towards advancement in nursing via promotion (intrinsic factors).

6.8.3 Intrinsic factors: Attitudes to nursing work itself

Non-responses for this section ranged from 15.1% (*n*=54) to 16.5 (*n*=59). Some respondents (38.9%, *n*=139) strongly agreed/agreed that they perform the same tasks over and over again (see Figure 27). Almost half of the respondents (46.6%, *n*=167) strongly agreed/agreed that they find nursing stressful, with a further quarter (25.4%, *n*=91) unsure as they neither agreed nor disagreed. Only a minority, 12.8% (*n*=58), disagreed or strongly disagreed with the statement 'I fine nursing stressful'. Other respondents, 42.8% (*n*=153), strongly agreed/agreed that the paper work associated with the job is relatively straight forward.
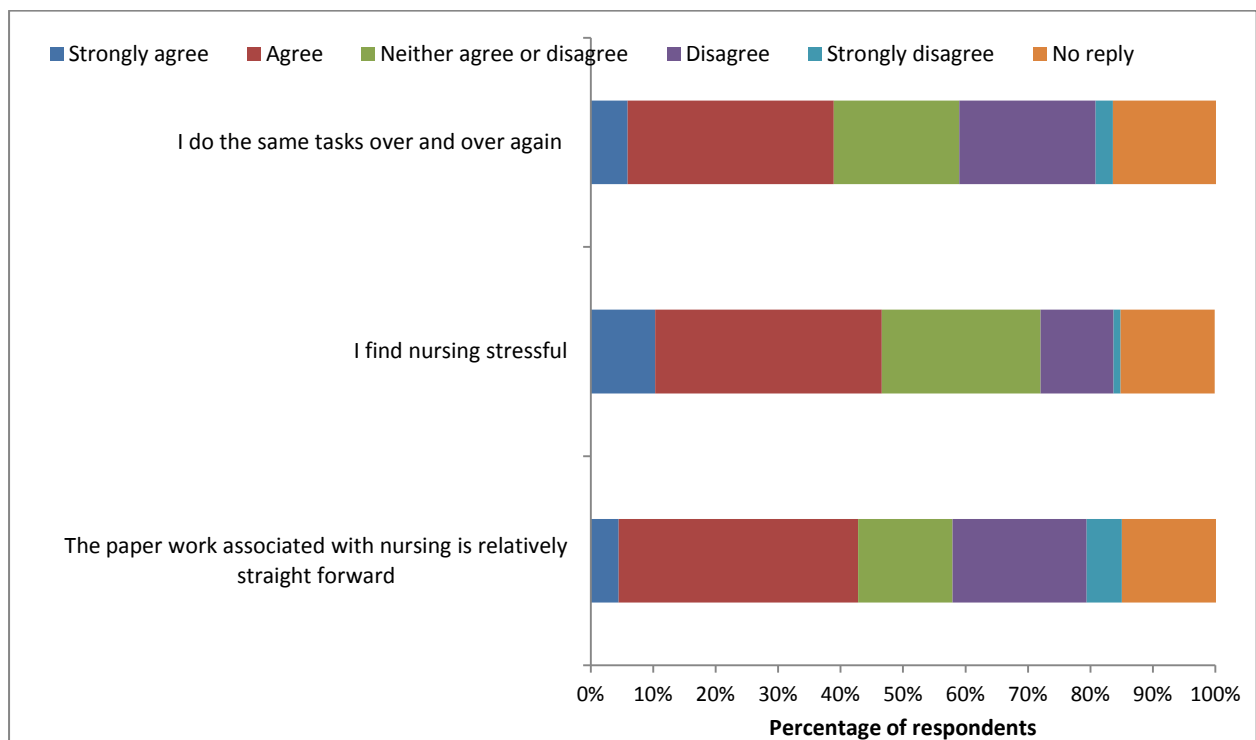
Figure 27: Respondents' attitudes towards nursing work (intrinsic factors).

6.8.4 Extrinsic factors: Interpersonal relationships with peers and the public

Non-responses for this section ranged from 14.5% (*n*=52) to 15.6 (*n*=56). Some respondents 48.9% (*n*=175) strongly agreed/agreed that nurses are respected by other health professionals while a similar number (48.1%, *n*=172) strongly agreed/agreed that other professionals appreciate the effort of nurses, while 24.9% (*n*=89) neither agreed nor disagreed. Just over a third (36.9%, *n*=132) strongly agreed/agreed that bullying of nurses by co-workers is evident; however, most 70% (*n*=207) disagreed/strongly disagreed that they regularly experience physical abuse from members of the public while somewhat fewer (55%, *n*=197) disagreed/strongly disagreed that they regularly experience verbal abuse from the public.
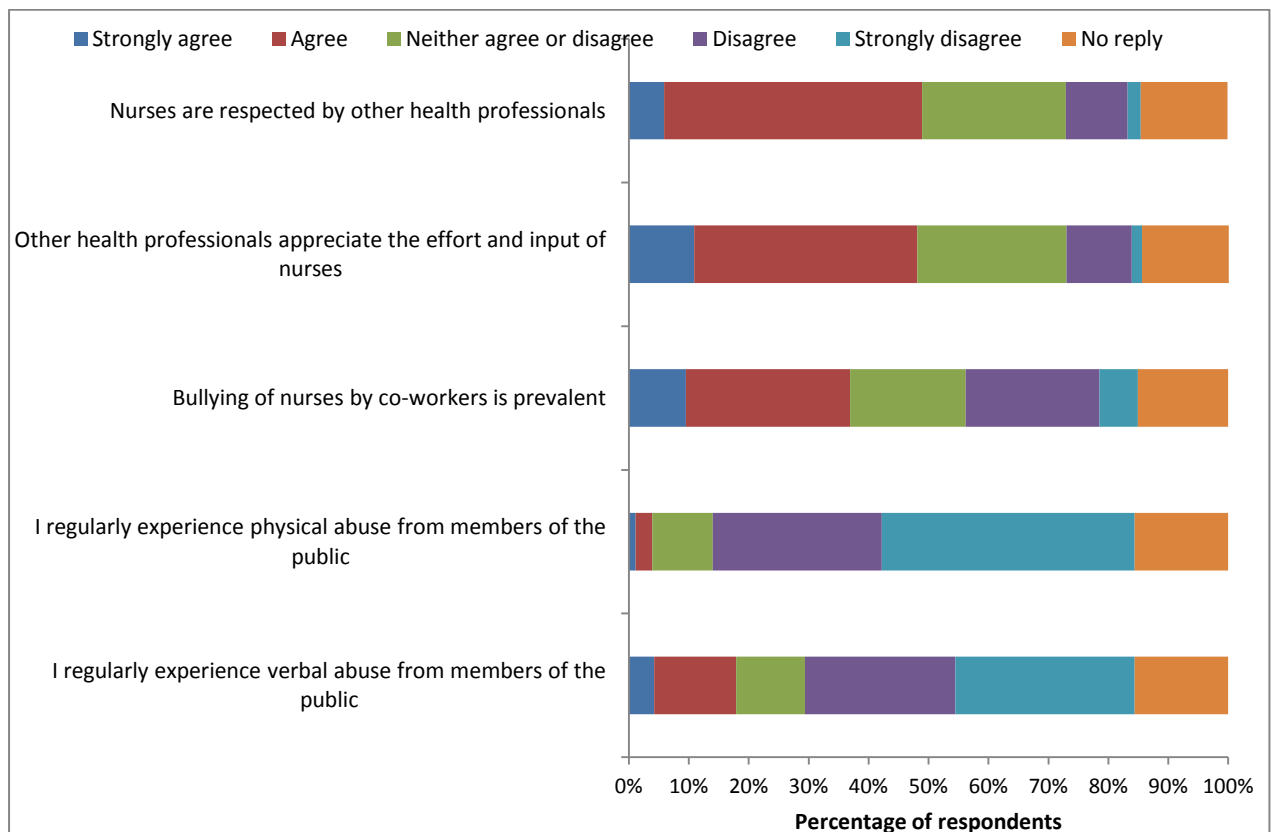
Figure 28: Respondents' attitudes towards interpersonal relationships with peers and the public (extrinsic factors).

6.8.5 Extrinsic factors: Work conditions and supervisors (management)

Non-responses for this section ranged from 15.1% (*n*=54) to 15.4 (*n*=55). While some respondents (47%, *n*=168) strongly agreed/agreed that their work environment is very pleasant almost a quarter of respondents were unsure; 23.7% (*n*=85) neither agreed nor disagreed. There was little consensus amongst respondents regarding the statement 'nurses are respected by management'; while 35.5% (*n*=127) strongly agreed/agreed with this view a quarter of respondents were unsure 25.4% (*n*=91) while a comparable number (24%, *n*=82) strongly disagreed/disagreed. Similarly, there was little agreement to the statement 'management appreciates the effort and input of nurses', with 34.9% (*n*=125) strongly agreeing/agreeing, 27.1% (*n*=97) neither agreeing nor disagreeing, and 22.9% (*n*=89) strongly disagreed/disagreed.
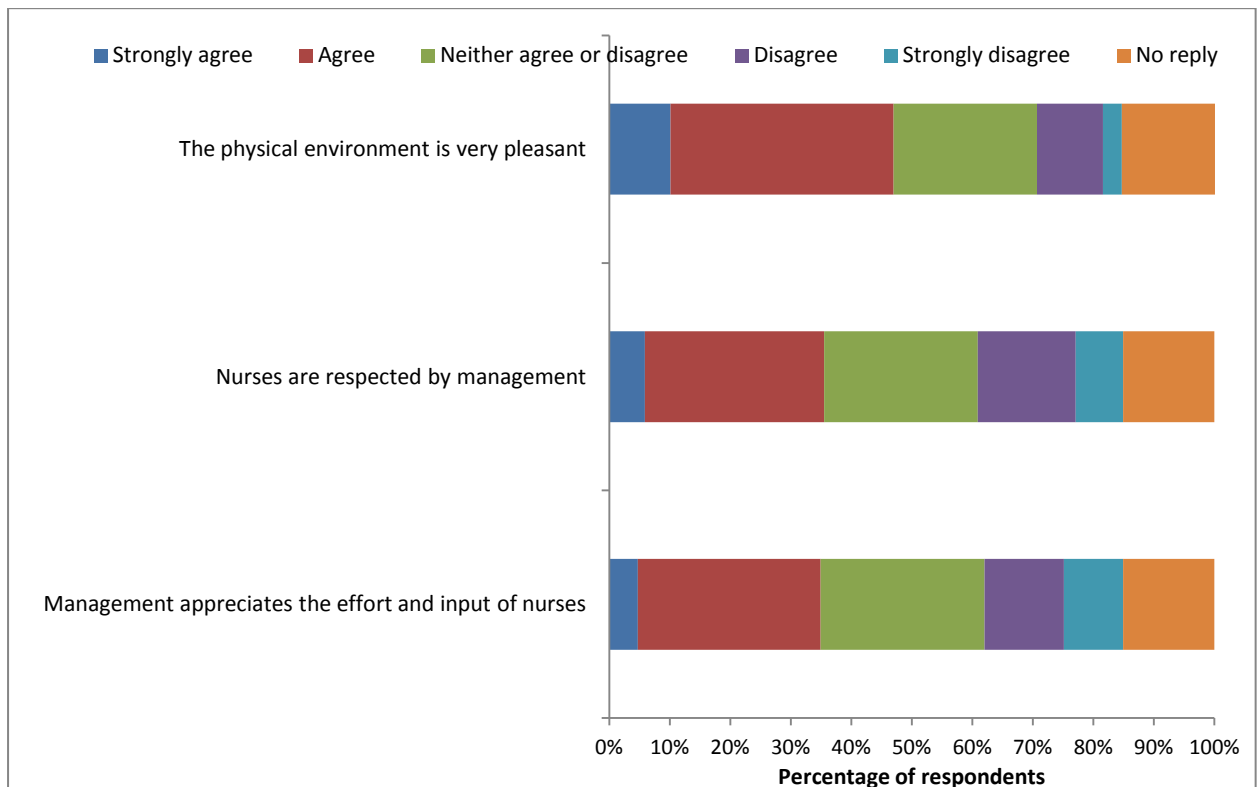
Figure 29: Respondents' attitudes towards the working conditions and supervisors/management (extrinsic factors).

6.8.6 Satisfaction with nursing

In section six the respondents were asked to rank their responses to 15 statements related to their satisfaction with nursing on a five point Likert scale of: 'very satisfied', 'fairly satisfied', 'neither satisfied nor dissatisfied', 'fairly dissatisfied' and 'very dissatisfied' (see Appendix A). The statements were offered in a random order, however, the statements can be considered as being divided into the categories of intrinsic and extrinsic work motivating factors as noted by Herzberg (1959). Four statements relate to Herzberg's intrinsic categories of work itself, personal growth and recognition, while 11 statements relate to Herzberg's extrinsic categories of salary, work conditions, relationship with supervisor and relationship with peers (Figures 30 & 31).

In the final section of the survey, section eight, respondents were able to provide their personal comments by answering two open ended questions:

1. If there was one thing that you could change about nursing what would it be?

2. Do you have any comments about nursing that you would like to add?

6.8.7 Overview of results: Satisfaction with nursing

The respondents' satisfaction with intrinsic factors of nursing was mixed. They were overwhelmingly satisfied with their job as a nurse and mostly satisfied with the care that they are able to provide patients. However, respondents were less satisfied with opportunities for education and public recognition of nurses.

By contrast most respondents were satisfied with extrinsic factors. The majority considered the pay to be satisfactory. Most were satisfied with their personal safety but less satisfied with the equipment and materials they have to work with. The respondents viewed the proportion of experience and casual staff to be reasonable while the nurse patient ratio was a concern for some. Half of the respondents noted that they were satisfied with the nationwide education programmes, namely Nurse Entry to Practice (NETP) Professional Development and the Recognition Programme (PDRP). However, a fifth of respondents did not answer the questions related to the Professional Development Recognition Programme. This may have been because the respondents who had only been engaged in nursing for a short time may not have been well-informed about this programme at this stage. The majority were satisfied with both the way they are supervised and other health professionals at their workplace, but somewhat less satisfied with senior management.

Regarding what one thing about nursing respondents wanted to change, most replies focused on the need to change working conditions, noted by Herzberg et al. (1959) to be a maintenance factor. The work conditions that respondents felt most needed to be addressed were improved shifts/rosters that took into account their personal needs, increased numbers of nursing staff to both decrease workloads and improve patient care, more personal support at work and higher nurse to patient ratios (to improve patient care). Salary was also mentioned as an important factor of work conditions that needed to be increased. Another key feature of issues that needed to be improved was the need for older nurses to be more respectful of younger nurses and for bullying of nurses by their peers (regardless of age) to stop. Further, the respondents would have liked to see an improvement in the regard that management has for nurses.

Few motivation factors were mentioned as issues of concern. The motivation factor that the respondents most wanted addressed was the need for greater recognition of nurses by the public and their inter-professional colleagues. In addition, some respondents noted that they would have liked to see improvements made to the undergraduate nursing degree, such as decreasing student loans and changing the curriculum to increase the science content. Two respondents wanted a move back to hospital based training.

Respondents were also able to share their general comments about nursing. This time more comments were received that related to Herzberg et al. (1959) motivation factors, with a focus on work itself and recognition. Most comments related to work itself were positive, with many respondents noting that nursing was a good career choice. Furthermore, many respondents commented about their passion for nursing. A few concerns were expressed, for example the need to decrease paper work and to expand the role of the nurse. One respondent noted that bullying was a concern for them. Similarly, to the question about 'what one thing would you change', some comments were received about the need for nurses to be more recognised by others, such as the public and their inter-professional colleagues.

Comments were also received about Herzberg et al.'s maintenance factors. The focus of the respondents' concerns were excessive or unsafe workloads that they felt became a barrier to them being able to provide that level of care that they wished to offer which in turn contributed to increased personal stress. Findings are detailed in the following sections.

6.8.8 Intrinsic factors: Work itself, personal growth and recognition

Non-responses for this section ranged from 15.1% (*n*=54) to 15.6 (*n*=56). In terms of work itself the majority of respondents were very satisfied/fairly satisfied with their job as a nurse (75.7%, *n*=271) and very satisfied/fairly satisfied with the nature of the care that they able to provide patients (72.9%, *n*=261). A slightly smaller majority, 69% (*n*=247) was very satisfied/fairly satisfied with opportunities available to improve their education while less than half (48.1%, *n*=172) were very satisfied/fairly satisfied with the public recognition given to nurses.
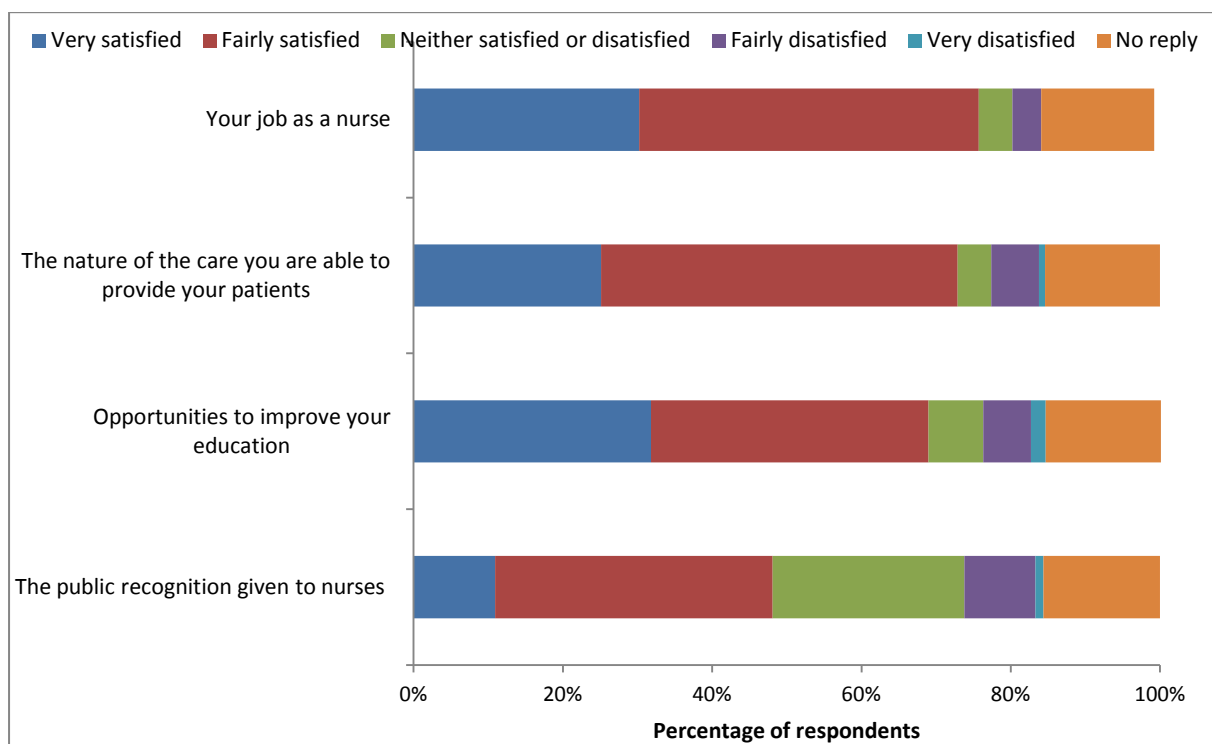
Figure 30: Intrinsic factors influencing respondents' satisfaction with nursing: Work itself, personal growth and recognition.

6.8.9 Extrinsic factors: Salary, work conditions, relationship with supervisor and relationship with peers

Non-responses for this section ranged from 15.1% (*n*=54) to 24% (*n*=86). More than half of respondents, 57.9% (*n*=207), were very satisfied/fairly satisfied with their pay. The majority are very satisfied/fairly satisfied (71%, *n*=254) with their personal safety at work but somewhat less satisfied with the equipment and materials that they work with, 55.5% (*n*=199) scoring this as very satisfied/fairly satisfied. Most were very satisfied/fairly satisfied (63.1%, *n*=226) with the proportion of experienced staff in their area, however, only 45% (*n*=161) were very satisfied/fairly satisfied with the proportion of casual staff while almost a quarter were unsure noting they are neither satisfied nor dissatisfied (23.7%, *n*=85). Slightly more than half were very satisfied/fairly satisfied (53.6%, *n*=192) with the nurse-patient ratio in their workplace; however, significantly almost a fifth of respondents, 19.3% (*n*=69), were fairly dissatisfied/very dissatisfied.

In terms of work-based programmes, half of the respondents (49.7%, *n*=178) were very satisfied/fairly satisfied with the nationwide PDRP; however almost a fifth of respondents (19.6%, *n*=70) did not reply to this question. A similar number 54.2% (*n*=194) were very satisfied/fairly satisfied with the nationwide NETP.

The majority (64.5%, *n*=231) were very satisfied/fairly satisfied with the way they are supervised, while only 47.8% (n=171) were very satisfied/fairly satisfied with senior management. Nevertheless, the majority (71%, n=254) were very satisfied/fairly satisfied with other peers/health professionals at their place of work.
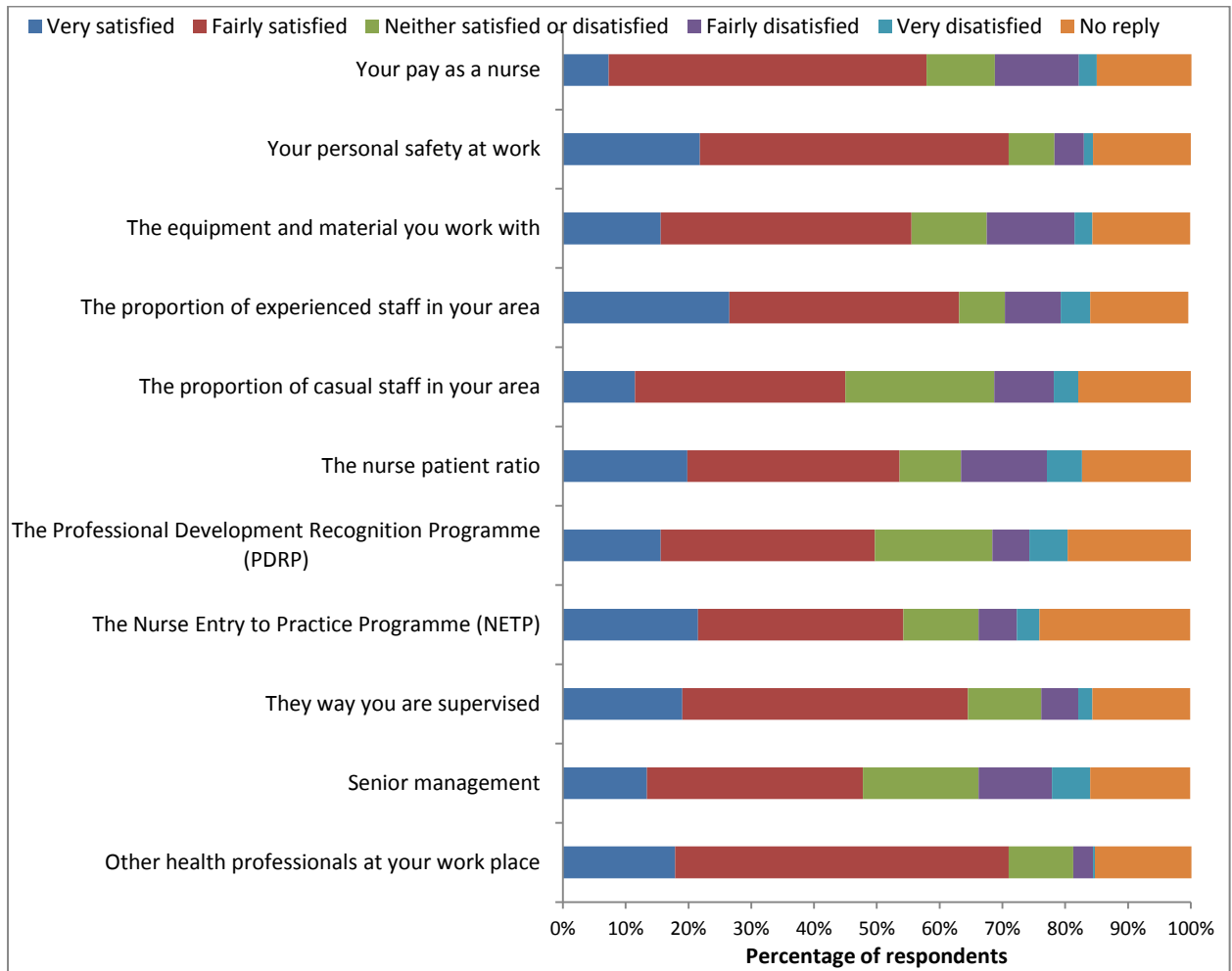
Figure 31: Extrinsic factors influencing respondents' satisfaction with nursing: Salary, work conditions, relationship with supervisors and relationships with peers.

6.9 What would you change about nursing?

Respondents were asked the question: what one thing would you change about nursing? Comments were received from 76% of the respondents (*n=271*). Data were coded to Herzberg's categories of motivation and maintenance factors. Overall more comments were received about Herzberg's maintenance factors (254 comments) than motivation factors (26 comments). An additional 20 comments were received which were specifically related to undergraduate nursing programmes (see Figure 32). Examples of the respondents' views are detailed in Table 4. There was no restriction on the amount of text that respondents were able to submit.
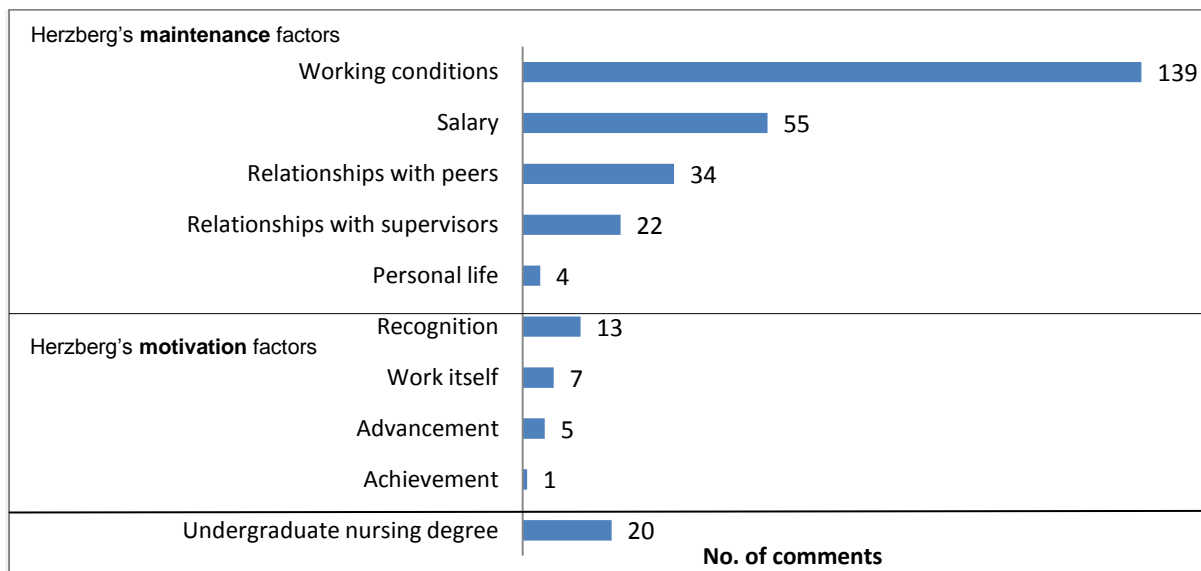
Figure 32: Comments received from the open ended question: what one thing would you change about nursing?

n=271*

* Responses total > than 271 as each respondent could report multiple responses

6.10 Maintenance factors

6.10.1 Work conditions

Most comments (139, 55% of all comments for maintenance factors) referred to the maintenance category of work conditions. The respondents would have liked to improve their working conditions by:

- Increasing/improving
    - Shift work (32 comments)
    - Staffing numbers (30 comments)
    - Personal Support (29 comments)
    - Nurse-patient ratio (11 comments)
    - Equipment (7 comments)
- Decreasing/improving
    - Work load (15 comments)
    - Paper work (15 comments)

The most cited concerns regarded as resources necessary to improve work conditions were improved shift work patterns, increased nursing staff and increased personal support. In addition, respondents wished to see an increase in the nurse-to-patient ratio as well as improvements to the equipment that they work with. As well as these, the need to decrease workloads and paper work were noted in equal measure as factors that needed to be changed and improved upon.

6.10.2 Salary

Salary was commented on by 55 respondents, all of whom wanted to have nursing salaries increased for recognition of their educational level and skill and/or for retention purposes.

6.10.3 Relationships with peers

Thirty four comments were received which related to maintenance factor 'relationships with peers'. Approximately half of the comments in this category were related to the need for other, mostly older nurses, to show more appreciation for younger nurses while the rest of the comments related to the need for bullying of nurses by their peers to stop.

6.10.4 Relationships with supervisors

Twenty two comments were associated with the category of 'relationship with supervisors'. The majority of these comments (18) noted the need for the respondents to see an improvement in relationships with supervisors, namely those in management positions. However, the terms management, managers and corporate were all used to describe relationships with supervisors, so it was not clear from the comments which management personnel or positions in particular were being targeted, such as unit/ward charge nurses, service managers, hospital/corporate managers. Four comments were specifically related to the need for supervisors (unspecified) to decrease their bullying of nurses.

6.10.5 Personal life

The least number of comments (4) was received about the maintenance factor 'personal life'. Changes that respondents would have liked to see were related to the need for a better work life balance.

No comments were received about the Herzberg maintenance categories of status, security, relationships with subordinates, supervision, company policy/administration.

6.11 Motivation factors

6.11.1 Recognition

The most commented on motivation factor was the category of 'recognition', with 13 comments received. The respondents wished to see the nursing profession more recognised by the public and other members of the inter-professional team for the work that nurses do. It was not clear from the comments what the term 'more recognition' meant, however five comments suggested that the public did not understand the role of the contemporary nurse.

6.11.2 Work itself

With regard to the motivation category 'work itself', seven comments were received, with a split between the need for nursing practice to offer more autonomy and the need for nursing to be less stressful.

6.11.3 Advancement

Five comments were received for the category 'advancement', with all respondents noting the need for more promotion opportunities.

6.11.4 Achievement

The one comment received for the motivation category 'achievement' noted the need for more postgraduate courses. No comments were received about Herzberg's motivation categories of responsibility or personal growth.

6.11.5 Undergraduate nursing degree

An additional 20 comments were received about the undergraduate nursing degree. Seven comments were received about the cost of student loans and the need to eliminate this, while two comments were received requesting a move back to hospital-based training. The remaining 11 comments were related to the nursing degree curriculum, such as the need to increase the science content, aligning all nursing programs and having one worldwide undergraduate programme.

Examples of Herzberg's motivation and maintenance factors, as well as comments about the nursing degree, identified by respondents are detailed in Table 5.

Table 5: Individual respondents' views about aspects of nursing they would like to change

Category: Maintenance factors	
Subcategories	**Example/meaning unit**
Work conditions (139)	
Increase:	
Shift work (32)	*"Shiftwork (sic) (in my current position), more friendly hours, would be great to create the work/life balance"*
Staffing (30)	*"Better staffing would not go astray either"*
Personal support (29)	*"support for emotional issues and tools to help support patients and their families though traumatic situations and the time to do that"*
	"As a first year nurse in my clinical area I have felt unsupported and thrown in the deep end. I understand that we are in busy times with little money but if there was anything i (sic) could change it would be how new graduate nurses are accepted into their placements. I feel many nurses need a big attitude adjustment about this and feel if we had a more positive response more young people like myself would stay in nursing"
Nurse-patient ratio (11)	*"The nurse-Patient Ratio. I see 1 nurse to 5-6 pts as a safety risk. At this ratio I feel you are unable to provide safe appropriate (sic) care. This is very dissatisfying (sic) as a nurse"*
	work load ... to allow us to spend more one on one time with patients"
Equipment (7)	*"Management: get them to walk around the wards/unit, get them to help with a lift to realise the terrible/unsafe equipment we have to work with"*
Improve:	
Work load (15)	*work load ... to allow us to spend more one on one time with patients"*
Paper work (15)	*"less time spent doing paper work and computer work and more time with patients"*
Salary increase(55)	*"The PAY"*
	"Better pay and more benefits!!! Like heath insurance etc! come on guys, get with the rest of the world!"
	"Pay that reflects the hard work that we do and the impact we make in healthcare"

Table 5: Individual respondents' views about aspects of nursing they would like to change. (cont'd)

Category: Maintenance factors	
Subcategories	**Example/meaning unit**
Relationships with peers (34)	
Bullying (15)	*"bullying attitude of other nurses, especially the older nurses who don't believe in the way we were trained"*
	"Nurses that bully other nurses, we need a great sense of team work to be able to do great things for our patients"
Attitudes (19)	*"nursing attitudes towards junior nurses. It is a common misconception that junior nurses have no knowledge or skills"*
	"That being a new graduate nurse you are considered inherently incompetent even though your degree is all about proving you are. The difference between performing safely the fundamental competencies of nursing and not knowing about specific area policy and procedure is not recognised. Any lacking (sic) in obscure local policy is seen as reflection on your ability to be competent and safe at a fundamental level"
Relationships with supervisors (22)	
Better management (18)	*that management recognized and respected the hard work that nurses do and showed appreciation!"*
	"Put people persons in management positions. It seems that nurse managers tend to be people who went into management to get away from patients, and therefore don\'t have very good interpersonal skills"
Decrease bullying by management (4)	*"Better managers who spent the time to build up members of the team instead of cutting them down at the first opportunity (Horizontal violence)"*
	"The bullying of management that has made all of the experienced staff leave"
Personal life (4)	*"better work/life balance"*
	"The feeling(sic) of duty to the place, eg (sic) feeling guilty asking for time off when the children are sick"

Table 5: Individual respondents' views about aspects of nursing they would like to change. (cont'd)

Category: Motivation factors (26)	
Subcategories	**Example/meaning unit**
Recognition (13)	*"The respect from other health professional. The general lack of uderstanding (sic)of what the nursing profession is by the general public as well as other health"*
	"feel nurses are incredibly valuabe (sic) within society & we are not always given the recognition we deserve"
Work itself (7)	
Increase autonomy (4)	*"more independence in practice"*
Decrease stress (3)	*"just the stressful times"*
Advancement (5)	*"more chance for promotion"*
Achievement (1)	*"more availability postgraduate courses"*

Category: Undergraduate nursing degree (20)	
Subcategories	**Example/meaning unit**
Curriculum (11)	*"I would put a lot more pathophysiology, anatomy and physiology, pharmacology and sociology into the nursing undergraduate programme.."*
	"Align all the undergraduate training degrees to be ultimately the same...for greater consistency and continuity"
Student loans/funding (7)	*"scrap student loans! make it more affordable to finish the training"*
Return to hospital base training (2)	*"Bring back hospital based training"*

Note: Numbers in brackets = number of comments per category/subcategory
n=271

6.12 Views about nursing

In the final part of the survey respondents were asked the question: Do you have any comments about nursing that you would like to add? Comments were received from 42% (*n*=150) of the respondents. Data were coded to Herzberg's categories of motivation and maintenance factors. Overall, more comments were received about motivation factors (106 comments) than maintenance factors (73 comments). An additional two comments were received about the nursing undergraduate (see Figure 33). Examples of the respondent views are detailed in Table 5. There was no restriction on the amount of text that respondents were able to submit.
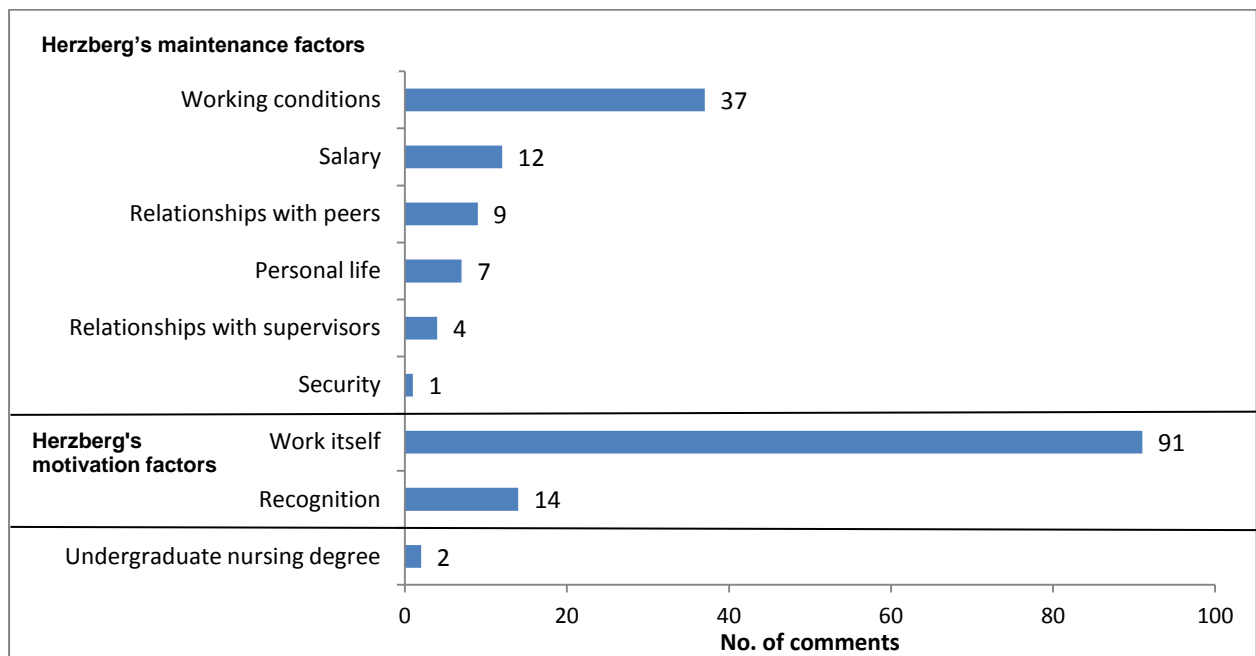
Figure 33: Comments received from the open ended question: Do you have any comments about nursing that you would like to add?

n=150*

* Responses total > than 150 as each respondent could report multiple responses

6.13 Maintenance factors

6.13.1 Work conditions

Most comments (37, 53% of all comments for maintenance factors) referred to the maintenance factor of work conditions. The respondent views about nursing related to work conditions were further categorised as:

- Concerns about
  - Excessive/unsafe workloads (16 comments)
  - Lack of support (5 comments)
  - Poor management (5 comments)
  - Stress (4 comments)
  - Profession issues (2 comments)
  - Lack of equipment (1 comment)
  - Nurse Entry to Practice Programme (2 comments)
  - Professional Development Recognition Programme (2 comments)

Regarding work conditions, respondents were concerned most about excessive and consequently unsafe workloads due to lack of nursing staff and high nurse-patient ratios. In addition, the allocation of patients whose care was too complex for the respondents' level of experience and the need for respondents to take on clinical management roles (e.g. coordinating a shift) before they felt ready to do so contributed to respondents feeling overworked. In addition, lack of support and poor management was viewed as having a negative impact on the respondents, which contributed to respondents either thinking about leaving their current positions or the profession. No definition of manager or management was offered so it was not clear if respondents were referring to managers (change nurses) at ward/unit level or organisational level managers/management. Four respondents expressed concern about work conditions contributing to increased stress, for example having a higher level of responsibility on week end shifts. Two comments highlighted concerns about poor treatment by doctors and/or patients. Lack of equipment was commented on once, while two comments were received about the Nurse Entry to Practice Programme (NETP), one noting that the programme needed to be more related to their area of specialty while the other expressed the concern about the lack of NETPs.

Two comments related to the Profession Development Recognition Programme (PDRP). One respondent noting that there was too much paper work involved while another suggested that PDRP was pointless.

6.13.2 Salary

All comments received about the maintenance factor salary were about the need to increase the salary level for nurses in order to retain young nurses as well recognise nurses financially for the responsibility required for the role of a nurse.

6.13.3 Relationships with peers

The key feature of the comments received about the respondents' relationships with peers was their concern about the occurrence of bullying in the workplace and the negative impact that this behaviour had both on individuals and the profession.

6.13.4 Personal life

Some comments were also received about the negative impact of shift work on respondents' personal lives.

6.13.5 Relationships with supervisors/management

All four comments about relationships with supervisors/management noted that the respondents viewed managers as distant and not supportive of them. Again, no definition of manager or management was evident.

6.13.6 Security

One comment was received about the positive aspect of the job security of nursing.

No comments were received that related to Herzberg maintenance factors of:

- Status
- Relationships with subordinates
- Company policy/administration
- Supervision

6.14 Motivation factors

6.14.1 Work itself

Work itself received the most overall comments for motivation factors (91 comments, 87% of all comments for motivation factors). The respondents' views about work itself were further categorised as:

- Positive comments
    - Nursing as a good career choice (47 comments)
    - Passion for nursing (33 comments)
    - Nursing as a stepping stone to other work (3 comments)
- Concerns/suggestions
    - Too much paper work (2 comments)
    - Need to expand the nursing role (2 comments)
    - Stressful work (1 comment)
    - Stressful new graduate year (1 comment)
    - Bullying (1 comment)
    - Disillusioned (1 comment)

The majority of comments received about nursing work were positive (83 comments). For many respondents it was very clear that they consider nursing to be a good career choice (47 comments); however there was no indication about the duration of this career choice. In addition some respondents (33 comments) wrote about their passion for nursing citing this work as something they 'loved' or 'really enjoyed'. For others, nursing was viewed as stepping stone to other careers within the health field (healthcare manager or medicine).

A few concerns (eight comments) were expressed about nursing work, ranging from too much paper work, the need to expand the role of the nurse to the stressful nature of the work to one comment about bullying and one respondent noting that they had been disillusioned about nursing since being a nursing student.

6.14.2 Recognition

In total, 14 comments related to the category of recognition. Several respondents (five comments) noted that they wanted more acknowledgements for their efforts however no specifics example were forthcoming. Others (four comments) suggested that nursing need an image change so that the nurses' role was viewed by others (both the public and other health professionals) as more than just caring. Rather nurses/nursing needs to be seen what it is: a complex role based on extensive knowledge. Finally, three respondents felt that nurses

needed more respect from the public while, conversely, two respondents noted that respect from the public did exist.

6.14.3 Undergraduate nursing degree

Two comments were received about the undergraduate nursing degree. One suggested a more balanced curriculum was required, with attention to both science knowledge and communication skills, while the other suggested that nursing education should be longer to allow for more in-depth study of anatomy and physiology.

No comments were received that related to Herzberg motivation factors of:

- Achievement
- Responsibility
- Advancement
- Personal growth

Examples of Herzberg's motivation and maintenance factors, as well as comments about the nursing degree, identified by respondents are detailed in Table 6.

Table 6: Individual respondents' comments about nursing.

Category: Maintenance factors	
Subcategories	**Example/meaning unit**
Working conditions (33)	
Excessive/unsafe workloads (16)	*"I really enjoy helping people however I feel there just isn't enough time to spend with patients. Not enough nurses, too many patients, making the job very stressful. I guess thats (sic) one of the reasons I have decided to try another environment"*
	"I love nursing, but I could see that it would be easy to burn out. The heavy loads are often unsafe.. I am only a junior nurse but am expected to co ordinate the ward and take the heaviest patients because of the severe lack of senior nurses! Stresses me out about making errors because I am so busy and run down. Don't want to make a mistake and be scarred for life"
Lack of support (5)	*"I really enjoy my job. I work in a great team but this was not always so. I can easily see how ward nurses get disillusioned and want to leave the profession because they feel under supported and don't have encouragement from those above them"*
	"Have not been completely happy with my first 6 months of nursing due to ... decreased support ... I am willing to keep at nursing for a while longer in the hope of finding something a bit better but know that if all areas prove the same then not even the satisfaction of working with people to improve their health and wellbeing will be enough to keep me nursing"
Poor management (5)	*"I really enjoy the job, but the politics, and pettiness of some of the management gets bad at times, and often makes you feel like it would be easier to just leave, and find an easier profession"*
	"I loved my job as an orthopaedic (sic) trauma nurse and felt I was very experienced with strong leadership qualities. However I have left this position due to poor management"
Stress (4)	*"extreme responsibility on weekends etc etc!"*
	"Have not been completely happy with my first 6 months of nursing due to stress"
Profession issues (2)	*"PDRP is pointless"*
	"Not treated like docs or patients secretary and slave respectively!"
Lack of equipment (1)	*"it would be nice to have more equipment ...that time [spent looking for equipment] could be used better doing a procedure"*

Table 6: Individual respondents' comments about nursing. (cont'd)

Category: Maintenance factors	
Subcategories	**Example/meaning unit**
Nurse Entry to Practice Programme (NETP) (2)	*"I work in child health and am on a NETP program. I attend all the required study days yet there is nothing in them about child health. I (sic) find it EXTREMELY frustrating that what i (sic) learn on the ward is NEVER backed up in the classroom, which it should be! If people are on a NETP (sic) program in child health they should have their own tailored study days!!!"*
	"It [nursing]should be made more attractive within NZ for more younger people to enter as New Grad programmes are few and far between"
Professional Development Recognition Programme (PDRP) (2)	*"Too much paperwork PDRP!!!! WE have enough at work!*
	"PDRP is pointless"
Salary (12)	*"more pay in accordance to the responsibility we have would be much appreciated")*
	"I think the starting rate of RN should be increased as it is a very important consideration for new grad to choose staying in the country or going to overseas"
	"Unfortunately as a young nurse it feels like even if you work very hard to advance your career the financial rewards and recognition do not match other careers that do not hold as much responsibility"
Relationship with peers (9)	
Bullying (8)	*"I feel strongly that horizontal violence has a major negative affect (sic) on the nursing profession and really needs to be dealt with"*
	"A lot of the horizontal violence [bullying] in the nursing workplace seems to be from the older hospital-trained staff to the younger university-trained staff, which is especially prevalent with student nurses"
Increase peer support (1)	*"we need to be more supportive of each other as a profession"*
Personal life (7)	
Negative impact of shift work/rosters (7)	*"The hardest thing is not being able to get annual leave over normal periods e.g. summer time. But I knew it would be like that when went into nursing"*
	"i (sic) think nurses need to stand up for themselves, demand fairer rostering patterns - It is not ok to miss loved one birthdays, special events etc because of work - yes, it is a rostered job but at the end of the day, to me, it is just that, a job, a well paying job!

Table 6: Individual respondents' comments about nursing. (cont'd)

Category: Maintenance factors	
Subcategories	**Example/meaning unit**
Relationship with supervisors/management (4)	
Management too distant (4)	*"I never see any of the management. It would be nice to maybe see them on the ward every now and again...after all they are s\'pose (sic) to be doing whats (sic) best for us...how do they know if they don\'t (sic) actually see and talk to us. Stop pushing papers and get amongst it"*
	"That those in senior nursing management are too academically focused and from an older age bracket i.e. they live for the profession and can\'t see that the younger population don\'t (sic) want to take there (sic) work home"
Security (1)	*"It is also good to feel that one has job security, especially in a recession!"*
Category: Motivation factors	
Subcategories	**Example/meaning unit**
Work itself (91)	
Positive comments (83)	
Nursing as a good career choice (47)	*"Nursing is a good career with many opportunities to change your area of work and continue to learn throughout your working life"*
	"it is a good profession, easy to return to if you have children or travel and always relatively easy to get a job"
	"i (sic) think nursing is a great profession to be in, i would not change it"
	"Nursing for me is a really rewarding and satisfying career. There is always room to progress professionally as well as grow personally. I dont (sic) have any regrets becoming a nurse because i (sic)really enjoy that that human contact"
Passion for nursing (33)	*"I really enjoy and love being a nurse, caring for other people. I also love working in team and I do realised of how important team working is withing (sic) health profession. I would never ever regret being a nurse" "*
	"I love my job!!
	"Wonderful, interesting, challenging, diverse, interesting career- LOVE IT"
	"So far i\'ve (sic) enjoyed almost every minute of my short nursing career....i can\'t (sic) wait to see what the future holds for nursing as a profession"

Table 6: Individual respondents' comments about nursing. (cont'd)

Category: Motivation factors	
Subcategories	**Example/meaning unit**
Nursing as a stepping stone to other work in health (3)	*"It has been a wonderful grounding for me. I will eventually be a health care manager and nursing with all its credentials has allowed me to develop personally and professionally to have that goal and aim. One day when I am a CEO (!), I will still be proud of the fact that i am a nurse. I will ALWAYS be a nurse, regardless of whether I have a practicing certificate or not"*
	"I do enjoy nursing but I would like to remain in the Health care profession but think I may at some stage retrain as a Doctor"
	"I like nursing and being a nurse though there are opportunities for professional growth and promotions within the nursing field..it tends to take you away from hands on care. I\'d rather change profession let\'s say be a doctor in 5 years time than be promoted as a nurse"
Concerns/suggestions (8):	
Too much paper work (2)	*"There is so much paperwork some relevant some not "*
Need to expand the nursing role (2)	*"i (sic) feel nurses get more autonomy (in Canada)"*
Stressful work (1)	*"It\'s very off putting to the profession when you know that going to work everyday (sic) is so stressful because you have such a large volume of work to do and not nearly enough time to do it. People rely on you to get things done but most of the time there is not enough time for everything and something has to give"*
Stressful new graduate year (1)	*"It was very distressing being a new graduate in a tertiary level care where the support from the experienced was limited"*
Bullying (1)	*"there should be more encouragement and recognition for nurses, than bullying and un-appreciation"*
Disillusioned (1)	*"i (sic) would not feel guilty if i (sic) left nursing, i (sic) don't feel i (sic) owe nursing my life...i (sic) was disillusioned with nursing when i (sic) got accepted into nursing school, they train us like we are med students all that pathophysiology etc, or they encourage further learning, and masters and all that jazz, but in reality, when we are on that floor, we do the same nursing tasks"*

Table 6: Individual respondents' comments about nursing. (cont'd)

Category: Motivation factors	
Subcategories	**Example/meaning unit**
Recognition (14)	
More acknowledgement (5)	*"Would be great if we received more acknowledgement and recognition for our efforts"*
Nursing image: need for a change (4)	*"I would like to see a general move away from appreciating the nurse as a caring person, to a knowledgeable, experienced and caring person"*
	"I really enjoy nursing but do feel there is a lack of understanding from the public about the role that nurses play"
More respect from the public needed (3)	*"It used to be a respected profession like being a police officer but now we are being disrespected and bullied publicly on a daily basis and I work in a children's ward!"*
Respect from the public exists (2)	*"We are respected by members of the public and it challenges me on a daily basis"*
	"Nurses are widely appreciated by the general public in my experience and it is an honour to go to work every day"
Category: Nursing education	
Subcategories	**Example/meaning unit**
Undergraduate nursing degree (2) Improvement needed	*"I feel the training of nurses is out of balance, there are many student nurses (myself included) who come out with too much knowledge about science and what dressing goes on what wound and what level of what hormone means what disease is present in the patient"*
	"The education needed to become a RN should be longer and more in depth where it's necessary egg: human anotomy (sic)and physiology"

Note: Numbers in brackets = *number of comments*

n=150

6.15 Prediction models of career commitment

Multiple simultaneous regression analysis were undertaken to develop statistical models to predict career commitment of the respondents. Each model answered one or more of the research aims as noted in the Table 7.

Table 7: Prediction models and research aims.

Research aims	Model 1: Table 7	Model 2: Table 8	Model 3: Table 9	Model 4: Table 10	Model 5: Table 11	Model 6: Table 12	Model 7: Table 13
What motivated this generation to choose nursing as a career option?							
The future work and career plans of these nurses.		✓		✓		✓	
How long these nurses intend to stay in the nursing profession.	✓	✓	✓	✓	✓	✓	✓
What intrinsic and extrinsic factors influence these nurses to either remain in or exit from the healthcare workforce?	✓	✓	✓	✓	✓	✓	

Models were calculated using the following process:

1. Assumptions considered were:

    a. Items for multiple simultaneous regression analysis will be on an interval scale however for this analysis items were on a Likert scale (see Chapter 5, section 5.13.3.)

    b. Data will be received from independent respondents

    c. Missing data will occur completely at random

    d. Residuals will be normally disrupted

2. All seven statements from section three of the survey, 'career commitment', were chosen as the dependent variables:

    a. I like nursing too much to give it up

    b. If I could go into a different profession other than nursing which paid the same I would probably take it

    c. If I could do it all over again I would not choose to work in the nursing profession

    d. I definitely want a career for myself in the nursing profession

    e. If I had all the money I need without working I would probably still continue to work in the nursing profession

    f. I am disappointed that I ever entered the nursing profession

    g. Nursing is the ideal vocation for a life's work

3. All dependant variables were cross tabulated with all statements (independent variables) from survey sections:

    a. Four 'your decision to become a nurse', 29 statements

    b. Five 'your working environment', 19 statements

    c. Six 'your satisfaction with nursing, 15 statements

    d. Seven 'your attitude to nursing. 18 statements

    e. Three additional dummy variables were also included: age, gender and years in practice.

4. Pearson Chi-square was calculated for the above with significance set at $p \leq .01$.

5. Univariate analysis was applied to significant results, with p considered significant at $p \leq .01$.

6. Simultaneous regression was calculated and backward variable selection was applied until all remaining variables in the final seven models were significant.

7. Collinearity diagnostics was undertaken to calculate VIF and tolerance for all variables with values considered to be a concern if VIFs were higher than 10 and tolerance values were below 0.1 (Field, 2009). Results of the models showed:

    a. VIFs typically between 1.16 and 3.04

    b. Tolerance typically between 0.32 and 0.89

8. Missing data were examined for all variables and found to be missing at random as no patterns were obvious:

    a. nmiss tables indicated that 53% (n=191) respondents answered all questions

    b. The highest number of missed questions was 79, by 41 respondents.

        i. Data from these 41 respondents was examined for age, results were:

            1. 44% (n=17) were aged 21 to 25 years of age

            2. 41% (n=18) were aged 26 – 29 years of age

            3. 15% (n=6) = missing data

        ii. Data were examined for years in practice, results were:

            1. 51% (n=21) had practiced for less than one year

            2. 34% (n=14) had practiced for more than one year

            3. 15% (n=6) = missing data

        iii. Data were also examined for gender, results were:

            1. 10% (n=4) males

            2. 75% (n=31) females

            3. 15% (n=6) = missing data

            4. The higher number of females for missing data is to be expected, given the survey was completed by 96% females compared to 6% males. This also reflects the gendered nature of the nursing profession.

    c. Frequency tables show that a range of:

        i. 46 to 58 respondents did not submit answers in the earlier part of the survey (sections 3 to 5)

        ii. 54 to 86 did not submit answers for section 6

        iii. 55 to 62 did not submit answers for section 7

9. Given that age and gender were not significant for any models interaction did not occur.

10. R^2 for the models ranged from .160 to .509 which indicated an acceptable 'goodness of fit', especially for social science data (Allison, 1999).

11. Validation:

    a. Data was received from 358 Gen Y registered nurses working in different locations and clinical settings across New Zealand (Table 1), therefore data was independently obtained.

    b. Missing data occurred completely at random, no patterns were evident.

    c. Residuals patterns were as expected:

        i. Scatter plots were roughly rectangular in shape implying that residuals had a constant variance

        ii. Histograms of residuals showed a normal bell shape curve

        iii. Points on the P-P plots formed fairly close to a straight line

        iv. No data outliers were evident

6.15.1 Model one: 'I like nursing too much to give it up'

Results of multiple regression analysis of variables predicting career commitment statement 'I like nursing too much to give it up' are detailed in Table 8. The three most significant variables ($p \leq .0005$) that contribute to respondents wanting to stay in nursing were respondents who:

1. would refuse promotion in order to remain in a clinical role
2. were very satisfied with their job as a nurse
3. were attitudinally enthusiastic about nursing

Further, respondents were also influenced to remain in nursing by the intrinsic factors of being satisfied with the care they are able to provide ($p=.012$) and feelings of needing to remain in the profession ($p=.004$).

Table 8: What affects career commitment? 'I like nursing too much to give it up'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
I would refuse a promotion if it took me out of hands on nursing (WE)	.155	3.690	< .0005
Your job as a nurse (SN)	.267	4.173	< .0005
The nature of the care you are able to provide your patients (SN)	.128	2.527	.012
Even if it were to my advantage I do not feel it would be right to leave the profession at the moment (AN)	.112	2.925	.004
I am enthusiastic about nursing (AN)	.490	7.012	< .0005
$R^2 = 0.487$			

Note: Only significant variables reported. See Appendix I, table I1 for full details of all variables
Survey sections: WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing
n=294

6.15.2 Model two: 'If I could go into a different profession other than nursing which paid the same I would probably take it'.

Results of multiple regression analysis of variables predicting career commitment statement 'If I could go into a different profession other than nursing which paid the same I would probably take it' are detailed in Table 9. The three most significant variables ($p \leq$ .0005) that contribute to respondents considering changing to another profession if it paid the same were respondents who:

1. dislike nursing

2. are not enthusiastic about nursing

3. have been in practice for more than one year

Another reason to leave included respondents who did not consider exciting work as an important factor when choosing nursing as a career. More importantly, regularly receiving physical abuse from members of the public was a very significant factor ($p = .006$) that might influence respondents to leave the profession.[1]

Table 9: What affects career commitment? 'If I could go into a different profession other than nursing which paid the same I would probably take it'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
Exciting work (DN)	-.157	-2.053	.041
I regularly experience physical abuse from members of the public (WE)	.160	2.777	.006
I dislike being a nurse (AN)	.427	5.102	< .0005
I am enthusiastic about nursing (AN)	-.303	-3.524	< .0005
Years in practice (0=Less than one year, 1=more than one year)	-.355	-3.560	< .0005
$R^2 = 0.371$			

Note: Only significant variables reported. See Appendix I, table I2 for full details of all variables
Survey sections: DN = Decision to become a nurse, WE = working environment, AN = attitudes to nursing
n=292

[1] Clinical areas where respondents reported regular physical abuse include: continuing care (elderly), emergency and trauma, medical, mental health, perioperative care, primary health and surgical.

6.15.3 Model three: 'If I could do it all over again I would not choose to work in the nursing profession'

Results of multiple regression analysis of variables predicting career commitment statement 'If I could do it all over again I would not choose to work in the nursing profession' are detailed in Table 10. Two significant variables ($p \leq .0005$) that contribute to respondents being unhappy their decision to enter the nursing profession are those who:

1. now regret their decision
2. dislike nursing

Table 10: What affects career commitment? 'If I could do it all over again I would not choose to work in the nursing profession'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
I regret having entered the nursing profession (AN)	.473	5.559	<.0005
I dislike nursing (AN)	.403	4.330	<.0005
$R^2 = 0.371$			

Note: Only significant variables reported here. See Appendix I, table I3 for the full details
Survey section: AN = attitudes to nursing
n=294

6.15.4 Model four: 'I definitely want a career for myself in the nursing profession'

Results of multiple regression analysis of variables predicting career commitment statement 'I definitely want a career for myself in the nursing profession' are detailed in Table 11. The three most significant variables ($p \leq .0005$) that contribute to respondents definitely wanting a career in nursing are:

1. being really career motivated
2. not regretting their decision to become a nurse
3. being enthusiastic about nursing

Being proud to be a nurse is also a significant factor ($p=.001$) that contributes to wanting to have a career in the nursing profession as well as being in practice for less than one year.

Table 11: What affects career commitment? 'I definitely want a career for myself in the nursing profession'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
I am really career motivated (WE)	.171	3.988	$< .0005$
I am proud to be a nurse (AN)	.243	3.327	.001
I regret having entered the nursing profession (AN)	-.234	-4.556	$< .0005$
I am enthusiastic about nursing (AN)	.400	6.076	$< .0005$
Years in practice (0=Less than one year, 1=more than one year)	.150	2.083	.038
$R^2 = 0.509$			

Note: Only significant variables reported here. See Appendix I, Table I4 for the full details
Survey sections: WE = working environment, AN = attitudes to nursing
n=292

6.15.5 Model five: 'If I had all the money I need without working I would probably still continue to work in the nursing profession'

Results of multiple regression analysis of variables predicting career commitment statement 'If I had all the money I need without working I would probably still continue to work in the nursing profession' are detailed in Table 12. The significant variable ($p \leq .0005$) that contributes to this is respondents who have not regretted entering the nursing profession.

Table 12: What affects career commitment? 'If I had all the money I need without working I would probably still continue to work in the nursing profession'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
I regret having entered the nursing profession (AN)	-.532	-7.469	< .0005
$R^2 = 0.160$			

Note: Only significant variables reported here. See Appendix I, table I5 for the full details
Survey section: AN = attitudes to nursing
n=295

6.15.6 Model six: 'I am disappointed that I ever entered the nursing profession'

Results of multiple regression analysis of variables predicting career commitment statement 'I am disappointed that I ever entered the nursing profession' are detailed in Table 13. Two significant variables ($p \leq .0005$) contribute to respondents not being disappointed that they entered the nursing profession are:

1. not regretting their decision to enter nursing
2. being able identify with the profession

Table 13: What affects career commitment? 'I am disappointed that I ever entered the nursing profession'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
I regret having entered the nursing profession (AN)	.536	10.516	< .0005
I do not identify with the nursing profession (AN)	.218	3.727	< .0005
$R^2 = 0.391$			

Note: Only significant variables reported here. See Appendix I, table I6 for the full details
Survey section: AN = attitudes to nursing
n=283

6.15.7 Model seven: 'Nursing is the ideal vocation for a life's work'

Results of multiple regression analysis of variables predicting career commitment statement 'Nursing is the ideal vocation for a life's work' are detailed in Table 14. Five variables are significant for whether respondents viewing nursing as an ideal vocation for a life's work or not. Variables that contribute to nursing being view as an ideal vocation for life are:

1. the pay
2. a personal sense that it would not be right to leave nursing at this time

Variables that contribute to nursing not being view as an ideal vocation for life are respondents who:

1. find nursing work stressful
2. do not have a sense of obligation to remain in the profession
3. regret having entered the profession

Table 14: What affects career commitment? 'Nursing is the ideal vocation for a life's work'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
I find nursing stressful (WE)	-.167	-3.454	.001
Your pay as a nurse (SN)	.138	3.040	.003
I do not feel an obligation to remain in nursing (AN)	-.095	-2.193	.029
Even if it was to my advantage I do not feel it would be right to leave the profession at the moment (AN)	.214	5.477	<.0005
I regret having entered the nursing profession (AN)	-.376	-6.976	<.0005
R^2 =0.366			

Note: Only significant variables reported here. See Appendix I, table I7 for the full details
Survey sections: WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing
n=274

6.16 Chapter summary

The following is a summary of key findings. The on-line survey resulted in a 66.8% response rate, with 358 respondents. The respondents mostly identified as New Zealand European, had a mean age of 25 years and had worked as a registered nurse for four years or less. The majority worked in cities and were employed by District Health Boards in public hospitals. Most worked full time in either surgical or medical areas.

Various factors motivate the respondents to choose nursing as a career. Intrinsic rewards were rated as more important that extrinsic rewards. The three most important intrinsic rewards that motivated the respondents, listed in order of importance were:

- Interesting and challenging work
- The ability to help others
- Exciting work

Various extrinsic rewards also motivated the respondents. The three most important, listed in order of importance were:

- The responsibility and autonomy of nursing work
- Flexible hours of work
- Opportunity for promotion

Several employment security concerns were also motivators to choose nursing:

- Job security
- The on-going demand for nursing skills
- The ability to leave and return
- The ability to combine work and family

Respondents were not influenced by others, such as friends, family or teachers when deciding to become a nurse. Future work and career plans are summarised below:

- Most respondents plan to change their current clinical area of work in the near future.
- 40% are considering working overseas in the next two to three years
- The respondents plan to return to New Zealand after one to two years of overseas work
- Reasons for working overseas include: increasing their clinical experience, the opportunity to travel and the ability to earn more

- Career plans for the next five years include: increasing their clinical experience and undertaking academic study
- Some respondents plan to take a break from nursing to: become mothers, have a career change or to travel.
- Reasons to return to nursing include having a passion for nursing and needing an income
- Several career factors are important to the respondents, such as working in a positive environment and having good management.
- A work life balance is very important for the majority of the respondents. Respondents want a workplace that allows them energy reserves to enjoy their non work life while at the same time recognising their personal responsibility to be work ready.

Results of questions about career commitment indicated that:

- 63.4% like nursing too much to give it up at present
- 4.2% are disappointed that they entered nursing
- 63.7% would continue to nurse even if they did not need the income
- 51.3% would not leave nursing for another profession that paid the same
- 10.6% would not choose nursing again
- 68.7% definitely want a career in nursing
- 41.9% view nursing as a good vocation for a life's work

Results of questions about the respondents' affective commitment to nursing revealed that:

- 80.7% are proud to be nurses
- 73.2% are enthusiastic about being a nurse
- 2% dislike nursing
- 2.8% do not identify with the nursing profession
- 3.3% regret becoming nurses
- 33.3% view nursing as important to their self image

The respondents' continuance commitment to nursing indicates that:

- 43.8% have no pressures to keep them in nursing
- 31% feel that they have put too much into nursing to leave now however 34.6% feel they have not

- 48% feel that it would be too costly to change profession now while 50% feel changing professions at this time would be too great a personal cost and 39.1% feel that they would disrupt their life too much if they change professions now

The respondents' continuance commitment to nursing indicates that:

- 47.3% do not feel obliged to remain in nursing

- 42.2% do not feel it would be right to leave at this time

- 21.8% are in nursing because of a sense of loyalty to it

- 47.8% would not feel guilty if they left the profession

- 19% believe that people educated in a profession should stay in that profession for a reasonable time

Intrinsic factors from the working environment influencing the respondents:

- 61.2% of respondents consider themselves to be career motivated

- 58.3% note that time with family is important, with 36.3% being willing to trade off more time with family over a promotion

- 30.4% do not wish to take a promotion if it meant a loss of their hands on clinical role

- Respondents were unsure if promotion would mean that they had a greater say over their work

- Respondents were also unsure about promotion opportunities for nurses as well as being unsure if career advancement would mean their work would be more stressful

- 38.9% note that nursing work is repetitive

- 46.6% find nursing work stressful

- The paperwork associated with nursing is viewed as straight forward by 42.8%

Extrinsic factors from the work environment influencing the respondents included:

- 48.9% feel that nurses are respected by other health professionals

- 36.9% note that bullying of co-workers is evident while verbal and physical abuse from the public is not as common

- 47% consider their working environment to be very pleasant

- Little consensus about how well nurses are respected by management

Intrinsic factors influencing the respondents' satisfaction with nursing included:

- 75.7% were satisfied with their job as a nurse
- 72.9% were satisfied with the care they are able to provide

Extrinsic factors influencing the respondents' satisfaction with nursing included:

- 57.9% were satisfied with their salary
- 71% were satisfied with their personal safety
- 55% were satisfied with the equipment and materials that they work with
- 49.7% were satisfied with PDRP and 54.2% satisfied with NETP
- 64.5% were satisfied with the way they are supervised while 47.8% are satisfied with senior management

They key factors that the respondents would like to see improved are working conditions with better shift patterns being offered, an increase in nursing staff, a better nurse-to-patient ratio as well as increased personal support. Further, they wished to see a decrease in workloads as well as less paper work. Salary was also mentioned as needing to be increased as recognition of the respondents' educational achievements as well as an inducement to remain in the profession. Many respondents noted that bullying of nurses by their peers as well as their managers needs to stop.

Other issues that respondents wished to see improved were greater recognition of nursing by other health professionals as well as members of the public and more autonomy over their practice. Finally, the respondents expressed concerns about excessive workloads, lack of support and poor management. However, overall the majority of respondents viewed nursing as a good career choice which they felt passionate about. Multiple simultaneous regression analysis revealed that the most significant factors that contribute to respondents liking nursing too much to give it up are:

- Refusing promotion to stay in a clinical role
- Being satisfied with their job as a nurse
- Being enthusiastic about nursing

The most significant factors that contribute to respondents wanting to go into a different profession which paid the same are:

- Disliking nursing
- Not being enthusiastic about nursing
- Being in practice for more than a year

The most significant factors that contribute to respondents wanting a career in nursing are:

- Being career motivated
- Having no regrets about entering the profession
- Being enthusiastic about nursing

The only significant factor that contributed to respondents wanting to continue in nursing even if they had all the money they need without working was:

- Not regretting entering the profession

The two significant factors that contributed to respondents not being disappointed that they had entered nursing were:

- Not regretting entering the profession
- Being able to identify with the profession

Finally, the two significant factors that contributed to respondents being unhappy with nursing as a career choice were:

- Regretting entering the profession
- Having a dislike of nursing

7 Discussion

7.1 Chapter introduction

This chapter is a discussion of the findings of this study. This study was undertaken to find out the views of Generation Y New Zealand Registered Nurses (Gen Y nurses) towards nursing, work and career. The findings explain what has motivated these young nurses to choose the nursing profession when a plethora of other careers exist, especially for young women. Further, their views about nursing work, work conditions and their future career intentions are examined in light of the research aims and examined literature. The strengths and limitations of this study are also examined. This chapter starts by situating the Gen Y nurses in the context of the nursing profession in New Zealand and in the wider healthcare system milieu.

7.2 The Gen Y nurses in context

The profession and healthcare system that the Gen Y nurses have entered are both facing many changes and challenges that typify the complex nature of contemporary health professions and healthcare delivery systems. As newly registered nurses they become members of New Zealand's largest professional health group. Data from 2006 noted that nurses made up 52% of the total regulated health workforce. Within the District Health Board sector, the nursing workforce is three times greater than the medical workforce and eighteen times greater than midwifery (Future Workforce, 2006b). The nursing profession is on the cusp of advantageous changes with a greater number of advanced practice roles, such as the nurse practitioner, and advanced clinical practice, such as prescribing, becoming embedded into the profession. However, the Gen Y nurses have also entered a profession in New Zealand which has had a relatively recent history of being demoralised and depleted as a result of the healthcare reforms of the late 20th century. The profession is also experiencing a current critical worldwide shortage of registered nurses which is also being challenged by the dual issues of an ageing nursing workforce and an ageing population, which is predicted to impose an increased demand on future healthcare services.

The Gen Y nurses have entered a workforce that for the first time has four generations of workers working alongside each other. This changed demographic has resulted, in some instances, in unexpected workplace tension (Lancaster & Stillman, 2002). Moreover, the New Zealand registered nursing workforce is still in a time of transition from a totally hospital-trained registered nurse labour force to an entirely tertiary educated one. As at 31 March 2010 only "thirty seven percent of New Zealand-trained practising RNs (27% of all practising

RNs) had received a bachelor's degree of some form as their registration qualification"
(Nursing Council of New Zealand, 2010a). As a result, the Gen Y nurses are exposed to
tensions in the workplace between the young tertiary educated, but inexperienced new
graduates and the very experienced, but potentially less formally educated, older nurses.
There have been calls for nurses to further increase their academic qualifications. American
nurse theorist Benner and her research team have noted that contemporary American nurses
are under-educated for the present day nursing practice demands. Benner, Sutphen, Leonard
and Day (2010) have recommended that all American registered nurses who graduate after
2012 should earn a master's degree within ten years of graduation. While such a radical call
has not been made in New Zealand, these sentiments express the complex nature of current
and future healthcare delivery demands ahead of the Gen Y nurses.

The Gen Y nurses are working in the New Zealand healthcare system that is a costly
and complex administrative and social system which shapes, and is shaped by, the skills and
culture of the nursing profession. The New Zealand healthcare system is mostly a
government and taxpayer funded, free access, public health system which provides care
across the primary, secondary and tertiary sectors. Private health providers, with a main focus
on the delivery of surgical services, are also a part of the healthcare system. Challenges for
the healthcare system include escalating healthcare costs, the increasing acuity of patients, the
increasing burden of disease as well as recruitment and retention of a highly skilled and
educated workforce.

7.3 Research aim 1: What motivated this generation to choose nursing as a career option?

The Gen Y nurses were influenced by intrinsic recompense (see Figure 34) as well as extrinsic rewards (see Figure 35) when choosing nursing as a profession. Intrinsic rewards were rated more highly. The reason for the Gen Y nurses wanting to become nurses was consistent with the results of other New Zealand research on young New Zealand nurses (Clendon & Walker, 2011b) as well as other research about why nurses of all ages chose nursing (Eley, et al., 2010; R. McCabe, et al., 2003; Price, 2009; Storey, et al., 2009).

Figure 34: Intrinsic factors influencing Gen Y nurses when deciding to become a nurse listed in order of importance.

7.3.1 The influence of intrinsic factors

The most important reasons for the Gen Y nurses to choose nursing, in order of importance, were interesting and challenging work, the ability to help others plus the work being exciting. These factors were rated almost equally by the majority of the Gen Y nurses as important/very important:

- 81%   interesting and challenging work
- 80.2%   the ability to help others
- 79.4%   exciting work

The need for Generation Y to seek challenging and rewarding work reflects Henry's (2006) research of Generation Y Australians, as well as social commentators Tulgan and Martin (2001), who noted that Generation Y rate the need for challenging work in their top ten career factors. While Twenge et al.'s (2010) research noted that the intrinsic rewards of work were valued less by Generation Y than older workers, the concept of meaningful work was nonetheless important to young workers.

The ability to help others in a caring role was also noted as one of the main reasons that young New Zealand nurses (Generation Y) chose nursing (Clendon & Walker, 2011b). Mooney et al. (2008) also noted that a key reason that Generation Y nurses chose nursing was because of their desire to help and care for others. The personal rewards of nursing being viewed as both interesting and challenging work, coupled with the ability to help others, was also noted by McCabe et al. (2003) as an important factor when deciding to become a nurse. This was important for all age groups of nurses, but of more importance for younger nurses (McCabe et al., 2005). However, younger nurses in the McCabe et al. (2003) survey were mostly Generation X. Given this, and Brendtro's (1991) earlier research that noted that people are drawn to nursing because of their desire to help and care for others, the motivation for these Gen Y nurse to choose nursing may be more about their altruism than their age or generational cohort. Mimura, Griffiths and Norman (2009) noted that altruism is the most frequently cited reason that people chose nursing, regardless of age. Miller (2006) also suggested that nurses view nursing as 'good work' that reflects their personal values of altruism. Unlike McCabe et al.'s (2003) results, the Gen Y nurses also rated exciting work highly as an important influencing factor when choosing nursing. McCabe et al.'s (2003) total cohort rated this as the twelfth most important influencing factor. This may be a reflection of a Generation Y viewpoint.

The ability to work closely with people was rated as important/very important by 74.5% of the Gen Y nurses. This result is comparable to McCabe et al. (2003). This is also consistent with Lipkin and Perrymore's (2009) view that members of Generation Y prefer to work in teams to achieve a common goal. In most clinical settings, teamwork is the central focus of healthcare delivery for nurses and other members of the interprofessional team.

While the ability to make a strong contribution to society was rated the lowest of the intrinsic factors influencing the Gen Y nurses to choose nursing, the majority (67%) noted that this was an important/very important consideration. Again, results are similar to McCabe et al.'s (2003) results and may be reflective of Generation Y workers wanting social

involvement (Cennamo & Gardner, 2008), the opportunity to make a difference (Twenge, et al., 2010), to contribute positively to society (Hewlett, et al., 2009) as well as Generation Y nurses' being altruistic by nature (De Cooman, et al., 2008; Eley, et al., 2010). They were least likely to be influenced by community respect for the profession or a personal perception that the profession is considered to be prestigious, as only 32.4% rated this factor as important/very important when considering becoming a nurse.

Herzberg et al. (1959) theorised that one of the key motivators to 'push' someone to work was the work itself. For the Gen Y nurses the most important 'push' factors to choose nursing are the internal, intrinsic motivators of wanting to help and care for others.

7.3.2 The influence of extrinsic factors

The seven extrinsic factors that influenced the Gen Y nurses to choose nursing are listed in order of importance in Figure 35.

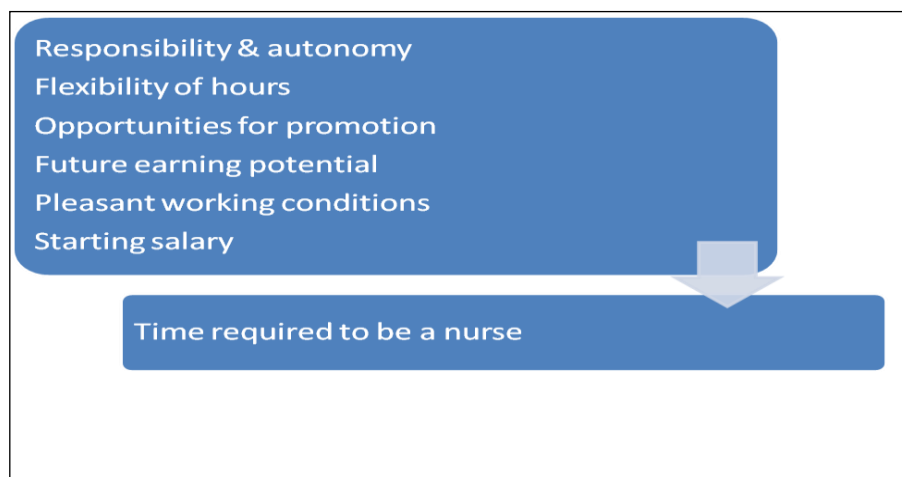Figure 35: Extrinsic factors influencing the Gen Y nurses when deciding to become a nurse listed in order of importance.

The first six factors that were rated by the Gen Y nurses with a similar level of being important/very important:

- Responsibility and autonomy 79.4%
- Flexibility of hours 79%
- Opportunities for promotion 78.9%
- Future earning potential 77.9%
- Pleasant working conditions 76.2%
- Starting salary 72%

While the Gen Y nurses rated responsibility and autonomy as important factors when choosing nursing, the nurses surveyed by McCabe et al (2003), regardless of age, did not. The concept of responsibility as a motivating factor to work was noted by Moody and Pesut (2006) as one of the important motivation factors from Herzberg et al.'s (1959) theory as a reason why people work as nurses. Further, Toode et al. (2011) noted that the ability to have autonomy over work was an important motivation for nurses. Autonomy over one's work also contributes to positive health outcomes and allows workers to flourish (Human Rights Commission, 2010). Miles (1996) cautioned that the lack of autonomy for nurses was a key reason why nurses left the profession.

Likewise, the flexible hours were rated as a very important consideration by the Gen Y nurses when choosing nursing. McCabe et al. (2003) reported that younger nurses (Generation X) rated flexible hours as an important factor when choosing to be a nurse, more so than their older counterparts, while Dockery and Barns (2005) also noted that flexible hours were an important consideration for student nurses. Others have noted that flexible hours are of paramount importance for Generation Y workers (Lipkin & Perrymore, 2009; Twenge, et al., 2010), while many authors have noted the importance of flexible hours for nurses, with shift patterns that suit their lifestyles (Cobden-Grainge & Walker, 2002; Naude & McCabe, 2005; A. E. Tourangeau, et al., 2009). Importantly, others have noted that the lack of flexible hours became push factors to leave nursing (Hasselhorn, et al., 2005). In the New Zealand context the lack of flexible hours for nurses has been a major barrier for nurses trying to return to the workforce (Health Workforce Advisory Committee, 2002a, 2002b). Clendon and Walker (2011b) noted that young New Zealand nurses are seeking job flexibility, such as family friendly shift patterns. The lack of job flexibility for young nurses was noted by Clendon and Walker (2011b) as a push factor to leave the profession. They have suggested that the provision of flexible hours many an important contributor to the retention of young, Generation Y nurses.

Opportunities for promotion, future earning potential, pleasant working conditions and starting salary were also rated as important. However, these four factors were not rated highly for nurses surveyed by McCabe et al. (2003), rather nurses from McCabe et al's. (2003) research placed greater importance on the ability to combine work and family, the ability to leave and return and the opportunities for travel. On the other hand, Toode et al. (2011) noted that opportunities for promotion and pleasant working conditions such as a positive workplace culture were important motivators for nurses once they were in the profession

while salary was not. Lipkin and Perrymore (2009) noted that Generation Y workers were motivated by recognition and rewards. For these Gen Y nurses, recognition, via promotion, and the rewards of the starting salary, future earnings and pleasant working conditions appear to have been very important factors when making a decision to become a nurse. The 2011 nursing base salary for a newly graduated nurses working for a DHB was $NZD44,562 compared to the annual New Zealand income for citizens over 15 years of $NZD27,602 (New Zealand Nurses Organisation, 2009a; Statistics New Zealand, 2010). This shows that new graduate nurses in 2011 began their careers on a reasonable base salary.

Herzberg et al. (1959) also noted that the perceived opportunity for advancement (promotion) was a key motivator for workers, while a reasonable salary and pleasant working conditions were seen as a 'given' in the workplace. Therefore, the Gen Y nurses have displayed attributes expected by Herzberg et al. (1959) as reasons to choose work, in this instance nursing, as well as displaying similar attributes to others who have been motivated to choose nursing over the last 20 years (Toode et al., 2011).

The time it takes to educate to become a nurse was important for over half of the Gen Y nurses, with 58.4%, noting that this was important/very important. The time taken to become a nurse was considerably more important for the Gen Y nurses than the nurses surveyed by McCabe et al.'s (2003). McCabe et al.'s (2003) survey included mostly older nurses who had been practising for some time, so it is possible that this question was not relevant to them. However, for the Gen Y nurses, the length of time it takes to become a nurse may have been more relevant given that the majority of them have recently completed their studies. Further, the relatively low level of importance about how long it takes to become a nurse in New Zealand is possible because the time frame of the three year undergraduate nursing degree programme is consistent with most other New Zealand degree programmes. Therefore it would be common knowledge for those choosing to study nursing in New Zealand that full time study would take a minimum of three years. Furthermore, of twenty-two free text comments received about nursing education, only one referred to the need to increase the time it takes to graduate as a nurse while all other comments highlighted the need to improve the curriculum and decrease student loans.

7.3.3 The influence of employment security

The influences of five employment security factors when deciding to become a nurse are listed in order of importance in Figure 36.
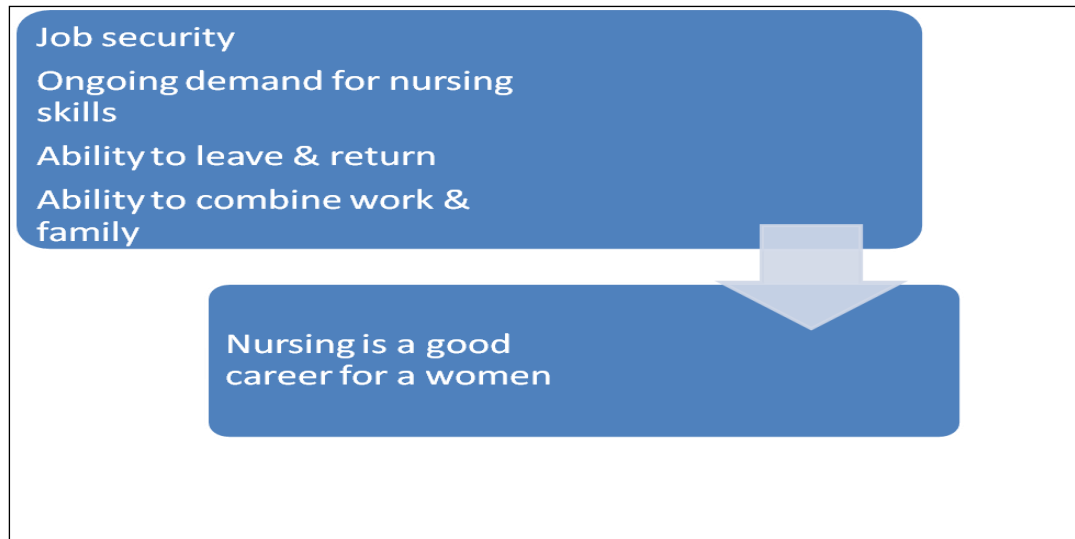

Figure 36: The influence of employment security factors for Gen Y nurses when deciding to become a nurse listed in order of importance.

The first four factors that were rated by the Gen Y nurses with a similar level of being important/very important are:

- Job security 76.3%

- Nursing skills always seem to be in demand 74.9%

- Ability to leave the job and return later 65.9%

- Ability to combine work and family commitments 63.7%

Job security and the ongoing demand for nursing skills were significant influences for the majority of Gen Y nurses when choosing to become a nurse. Likewise, the ability to leave and return and the ability to combine work and family commitments were also important considerations. These results are comparable with McCabe's et al.'s (2003) study. Similarly, recent research in New Zealand noted that job security and the ongoing demand for nurses was an important consideration for Generation Y when deciding to become a nurse and of paramount importance once they became nurses (Clendon & Walker, 2011b). The high level of importance expressed by the Gen Y nurses towards job security may reflect concern generated by the 2007/2010-2011 global economic recession.

The ability to leave and return to nursing was also important/very important for the Gen Y nurses when deciding to become a nurse, as was the ability to combine work and family These results are also comparable with the findings of McCabe et al. (2003). Dockery and Barns (2005) also noted that nursing students valued being able to balance work and family commitments. Other authors have also documented that key concerns for workers are the need to avoid work impacting negatively on family life (Department of Labour, 2004, 2006; Dolbier, et al., 2007; Grzywacz, et al., 2002; Mitchell, et al., 2001).

Even though the ability to combine work and family was rated as important/very important, the concept of nursing as 'women's work' was not a factor that pushed these nurses to choose nursing as a career. Less than a quarter (22.6%) of the Gen Y nurses rated the statement 'nursing is a good career for a woman' as an important/very important influencing factor when choosing to become a nurse. The responses from the Gen Y nurses were virtually the same as McCabe et al.'s (2003) results. This result is interesting, given that the Gen Y nurses value being able to combine work and family. It is possible that the wording 'nursing is a good career for a woman' was perceived as somewhat sexist and anti-feminist.

7.3.4 The influence of others

The influences of others (careers advisors, teachers, parents, and friends) were not influencing factors for the majority of the Gen Y nurses when deciding to become a nurse. McCabe et al. (2003) also noted this. Most Gen Y nurses (62.7%) stated that careers advisors/teachers advice was not important/of little importance, while 58.9% felt that parents advice was not important/of little importance and, similarly, 60.1% noted that the influence of friends was not important/of little importance. This is in contrast to other research that suggested that the opinions of others were a significant influence when deciding to become a nurse (Brendtro, 1991; Cho, et al., 2010; Price, 2009).

7.4 Research aim 2: What are the future work and career plans of these nurses?

7.4.1 Gen Y nurses' mobility

The Gen Y nurses were in general a mobile group. Half of the Gen Y nurses planned to change their area of clinical practice within the next twelve months or more. This was an expected result, given that many of the Gen Y nurses would be completing their NETP and would be required to seek a permanent job; plus, as new nurses many will be wanting to 'test the waters' before deciding which area of clinical practice suits them best.

Analysis of free text data noted that their preference for future areas of work listed in order of preference were emergency, medical, intensive care, primary health and surgery. Interestingly, intensive care and surgical nursing were considered by the Ministry of Health to be difficult to staff areas (Ministry of Health, 2011). This is positive news for both the profession and clinical managers. Reasons cited for wanting to change to a different clinical area included the desire to increase clinical skills and to have more autonomy over their work. The aspiration for the Gen Y nurses to increase their skills is very tangible. However, the ability to have more autonomy over their work may not be. Autonomy for the Gen Y nurses will be dependent on their personal definition of autonomous work, the particular clinical area they work in and their clinical ability and competence. It is possible that 'the grass will not be greener' in a different area of practice.

Less than half of the Gen Y nurses had plans to work overseas, which is surprising given the traditional view that New Zealand nurses have always travelled and worked overseas (Department of Labour, 2005; Dumont & Zurn, 2008). Cobden-Grainge and Walker (2002) stated that younger nurses were more likely than older nurses to leave New Zealand to work overseas. Reasons cited by nurses wanting to work overseas were noted to be a desire to travel, as well as the desire to increase their clinical experience and receive a higher remuneration than was possible in New Zealand (Cobden-Grainge & Walker, 2002). Clendon and Walker (2011b) noted that travel was one reason that Generation Y nurses chose nursing, although the ability to travel was not a principal consideration. However a quarter of the Gen Y nurses are undecided about working overseas so it is possible that many of them will leave New Zealand to work elsewhere. Those who were planning to leave, and those considering it, were not planning to leave for two to three years but planned to return after only one to two years away. It is possible that the advent of the programmes such as NETP and PDRP have been successful in retaining young nurses in New Zealand for their formative years in the profession. This may go some way to retain these nurses in the long term.

Australia and the United Kingdom have been the traditional overseas countries of choice to work in (Department of Labour, 2005) and remained so for the Gen Y nurses. However, the requirements for working in the United Kingdom as a registered nurse have increased in recent times. Nurses educated outside the European Union (EU) need to have at least one year of clinical experience, undertake a twenty day Overseas Nurses Programme and pass an IELTS English language test. In addition, the British Home Office has barred overseas nurses from working in lower level registered nurses positions unless the positions are in difficult to staff areas such as operating theatre (Nursing and Midwifery Council, 2010). These barriers may have contributed to fewer than expected Gen Y nurses choosing to work overseas.

Reasons for working overseas included work experience, travel and better pay. Higher salaries overseas have been a traditional motivator for New Zealand nurses to leave New Zealand (Cobden-Grainge & Walker, 2002; Daniels, 2004; Department of Labour, 2005). Some Gen Y nurses indicated that they planned to undertake 'mission type' work overseas, mostly in Africa. It is curious that no nurses indicated that they would seek to find mission work nearer New Zealand such as in the Pacific Islands. It is possible that avenues for health focused mission work for New Zealand's close neighbours are not widely available or known about.

7.4.2 Career plans for the next five years

Free text comments were received from 89.9% (*n*=322) of the nurses regarding their career plans for the next five years. Many were planning to increase their clinical experience while others planned to undertake formal study. The majority that proposed to undertake formal study were considering postgraduate certificates or diplomas while many were planning master's degrees and one intended to undertake doctoral studies. Others planned to seek a promotion at staff nurses level via the Professional Development Recognition Programme (PDRP) process, or by becoming a charge nurse, nurse specialist or nurse practitioner. A few were considering motherhood or a career change. Those who were considering a career change intended to remain in the health profession, for example, by becoming a midwife or a doctor.

Overall, the majority of the Gen Y nurses indicated that they were planning to increase their academic qualifications. This motivation for accomplishment reflects Herzberg et al.'s (1959) motivational factor of achievement which pushes a worker towards a job. They are also planning to obtain recognition of their increasing clinical competence via the PDRP

process. If successful, progression through the PDRP process will also result in a pay increase. Replies also indicated that most Gen Y nurses intended to remain in a direct 'hands on role' as indicated by their desire to increase their PDRP status coupled with a desire to enrol in postgraduate study with a clinical focus rather than management or research focus. This is a pleasing result, as it indicates that the profession will retain the majority of the Gen Y nurses at the bedside for at least five years.

However, this does raise the question of what happens after the first five years of practice. It is possible to reach the top level of PDRP within four years of graduating (B. Hickmott, PDRP Coordinator Canterbury District Health Board, personal communication, July 15, 2011). In addition, new graduate nurses reach the top level of the registered staff nurse salary scale after five years of practice. This will result in the Gen Y nurses reaching a salary and clinical recognition plateau early in their careers. This phenomenon was noted by Clendon and Walker (2011b) to be of concern to young New Zealand nurses, many of whom stated that low salaries were a significant reason that they would leave the profession in the near future. Especially given that they had observed that staff nurses with over ten years experience were paid the same as staff nurses with five years experience. On the other hand, once the salary plateau is obtained it is highly likely that Gen Y nurses will earn considerably more than other senior and more experienced nurses, such as Clinical Nurse Educators, (CNEs) due to the financial benefit of shift work allowances.

From a fiscal viewpoint this is hardly an incentive for the Gen Y nurses to seek promotion, especially given the extra work and study involved to secure such a position. According to Herzberg at el (1959), workers who are most satisfied are workers who are able to see that their work will be rewarded via motivators such as achievement, recognition and advancement. Salary is not viewed as a motivator to work. Rather, Herzberg et al. (1959) noted that salary is a hygiene/maintenance factor that workers expect to be in place. While hygiene/maintenance factors do prevent dissatisfaction with the job they do not contribute to long term job satisfaction and in fact are likely to contribute to dissatisfaction.

Therefore, it is important that the profession develops plans to retain nurses after five years in practice. Considerations could include extending PDRP, formal career planning for all nurses (not just nurses undertaking postgraduate study), clinical supervision, as well as addressing the issue of junior nurses earning more than nurses in senior positions.

Of the 322 free text comments received, only 12 comments related to a desire to change careers within the next five years. However, it is difficult to predict if these views are the 'tip of the iceberg', given Leeming's prediction that Generation Y are likely to have several careers in their lifetime (Leeming, 2007). In order to avoid becoming complacent and taking a 'once a nurse always a nurse' stance it is important that the profession does not view this lack of desire to change careers as a possible indicator of the Gen Y nurses longer term plans.

7.4.3 Intention to take a break from nursing in the next five years

Approximately half of the Gen Y nurses (45.5%) were not planning to take a break from the profession within the next five years while the other half (46.5%) were either planning a break or were not sure at the time of the survey, while 8.1% did not reply. For the employers of the Gen Y nurses this is a challenging situation. The positive news is that half of the newly graduated Gen Y nurses will be retained in the workforce, at least for five years post graduation. However, up to half of the Gen Y nurses may exit within their first five years of practice, even if they plan to return at a later date. Therefore employers of Gen Y nurses may face costly (Mitchell, et al., 2001; North, et al., 2006; Sheridan, 1992) and constant recruitment and retention issues for this group of young and somewhat inexperienced nurses.

7.4.4 What Gen Y nurses want from a career versus the realities of nursing

Based on Henry's (2006) career factors, and in order of importance the Gen Y nurses rated the following factors as very/quite important for a career: 1) A positive work environment, 2) Good management/leadership, 3)Team work, 4) Work/life balance, 5) Access to education, 6) Challenging work, 7) Mentoring, 8) Regular feedback and 9) Creativity and innovation.

Although the Gen Y nurses noted that all of the above factors were evident in nursing, the realities of practice were somewhat different. Apart from access to education, which was at the level expected by the Gen Y nurses, all other factors, with the exception of challenging work, were less evident than expected (see Table 15). The work of nursing for the Gen Y nurses was more challenging than expected. Clendon and Walker (2011b) also noted Generation Y nurses found nursing to be more challenging than expected due to the demands of "conflict resolution, managing challenging behaviour, and stress/emotional self-management" (p. 7). Challenging work or work itself is viewed as a motivator by Herzberg et al. (1959). A motivator can be both a push factor to work and or a pull factor from it. Therefore, educators of undergraduate nurses and their new employers both need to better

prepare new graduate nurses for the challenges of practice to contribute to the retention of Gen Y nurses.

In addition, if other factors considered important to a career, such as a positive work environment or good leadership, do not match a worker's predetermined expectations these factors may also become push factors to other work or workplaces (Herzberg et al., 1959). It is therefore important for employers to examine their workplaces to ensure that work conditions are conducive to the retention of Generation Y nurses.

Table 15: A comparison of career factors rated as very/quite important by the Gen Y nurses and their evidence in nursing.

Career factor	Very/quite important	Are these career factors evident in nursing? Yes answers
Positive work environment	92%	70%
Good management/leadership	91%	65%
Team work	90%	78%
Work/life balance	89%	63%
Access to education	84%	83%
Challenging work	78%	88%
Mentoring	77%	61%
Regular feedback	76%	56%
Creativity/innovation	71%	45%

7.4.5 Work life balance

As 89.9% of the Gen Y nurses stated that a work life balance was important, it is clear that this concept was of great consequence to them. As Hays Specialist Recruitment Agency (2010), noted Generation Y consider a work life balance to be 'given' in any employment situation. Other researchers have also noted that a work life balance matters for Generation Y employees (McCrindle, 2006; McCrindle & Pleffer, 2008). Further, 86% of Gen Y nurses provided free text comments when asked to describe what a work life balance meant to them. The high level of response indicated the importance of this concept for this group. This high level of interest reflects the Deal et al. (2010) and Families and Work Institute (2005) views that suggest that Generation Y are very likely to want a work life balance. Content analysis of the free text revealed three categories: work life, personal life and work/life. More comments (203) were received for the personal life category, indicating its importance, while the other

two categories each received 124 comments, indicating that their work life (for example workloads) and a work life balance were also important concepts for the Gen Y nurses.

The Gen Y nurses were very clear what they needed for their personal lives. They needed to be able to spend time with family and friends as well as taking time to relax. They were aware of being at risk of burnout and clearly wanted to avoid this. Increased stress and/or burnout is a well known outcome of the 'spill over' effect caused by a work life imbalance (Department of Labour, 2004, 2006; Dolbier, et al., 2007; Ellett, et al., 2007; Grzywacz, et al., 2002). In addition, the Gen Y nurses were aware that they had a personal responsibility to themselves and the profession to take time to rest and refuel so that they would be able to function effectively and safely at work. This attitude reflected their professionalism and understanding of their role.

The Gen Y nurses also noted that their work life needed balance to allow them some reserves of energy so that they could enjoy their personal lives. That is, they wanted shift patterns and rostering systems that allowed time for their personal lives and workloads that were not physically and emotional exhausting. Given that the Gen Y nurses understand that they also need to be accountable by taking time out to be prepared for work, it does not seem unreasonable that the workplace takes into account their needs in the workplace. The Herzberg et al. (1959) theory suggests that one's personal life is one of ten hygiene/maintenance factors that workers do not expect to be undermined by work. Ellett et al. (2007) also noted that the intrusion of work into one's personal life can set in motion factors which may contribute to a worker wanting to leave their job.

In addition, some Gen Y nurses noted that their philosophy about work and life was that both elements needed to be in balance in order for them to maintain equilibrium. Unlike other members of Generation Y who seek work life integration (Lipkin & Perrymore, 2009), many Gen Y nurses identified their strong desire to be able to have a work life separation. No Gen Y nurses stated that they wanted work life integration. The Gen Y nurses were very clear that they did not wish to take work home with them. As nurses this means that they did not wish to ruminate and worry about work when they were not at work. Given the stressful nature of a people focused job such as nursing, the Gen Y nurses' views of being able to leave work at work reveals a mature and sensible approach to their work, as well as insight about the possible negative effects of the job. Given that work is both a positive and negative determinant of health (Black, 2008; Wilkinson & Marmot, 2003; Wilkinson & Pickett, 2010), this understanding of the demands of nursing bodes well for the Gen Y nurses' coping

strategies as long as management listen to their needs. The Gen Y nurses' views about work life balance demonstrated the interconnectedness of the work life balance concept (Ellett, et al., 2007) and the need for them to have a fluidity between work and their personal lives as described by Ng et al. (2010).

7.5 Research aim 3: How long do these nurses intend to stay in the nursing profession?
7.5.1 Career commitment

Career commitment was moderately high for the Gen Y nurses. Slightly less than two thirds of the Gen Y nurses (63.4%) agreed/strongly agreed that they liked nursing too well to give it up; they definitely want a career in nursing and would choose nursing again. However, a small group of 16 % provided neutral responses while a minority (8.1%) did not like nursing, 2.6% did not want a career in nursing and 10.6% would not choose nursing again. So while the majority of Gen Y nurses were committed to staying in nursing and wanted a career in nursing, a significant number of 16% were unsure while a clear minority will or should leave the profession given their dislike for it. Regression analysis noted that the Gen Y nurses who viewed nursing as a vocation were highly likely to have a personal sense that it was not currently the right time to leave nursing. Those who disliked nursing, regretted becoming a nurse and those that found the work stressful were significantly more likely than the other Gen Y nurses to exit the profession. Further, Gen Y nurses who do not have sense of obligation to remain in the profession are likely to leave.

About half of the Gen Y nurses (51%) would not go into a different profession if it paid the same. Slightly less than a quarter, (22.6%) were unsure while 12.8% would leave for a job which paid the same while 13.6% did not provide a response. Regression analysis noted that those who would leave for another profession if it paid the same were likely to dislike nursing, were not enthusiastic about nursing and had been practicing as a nurse for more than one year. Other reasons were Gen Y nurses who did not find nursing to be exciting work or Gen Y nurses who experienced regular physical abuse from the public. However, a higher number, 63.7%, would continue to nurse even if they had all the money they needed, while 13.9% would not. Regression analysis revealed that the Gen Y nurses who did not regret entering nursing were more likely than those who did regret their decision to want to continue to nurse even if they had all the money they needed. In addition, it is a concern for the profession that almost a quarter of the Gen Y nurses are undecided about their career commitment to nursing if another job was available to them. Less than half of the Gen Y (41.9%) nurses agreed/strongly agreed that the nursing vocation was an ideal vehicle for a life's work while about a third (35.2%) were undecided about this and a minority (8.9%) disagreed/strongly disagreed. As noted by other researchers, young nurses were less likely than older nurses to indicate that nursing is their life's vocation (Eley, et al., 2010; Price, 2009).

If the Gen Y nurses are displaying the Blau (1991) "honeymoon effect" (p. 693) brought about by initial enthusiasms of obtaining a job post graduation, then it must be of concern to the profession that their level of career commitment may decrease over time. On the other hand, Blau (1985) noted that nurses' career commitment increased over time but can the profession afford to wait? As Blythe et al. (2008) have suggested the nursing profession needs to capitalise on the career commitment of young nurses to secure their retention in the profession. For these Gen Y nurses it appears crucial to capitalise on their career commitment from the moment they graduate. McCabe and Garavan (2008) noted that it is nursing leaders, at unit and management level, who are the most instrumental people in supporting nurses to stay in the profession. Further, Eisenberger (2002) suggested that positive employee-supervisor relationships are the key for retention of employees while Aiken et al. (2001) noted that the lack of acknowledgment from managers to nurses led to nurses leaving the profession.

Therefore, New Zealand nursing leaders and policy makers need to be proactive in supporting Generation Y nurses, especially those who are unsure about their career commitment, to move them along the continuum towards a greater commitment to nursing and subsequent retention in the profession. This seems important given that there appears to have been no sense of formal career planning for young New Zealand nurses (J. Clendon, NZNO researcher, personal communication, May 19, 2011). Hopefully the inclusion of career planning in NETPs from 2012 will go some way to address this concern (Health Workforce New Zealand, 2011b). As Zeytinoglu (2006) noted high career commitment equals a high likelihood of retention.

Regression analysis noted that Gen Y nurses who felt that they were able to have the ability to refuse promotion, if promotion took them out a clinical role, were satisfied with the jobs and who were enthusiastic about nursing were likely to like nursing too much to give it up. Being satisfied with the care they provided and a sense that this was not the right time to leave were also significant factors that contributed to career commitment. On the other hand, Gen Y nurses who disliked nursing, were not enthusiastic about it, or had worked as a nurse for more than a year were highly likely to leave the profession if they found a job that paid the same. It appears that Blau's honeymoon effect may be rather short lived.

7.5.2 Attitudes to nursing

The Gen Y nurses' attitudes to nursing do raise concerns for the profession. The good news is that these nurses are overwhelmingly delighted and proud to have become nurses. The majority have not regretted their decision. These views mirror Clendon and Walker's (2011b) study which noted that "most younger [New Zealand] nurses enjoy their work and find it rewarding" (p. 6). While McCabe and Garavan (2008) noted that being proud to be a nurse contributed significantly to career commitment. Overall, the Gen Y nurses displayed affective commitment towards the profession. However, they were clear that being a nurse per se does not define them. That is, their personal sense of self worth was not dependant on being known as a nurse.

Many Gen Y nurses do not demonstrate a strong continuance or normative commitment to nursing. While the cost, both financially and personally, would be too great for some, almost a half (43.8%) of the Gen Y nurses strongly agreed/agreed that there was little pressure to stop them from changing professions. A further quarter (24.3%) neither agreed nor disagreed, meaning potentially 68% of the Gen Y nurses did not see many barriers in their way to changing professions. A minority (27.9%) were not concerned about any disruptions to their lives if they were to change profession now. Moreover, Gen Y nurses did not feel obligated to stay in the profession which they did not feel loyal to. This flexible approach to staying or leaving is a concern for the New Zealand nursing profession given the nursing shortage and the high cost of recruitment and retention (North, et al., 2005), but perhaps not surprising. The New Zealand Department of Labour (2005) has noted that only 60% of nurses and midwifes are likely to be active in the profession three years post graduation while Cobden-Grainge and Walker (2002) noted that by year five post graduation many New Zealand graduates planned to leave the profession. Further, the median career length for New Zealand nurses is relatively short at 12 years with a half life of six years (Health Workforce Information Programme, 2009)., Hays Specialist Recruitment agency (2010) noted that Generation Y view themselves as career risk takers who do not associate a job for life with the concept of career. In addition, Cowin and Herngstberger-Sims (2006) wondered if 'education for life' provided young nurses with portable skills to exit nursing. These results would certainly indicate that this might be so for these Gen Y nurses.

7.6 Research aim 4: What intrinsic and extrinsic factors influence these nurses to either remain in or exit from the healthcare workforce?

7.6.1 Intrinsic factors

The majority of the Gen Y nurses (75.7%) were very satisfied/fairly satisfied with their job as a nurse as well as being satisfied with the nature of the care that they were able to provide their patients. It is also clear that the majority of Gen Y nurses overwhelmingly wanted to be nurses so that they could care for others. Further, a large number of free text comments were received about nursing work. The majority of comments were positive, with many Gen Y nurses stating that nursing was a good career choice for them such as:

"Nursing is a good career with many opportunities to change your area of work and continue to learn throughout your working life"

"All-in-all it's a great profession"

Many others expressed their passion for nursing, often using the word 'love' to describe how they feel, for example:

"I really enjoy and love being a nurse, caring for other people"

"I love my job!!

Healy (2008) noted that Generation Y workers wanted a career to be passionate about. For the majority of Gen Y nurses this also appeared to be the case.

The level of satisfaction with nursing and the care they were able to provide was similar to Clendon and Walker's (2011b) results, which noted that about 80% of the young nurses were satisfied with their present job and the care offered. As noted by many researchers satisfaction with one's job is a strong indicator that a worker will remain in their position (Boothby & Clements, 2002; Cobden-Grainge & Walker, 2002; Hasselhorn, et al., 2005; Herzberg, 2008; Mitchell, et al., 2001; Mobley, et al., 1978).

As well as enjoying their job and having a passion for nursing, many Gen Y nurses considered themselves to be career motivated. However, they were not interested in promotion if it were to come at the expense of family. Most would be happy to trade off a pay increase associated with promotion if it meant more time with family. In addition, most Gen Y nurses were not prepared to take a promotion if it meant a decrease in their clinical work. This reflects their initial reasons for becoming nurses, which was to help people by caring for them. For Gen Y nurses this appeared to mean direct hands-on care. Nurses surveyed by McCabe et al. (2003) also held these views.

The Gen Y nurses were generally undecided if there were enough promotion opportunities for nurses. Only five free text comments were received about the need for advancement via more opportunities for promotion. It seems that Gen Y nurses want to 'stay at the bedside', which is a positive message for the profession. However, given their lack of career commitment, their stay at the bedside may be limited. Herzberg et al. (1959) noted that advancement (such as promotion) is an important motivator or 'push' factor to a job. Other important motivators are achievement, recognition and personal growth. The PDRP addresses these motivators while allowing the nurse to 'stay at the bedside'. If Gen Y nurses enrol in a PDRP this should go some way to keep them motivated and retained in nursing, at least for their formative years. However, Havill (2010) noted that nurses did not wish to embark on the PDRP process if it meant they needed to sacrifice time with their families. Therefore the focus for long term retention, via PDRP, needs to be how to sustain their motivation for the PDRP process while at the same time acknowledging, and accounting for, the demands of their out of work priorities such as family commitments.

Although many free text comments were received which reflected the Gen Y nurses' dislike for paper work and the need to decrease it, most noted that the paperwork was relatively straightforward. The Gen Y nurses also noted that they often find nursing work repetitive, which is at odds with the importance that they place on work being creative and innovative. However, of greatest concern is how stressful the Gen Y nurses found nursing. Only 12.8% did not find nursing stressful, while 46.6% did and a further 25.4% weren't sure. McCabe et al. (2003) reported a similar level of concern about the stressful nature of nursing work. Young nurses surveyed by Clendon and Walker (2011b) noted that they were not prepared as undergraduates for the emotional stress they would encounter as nurses. Of concern, Clendon and Walker (2011b) noted that young nurses who felt emotionally stressed were highly likely to leave nursing in the next twelve months. Others have also reported that nursing is becoming increasing stressful (World Health Organization, 2006) with stress due to high workloads a key reason why nurses leave the profession (A. E. Tourangeau, et al., 2009).

Most Gen Y nurses (69%) were very/fairly satisfied with opportunities to improve their education. This result confirmed earlier comments from the Gen Y nurses that nursing had met their expectations for education. Access to education was rated highly by the Gen Y nurses as an important factor of a career.

An area of some concern was the lack of public recognition given to nurses by the public. Only 48.1% of the Gen Y nurses expressed satisfaction with how the public felt about them. Several free text comments also referred to the need for more recognition by both the public and other health professionals, for example:

"I really enjoy nursing but do feel there is a lack of understanding from the public about the role that nurses play"

Herzberg et al. (1959) have noted that recognition is a motivator for workers. Lack of recognition can act as a 'push' factor to other work.

7.6.2 Extrinsic factors

Although the Gen Y nurses found nursing somewhat stressful, of more concern are the high numbers of Gen Y nurses who reported that bullying was occurring in the workplace. These findings were similar to Clendon and Walker's (2011b) study, which stated that bullying in the workplace was a significant concern for young nurses. Over a third (36.9%) of the Gen Y nurses reported that bullying of nurses by co-workers was prevalent. Sadly, this is not an unexpected finding. Literature about workplace bullying in general and nurse-to-nurse bullying or horizontal violence is common (Brown, 2010; Clendon, 2011b; Duffy, 1995; Rowe & Sherlock, 2005; Simoens, et al., 2005). The results of bullying for the victim can be catastrophic (Bentley, et al., 2009; Lutgen-Sandvik, et al., 2007; Simons & Mawn, 2010) and a key contributor to why nurses leave the profession (Clendon & Walker, 2011a; McKenna, et al., 2003; O'Connor, 2008; Simons & Mawn, 2010).

When asked 'what one thing would you like to change about nursing', many free text comments were received about the need to stop bullying in the workplace. Many Gen Y nurses said that bullying from senior nurses was not uncommon, for example:

"bullying attitude of other nurses, especially the older nurses who don't believe in the way we were trained"

Others noted their concern that bullying also impacted on patient care:

"Nurses that bully other nurses, we need a great sense of team work to be able to do great things for our patients"

As well as concerns about bullying, many free text comments were received about the negative attitude displayed to them by older staff for example:

"nursing attitudes towards junior nurses. It is a common misconception that junior nurses have no knowledge or skills"

"That being a new graduate nurse you are considered inherently incompetent even though your degree is all about proving you are. The difference between performing safely the fundamental competencies of nursing and not knowing about specific area policy and procedure is not recognised. Any lacking [knowledge] in obscure local policy is seen as reflection on your ability to be competent and safe at a fundamental level"

It seems clear that current health workplace policies to combat bullying and harassment require further adaptation and enforcement to ensure a safer work environment for all workers as well as Generation Y nurses. The District Health Board/New Zealand Nurses Organisation Nursing and Midwifery Multi-Employer Collective Agreement (MECA) (2010-2011) section 35.2, (c), i notes that it is the responsibility of the employer to provide a workplace that is free of unwelcome sexual harassment. Further, section 35.2, (c), iii states that with regard to sexual harassment "the employer relies on supervisors at all levels to facilitate and encourage proper standards of personal and ethical conduct in the workplace" (MECA, 2010-2011, p. 55). The MECA noted that bullying is a form of harassment but did not make the same explicit demands of employers to provide a workplace free of bullying as it does for sexual harassment. Nor did it state that supervisors need to facilitate and encourage proper standards of personal and ethical conduct related to bullying behaviour. The inclusion of clearer directives in future MECAs about the responsibilities of the employer to provide a safe and bully-free environment for employees would go some way to address the issue and contribute to the retention of Gen Y nurses in the public health sector at least.

Another solution worth investigation may be the New Zealand health system's adoption of a zero tolerance policy towards all forms of harassment as well mandatory training of all staff about harassment. The United Kingdom National Health Service (NHS) introduced such a scheme in 2006 (M. Berry, 2006). Clendon and Walker (2011b, p. 51) noted that since its introduction "there has been a steady improvement in the Royal College of Nursing scores for bullying". In addition Meloni and Austin (2011) noted that the implementation of a zero tolerance of bullying and harassment program at the Calvary Health Care hospital in Canberra, Australia had had a positive impact as indicated by improved scores on the bullying and harassment section of their employee satisfaction survey. Herzberg et al. (1959) noted that a positive relationship with peers was one of the ten hygiene/maintenance factors that workers expected to be in place in the workplace. Clearly the nurses themselves, as well as nursing managers and healthcare sector employers, need to

increase their efforts to deal with the serious issue of workplace bullying to address the individual safety of the Generation Y nurses and ensure their retention in the profession.

Further, 17.9% of the Gen Y nurses reported that they experienced regular verbal abuse from members of the public and 3.9% reported regular physical abuse from the public. Physical abuse was most likely to occur in the following clinical areas: continuing care (elderly), emergency and trauma, medical, mental health, perioperative care, primary health and surgical. Regression analysis revealed that physical abuse from the public was highly likely to contribute to nurses leaving the profession. The UK NHS zero tolerance policy towards all forms of harassment included a zero tolerance of verbal and physical abuse from members of the public towards healthcare workers (Bodden, 2010). Bodden (2010) noted that the installation of CCTV equipment as well as a closer working relationship between the police the prosecution service had resulted in offenders facing court appearances. In spite of these efforts the reported cases of abuse of health care workers by members of the public remained high (Brindley, 2010). It is imperative that the managers of New Zealand hospitals, both public and private, work together to address the issue before the problem escalates to the levels seen in the UK. A public education campaign as well as the introduction of a zero tolerance policy and increased support for workers, such as the increase presence of security staff, may go some way to combating this problem.

On a more positive note, 46.7% of the Gen Y nurses agreed that the physical workplace environment is very pleasant. Many researchers have stated that there are strong links between employer retention and a pleasant working environment (Boothby & Clements, 2002; Herzberg, 2008; Herzberg, et al., 1959; Mansell, et al., 2006; Mobley, et al., 1978). Further the concept of Positive Practice Environments for nursing and other health practitioners has been viewed as a key factor that contributes significantly to staff retention (Aiken, et al., 2001; Annals, 2007; Baumann, 2007; International Council of Nurses, 2007; Miller, 2006; Registered Nurses Association of Ontario, 2008). Of even more importance pleasant and positive practice environments also contribute to positive patient outcomes (Miller, 2006). However, 37.7% of the Gen Y nurses either weren't sure or disagreed/strongly disagreed with the statement 'the physical workplace environment is very pleasant'. Therefore, it appears that while many practice areas in New Zealand are 'getting it right' there is room for improvement.

As stated earlier in this chapter, in section 7.3.2, the majority (72%) of Gen Y nurses noted that the starting salary was an important factor that influenced them to choose nursing as a career. In spite of this, only 57.9% stated that they were satisfied with their pay as a nurse. Regression analysis revealed that the Gen Y nurses who viewed nursing as an ideal vocation for a life's work were more likely to be satisfied with their pay. From the two open ended questions, 1) 'What one thing would you change about nursing?', and 2) 'Do you have any comments that you would like to add?' sixty-seven comments were received about nursing salaries. All comments noted the need to increase nursing salaries. Clendon and Walker (2011b) noted that many young New Zealand nurses were disappointed to discover that pay progression for nurses was less than they had expected. Further, most nurses in their study considered the nursing salaries to be inappropriately low given the responsibility of the role. Moreover, 10% of the nurses surveyed by Clendon and Walker (2011b) cited the poor salary as a reason that they were considering leaving nursing. An increase for nursing salaries was considered to be a vital factor for the future retention of young nurses (Clendon & Walker, 2011b). Herzberg et al. (1959) suggested that concerns about salary are more likely to contribute to job dissatisfaction rather than job satisfaction; however, other authors (Kaye & Jordan-Evans, 2004; MacManus & Strunz, 1993; Rust, et al., 1996) have noted that salary concerns are not a prime motivator to leave one's job. Rather, salary concerns will be weighed against other factors such as enjoyment of the job, work conditions and family-related matters when deciding whether to leave a job or not. Regression analysis noted that if Gen Y nurses had all the money they needed without working, only the Gen Y nurses who disliked nursing would leave. Similarly, the American National Research Council (1999) noted that even if workers had enough money to live on they would continue to work. Nevertheless, as noted earlier in section 7.5.1, regression analysis revealed that the longer Gen Y nurses were in the workforce the more likely they were to leave nursing for a job which paid the same.

Other extrinsic work condition factors that may contribute to a sense of job dissatisfaction are the lack of equipment and materials, a high proportion of casual staff and a high nurse to patient ratio. Only 55.5% of the Gen Y nurses noted that they were satisfied/fairly satisfied with the equipment and materials that were available. About half (45%) were satisfied/fairly satisfied with the proportion of casual staff in their areas of work while only 53.6% were satisfied/fairly satisfied with the nurse patient ratio. These results echo McCabe et al's. (2003) findings. As noted previously, the lack of expected

hygiene/maintenance factors in the workplace contributes significantly to workers' dissatisfaction (Herzberg, et al., 1959).

Other potential concerns were the relatively low level of satisfaction with PDRP and NETP, with only 49.7% and 54.2% respectively stating that they were satisfied/fairly satisfied with the programmes. However, given that only one survey question was asked about each programme and few free text comments were received results from this study should be treated with a high degree of caution.

Importantly, the majority of the Gen Y nurses (64.5%) were satisfied with the way they are supervised, while 71% were satisfied with others that they work with. Given that the Gen Y nurses rated mentoring and team work as important career factors, these results were pleasing although there is some room for improvement. Hygiene/maintenance factors such as positive relationships with supervisors and peers will contribute significantly to workers' satisfaction and are considered to be important factors by Generation Y (Herzberg, et al., 1959; Ng, et al., 2010). Ng et al.(2010) noted that Generation Y wanted good people to report to and work with. Likewise McCrindle (McCrindle, 2006, 2007) noted that Generation Y workers placed a high value on a workplace where they felt they belonged as well as a workplace that offered them mentorship.

Less than half (47.8%) noted that they were satisfied with senior management. Additionally, 31 free text comments were received about management in general, all of which were disparaging, for example:

"I never see any of the management. It would be nice to maybe see them on the ward every now and again...after all they are s\'pose to be doing whats (sic) best for us...how do they know if they don\'t actually see and talk to us. Stop pushing papers and get amongst it"

"I really enjoy the job, but the politics, and pettiness of some of the management gets bad at times, and often makes you feel like it would be easier to just leave, and find an easier profession"

Moreover, the Gen Y nurses were ambivalent about whether management respects and appreciates nurses. While 35.5% of the Gen Y nurses felt that nurses were respected by management, 24% did not believe this to be so and a further 25.4% offered a neutral answer. McCabe et al. (2003) noted similar results, commenting that lack of respect from management was contributing to low morale amongst nurses. Others have noted how influential managers can be on nurses job satisfaction and intention to remain in a job (Aiken, et al., 2001; Bookey-Bassett, et al., 2008). It appears that in order for managers of Gen Y

nurses to contribute to their retention in the profession they may need to reconsider their management of, and approach to, Gen Y nurses.

Finally, another possible concern for the profession as well as employers is the potential for tension to occur in the workplace as a result of the re-introduction of second level nurses (Enrolled Nurses [ENs]) to the New Zealand nursing workforce due to the Gen Y nurses' perceived role of the registered nurse and the enrolled nurses' proscribed role. The focus of the enrolled nurses' role is to assist the registered nurse by providing hands on clinical care freeing the registered nurse to oversee and plan care. The EN must "practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings" (Nursing Council of New Zealand, 2008a, p. para 1). While "the registered nurse maintains overall responsibility for the plan of care...(ENs) contribute to nursing assessments, care planning, implementation and evaluation of care for health consumers and/or families/whanau" (Nursing Council of New Zealand, 2008a, p. para 1). In acute settings ENs will be required to work with a registered nurse who directs and delegates their nursing interventions. The Gen Y nurses were very clear that they became nurses to care for others in a hands-on nursing role. It is possible that Gen Y nurses may see the introduction of ENs as altering or undermining their role as registered nurses. The Gen Y nurses will require preparation for this changed role and may require assurances that they will still be able to deliver hands on care.

7.7 Strengths and limitations of this study

The strengths of this research include the representativeness of the respondents to the larger group of New Zealand Generation Y nurses. As well, the respondents were domiciled across the country, which provided a nationwide viewpoint. This research also provided these nurses with an opportunity to express their thoughts and views about the nursing profession. Given that very little published research exits about New Zealand Generation Y registered nurses, this research also provides key stakeholders with information and knowledge about this important group of young health professionals. The high level of participation rate throughout the survey, especially the high volume of free text comments offered, is indicative that this research was of great interest to the Generation Y nurses themselves.

Accessing the Gen Y nurses via the Nursing Council of New Zealand limited the sample size because the majority of eligible participants had either not opted in to being considered for more surveys or they did not wish to be surveyed via email. Further, only surveying participants with an email address prevented those without email from participating. A mailout survey was considered which may have increased the return rate. The on-line approach was selected because it was thought that it would appeal to the Gen Y nurses. Further, the on-line approach allowed for accurate data gathering because responses from the respondents were automatically entered into an Excel spread sheet. This avoided any transposing errors which may have occurred with manual data entry. It also freed the researcher's time to concentrate on data analysis. The self select nature of surveys may also add bias to the results. Further, although participants were allocated a toggle that needed to be entered in order to enter the survey it is not possible to be absolutely certain who answered the survey. The sample size could be viewed as small. The American Association for Public Opinion Research (2011) have noted that "experimental comparisons have revealed few significant differences between estimates from surveys with low response rates and short field periods and surveys with high response rates and long field periods" (para. 5).What is important is to ensure other measures of quality are included in the study.

Other approaches considered for this study were face-to-face interviews, focus groups or administering the survey via workplaces. All these methods were rejected due to the high financial costs, such as travelling throughout New Zealand to conduct focus groups, or because of time restraints of the researcher. While these other methods, such as face-to face interviews or focus groups may have elicited richer data the opportunity for respondents to offer their views via free text did go some to mitigate this.

7.8 Chapter summary

7.8.1 Gen Y nurses' views about nursing

Even though there are many more career choices for young women in the 21st century than there have been in the past, nursing is still a popular choice. The Gen Y nurses were overwhelmingly happy that had chosen to be nurses. Their passion for nursing was clearly evident. They had chosen nursing because they wanted to help other people as well as work in a profession that offered interesting, challenging and exciting work. Their desire to help others was based on their personal values of altruism. Other factors that attracted them to nursing were the responsibility and autonomy of the nursing role as well as a job which is always in demand. In addition, the Gen Y nurses felt nursing would offer them a reasonable starting salary, which is probably reflective of the significant increase for nursing salaries which occurred in New Zealand in 2004. Flexible and pleasant working conditions as well as job security and opportunities for promotion were also factors that influenced the Gen Y nurses to choose to become nurses. The ability to leave and return to nursing was also rated as very important, as was community respect for nurses and the ability to combine work and family commitments. However, the Gen Y nurses were very clear that they did not view nursing as women's work.

Many Gen Y nurses found nursing to be more challenging and stressful than they had expected, with higher than expected workloads. In addition, many were disappointed with salary levels available later in their careers and felt that on-going remuneration did not reflect the complexity or responsibility of the role. Gen Y nurses who viewed nursing as a vocation were more likely to be satisfied with the salary than those who did not. A concern for many is the bullying of other nurses by co-workers and the verbal abuse received by members of the public. In addition, many Gen Y nurses expressed concern that nurses and nursing work was misunderstood and consequently undervalued by members of public.

The majority were satisfied with how they were being supervised but displeased with how they were regarded by management. A common view of the Gen Y nurses was that managers did not respect or value nurses or nursing work.

7.8.2 Gen Y nurses' views about work

The Gen Y nurses considered work life balance to be of paramount importance to them. They were clear that work conditions, such as their work load and shift patterns, needed to allow them enough energy reserves to enjoy their non work life. However, they were equally clear about their personal responsibility to rest so that they had enough energy

to work. They were also adamant that work life balance meant work life separation. They did not wish to take work home with them nor did they wish to ruminate about work.

While many Gen Y nurses felt that they worked in pleasant conditions with enough equipment and materials to undertake their work, many did not. Many free text comments were received about work conditions. Concerns were expressed about lack of staffing, high nurse to patient ratios, excessive and unsafe workloads. Their dislike of paper work was also evident.

7.8.3 Gen Y nurses' views about career

The Gen Y nurses are seeking a career that offers them a pleasant place to work with good management. Further they want a career that offers them team work and as well as a work life balance. Many Gen Y nurses planned to change their area of practice within a year of the survey. This may reflect their enrolment on a NETP. Less than half of them planned to work overseas in the immediate future, those who did plan to work overseas only proposed to do so for one to two years before returning to work in New Zealand. Reasons for working overseas included the desire to increase their clinical skills and travel as well as earning a higher salary.

In the next five years the majority planned to increase their clinical skills while many were planning to undertake postgraduate clinically focused study as well as increasing their level on PDRP. A small minority expressed their desire to move into advanced practice roles such as clinical nurse specialist or management roles such as charge nurse, while the vast majority wish to remain in a hands-on clinical role. The majority did not plan to take a break from nursing in the next five years and only a minority were considering changing careers in the next five years.

While the Gen Y nurses have the personal attributes and values to be nurses, they demonstrated only a moderately high career commitment. They did not exhibit high continuance or normative commitment, nor did they appear to be embedded in the profession. Nursing did not define who they are and while they viewed themselves as career motivated this did not necessarily mean in the nursing profession. Many would leave nursing for another job which paid the same, while the majority noted that there were few pressures to prevent them from leaving the profession. The majority viewed themselves as career motivated but not at the expense of family needs. This may reflect the predicted Generation Y propensity to have several careers throughout their working lives. The Gen Y nurses least likely to leave were those who would refuse promotion in order to stay in a clinical role and

were very satisfied with their job and were enthusiastic about nursing. Significantly, once they have worked for more than one year the Gen Y nurses were more likely to consider leaving for a job that paid the same than those in their first year of practice. The Gen Y nurses who definitely wanted a career in nursing were career motivated, did not have any regrets about becoming a nurse, and were enthusiastic about nursing. Further, they were likely to be proud to be nurses and to have worked for less than one year as a nurse.

8 Implications and recommendations

8.1 Implications for educators

Given the low level of regret expressed by the Gen Y nurses about becoming nurses, and their satisfaction with the care they are able to provide, it appears that New Zealand schools of nursing have appropriate and robust selection processes in place for recruitment to, and progression in, undergraduate nursing programmes. Nevertheless, the Gen Y nurse's 2009/2010 survey results highlighted an underrepresentation of Māori and Pacific Island Generation Y nurses. In order for the New Zealand healthcare system to deliver culturally appropriate healthcare services, the recruitment and retention of male nursing students and Māori and Pacific Island nursing students needs to be increased. Measures that could be considered to achieve this include the promotion of nursing as a career option to high school pupils from these groups as well as schools offering ongoing support for students to succeed with prerequisite subjects such as Science and English. The establishment of nursing scholarships would also be a useful recruitment strategy.

Some free text comments were received from the Gen Y nurses about the nursing curriculum. A few expressed their desire for an increase of Science and Sociology content in undergraduate nursing programmes. Others suggested that undergraduate programmes should be aligned across New Zealand. However, given the relatively small number of comments it is not clear if these views are shared by the majority of the Gen Y nurses.

Although the Gen Y nurses had sought a career that was challenging the majority of the Gen Y nurses noted that nursing work was more challenging and stressful than they had expected, with higher than anticipated workloads. It would be beneficial for the future retention of Generation Y nurses if nurse education providers could review how they prepared students for the realities of clinical practice, especially for their first year of practice. Further, consideration by Bachelor of Nursing programme leaders for the inclusion of clinical career planning into the curriculum, in conjunction with local employers (such as DHBs), may be beneficial for the long term retention of Generation Y nurses. In addition, the inclusion of optional Leadership and Management papers in Bachelor of Nursing programmes may go some way to prepare students who are interested in seeking promotion as well as encouraging them to consider a long term career in Nursing Management.

8.2 Implications for nursing, employers and policy makers

Although the Gen Y nurses were overwhelmingly satisfied that they had chosen to be nurses and were proud to be nurses, they did not demonstrate a long-term commitment to the profession. What seems apparent is that the Gen Y nurses will generally remain in the profession for at least five years post graduation. Further, the traditional exodus to work overseas early in their careers seems to be curtailed, at least for the present. This provides employers with a window of opportunity to embed newly graduated young nurses into the profession during their formative working years. To achieve this, the inclusion of all Generation Y nurses in a NETP would be beneficial to both the nurses and the profession. Also given the move to provide more healthcare services in the community, rather than in acute settings, NETPs could be expanded into the primary healthcare sector.

It is also important for employers to capitalise on the enthusiasm of newly graduated Gen Y nurses for nursing. After one year in the workforce the Gen Y nurses' desire for a career in nursing was significantly diminished. The profession, employers and nursing leaders need to work together to promote nursing as a long-term career option. This could be assisted by employers supporting newly graduated Generation Y nurses to develop career plans that would benefit both the nurses and the employers. Employers, nursing leaders and nurse educators should be in a position to know and understand future nursing workforce needs. Therefore they will be able to offer evidence based career advice. Further, the establishment of professional nursing careers advisors positions for the primary, secondary, tertiary and non-governmental health sector should be considered. The expansion of PDRP beyond its current steps may also go some way to contribute to the long term retention of Generation Y nurses.

Most Gen Y nurses stated that they wish to remain in clinically focused roles. Employers in all sectors of the healthcare workforce could capitalise on this by implementing clinical career pathways for Generation Y nurses early on in their careers. This could include the development of speciality and sub speciality programmes to allow Generation Y nurses to become expert clinical nurses in an area of interest to them, such as the New Entry to Specialist Practice Mental Health and Addiction Nursing Programme (NESP) offered by the Canterbury District Health Board. The NESP programme co-coordinator has noted that in recent years the NESP programme has contributed to the retention of mental health nurses (G. Huston, Co-ordinator NESP programme, personal communication, September 15, 2011).

In addition to offering speciality and sub speciality programmes, the nursing profession should capitalise on the enthusiasm of new graduates for nursing and their desire to work at the bedside by promoting nursing as a 'career for life'. For Generation Y nurses who do not wish to specialise, a 'career for life' campaign should emphasise the flexibility of a nursing career, highlighting the ability to work in several different clinical disciplines throughout a career. Other factors that need to be promoted are the opportunities for Generation Y nurses to move up and down the hierarchy throughout a nursing career, as well as highlighting the myriad of different nursing work available in the public, private and educational sectors.

The Gen Y nurses noted that team work was one of the most important career factors for them. This indicates that nursing managers and nursing leaders can expect the Generation Y nurses to be strong contributors to the interprofessional team. Given the lack of interprofessional undergraduate educational and training opportunities currently occurring in New Zealand, employers need to firstly promote interprofessional learning in the workplace by providing education about the interprofessional concept. This should be followed by offering the Generation Y nurses regular and ongoing interprofessional clinical training sessions as well as interprofessional education sessions. The increased use of the interprofessional delivery of health care should contribute to improved patient care as well as a greater understanding and appreciation of the individual roles of members of the interprofessional team such as doctors, physiotherapist, pharmacists, registered nurses and second level nurses. This is important, as many of the Gen Y nurses noted that other health professionals in their workplaces did not respect nurses, nor did they appreciate their effort and input.

New Zealand nursing leaders and policy makers are also well placed to capitalise on the Generation Y nurses' need for interesting, challenging and exciting work. One way that this could be achieved is by involving Generation Y nurses in telehealth initiatives. Acknowledging and utilising the confidence displayed by members of Generation Y with IT systems, platforms and IT tools may go some way to increasing their job satisfaction and ultimately their retention in the nursing workforce. Supporting Generation Y nurses to use telehealth tools may also contribute to their desire to be more autonomous practitioners within the interprofessional team.

It is imperative that managers deal with concerns expressed by the Gen Y nurses about working conditions in order to contribute to their retention. For example the Gen Y nurses were clear that flexible hours were a very important factor when choosing to be a nurse. They also expressed strong views about the need for a work life balance. The reality of practice was that shift patterns were often not 'worker friendly', resulting in a lack of work life balance. The lack of flexible hours and the ability to maintain a work life balance may contribute to Generation Y nurses leaving the profession. One way to address this issue would be to use rostering systems that can accommodate reasonable staff requests and which are perceived as fair. It is also important that managers educate Generation Y nurses about the complexity of matching staff requests with patient acuity and skill mix so that Generation Y nurses have a better understanding of the 'bigger picture' of work place staffing needs.

Other concerns expressed were related to high workloads and limited pay progression. Addressing these issues is also important for the retention of Generation Y nurses. The issue of high workloads needs to be addressed at unit and ward level with nursing leaders ensuring that workloads are distributed fairly with the skill level of the nurses taken into consideration. Unfair and unsafe workloads are detrimental to both patients and staff. In the context of long term retention, industrial bargaining between the profession and employers needs to consider the extension of pay progression beyond the current five years to ten years to encourage Gen Y to remain in the profession for longer.

Many Gen Y nurses expressed their concerns about how poorly they, and nurses in general, were regarded by managers and management. Regardless of the validity of these sentiments, it is vital that the managers of Generation Y nurses improve their relationships with them, especially given that strong evidence exists that suggests that nurse leaders and managers might hold the key to the retention of this important and vital sector of their workforce. There are several strategies that managers of Generation Y nurses could use to improve their relationship with them. Firstly, being visible is important, as Generation Y value managers who work alongside them. While it may not be possible, or even advisable, for managers of these nurses to work alongside them in a clinical sense, it is possible for managers to be more visible to Generation Y nurses. This could be achieved by regularly walking around clinical areas and talking with Generation Y nurses about their work and their career plans, as well as acknowledging their concerns. The Gen Y nurses also indicated that they value mentorship. A personal acknowledgment by managers about their clinical expertise and knowledge would be well received as contributing to mentoring them, which in

turn would have a positive impact. Further, managers need to include Generation Y nurses in decision making. This would contribute to a better rapport with Generation Y as well as contributing to the Generation Y nurses' understanding of why and how decisions are made and what evidence is used as a basis for decisions.

It seems clear that managers of Generation Y nurses have an image problem. The Gen Y nurses did not appear to understand the managers' roles. Many free text comments received from the Gen Y nurses suggested that managers were either nurses who wanted to distance themselves from patients or were nurses who were poor communicators. To improve managers and management image, managers need to dispel these myths and educate the Generation Y nurses about how managers, especially managers who are nurses, contribute to patient care. Managers of Generation Y nurses could capitalise on the positive relationships that Generation Y have with Baby Boomers. It may be very insightful for the Generation Y nurses if managers shared their nursing career stories with them. Such personal and professional information sharing may go some way to develop a better sense of trust between Generation Y nurses and their managers by creating an atmosphere of honest and open communication. It would also be advantageous for managers to canvass the specific needs of Generation Y nurses in their particular workplaces so that today's managers of Generation Y nurses are better able to understand and address the concerns of theses nurses as well as capitalising on their enthusiasm to be nurses.

The negative view of managers and management by Gen Y nurses may not make management roles an attractive option for them, but nevertheless some Gen Y nurses were seeking promotion to leadership and management roles. For successful succession planning it would be beneficial to the profession for current nursing leaders and managers to identify the Generation Y nurses who are interested in leadership and management roles and to offer them appropriate professional development as preparation for these roles.

It would also be beneficial to the long term retention of Generation Y nurses if employers in both the public and private sectors provided on-going professional mentoring and support for them such as clinical supervision across all specialities, formal career planning and formal specialty focused career pathways. Many Gen Y nurses indicated that they liked a workplace that offered variety. Career pathways could be developed to capitalise on this, for example by offering rotation through a specialty or across specialties. Given that many of the Gen Y nurses plan to work overseas the establishment of a bonded overseas clinical exchange programme or study sabbatical could be established which would provide

these nurses with the challenge and variety they seek from a career, as well contributing to their retention in nursing.

Of the utmost importance is the need for the nurses, the nursing profession and their employers to put an end to the high level of bullying occurring in the workplace. It is time for the New Zealand health system to consider introducing such measures as zero tolerance policies towards harassment and mandatory staff education about anti-harassment policies. The negative attitude displayed by some older nurses towards younger nurses also needs to cease. The constant negative critique given to the Gen Y nurses by older nurses contributed to their dissatisfaction with nursing and may eventually lead to them leaving the profession. It is over thirty years since nurses started to be educated in the tertiary sector, but there still appears to be a high level of misconception about the knowledge base and skills acquisition of graduates. Professional education for older hospital trained nurses about the current nursing curriculum and the needs of novice nurses may go some way to enhance relationships.

8.4 Implications for professional organisations

It has been noted that career commitment can be positively affected by being a member of a professional organisation. Therefore, it is important that professional nursing organisations actively recruit and support Generation Y nurses.

8.5 Recommendations for further research

Several recommendations for further research are suggested. Based on the limitations of this study it is recommended that the career commitment of a larger cohort of Generation Y New Zealand Registered Nurses is investigated so that a more in-depth analysis of their intentions to remain in, or exit from, nursing is possible. Further, a longitudinal study tracking the careers of Generation Y nurses would contribute to a greater understanding of the actual career paths of Generation Y nurses. This information would contribute significantly to workforce planning for New Zealand nursing.

It is also important to investigate what influences the career choices of Generation Y senior high school pupils to find out why students do not consider nursing as an option, especially male students and Māori and Pacific Island students. An understanding of the barriers that prevent these students choosing nursing would assist educators, in both high schools and schools of nursing, to put in place strategies to lessen these barriers so that males and Māori and Pacific Island peoples are more represented in the nursing profession.

It is also important for the future of New Zealand nursing to investigate what the barriers are to the retention of Generation Y male and Generation Y Māori and Pacific Island nursing students in undergraduate nursing programmes. Results would inform educators of how best to retain these students. Further, a study to explore if specific barriers exist for the retention of Generation Y male nurses and Generation Y Māori and Pacific Island nurses is recommended so that specifically targeted retention plans could be put in place by employers if required.

It is highly recommended that research is undertaken to explore what measures need to be put in place that will contribute to the long term retention of Generation Y nurses to mitigate any nursing workforce shortages.

An additional recommendation is to investigate how to better prepare Generation Y nursing students for the realities of practice such as the stressful and challenging nature of nursing work and the impact of shift work on their private lives.

Finally, consideration needs to be given to studying what will motivate members of Generation Z to become nurses and what recruitment and retention measures will need to be put in place for them.

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Appendices

Appendix A: 2009/2010 Gen Y nurses survey (on-line screen shots)

2009 Attitudes to Nursing Survey

Information and consent

An exploration of Generation Y New Zealand Registered Nurses' attitudes to nursing, work and career.

You are invited to take part in this research study because you have been identified, the Nursing Council of New Zealand's data base, as a New Zealand Registered Nurse who was born between 1980 - 1988. This research is being undertaken to explore the attitudes of newly graduated New Zealand Registered Nurses towards nursing, work and career.   read more >>

Researcher: Isabel Jamieson, Senior Lecturer, CPIT Contact Details jamiesoni@cpit.ac.nz 940 8074

Supervisors: Associated Professor Ray Kirk, Prof. Andrew Hornblow, and Dr Sarah Wright: University of Canterbury and Dr Cathy Andrew, Head of School, CPIT, Christchurch
Contact details C/- andrew.hornblow@canterbury.ac.nz, ph. (03) 366 7001

Ready to take the survey? Please click on the 'next' button below.

A Note On Privacy
This survey is anonymous.
The record kept of your survey responses does not contain any identifying information about you unless a specific question in the survey has asked for this. If you have responded to a survey that used an identifying token to allow you to access the survey, you can rest assured that the identifying token is not kept with your responses. It is managed in a separate database, and will only be updated to indicate that you have (or haven't) completed this survey. There is no way of matching identification tokens with survey responses in this survey.

[Exit and Clear Survey]   Load Unfinished Survey   next >>

2009 Attitudes to Nursing Survey

Information and consent

An exploration of Generation Y New Zealand Registered Nurses' attitudes to nursing, work and career.

You are invited to take part in this research study because you have been identified, the Nursing Council of New Zealand's data base, as a New Zealand Registered Nurse who was born between 1980 - 1988. This research is being undertaken to explore the attitudes of newly graduated New Zealand Registered Nurses towards nursing, work and career. At a time when there is a critical shortage of nurses both in New Zealand and world wide it is hoped that the information from this survey will inform the nursing profession, the employers of Generation Y nurses and the educators of future nurses to better understand and address the work and career needs of this very important cohort of registered nurses.

Data for this study are being collected anonymously through the use of an on line survey. Once the surveys have been completed and submitted online the data will be analysed by the researcher and submitted as a doctoral thesis to the University of Canterbury. All electronic data will be available only to the researcher and her research team via a unique access code known only to the researcher. All print data will be kept in a locked filing cabinet.

Your contribution to this survey is anonymous and you are not obliged to complete this survey, as it is entirely voluntary. If you choose to take part in this survey it will involve completing the online questionnaire which should take about 10 minutes. The questionnaire is aimed at helping the researcher understand the issues related to the retention in the workforce of New Zealand Registered Nurses under the age of 30 years.

There should be no risk to you from this study. This information has been sent to you via by Nursing Council of New Zealand. The researcher and her team DO NOT have access to your personal data. At NO TIME will the researcher and her team be privy to your personal data such as name and address.

You may ask questions of the researchers at any time prior to completing the survey. Please note that because this survey is anonymous, once you have returned your completed questionnaire you will not be able to retrieve your information. Results from this research will be published in journals relevant to professional groups and may be presented at professional forums. Neither you nor your area of work will be identified in any publications or presentations.

Cost of Participating: There will be no cost to you

Informed Consent: Your completion and submission of the online survey will be accepted as informed consent for this study.

Ethics Approval: This research has received ethical approval from the University of Canterbury Human Ethics Committee

Researcher: Isabel Jamieson, Senior Lecturer, CPIT Contact Details jamiesoni@cpit.ac.nz 940 8074

Supervisors: Associated Professor Ray Kirk, Prof. Andrew Hornblow, and Dr Sarah Wright: University of Canterbury and Dr Cathy Andrew, Head of School, CPIT, Christchurch

Contact details C/- Andrew.hornblow@canterbury.ac.nz, ph. (03) 366 7001

You are welcome to contact the researcher or her supervisors if you have any questions about this study.

Thank you for taking the time to consider participation in this study.

If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact your professional organisation.

[return to the survey]

UC UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

2009 Attitudes to Nursing Survey

Section 1: Demographic Data

*Please enter the unique identifier you were provided by NCNZ for the purposes of this survey:

9999
Only numbers may be entered in this field

---

1. Are you a New Zealand Registered Nurse (NZRN)?

○ Yes
○ No
◉ No answer

---

2. Was New Zealand the first country that you registered in?

○ Yes
◉ No
○ No answer

What country did you first register in?

---

3. Which of the following best describes the geographical location where you work
Choose one of the following answers

○ main urban area (population 30,000+)
○ secondary urban area (population 10,000 - 29,999)
○ minor urban area (population 1,000 - 9,999)
○ rural area (population 300 - 999)
◉ No answer

---

4. Please indicate if you are:

○ Female
○ Male
◉ No answer

---

5. Ethnicity/Race: Which ethnic group(s) do you most closely identify with?
Check any that apply

☐ New Zealand European
☐ Maori
☐ Samoan
☐ Cook Island Maori
☐ Tongan
☐ Niuean
☐ Chinese
☐ Indian
☐ Other:

6. What year were you born?

[   ]

Only numbers may be entered in this field

7. What year did you first register as a NZRN?

[   ]

Only numbers may be entered in this field

8. Please indicate how long you have been working as a NZRN:
Choose one of the following answers

○ Less than one year
○ One to four years
○ Five to eight years
○ More than eight years
⊙ No answer

9. Please indicate who your main employer is:
Choose one of the following answers

○ Public hospital (DHB)
○ Public community hospital (DHB)
○ Private or non public hospital
○ Primary health care/community service (non-public)
○ Rest home/residential care
○ Nursing agency
○ Self employed
○ Maori health service provider
○ Education institution
○ Government agency (MoH, ACC, Prisons, Defence force etc)
○ Pacific health service provider
○ Other [   ]
⊙ No answer

10. Which of the following best describes your current area of nursing practice?
Choose one of the following answers

○ Emergency and trauma
○ Assessment and rehabilitation
○ Child health (including neonatology)
○ Continuing care (elderly)
○ District nursing
○ Family planning/sexual health
○ Intellectually disabled
○ Intensive care/coronary care
○ Mental health (including substance abuse)
○ Medical (including education patients)
○ Nursing administration/policy development
○ Nursing research
○ Obstetrics/maternity
○ Occupational health
○ Palliative care
○ Perioperative care
○ Primary health care (including practice nursing)
○ Public health
○ Surgical
○ Assessment and rehabilitation (mental health)
○ Other [   ]
⊙ No answer

11. What is your current job title?
(eg: Staff nurse, Charge Nurse, etc.)

12. How many hours do you work per week?

Only numbers may be entered in this field

13. Have you worked overseas as a registered nurse?

- ⦿ Yes
- ○ No
- ○ No answer

14. Please tell us about where you have worked.
(ie: what countries?, for how long?, what hours?)

15. Why did you return to work in New Zealand?

16. Do you intend to work overseas again?
Choose one of the following answers

- ⦿ Yes
- ○ No
- ○ Don't Know
- ○ No answer

17. Why do you think you might work overseas again?

18. If you do decide to work overseas again, please tell us what you might do:
(ie: what countries would you work in?, when would you go?, when would you return?)

Your progress so far:

0% [████   ] 100%

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2009 Attitudes to Nursing Survey

Section 2: Your future nursing career intention

The following questions are about your future career intentions

---

1. Do you intend to change your area of clinical practice?
Choose one of the following answers

○ No
○ Yes, in twelve months
○ Yes, in more than one year
◉ Yes, in more than two years
○ No answer

---

2. Where would you like to work and why?

---

3. What are your career plans for the next five years?

---

6. Are you planning to take a break from nursing in the next five years?
Choose one of the following answers

○ Yes
○ No
◉ Not Sure
○ No answer

---

7. If you do take a break from nursing what might you do?

8. Do you intend to return to the nursing profession?

◉ Yes
○ No
○ No answer

9. Why do you intend to return to the nursing profession?

10. Which of the following elements are important to you in terms of career?

	Very important	Quite important	Of some importance	Of little importance	Not important	No answer
Challenging work	○	○	○	○	○	◉
Access to education	○	○	○	○	○	◉
Positive work environment	○	○	○	○	○	◉
Good management/leadership	○	○	○	○	○	◉
Team work	○	○	○	○	○	◉
Regular feedback	○	○	○	○	○	◉
Work/life balance	○	○	○	○	○	◉
Mentoring	○	○	○	○	○	◉
Creativity & innovation	○	○	○	○	○	◉

11. Which of the following elements are evident in your nursing career?

	Yes	No	No answer
Challenging work	○	○	◉
Access to education	○	○	◉
Positive work environment	○	○	◉
Good management/leadership	○	○	◉
Team work	○	○	◉
Regular feedback	○	○	◉
Work/life balance	○	○	◉
Mentoring	○	○	◉
Creativity & innovation	○	○	◉

12. Is having a balanced lifestyle important to you?

◉ Yes
○ No
○ No answer

13. How would you describe a balanced lifestyle?

14. Define what flexibility means to you at work.

15. Does nursing offer you the flexibility that you require from work?

- ○ Yes
- ○ No
- ◉ No answer

Your progress so far:

0% |███████ | 100%

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2009 Attitudes to Nursing Survey
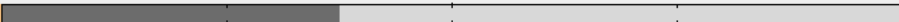
Section 3: Your career commitment

This question is about your commitment to nursing. Please consider the extent to which you agree with the following statements:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	No answer
I like nursing too much to give it up.	○	○	○	○	○	◉
If I could go into a different profession other than nursing which paid the same, I would probably take it.	○	○	○	○	○	◉
If I could do it all over again, I would not choose to work in the nursing profession.	○	○	○	○	○	◉
I definitely want a career for myself in the nursing profession.	○	○	○	○	○	◉
If I had all the money I needed without working, I would probably still continue to work in the nursing profession.	○	○	○	○	○	◉
I am disappointed that I ever entered the nursing profession.	○	○	○	○	○	◉
Nursing is the ideal vocation for a life's work.	○	○	○	○	○	◉

Your progress so far:

0% ▓▓▓▓▓▓ 100%

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Section 4: Your decision to become a nurse

When choosing nursing as a career, how important, if at all, were the following:

	Very important	Quite important	Of some importance	Of little importance	Not important	No answer
Starting salary	○	○	○	○	○	◉
Future earning potential	○	○	○	○	○	◉
Interesting and challenging work	○	○	○	○	○	◉
Nursing is a good career for a woman	○	○	○	○	○	◉
Nursing skills always seem to be in demand	○	○	○	○	○	◉
Ability to leave the job and return later	○	○	○	○	○	◉
Community respect for nurses	○	○	○	○	○	◉
Ability to help others	○	○	○	○	○	◉
Job security	○	○	○	○	○	◉
The profession is perceived to carry prestige	○	○	○	○	○	◉
Ability to combine work & family commitments	○	○	○	○	○	◉
Ability to work closely with people	○	○	○	○	○	◉
Ability to make a strong contribution to society	○	○	○	○	○	◉
Flexibility of hours	○	○	○	○	○	◉
Pleasant working conditions	○	○	○	○	○	◉
Opportunities for promotion	○	○	○	○	○	◉
Exciting work	○	○	○	○	○	◉
Ability to be with my friends who had chosen nursing	○	○	○	○	○	◉
Career adviser/teachers advice	○	○	○	○	○	◉
Parental advice	○	○	○	○	○	◉
Responsibility & autonomy	○	○	○	○	○	◉
Time required to qualify as a nurse	○	○	○	○	○	◉

Your progress so far:

0% ▓▓▓▓▓▓▓▓▓▓▓▓▓░░░░░░░░░░░ 100%

You're halfway! 🙂 Great!

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Section 5: Your working environment

When you consider your working environment please show the extent to which you agree with the following statements:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	No answer
I am really career motivated	○	○	○	○	○	⦿
Time with my family is more important than promotion	○	○	○	○	○	⦿
I would refuse a promotion if it took me out of hands on nursing	○	○	○	○	○	⦿
If I was promoted I would have a greater say over my hours of work	○	○	○	○	○	⦿
Nurses are respected by other health professionals	○	○	○	○	○	⦿
There are not enough opportunities for promotion in nursing	○	○	○	○	○	⦿
I'm happy to trade off a pay increase for more time with my family	○	○	○	○	○	⦿
Career advancement would make my work more stressful	○	○	○	○	○	⦿
Other health professionals appreciate the effort and input of nurses	○	○	○	○	○	⦿

continued...

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	No answer
If I was promoted I would significantly increase my level of responsibility	○	○	○	○	○	◉
I do the same tasks over and over again	○	○	○	○	○	◉
The physical work environment is very pleasant	○	○	○	○	○	◉
Nurses are respected by management	○	○	○	○	○	◉
I find nursing stressful	○	○	○	○	○	◉
The paper work associated with nursing is relatively straight forward	○	○	○	○	○	◉
Management appreciates the effort and input of nurses	○	○	○	○	○	◉
Bullying of nurses by co-workers is prevalent	○	○	○	○	○	◉
I regularly experience physical abuse from members of the public	○	○	○	○	○	◉
I regularly experience verbal abuse from members of the public	○	○	○	○	○	◉

Your progress so far:

0% |████████████████████████| 100%

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Section 6: Your satisfaction with nursing

As a Registered Nurse how satisfied are you with the following:

	Extremely satisfied 5	4	3	2	Unsatisfied 1	No answer
Your pay as a nurse	○	○	○	○	○	⊙
Your job as a nurse	○	○	○	○	○	⊙
Your personal safety at work	○	○	○	○	○	⊙
The way you are supervised	○	○	○	○	○	⊙
Opportunities to improve your education	○	○	○	○	○	⊙
The equipment and materials you work with	○	○	○	○	○	⊙
Senior management	○	○	○	○	○	⊙
The public recognition given to nurses	○	○	○	○	○	⊙
The nature of the care you are able to provide your patients	○	○	○	○	○	⊙
Other health professionals at your work place	○	○	○	○	○	⊙
The proportion of experienced staff in your area	○	○	○	○	○	⊙
The proportion of casual staff in your area	○	○	○	○	○	⊙
The nurse patient ratio	○	○	○	○	○	⊙
The Profession Development Recognition Programme (PDRP)	○	○	○	○	○	⊙
Nurse Entry to Practice Programme (NETP)	○	○	○	○	○	⊙

Your progress so far:

0% ▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬ 100%

Almost there! 🙂

[Exit and Clear Survey]   Resume Later   << prev   next >>

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2009 Attitudes to Nursing Survey

Section 7: Your attitudes to nursing

Listed below are a series of statements that represent feelings that individuals might have about their profession. Consider your own feelings about nursing and indicate what your degree of agreement or disagreement is to the following statements

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	No answer
I am proud to be a nurse	○	○	○	○	○	◉
Changing professions would now be difficult for me	○	○	○	○	○	◉
I do not feel an obligation to remain in nursing	○	○	○	○	○	◉
Nursing is important to my self-image	○	○	○	○	○	◉
Even if it was to my advantage I do not feel it would be right to leave the profession at the moment	○	○	○	○	○	◉
I am in nursing because of a sense of loyalty to it	○	○	○	○	○	◉
I regret having entered the nursing profession	○	○	○	○	○	◉
There are no pressures to keep me from changing professions	○	○	○	○	○	◉
I dislike being a nurse	○	○	○	○	○	◉
I would feel guilty if I left nursing	○	○	○	○	○	◉

continued...

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	No answer
I have put too much into the nursing profession to consider changing now	○	○	○	○	○	◉
I do not identify with the nursing profession	○	○	○	○	○	◉
It would be costly for me to change my profession now	○	○	○	○	○	◉
Changing professions would require considerable personal sacrifice	○	○	○	○	○	◉
I believe that people that have been educated in a profession have a responsibility to stay in that profession for a reasonable amount of time	○	○	○	○	○	◉
I am enthusiastic about nursing	○	○	○	○	○	◉
Too much of my life would be disrupted if I were to change my profession	○	○	○	○	○	◉
I feel responsible to the nursing profession to continue in it	○	○	○	○	○	◉

Your progress so far:

0% ▰▰▰▰▰▰▰▱▱ 100%

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2009 Attitudes to Nursing Survey

Section 8: Final comments

If there was one thing that you could change about nursing, what would it be?

Do you have any comments about Nursing that you would like to add?

Your progress so far:

0% [████████████████████████████] 100%

You made it! Excellent! 😁 Thanks for your help with this survey.

[Exit and Clear Survey]   Resume Later   << prev   submit

Appendix B: Ethics approval

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Human Ethics Committee

Secretary
Tel: +64 3 364 2241, Fax: +64 3 364 2856, Email: human-ethics@canterbury.ac.nz

Ref: HEC 2008/41

16 June 2008

Ms Isabel Jamieson
Health Sciences Centre
COLLEGE OF EDUCATION

Dear Isabel

The Human Ethics Committee advises that your research proposal "What are the attitudes of generation Y New Zealand registered nurses to nursing, work and career?" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 9 June 2008.

Best wishes for your project.

Yours sincerely

Dr Michael Grimshaw
Chair, Human Ethics Committee

Appendix C Ethics ammended approval

Human Ethics Committee

Tel: +64 3 364 2241, Fax: +64 3 364 2856, Email: human-ethics@canterbury.ac.nz

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CHRISTCHURCH NEW ZEALAND

Ref: HEC 2008/41

24 September 2009

Ms Isabel Jamieson
Health Sciences Centre
UNIVERSITY OF CANTERBURY

Dear Isabel

The Human Ethics Committee advises that the amendment as per your memo dated 17 September 2009 to your research proposal "What are the attitudes of generation Y New Zealand registered nurses to nursing, work and career?" has been considered and approved.

Best wishes for your project.

Yours sincerely

Dr Michael Grimshaw
Chair, Human Ethics Committee

Appendix D: An example of the email sent to participants by the Nursing Council of New Zealand Corporate Services Facilitator

Dear Nurse

 You have been selected from the National Register of the Nursing Council of New Zealand to participate in a survey of nurses born between: 1980 and 1988.

The survey is conducted on the behalf of the University of Canterbury. This survey is an exploration of Generation Y New Zealand Registered Nurses' attitudes to nursing, work and career.

Please find following a link to their survey website:
http://surveyserver.canterbury.ac.nz/limesurvey/index.php?sid=22481&lang=en

At the start of the survey, you will be asked to enter a unique identifier, please note that this identifier is for my use only, and none of your personal details have been provided to the University of Canterbury, any information collected from the survey will be kept anonymous and in accordance with the Privacy Act 1993.

Your unique identifier is: **xxxx**

Many thanks for your assistance with this project.

Regards
Nicole Hay
Corporate Services Facilitator

Te Kaunihera Tapuhi o Aotearoa

Nursing Council of New Zealand

Level 12, Mid City Tower,

139-143 Willis Street

PO Box 9644,

WELLINGTON 6141

Tel: +64-4-802 1326

Mob: 021-429-642

Fax: +64-4-801 8502

Nicole@nursingcouncil.org.nz

www.nursingcouncil.org.nz

Ki te whakarite i nga ahuatanga o nga Tapuhi e pa ana mo nga iwi katoa

Regulating nursing practice to protect public safety

Appendix E: Letter to the editors of Kai Tiaki Nursing New Zealand

The Co-editors

Kai Tiaki Nursing New Zealand

P O Box 2128

Wellington

6 July 2009

Dear Editors

Are you a Generation Y registered nurse?

Hello, my name is Isabel Jamieson I am a doctoral student enrolled at the University of Canterbury, Christchurch New Zealand. I am currently undertaking research via an on-line survey to gain an understanding of why you wanted to become a nurse and what your plans are for your future working life. Given that New Zealand, like the many other countries, is facing a nursing shortage it is important that we are able to retain our new graduate nurses in the profession.

If you are **a RN born between the years 1980 and 1988** (inclusive) I would be delighted to hear your views. Please contact Nicole Hay, Corporate Services Facilitator, NCNZ via her email **Nicole@NursingCouncil.org.nz** to be sent a link to the on-line survey.

Thank you for your support of this important research project.

Kind regards

Isabel Jamieson

Doctoral Student/ Senior Lecturer CPIT School of Nursing

jamiesoni@cpit.ac.nz

Appendix F: Letter emailed to participants recruited via the New Zealand Nurse Entry To Practice Programme (NETP).

Health Sciences Centre

Associate Professor Ray Kirk, Director

Tel:+64 3 364 2987 ext. 3108, Fax:+64 3 364 3318,Email: ray.kirk@canterbury.ac.nz
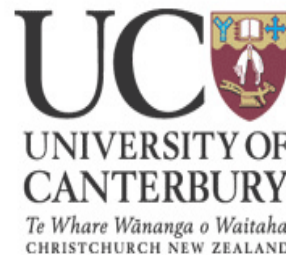
24 February 2012

Dear New Graduate

Are you a Generation Y New Zealand Registered Nurse?

Hello, my name is Isabel Jamieson. I am a doctoral student enrolled at the University of Canterbury in Christchurch. I am currently undertaking research using an on-line survey to gain an understanding of why you wanted to become a nurse and what your plans are for your future working life. Given that New Zealand, like the many other countries, is facing a nursing shortage it is important that we retain our new graduate nurses.

At the start of the survey you will be asked to enter a unique identifier. Please note that this identifier is for my use only; none of your personal details will be provided to the researcher or the University of Canterbury. Any information collected from the survey will remain confidential in accordance with the Privacy Act 1993.

Your unique identifier is: **8888**

Many thanks for your assistance with this project.

Regards
Jane Mountier
Research Assistant

School of Nursing and Human Services

CPIT

PO Box 540

Christchurch

mountierj@cpit.ac.nz

Appendix G: Evidence of permission from Avril Henry

Isabel Jamieson - RE: PhD research request

From:	"Avril Henry" <Avril@ahrevelations.com>
To:	"Isabel Jamieson" <JamiesonI@cpit.ac.nz>
Date:	15/04/2008 12:11 p.m.
Subject:	RE: PhD research request
CC:	"Andrew Hornblow" <andrew.hornblow@canterbury.ac.nz>, "Ray Kirk" <Ray.ki...

Dear Isabel,

My sincere apologies for my tardiness in not responding to your email sooner. We have had some huge challenges with our technology and have had to re-build all our systems, and then I was traveling both overseas and domestically. If it is not too late for your research, I would be more than happy for you to use questions from my 2005 Gen Y survey. You may be interested to know that I am assisting some 10 hospitals in Queensland, NSW and Tasmania Health with their issues surrounding recruitment and retention of Gen Y nursing staff.

Should you have any further queries, please do not hesitate to contact me. Best wishes for every success with your PhD studies.

Kind regards,

Avril

Avril Henry

Managing Director

Avril Henry Pty Ltd

PO Box 1771

ROZELLE NSW 2039

Australia

Mobile: +61 414 862 527

Telephone: +612 9660 2400

Fax: +612 9660 2411

Appendix H: Evidence of permission from Professor Margaret Nowak

Isabel Jamieson - RE: A PhD request

From:	"Margaret Nowak" <Margaret.Nowak@gsb.curtin.edu.au>
To:	"Isabel Jamieson" <JamiesonI@cpit.ac.nz>
Date:	26/02/2008 3:47 p.m.
Subject:	RE: A PhD request

Dear Isabel, we have no objection to you including the questions 6 and 58-60 from our study with acknowledgement. It will also be interesting when you have your results to look at some comparative results even though the studies will be for different time periods.

I note that question 97 of our study (the open ended one) left us inundated with material as nurses got all their grievances off their chests.

With Regards,

Margaret Nowak

From: Isabel Jamieson [mailto:JamiesonI@cpit.ac.nz]
Sent: Tuesday, 26 February 2008 10:29 AM
To: Margaret Nowak
Subject: A PhD request

Dear Professor Nowak

I am a PhD student enrolled at the University of Canterbury, Christchurch New Zealand.

I am currently preparing to submit my research proposal to the university titled: An exploration of Generation Y New Zealand Registered Nurses attitudes to nursing, work and career.

I hope to conduct an online survey with newly graduated New Zealand nurses to establish if we will retain them in the nursing workforce. As part of my survey I am keen to know about their reasons for becoming a nurse, how their working environment affects them, how satisfied are they with nursing, and their attitudes towards nursing.

I am seeking permission to include some questions in my survey from your December 2003 work: Under Pressure: Report on the Western Australian Nurses Workforce in 2002 namely:

Question 6   a-ab
Question 58 a-t
Question 59 a-r
Question 60 a-u

I would of course acknowledge the source of these questions in my proposal, ethics submission and subsequent writing.

You are welcome to contact my supervisors for further information if you wish:

Prof. Andrew Hornblow, University of Canterbury Andrew.hornblow@canterbury.co.nz ,Dr Ray Kirk

Ray.kirk@Canterbury.ac.nz , Dr Cathy Andrew andrewc@cpit.ac.nz

Thank you for your time, I look forward to hearing from you

Isabel Jamieson
Lecturer
School of Nursing CPIT
phone: 03 940 8074 fax: 03 940 8019 office: N416
Scanned by Bizo EmailFilter

Appendix I: Full details for multiple regression models

Table I1: What affects career commitment? 'I like nursing too much to give it up'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
Interesting and challenging work (DN)	.045	.529	.597
Ability to help others (DN)	.080	.940	.349
Ability to work closely with people (DN)	.031	.418	.677
Exciting work (DN)	-.034	-.391	.696
Responsibility and autonomy (DN)	-.043	-.792	.429
I am really career motivated (WE)	.071	1.128	.261
I would refuse a promotion if it took me out of hands on nursing (WE)	.131	2.536	.012
Nurses are respected by other health professionals (WE)	.096	1.269	.206
There are not enough opportunities for promotion in nursing (WE)	-.016	-.293	.770
Other health professionals appreciate the effort and input of nurses (WE)	-.055	-.750	.454
The physical work environment is very pleasant (WE)	.122	2.194	.029
I find nursing stressful (WE)	-.101	-1.689	.093
Bullying of nurses by co-workers is prevalent (WE)	-.006	-.143	.886
I regularly experience verbal abuse from members of the public (WE)	.098	2.228	.027
Your job as a nurse	.179	2.160	.032
The nature of the care you are able to provide your patients (SN)	.152	2.364	.019
Other health professionals at your workplace (SN)	.005	.060	.953
The proportion of casual staff in your area (SN)	-.012	-.227	.821
The nurse patient ratio (SN)	-.035	-.738	.461
The Profession Development Recognition Programme (SN)	-.098	-1.749	.082
Nurse Entry to Practice Programme (SN)	.049	.918	.360
I am proud to be a nurse (AN)	.158	1.568	.118
Changing professions would now be difficult for me (AN)	.046	1.099	.273
Nursing is important to myself image (AN)	.020	.399	.690
Even if it were to my advantage I do not feel it would be right to leave the profession at the moment (AN)	.123	2.523	.012

Table I1: What affects career commitment? 'I like nursing too much to give it up'. (cont'd)

Independent variables	Unstandardised regression coefficient	t Value	Significance
I am in nursing because of a sense of loyalty to it (AN)	.022	.397	.692
I dislike nursing (AN)	-.170	-1.702	.090
I do not identify with the nursing profession (AN)	.042	.617	.538
I am enthusiastic about nursing (AN)	.202	2.064	.040
I feel responsible to the nursing profession to continue in it (AN)	.016	.324	.746
Age (0=21-25 years, 1=26-29 years)	-.196	-1.873	.063
Gender (0=Male, 1=Female)	-.316	-1.336	.183
Years in practice (0=Less than one year, 1=more than one year)	.144	1.408	.161

$R^2 = .602$

Note: Survey sections: DN = decision to become a nurse, WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing

n=228

Table I2: What affects career commitment? 'If I could go into a different profession other than nursing which paid the same I would probably take it'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
Nursing is a good career for a woman (DN)	.047	1.012	.312
Community respect for nurses (DN)	.017	.280	.780
Ability to help others (DN)	-.146	-1.350	.178
The profession is perceived to carry prestige (DN)	.046	.789	.431
Ability to work closely with people (DN)	-.032	-.353	.724
Exciting work (DN)	-.163	-1.913	.057
Career adviser/teachers advise (DN)	.044	.836	.404
Parental advise (DN)	.040	.766	.445
Time with my family is more important than promotion (WE)	.038	.637	.525
Nurses are respected by other health professionals (WE)	.072	1.106	.270
There are not enough opportunities for promotion in nursing (WE)	.118	2.033	.043
I find nursing stressful (WE)	.056	.857	.392
I regularly experience physical abuse from members of the public (WE)	.197	2.536	.012
I regularly experience verbal abuse from members of the public (WE)	-.020	-.329	.742
Your job as a nurse (SN)	-.054	-.622	.535
Opportunities to improve your education (SN)	.129	2.257	.025
The nature of the care you are able to provide your patients (SN)	-.046	-.709	.479
I am proud to be a nurse(AN)	-.187	-1.656	.099
I regret having entered the nursing profession (AN)	-.009	-.098	.922
I dislike being a nurse (AN)	.249	2.129	.034
I have put too much into the nursing profession to consider changing now (AN)	.046	.905	.366
I do not identify with the nursing profession (AN)	-.078	-.992	.322
It would be costly for me to change my profession now (AN)	.017	.331	.741

Table I2: What affects career commitment? 'If I could go into a different profession other than nursing which paid the same I would probably take it'. (cont'd)

Independent variables	Unstandardised regression coefficient	t Value	Significance
I am enthusiastic about nursing (AN)	-.270	-2.636	.009
Age (0=21-25 years, 1=26-29 years)	.001	.010	.992
Gender (0=Male, 1=Female)	-.199	-.751	.453
Years in practice (0=Less than one year, 1=more than one year)	-.350	-3.063	.002

$R^2 = .470$

Note: Survey sections: DN = decision to become a nurse, WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing

n=253

Table I3: What affects career commitment? 'If I could do it all over again I would not choose to work in the nursing profession'.

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
Ability to help others (DN)	-.131	-1.303	.194
Job security (DN)	-.101	-1.325	.186
Ability to work closely with people (DN)	.023	.267	.790
Nurse are respected by other health professionals (WE)	-.040	-.552	.582
There are not enough opportunities for promotion in nursing (WE)	.097	1.596	.112
I'm happy to trade off a pay increase for more time with my family (WE)	-.014	-.252	.801
I do the same tasks over and over again (WE)	.033	.557	.578
Nurse are respected by management (WE)	.109	1.858	.064
I find nursing stressful (WE)	.048	.714	.476
I regularly experience physical abuse from members of the public (WE)	.021	.249	.804
I regularly experience verbal abuse from members of the public (WE)	.088	1.372	.171
Your job as a nurse (SN)	-.063	-.690	.491
Opportunities to improve your education (SN)	-.021	-.340	.734
Other health professionals at your workplace (SN)	-.047	-.545	.586
The proportion of casual staff in your area (SN)	.066	1.114	.267
I am proud to be a nurse (AN)	.093	.834	.405
I regret having entered the nursing profession (AN)	.412	4.381	.000
I dislike nursing (AN)	.254	2.138	.034
I do not identify with the nursing profession (AN)	.141	1.718	.087
I am enthusiastic about nursing (AN)	-.022	-.205	.838
Age (0=21-25 years, 1=26-29 years)	.023	.183	.855
Gender (0=Male, 1=Female)	.230	.853	.394
Years in practice (0=Less than one year, 1=more than one year)	-.072	-.595	.553

$R^2 = .446$

Note: Survey sections: DN = decision to become a nurse, WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing
n=262

Table I4: What affects career commitment? 'I definitely want a career for myself in the nursing profession'.

Independent variables	Unstandardised regression coefficient	t Value	Significance
Interesting and challenging work (DN)	.083	1.146	.253
Community respect for nurses (DN)	-.031	-.749	.455
Ability to help others (DN)	.011	.173	.863
Job security (DN)	.051	.905	.366
Opportunities for promotion (DN)	.063	1.260	.209
Exciting work (DN)	.056	.762	.447
Responsibility & autonomy (DN)	-.098	-1.961	.051
I am really career motivated (WE)	.150	2.812	.005
I would refuse a promotion if it took me out of hands on nursing (WE)	-.003	-.530	.597
Nurses are respected by other health professionals (WE)	.019	.282	.778
Other health professionals appreciate the effort and input of nurses (WE)	-.015	-.239	.811
The physical work environment very pleasant (WE)	-.015	-.331	.741
I find nursing stressful (WE)	-.058	-1.209	.228
Your job as a nurse (SN)	.056	.841	.401
Opportunities to improve your education (SN)	-.033	-.704	.482
The proportion of casual staff in your area (SN)	-.013	-.327	.744
The Profession Development Recognition Programme (SN)	.047	1.118	.265
I am proud to be a nurse (AN)	.200	2.368	.019
Nursing is important to my self-image (AN)	.040	.959	.338
Even if it was to my advantage I do not feel it would be right to leave the profession at the moment (AN)	.053	1.288	.199
I regret having entered the nursing profession (AN)	-.245	-3.564	< .0005
I dislike being a nurse (AN)	-.007	-.081	.936
I do not identify with the nursing profession (AN)	-.071	-1.167	.245
I am enthusiastic about nursing (AN)	.250	3.086	.002

Table I4: What affects career commitment? 'I definitely want a career for myself in the nursing profession' (cont'd)

Independent variables	Unstandardised regression coefficient	*t* Value	Significance
I feel responsible to the nursing profession to continue in it (AN)	.037	.908	.365
Age (0=21-25 years, 1=26-29 years)	-.035	-.385	.701
Gender (0=Male, 1=Female)	-.121	-.604	.547
Years in practice (0=Less than one year, 1=more than one year)	.185	2.151	.033

$R^2 = .574$

Note: Survey sections: DN = decision to become a nurse, WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing

n=248

Table I5: What affects career commitment? 'If I had all the money I need without working I would probably still continue to work in the nursing profession'.

Independent variables	Unstandardised regression coefficient	t Value	Significance
Interesting and challenging work (DN)	.045	.417	.677
Ability to help others (DN)	.105	1.071	.285
Ability to make a strong contribution to society (DN)	.097	1.232	.219
Opportunities for promotion (DN)	-.014	-.213	.831
Exciting work (DN)	.081	.739	.461
I am really career motivated (WE)	.146	1.845	.066
I would refuse a promotion if it took me out of hands on nursing (WE)	.003	.356	.722
Nurses are respected by other health professionals (WE)	.109	1.117	.265
Other health professionals appreciate the effort and input of nurses (WE)	-.006	-.065	.948
I do the same tasks over and over again (WE)	-.077	-1.289	.199
The physical work environment very pleasant (WE)	.108	1.525	.129
Nurses are respected by management (WE)	.017	.229	.819
I find nursing stressful (WE)	-.124	-1.780	.076
Your job as a nurse (SN)	.073	.741	.459
Senior management (SN)	.012	.179	.858
The public recognition given to nurses (SN)	.067	.894	.372
Other health professionals at your workplace (SN)	-.203	-2.201	.029
I am proud to be a nurse (AN)	-.033	-.270	.788
Even if it was to my advantage I do not feel it would be right to leave the profession at the moment (AN)	.064	1.165	.245
I regret having entered the nursing profession (AN)	-.243	-2.394	.017
I dislike being a nurse (AN)	.009	.071	.943
I do not identify with the nursing profession (AN)	-.098	-1.116	.265
I am enthusiastic about nursing (AN)	.128	1.072	.285
Age (0=21-25 years, 1=26-29 years)	-.099	-.740	.460

Table I5: What affects career commitment? 'If I had all the money I need without working I would probably still continue to work in the nursing profession'. (cont'd)

Independent variables	Unstandardised regression coefficient	t Value	Significance
Gender (0=Male, 1=Female)	-.505	-1.814	.071
Years in practice (0=Less than one year, 1=more than one year)	.064	.494	.622
$R^2 = .365$			

Note: Survey sections: DN = decision to become a nurse, WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing
n=272

Table I6: What affects career commitment? 'I am disappointed that I ever entered the nursing profession'.

Independent variables	Unstandardised regression coefficient	t Value	Significance
Ability to help others (DN)	.077	.907	.365
Ability to work closely with people (DN)	-.102	-1.363	.174
Ability to make a strong contribution to society (DN)	-.019	-.307	.759
Exciting work (DN)	-.031	-.430	.668
Career adviser/teachers advise (DN)	.100	2.319	.021
Parental advise (DN)	-.019	-.441	.660
There are not enough opportunities for promotion in nursing (WE)	.092	1.872	.062
Other health professionals appreciate the effort and input of nurses (WE)	.044	.805	.421
The physical work environment very pleasant (WE)	-.039	-.742	.459
Nurses are respected by management (WE)	-.056	-1.159	.248
Your job as a nurse (SN)	-.013	-.180	.857
Opportunities to improve your education (SN)	-.061	-1.240	.216
I am proud to be a nurse (AN)	-.069	-.748	.455
I regret having entered the nursing profession (AN)	.414	5.460	< .0005
I dislike being a nurse (AN)	.068	.706	.481
I do not identify with the nursing profession (AN)	.191	2.883	.004
I am enthusiastic about nursing (AN)	.099	1.160	.247
Age (0=21-25 years, 1=26-29 years)	-.006	-.064	.949
Gender (0=Male, 1=Female)	.092	.452	.651
Years in practice (0=Less than one year, 1=more than one year)	.036	.371	.711

$R^2 = .431$

Note: Survey sections: DN = decision to become a nurse, WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing

n=265

Table I7: What affects career commitment? 'Nursing is the ideal vocation for a life's work'.

Independent variables	Unstandardised regression coefficient	t Value	Significance
I am really career motivated (WE)	.060	.989	.324
I would refuse promotion if it took me out of hands on nursing (WE)	.000	-.066	.947
If I was promoted I would have a greater say over my hours of work (WE)	.026	.471	.638
Nurses are respected by other health professionals (WE)	.131	1.679	.095
There are not enough opportunities for promotion in nursing (WE)	-.010	-.185	.853
Other health professionals appreciate the effort and input of nurses (WE)	-.006	-.086	.932
I do the same tasks over and over again (WE)	.037	.748	.455
Nurses are respected by management (WE)	.000	-.001	.999
I find nursing stressful (WE)	-.117	-2.008	.046
Management appreciates the effort and input of nurses (WE)	.095	1.255	.211
I regularly experience physical abuse from members of the public (WE)	-.022	-.391	.696
Your pay as a nurse (SN)	.145	2.834	.005
Your job as a nurse (SN)	.043	.500	.617
The way you are supervised (SN)	-.019	-.321	.749
Opportunities to improve your education (SN)	-.036	-.634	.527
The public recognition given to nurses (SN)	-.037	-.610	.542
The nature of the care you are able to provide your patients (SN)	.001	.016	.987
Other health professionals at your workplace (SN)	-.094	-1.237	.218
The Profession Development Recognition Programme (SN)	.102	1.830	.069
Nurse Entry to Practice Programme (SN)	.085	1.519	.130
I am proud to be a nurse (AN)	.061	.626	.532
I do not feel an obligation to remain in nursing (AN)	-.091	-1.959	.051
Even if it was to my advantage I do not feel it would be right to leave the profession at the moment (AN)	.134	2.955	.003
I regret having entered the nursing profession (AN)	-.339	-4.221	< .0005
I dislike being a nurse (AN)	.140	1.370	.172
I do not identify with the nursing profession (AN)	-.035	-.507	.613
I believe that people who have been educated in a profession have a responsibility to stay in that profession for a reasonable amount of time (AN)	.052	.989	.324

Table I7: What affects career commitment? 'Nursing is the ideal vocation for a life's work'. (cont'd)

Independent variables	Unstandardised regression coefficient	t Value	Significance
I am enthusiastic about nursing (AN)	.161	1.625	.106
I feel responsible to the nursing profession to continue in it (AN)	.020	.367	.714
Age (0=21-25 years, 1=26-29 years)	-.108	-.989	.324
Gender (0=Male, 1=Female)	-.307	-1.356	.177
Years in practice (0=Less than one year, 1=more than one year)	.136	1.336	.183

$R^2 = .524$

Note: Survey sections: WE = working environment, SN = satisfaction with nursing, AN = attitudes to nursing
n=235